
**2022 DRAFT HUMAN DEVELOPMENT & EDUCATION POLICY
STATEMENT**

I. 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.

A PLATFORM FOR CHILDREN & FAMILIES

VML endorses the National League of Cities’ Platform for Children and Families that recognizes that strong communities are built on a foundation of strong families and neighborhoods. VML supports and encourages efforts by our communities and the state that emphasize:

- **Opportunities to learn and grow:** family literacy programs, quality out-of-school time programs and early childhood programs;
- **Safe neighborhoods to call home:** sufficient state support for local law enforcement, juvenile justice, and prisoner re-entry programs;
- **Healthy lifestyles & environment:** improving access to healthy foods, physical activity and recreation programs; and
- **Financially fit families:** workforce development, curbing predatory lenders, and increasing access to ~~low-cost bank accounts and~~ mainstream banking and financial services.

VML supports approaches (such as the Virginia Grocery Incentive Fund as one example) to provide financial and technical

support for businesses to help expand and ensure greater access to healthy food for residents of the state.

INTERGOVERNMENTAL ISSUES & FUNDING

Federal, state, and local governments share the same citizens and same taxpayers. Local governments request a restoration of a meaningful and fiscally-balanced intergovernmental partnership in human services and education.

A working partnership.

- The federal and state governments should allow local governments maximum flexibility in developing and funding public/private partnerships to address human service needs.
- Local government must be a partner with the state and federal government in the process of developing regulations, policies, and funding 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 greater planning coordination and evaluation of services.

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

1 **Cost shifting and unfunded mandates.**
2 VML opposes the imposition of new federal
3 or state requirements without the funding to
4 pay for them. In the case of state mandates,
5 as the state reduces its funding and
6 assistance to localities, it must ease or
7 eliminate requirements it is unwilling to
8 support. In the case of federal mandates, the
9 state must at the very least maintain its share
10 of responsibility for program supervision
11 and funding. For example:

- 12
- 13 • funding the administration of the
- 14 FAMIS eligibility and case
- 15 management;
- 16 • paying the cost of federal penalties
- 17 when the state does not meet its
- 18 obligations for human services
- 19 programs, including adequate
- 20 administrative funding, technology,
- 21 training, and technical assistance
- 22 necessary to properly do the job;
- 23 • maintaining state funding for the
- 24 costs for federally-mandated and
- 25 state-supervised programs such as
- 26 adoption assistance, and
- 27 • restoring the state funding ratio for
- 28 local welfare administrative costs, in
- 29 which the state pays 80 percent and
- 30 the localities pay 20 percent.

32 **AGING SERVICES**

33 **Community programs.** As alternatives to
34 institutionalized care wherever appropriate,
35 the state should develop Medicaid waivers
36 or otherwise fully fund community-based
37 programs like companion services, respite
38 care, homemaker services, adult group
39 homes and adult day care for the elderly.

41 **Housing.** The state should support policies
42 that increase the affordability and
43 availability of senior housing throughout the
44 Commonwealth.

45
46

47 **OPIOIDS, HEROIN, SYNTHETIC** 48 **DRUGS**

49 VML supports an intergovernmental and
50 interdisciplinary partnership to address the
51 epidemic of opioid and heroin overdoses in
52 Virginia. Further, VML urges the federal
53 government to actively address the public
54 health threats posed by any emerging
55 synthetic drugs that pose a similar
56 addiction/overdose threat.

57
58 VML supports the Commonwealth's policy
59 framework that targets the following:

- 60 1) prevention – reduction in the supply
61 of legal opiates, and tracking and
62 reduction of the supply of illegal
63 opiates such as heroin and synthetic
64 substances;
- 65 2) harm reduction – active intervention
66 until treatment is available and
67 accepted;
- 68 3) treatment – for those who are
69 addicted, and support/recovery
70 resources for family members of
71 people in treatment; and
- 72 4) culture change - discourage
73 use/overuse of legal opioids, change
74 pain management expectations, and
75 remove stigma regarding addiction
76 treatment and recovery.

