



# Activities in State Government Related to Youth and Families 2004

Prepared by the Virginia Commission on Youth  
September 22, 2004

Topic	Lead Agency	Description	Status
Child Day Care	Social Services	HJR 114 (Marrs)/SJR 80 (Newman), JLARC was directed to study the potential impact of the amended 22 VAC 15-30, Standards for Licensed Child Day Care Centers, on providers, parents and children.	<p>JLARC reviewed five key changes:</p> <ul style="list-style-type: none"> <li>• minimum sq. footage/child</li> <li>• child/staff ratios</li> <li>• director and staff qualifications and training</li> <li>• resilient surfacing on playgrounds</li> <li>• transportation</li> </ul> <p>On September 13, 2004, JLARC staff presented their findings and recommendations. Summary of their findings include:</p> <ul style="list-style-type: none"> <li>• Impact on children: Academic research appears to support the conclusion that the types of regulatory changes proposed can have a positive impact on children's development and well-being.</li> <li>• Impact on parents: Parents will benefit from the positive impact of the regulations on their children, and some parents will likely have to pay increased fees.</li> <li>• Impact on providers: Revised regulations will have little or no financial impact on the majority of providers, but will have a significant adverse financial impact on some centers.</li> </ul> <p>In addition to the JLARC review, the Joint Commission on Administration Rules has been tracking the status of the Child Day Care Center Regulations. They received an update on the status of the regulations on September 8, 2004 and voted to suspend the regulations at this meeting. However, because the regulations were not yet final, the Commission was not able to suspend the regulations. Therefore, it was decided the Chair will draft a letter to the Governor outlining the Commission's position and concerns with the regulations.</p>

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<b>Child Day Care</b>	Social Services	HR 18 (Marrs) requests the Child Day Care Council to review the impact of proposed revisions to the Minimum Standards for Licensed Child Day Centers on providers and families, and to defer the implementation of the provisions of such revised regulations pertaining to staff-to-child ratios, educational requirements, square footage, and group size until July 1, 2005.	<p>In December 2002, the Child Day Care Council issued a notice of its intent to revise the child day care center regulations (22 VAC 15-30). After the issuance of draft regulations in 2003 and a public comment period, the Council approved a revised set of regulations on May 13, 2004. Key changes include:</p> <ul style="list-style-type: none"> <li>• Square Footage/Child: increases the minimum space/child to 35 square feet for all ages; for current centers, beginning nine years after effective date of regulations.</li> <li>• Child/Staff Ratios: decreases by two children each the child/staff ratios for two year olds, four year olds, five year olds, and school age children five to eight years old; decreases by one child the child/staff ratio for balanced mixed age groups; beginning one year after effective date of regulations.</li> <li>• Education: Increases the educational requirements for directors and requires management training for directors with less than six months supervisory experience; provides phase-in period.</li> <li>• Training: Minimum pre-service training hours for lead teachers will gradually increase from 12 hours to 24 hours; three year phase-in period.</li> <li>• Training: Minimum annual training will increase: for directors - from none to 16 hours; for staff - from eight hours to 16 hours; three year phase-in period.</li> <li>• Resilient Surfacing on Playgrounds: instead of six inches of resilient surfacing, amount of resilient surfacing will vary depending on height of playground equipment, consistent with testing conducted by National Program for Playground Safety.</li> <li>• Transportation: one staff member in addition to the driver must be present when transporting 16 or more preschool or younger children.</li> </ul> <p>The Child Day Care Council must submit an executive summary and report of its progress in meeting the requests of this resolution no later than the first day of the 2005 Regular Session of the General Assembly.</p>