78 **BEHAVIORAL HEALTH**

79 **Planning for the future of the community** 80 **& facility system.**

81 Any plan for the publicly-funded behavioral
82 health and developmental services system
83 should include adequate state funding for:

- 84 • A community-based, comprehensive
85 system of care;
- 86 • Crisis intervention teams and centers
87 to ensure that adults and children
88 experiencing a mental health crisis
89 are able to obtain timely evaluation
90 and assistance as close to their home
91 community as possible;

- 1 • A robust statewide system of
- 2 alternative transportation options to
- 3 help individuals in crisis get to
- 4 evaluation services and treatment
- 5 that eliminates with the goal of
- 6 eliminating the reliance on local law
- 7 enforcement for extended
- 8 transportation and custody services;
- 9 • Accessibility to inpatient beds and
- 10 crisis services-on a regional basis,
- 11 potentially through public-private
- 12 partnerships, to decrease the need for
- 13 long-distance transports for critical
- 14 care;
- 15 • Comprehensive services and
- 16 supports for people returning to the
- 17 community from any type of state
- 18 facilities (public safety as well as
- 19 behavioral health), as well as for
- 20 people diverted from state facilities.
- 21 • Children’s mental health services,
- 22 including community-based early
- 23 interventions and the Mental Health
- 24 Initiative;
- 25 • Medicaid waivers to eliminate
- 26 service waiting lists; and
- 27 • Availability of services for
- 28 consumers voluntarily seeking
- 29 treatment services, regardless of their
- 30 ability to pay.

31
 32 Federal ARPA funds and robust state
 33 revenues offer an opportunity for the state to
 34 make new investments in the community-
 35 based system of care (which includes public
 36 and private service providers) and to state
 37 hospitals to maintain vital services.

38
 39 Investments must go to both build the
 40 community network of care and assist state
 41 hospital to mend the safety-net and create
 42 necessary the infrastructure necessary to
 43 serve Virginians of all ages. This cannot be
 44 a zero-sum funding situation whether one
 45 part of the system benefits at the cost of the
 46 parts of the system.

47 Further, VML supports Community Services
 48 Boards (CSBs) as the single point-of-entry
 49 into the publicly-funded system of care and
 50 as a choice for services to individuals and
 51 families.

52
 53 Any restructuring plan should assure the
 54 following:

- 55 • Local flexibility in planning and service
- 56 provision, particularly for local-only
- 57 funds;
- 58 • No changes in the local match that
- 59 would increase the burden on local ~~taxes~~
- 60 ~~and~~ budgets;
- 61 • Meaningful consultation with local
- 62 officials and community services boards
- 63 regarding strategies and funding
- 64 proposals for publicly-funded services;
- 65 • Sufficient time and opportunity for
- 66 public comment on ~~any~~ legislative
- 67 proposals;
- 68 • Strategies to overcome past de-
- 69 institutionalization errors, particularly
- 70 the shifting of the burden of care to
- 71 communities;
- 72 • Strategies to discourage the
- 73 concentration of consumers in facility
- 74 communities and in urban centers; and
- 75 • State facilities are not so drastically
- 76 reduced in size and scope that the
- 77 potential for inpatient care is effectively
- 78 eliminated.

79
 80 **Crisis response and Marcus Alert.**
 81 Successful implementation of crisis response
 82 component of the STEP-VA program and
 83 the Marcus Alert program and protocols
 84 requires sufficient and sustained state
 85 funding and technical assistance to
 86 communities. This funding should not come
 87 at the expense of other community-based
 88 service initiatives and requirements; nor
 89 should the burden of funding these
 90 initiatives be shifted to local governments.

91 *(New language proposed by the policy*
 92 *committee)*

1 **Part C early intervention.** VML urges the
2 General Assembly to assure full state
3 funding for infants and toddlers eligible for
4 therapeutic services under Part C of IDEA to
5 improve their school readiness and quality
6 of life.
7
8 **Behavioral health services for youth**
9 **funding.** The state should build upon its
10 funding and seek federal-state funded
11 waivers to provide behavioral health
12 services, in particular, prevention services
13 for youth. VML supports greater state
14 funding to the Mental Health Initiative and
15 other community-based initiatives to
16 diagnose and serve children with behavioral
17 health needs early, to prevent more complex,
18 costly, and restrictive interventions.
19
20 **Treatment beds.** The state has greatly
21 decreased state facility beds and state-
22 funded services for children, including those
23 with long-term or hard-to-treat conditions,
24 and those in the state and local juvenile
25 detention system. VML urges the state to
26 continue its support of the Commonwealth
27 Center for Children and Adolescents as a
28 part of the array of behavioral health
29 services, and to fund treatment beds for
30 those committed to the juvenile justice
31 system. Further, the state should fund
32 supportive services for children leaving
33 treatment and their families to further
34 stabilize their living situations and allow for
35 recovery.
36
37 **Service capacity.** VML encourages the
38 state to establish a children’s behavioral
39 health workforce development initiative to
40 build service capacity throughout the state.
41
42 **Medicaid accountability and quality of**
43 **care.** The league encourages adequate state
44 oversight of, and accountability for,
45 community-level services funded by
46 Medicaid, whether those services are

47 furnished through private or public
48 providers.

49
50 ~~**Behavioral health standards for jails.**—The~~
51 ~~2019 General Assembly approved~~
52 ~~legislation directing the Board of~~
53 ~~Corrections to draft standards to address~~
54 ~~health and behavioral health service needs in~~
55 ~~local and regional jails, as well as discharge~~
56 ~~planning for inmates with behavioral health~~
57 ~~needs. If new health and behavioral health~~
58 ~~standards create a fiscal impact for~~
59 ~~communities and their jails, the state must~~
60 ~~find a way to alleviate those new costs. This~~
61 ~~could include creating a health/behavioral~~
62 ~~health add-on to state per diem payments or~~
63 ~~otherwise funding new positions and~~
64 ~~associated costs through the Compensation~~
65 ~~Board for newly required services.~~

66
67 ~~**Substance abuse and behavioral health**~~
68 ~~**needs in the justice system.** VML supports~~
69 ~~the creation of state funded programs and~~
70 ~~facilities, and funding of current programs,~~
71 ~~such as drug courts and day reporting~~
72 ~~centers, to divert individuals with mental~~
73 ~~illness and substance use disorders from jails~~
74 ~~and juvenile detention into more appropriate~~
75 ~~community-based or in-patient treatment~~
76 ~~programs. VML opposes changes in state~~
77 ~~funding formulae to turn local and regional~~
78 ~~jails into in-patient behavioral health~~
79 ~~treatment centers. (These items have been~~
80 ~~moved to a new section on local and~~
81 ~~regional jails.)~~

82
83 **Mental health parity.** The Federal Mental
84 Health Parity and Addiction Equity Act of
85 2008 (MHPAEA) generally provides that
86 financial requirements (such as co-pays and
87 coinsurance) and treatment limitation (such
88 as visit limits) imposed on mental health or
89 substance use disorder (MH/SUD) cannot be
90 more restrictive than those applied to
91 substantially all medical/surgical benefits.

1 For Virginia, failure of insurance plans to
2 adhere to federal and state standards can
3 shift the burden of costs to the public system
4 (such as CSA and CSBs), often at the point
5 when an individual requires more intensive
6 services.

8 VML supports the 2020 recommendations
9 of the Joint Legislative Audit and Review
10 Commission (JLARC) to strengthen and
11 expand the Virginia Bureau of Insurance
12 oversight of insurance plans and compliance
13 with federal and state mental health parity
14 requirements.

15 *(The Committee discussed this issue and*
16 *recommended policy language be added to*
17 *address it.)*

19 Mental health service access for
20 community college students. VML
21 supports efforts by the Virginia Community
22 College System to seek funding through
23 ARPA or state general funds to address the
24 mental health needs of students through
25 partnerships with community services
26 boards in order to support and keep adult
27 learners in school and on track to meet
28 career goals and greater financial
29 independence. Such partnerships with CSBs
30 should be separate from the local match for
31 CSB services.

32 *(VCCS asked VML for support of its goal of*
33 *obtaining services for its students; VCCS*
34 *schools currently do not offer mental health*
35 *services.)*

37 **Needs of military veterans and families.**

38 Given the number of active military
39 members, veterans, and military families
40 living in Virginia, it is clear that behavioral
41 health needs of soldiers returning home with
42 PTSD and their families must be swiftly and
43 adequately addressed. VML urges the
44 federal government to increase funding and
45 access to behavioral health and addiction
46 treatment services for active members of the

47 military (including National Guard and
48 Reserves), returning veterans, and their
49 family members.

51 **CHILDREN’S SERVICES ACT**

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

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

73 **Administrative funding.** VML supports
74 greater funding from the state to support the
75 program’s substantial administrative
76 requirements carried out at the local level.

78 **Base-budget funding.** The costs of CSA
79 should be fully funded in the state’s base
80 budget.

82 **Expansion of the mandated population.**

83 VML opposes attempts to expand the CSA
84 mandated population or turn CSA into the
85 children’s mental health program. VML
86 also opposes efforts to expand local
87 responsibility for Medicaid match to new
88 categories of individuals, or to require
89 localities to pay the educational costs for
90 children placed in residential treatment
91 outside of the local FAPT process.

92

1 **Incentive funding.** The CSA funding
2 formula should include an incentive
3 component that rewards those local
4 governments implementing innovative and
5 cost-effective interventions.
6
7 **State agency policy coordination.** The
8 State Executive Council must ensure that the
9 administrative and policy requirements of
10 the state agencies involved in the CSA are
11 consistent with one another and consistently
12 applied to local governments.
13
14 **Service coordination.** State and local
15 governments should work together to ensure
16 the greatest degree of coordination between
17 Individual Education Plans (IEPs) and CSA
18 service plans.
19
20 **Sum sufficiency.** CSA serves many
21 children who are entitled to sum sufficient
22 services; the state must keep its commitment
23 to fund its share of services costs for this
24 population.
25
26 **Utilization review.** Local governments
27 must maintain the flexibility to develop
28 utilization management processes that are
29 approved by the State Executive Council.
30
31 **Rate setting.** VML supports state rate
32 setting for special education private day and
33 residential programs. VML supports state
34 contracts that localities may use to procure
35 such services for children covered by CSA.
36
37 **FACILITIES FOR ADULTS AND**
38 **YOUTH**
39 **Auxiliary grant program.** The state should
40 assume full responsibility for the cost of the
41 auxiliary grant program for elderly persons
42 and people with disabilities.
43
44 **Licensure and regulation of group homes.**
45 VML urges the state to continue to work
46 with local governments to assure adequate

47 licensure and regulatory requirements are in
48 place to assure community safety and well-
49 being.

51 **HOMELESSNESS**

52 VML supports measures to prevent
53 homelessness in Virginia and to assist the
54 chronic homeless, including veterans, in
55 obtaining appropriate rehabilitative and
56 recovery services, job training and support,
57 and affordable and appropriate housing.
58 VML supports measures to remove barriers
59 this population faces in meeting
60 identification and residency requirements for
61 valid state-issued identification cards. VML
62 urges further state support for the housing
63 trust fund to help communities develop and
64 support housing for this population.
65

66 **LOCAL AND REGIONAL JAILS**

67
68 **Jail per diems.** There is no requirement in
69 the Code of Virginia to adjust per diem rates
70 to keep pace with actual costs. VML
71 requests that the Code of Virginia be
72 amended to require that jail per diem rates
73 be regularly adjusted for inflation in line
74 with the Consumer Price Index so that per
75 diem payments keep pace with actual costs,
76 such as is done with other areas of the
77 budget (like the Standards of Quality)

78
79 **State-responsible inmates in**
80 **local/regional jails.** Local and regional jails
81 should have a choice as to whether it will
82 keep state-responsible inmates in their
83 facility after the 60-days from the date of
84 final sentencing order has passed. Willing
85 facilities could contract with the state to
86 keep such inmates past the 60-day period;
87 those jails unable to keep state-responsible
88 inmates due to space or resource limitations
89 should not be compelled to contract with the
90 state or otherwise keep state inmates past the
91 60-day period.
92

1 **Behavioral health regulations for jails.**
2 The 2019 General Assembly approved
3 legislation directing the Board of
4 ~~Corrections~~ Local and Regional Jails to draft
5 standards for new regulations to address
6 health and behavioral health service needs in
7 local and regional jails, as well as discharge
8 planning for inmates with behavioral health
9 needs. ~~If new health and~~ It is clear that new
10 behavioral health regulations will create a
11 fiscal impact for communities and their
12 jails., The state must find a way to alleviate
13 those new costs. This could include creating
14 a health/behavioral health add-on to state per
15 diem payments or otherwise funding new
16 positions and associated costs through the
17 Compensation Board for newly required
18 services.

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

33 *(Local and regional jails is a new section to*
34 *the policy statement; new language is*
35 *included and language previously under*
36 *behavioral health has been moved to this*
37 *section)*

38
39 **JUVENILE JUSTICE PROGRAMS**
40 **Virginia Juvenile Community Crime**
41 **Control Act (VJCCCA).** The Virginia
42 Municipal League urges the General
43 Assembly to restore the 71 percent funding
44 reduction taken in the early 2000s to the
45 Virginia Juvenile Community Crime Control
46 Act (VJCCCA) program, and to support an

47 equitable and stable funding allocation
48 process for the program.

49
50 The VJCCCA directs localities, in
51 cooperation with judges, court-services unit
52 directors, and Community Policy and
53 Management Teams under the Children’s
54 Services Act to implement programs that
55 divert youth from state or local confinement
56 or help ensure the success of those re-
57 entering the community from confinement.
58 Every city and county participate in the
59 program.

60
61 VJCCCA gives judges the ability to order
62 first-time and less serious offenders to
63 services such as electronic monitoring,
64 intensive individual or family counseling,
65 and group homes. Such appropriate services
66 reduce costlier and less suitable placements
67 in local secure detention or state correctional
68 facilities. It also effectively serves non-
69 mandated youth under the Children’s
70 Services Act.

71
72 VML opposes any effort to divert existing
73 VJCCCA funds for other purposes; any new
74 populations proposed for services under this
75 program must be accompanied by additional
76 state funding.

77
78 **System transformation.** VML supports
79 juvenile justice system transformation that:

- 80 • Gives juvenile detention centers
81 flexibility, not mandates, to contract
82 with the state to house lower-risk
83 offenders from state facilities;
- 84 • Pays juvenile detention facilities the
85 actual costs for housing and serving
86 lower-risk offenders from the state;
87 and
- 88 • Allows the Department to reinvest
89 savings or otherwise provides
90 sufficient, stable funding to
91 implement a treatment continuum
92 with more service and treatment

1 options and supports to ensure better
2 outcomes and lower recidivism.

3 **SOCIAL SERVICES**

4 **Family First Prevention Services Act.**

5 Approved by Congress in 2018, the FFPS
6 Act is the first major revision of the title IV-
7 E foster care program since the early 1980s.
8 Changes in the program’s requirements and
9 allowable services will require cooperation
10 between the state, local governments, and
11 private service providers to ensure
12 successful implementation. VML supports
13 this cooperative effort but opposes any
14 proposal to impose new local match
15 requirements to this program.

16 **Child and family services program**

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

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

36 **Healthy families.** VML supports expanded
37 use of state general funds for the Healthy
38 Families program, a voluntary program that
39 offers parental education, support, and
40 assistance to help families succeed and
41 prevent the need for costlier interventions.

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

58 **PARKS & RECREATION**

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

72 **HEALTH**

73 **Cooperative health budget.** The General
74 Assembly should provide sufficient funding
75 to local health departments.

76 **Local flexibility.** District health offices
77 should be locally controlled to the maximum
78 extent consistent with protecting public
79 health.

80 **Emergency-related infrastructure and**
81 **needs. Sufficient state fund should be**
82 **provided for public health emergency**
83 **services to enable the state and local health**

1 departments and stakeholders to better
2 prepare for and respond to public health
3 emergencies, such as a pandemic.
4
5 Health IT needs. Increased investment is
6 needed for public health information
7 technology and staff so that critical, timely
8 information about public health emergencies
9 is made available to policy makers, first
10 responders, and the public.
11 *(These two items were moved from the 2021*
12 *Legislative Program item regarding*
13 *COVID-19)*

15 **HEALTH CARE REFORM**

16 VML supports continued state funding for
17 Medicaid eligibility determination services.
18
19 Imposing work requirements on certain
20 Medicaid recipients will also increase
21 workload on local social services staff. The
22 state must provide sufficient state funding
23 and technical assistance for local social
24 services staff who will work with this
25 population.

27 **HUMAN TRAFFICKING**

28 VML supports the state's efforts to address
29 human trafficking, including the
30 appointment of a sex trafficking response
31 coordinator at the Department of Criminal
32 Justice Services and the proposed
33 development of much-needed public
34 outreach, education, and treatment services.
35 Outreach efforts and avenues for reporting
36 trafficking must address language barriers
37 for those reporting and those seeking rescue
38 from trafficking. Since human trafficking
39 also includes labor trafficking and affects a
40 wide range of ages, all types of trafficking
41 situations should ultimately be addressed in
42 Virginia's response plan.

43

44 **II. EDUCATION**

45

46 The Virginia Municipal League supports the
47 goal of ensuring quality, well-funded and
48 effective teaching in every classroom in the
49 Commonwealth. Localities have greatly
50 exceeded their responsibilities for K-12
51 education funding. It is essential for the state
52 to meet fully its responsibilities to fund
53 education.

55 **VISION**

56 A strong public education system is the
57 pillar of American society and a passport to
58 the future. Our country cannot be strong
59 without an excellent education system that
60 prepares students for the future with the
61 critical thinking skills that will enable them
62 to be productive citizens. A solid foundation
63 of learning is essential for our communities,
64 state, and country. A strong public school
65 system is essential to economic development
66 and prosperity.

67

68 A strong educational system requires
69 accountability; parental, community and
70 business involvement; and the wise and
71 efficient use of resources. Standards are an
72 essential part of the accountability system
73 but cannot be measured simply by
74 standardized tests. Students need to learn not
75 only facts and figures, but also those critical
76 learning skills that will enable them to leave
77 high school prepared for either the
78 workplace or higher education.

79

80 Students, parents, school administrators and
81 teachers all have roles in the educational
82 system and have to be part of that
83 accountability system. Parents should be
84 involved with their children's education, but
85 support for parents is essential, particularly
86 for those whose children have behavioral
87 health issues, physical disabilities, substance
88 abuse disorders or bullying problems.

89

1 Not all children should or need to prepare to
2 attend college, but students across the
3 economic spectrum should have equitable
4 opportunities to learn.

5 A sound education system puts resources
6 where they can be most effective, includes
7 collaboration between school boards and
8 local governing bodies, uses technology
9 effectively, embraces innovation and
10 regional opportunities and focuses on early
11 intervention to tackle problems at the
12 earliest time possible.

14 **STANDARDS OF QUALITY**

15 The SOQ should be broad enough to include
16 the major components of what is required
17 for a quality educational program.

18
19 The current SOQ do not reflect the cost of a
20 sound public education system. The SOQ
21 are not based on prevailing practices, nor do
22 they reflect the cost of meeting state
23 accountability standards. Because of this
24 disconnect between the accountability
25 standards and the SOQ, the cost that the
26 state recognizes in its funding formulas is
27 too low, and too much of the burden of
28 funding public education falls on local
29 governments.

30
31 The state and local governments should
32 partner to determine the minimum funding
33 levels necessary to sustain high quality
34 services for schools and other local
35 government operations while also
36 addressing capital and maintenance needs.

37
38 VML supports a JLARC or other state study
39 that examines the ways other states fund
40 education and whether the Commonwealth
41 should use a funding strategy that
42 establishes a more realistic base foundation
43 amount per pupil – plus add-on funding to
44 reflect higher costs for educating at-risk,
45 disabled, ESL, and gifted students, etc., as
46 well as funding for capital costs.

47 VML supports a study by the Joint
48 Legislative Audit and Review Commission
49 to determine how the SOQ may be revised
50 and adequately funded to meet the
51 requirements contained in the Standards of
52 Learning and Standards of Accreditation.
53 VML also supports implementation of
54 JLARC recommendations to promote third
55 grade reading performance.

57 **SOQ FUNDING**

58 VML supports full funding of the state's
59 share of the actual costs of the SOQ based
60 on prevailing practices, and full funding of
61 the state's share of categorical educational
62 mandates in areas such as special education,
63 alternative education, and gifted education.

64
65 The state should fully recognize and fund
66 the costs of rebenchmarking of the various
67 educational programs including the
68 Standards of Quality, incentive, categorical,
69 and school facilities programs. Changing
70 the process of rebenchmarking to artificially
71 lower recognized costs does not change
72 what it actually costs to provide education.
73 Instead, it simply transfers additional costs
74 to local governments, and ultimately to the
75 local real estate tax base.

76
77 The state must be a reliable funding partner
78 in accordance with the Virginia Constitution
79 and state statutes. The Standards of Quality
80 should recognize resources, including
81 positions, required for a high-quality public
82 education system.

83 Funding for the SOQ should include:

- 84
85 1. Establishment of a new, predictable,
86 and meaningful source of funding for
87 construction, including funding for
88 new construction, renovation,
89 maintenance, and land purchase. The
90 Literary Fund and the Virginia
91 Public School Authority are not
92 sufficient means for the state to help

1	localities pay for capital needs.	46	to promote reading by grade level by
2	Options could include creating a	47	the third grade.
3	two-year pilot program of	48	9. Development of realistic cost
4	competitive grants using funds from	49	estimates that are based on
5	the Virginia Public Building	50	prevailing practices and not on the
6	Authority to offset new construction	51	availability of state funding.
7	or renovation costs for publicly	52	10. Review by JLARC in order that data
8	owned and operated K-12 schools in	53	and information can be provided to
9	fiscally stressed communities as	54	the State Board of Education on the
10	defined by the Virginia Commission	55	cost of meeting the SOQ, SOLs and
11	on Local Government.	56	SOAs.
12	2. A predictable and reliable source of	57	11. Lottery funds that are distributed to
13	funding for technology infrastructure	58	localities without a corresponding
14	and personnel costs.	59	reduction in direct aid.
15	3. Realistic state funding for salary	60	
16	increases for professional and non-	61	The state should not require any
17	professional school employees.	62	maintenance of local effort other than that
18	Salary increases should be funded	63	associated with the SOQ. A maintenance of
19	for a full year starting July 1, the	64	effort requirement that is not connected to
20	start of the fiscal year.	65	the SOQ will punish those localities that
21	4. State funding to meet the goal of the	66	voluntarily spent beyond the required
22	Commonwealth (VA Code §22.1-	67	minimum in an effort to achieve a high-
23	289.1) that teacher compensation be	68	quality system of education. Further, it will
24	competitive; at a minimum, at or	69	simply perpetuate the current mismatch in
25	above national average teacher	70	state-local funding for education.
26	compensation, provided that the true	71	
27	costs of meeting the SOQ are funded	72	The General Assembly should recognize
28	by the state.	73	that local governments traditionally have
29	5. Funding to initiate and continue to	74	funded their share of costs of meeting the
30	enable school systems to address	75	SOQ and, in fact, most have funded
31	school safety issues.	76	education beyond their required share in
32	6. Recognition of adequate support	77	efforts to provide quality education. These
33	costs based on realistic measures of	78	higher funding levels have meant that
34	the importance of support positions	79	localities have had to raise local taxes and
35	to achievement on state	80	fees and defer spending on other important
36	accountability standards. Current	81	local priorities including public safety.
37	state funding for support positions is	82	
38	not based on prevailing practices or	83	The local composite index (LCI) is a crude
39	on any scientifically-derived staffing	84	and often inaccurate proxy for determining
40	ratios.	85	the ability of each locality to pay its share of
41	7. Flexibility where possible in areas	86	K-12 expenses as defined by the SOQ. The
42	such as funding of student health	87	Commonwealth's education funding
43	services.	88	formulae (SOQ and LCI) are more sensitive
44	8. Support for funding of	89	to the state's revenue situation than the
45	recommendations made by JLARC	90	educational needs of Virginia's students.
		91	VML supports a JLARC or other state study

1 that examines the ways other states fund
2 education and whether the Commonwealth
3 should use a funding strategy that
4 establishes a more realistic base foundation
5 amount per pupil – plus add-on funding to
6 reflect higher costs for educating at-risk,
7 disabled, ESL, and gifted students, etc.
8
9 Because spending increases alone may not
10 produce desired levels of student
11 achievement, the State Board of Education
12 and other responsible bodies are urged to
13 develop measures of results to determine the
14 actual effectiveness of expenditures on
15 education. VML supports the use of school
16 efficiency reviews to help determine ways to
17 ensure that public funds are spent as
18 effectively and efficiently as possible.
19
20 VML believes that the methodology for
21 costing the SOQ does not consider the
22 differences in costs in the state’s various
23 regions, nor does it adequately address
24 unique local conditions such as small, large,
25 declining, or diverse student populations.
26
27 1) the methodology artificially lowers the
28 state average salary by using the “L-
29 estimator” instead of average salary figures.
30 2) the L-estimator is based on dated
31 information that does not reflect current
32 salary levels.
33 3) the methodology uses an artificially low
34 limit on the number of professionals per
35 1,000 pupils for which state aid is given.
36 4) the methodology does not address the
37 differences in providing education to
38 students with special needs or the heavy
39 additional cost of educating English as
40 Second Language students. The add-on
41 funding for at-risk students is a start toward
42 meeting unique local circumstances and
43 should be increased.
44

45 The first priority for the use of a state
46 surplus should be the funding of mandated
47 educational programs.
48
49 Disparity should not be addressed by simply
50 redistributing existing state aid among
51 jurisdictions.
52
53 **LOCAL AUTONOMY**
54 Because public education should be as close
55 as possible to the people, local school
56 decisions cannot and should not be made by
57 the state. Local school boards should be
58 responsible for the direct supervision and
59 management of local schools.
60
61 The state should not take any actions that
62 limit or reduce authority of local school
63 boards and local governing bodies to finance
64 and manage local schools. Local school
65 boards should retain the responsibility for
66 approving applications for charter schools.
67 Otherwise, decisions that affect the funding
68 of public schools potentially could be made
69 by a statewide, appointed body that has no
70 direct connection to the council or board of
71 supervisors.
72
73 **ALTERNATIVE EDUCATION**
74 Traditional approaches to discipline—long-
75 term suspensions and expulsions—transfer
76 the problems of the student from the school
77 division to the general government. There
78 should continue to be school alternatives to
79 the normal school environment for students
80 who do not behave appropriately. The state
81 should develop and fund alternatives,
82 including workforce development grants, for
83 students suspended and expelled from
84 school, such as programs designed to
85 encourage obtainment of GEDs, career
86 education, job skills, self-control training
87 and drug and substance prevention. Finally,
88 there is little effective enforcement of
89 truancy laws for students who are over 16
90 years of age. Some of these students have

1 full time jobs and school divisions have
2 difficulty in locating them. VML encourages
3 the development of initiatives to better
4 enable schools to track these older students,
5 or otherwise determine if changes are
6 needed to truancy laws.

7 **EARLY CHILDHOOD**

9 **DEVELOPMENT & EDUCATION**

10 Research has shown that the early childhood
11 years (from infancy to age five) are critical
12 years for brain development. These early
13 years are also critical for establishing
14 healthy lifestyles – eating nutritious foods,
15 engaging in activities and exercise (i.e.,
16 playing), and learning basic health and
17 safety practices.

18
19 Children who are regularly read to and gain
20 basic language skills, who participate in
21 healthy activities and learning experiences,
22 and who learn basic social skills are more
23 likely to enter kindergarten ready to learn.
24 They are also more likely to read at grade
25 level by the third grade. This early progress
26 can lead to continued success in school and
27 ultimately in the workforce.

28
29 VML supports state and local policies and
30 initiatives that spotlight and encourage
31 greater early learning opportunities for
32 children, along with access to information
33 and resources that will help parents and

34 caregivers give young children the greatest
35 chances to learn and grow in healthy ways.
36 This will ensure a better economic future for
37 families and communities.

38
39 VML supports increased state funding for
40 pre-kindergarten students to ensure that all
41 children entering the public system have the
42 social and intellectual skills necessary to be
43 successful students.

45 **HIGHER EDUCATION**

46 Currently, community colleges are required
47 to offer reduced tuition for high school
48 students. Local schools, however, are
49 required to make up the difference in tuition.
50 This clearly is an unfunded mandate. The
51 state should find other resources within its
52 higher education budget to pay for the
53 tuition for these students.

55 **WORKFORCE DEVELOPMENT**

56 VML supports innovative approaches,
57 including creation of satellite campuses, to
58 ensure that training and certification
59 programs are widely available to high school
60 students, GED candidates, returning
61 veterans, and other residents, particularly
62 those representing underserved and at-risk
63 populations. Such programs are vital to
64 prepare Virginians for careers important to
65 Virginia's economic prosperity.