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<b>Child Welfare</b>	Social Services	The Virginia Child Welfare Advisory Committee (CWAC) is responsible for assessing child and family service needs and improvements. Committee membership includes advocacy groups, private providers, local and state public agencies, and foster/adoptive parents. There are also various subcommittees which pertain to child protection, permanency and training.	The CWAC assisted DSS with the development of Virginia's Program Improvement Plan (PIP) for the federal Child and Family Services Review, which was submitted on July 21, 2004. DSS is in the process of scheduling an October meeting with Virginia's federal partners to begin negotiations on the PIP. Negotiations can take three to six months to finalize the PIP. After the implementation begins, Virginia will report progress quarterly and will be reviewed a second time in two years. For a summary of the PIP, see Attachment A.
<b>Child Welfare</b>	Social Services	The Commissioner's Kinship Care Task Force was created to examine the feasibility of establishing a Kinship Care program in the Commonwealth. Senator Yvonne Miller serves on this Task Force. The Task Force is assisting DSS with key pieces of legislation passed by the 2004 General Assembly: SB 78, Definition of Kinship Care, and SB 35, a subsidized guardianship program for relative caregivers.	DSS submitted an application for IV-Waiver for Subsidized Custody and Intensive Case Management Services to HHS staff. DSS is awaiting word on the acceptance of Virginia's IV-Waiver application by HHS. In addition, this task force is developing a plan for a state kinship care program, which may be submitted to the 2005 General Assembly.
<b>Child Welfare</b>	Aging	The Kinship Care Initiative Statewide Task Force and Information Network focuses on intergenerational activities, as well as communication issues among the kinship care community.	Virginia Department of Aging has developed a guide that helps identify legal, medical and emotional resources that are available to grandparents caring for grandchildren. The task force meets quarterly and is conducting a survey to all AAAs on kinship care in order to organize and access what groups are providing support to grandparents raising grandchildren.
<b>Child Welfare</b>	Office of Comprehensive Services – State Executive Council	Custody Relinquishment – Item 299-F of the State Budget directs the State Executive Council for the Comprehensive Services Act to investigate the reasons leading to the practice of parents relinquishing custody of their children solely to obtain necessary and appropriate mental health services. The State Executive Council will recommend policy options, including legislative action if appropriate, for abolishing this practice while continuing to make the services available and accessible to children.	In April, Ray Ratke with DMHMRSAS presented to the SEC on the strategies to implement the custody relinquishment study. The presentation included the objective, proposed goals, workgroup structure and membership, and the tentative meeting schedule. Mr. Ratke convened a workgroup on the topic. The report of the SEC to the Chairmen of the House Appropriations and Senate Finance Committees, and to the Chairman of the Joint Commission on Health Care is due by November 1, 2004. Attachment B shows the draft findings and recommendations of the workgroup. Please note: these are not yet approved by the SEC.
<b>Education</b>	Education/ College of William & Mary	Virginia Older Youth Advisory Board for Project Hope is Virginia's program for the education of homeless children and youth. The purpose is to ensure the enrollment, attendance and success of homeless children and youth in school.	During the 2004 Session, Senator Quayle sponsored SB 270 that aligned Virginia Code with the federal education requirements under McKinney-Vento. The advisory board has developed a flyer showing all of the updates on homeless education and where to access information. The Advisory Board is sponsoring a Virginia Homeless Education Seminar March 7-8, 2005 in Williamsburg.

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<b>Health</b>	Dept. of Health Professions	SJR 43 (Lambert) continues the Joint Subcommittee Studying Lead-Poisoning Prevention. To assist the joint subcommittee in its work, the Secretary of Health and Human Resources is requested to establish a task force to examine issues relating to the delegation of screening and testing to registered nurses, pursuant to the Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) program.	The task force met August 11, 2004, at the Department of Health Professions. The task force did not recommend that trained RN's do the full EPSDT screen with physician oversight.
<b>Health</b>	Health/ Education	VDH and DOE established a joint committee to study the feasibility of developing an education curriculum for proper nutrition and exercise for students in grades K-12. (Childhood Obesity)	In 2003, COY studied Childhood Obesity and asked DOE to report back to the Commission on the feasibility of implementing the recommendations of the Virginia Action for Healthy Kids approved by the Commission. The Executive Branch established a joint committee of both the Board of Education and the Board of Health to look at these recommendations, along with other childhood obesity concerns. Both agencies will be asked to present to the Commission at our November meeting.
<b>Health</b>	Health	Virginia Early Childhood Comprehensive Systems is a Statewide Strategic Planning Workgroup with a purpose to support state maternal and child health agencies and their partner organizations in collaborative efforts to strengthen the State's early childhood system of services for young children and their families.	VDH received the initial planning grant on July 1, 2003 for a two year period with a budget of \$100,000/year. The implementation phase will span for about three years with a budget of approximately, \$150,000/year. There are five focus areas addressed in the initiative: access to medical homes; mental health and social-emotional development; early care and education services; parent education; and family support services.
<b>Health</b>	Health	The Virginia Tobacco Settlement Foundation has established Regional Advisory Boards to provide a local connection between the Foundation and communities throughout the state. The nine boards oversee the review process to select grantee that will receive funding to implement youth tobacco use prevention programs.	Throughout the Commonwealth, 95 grants have been issued for more than \$5.1 million in youth tobacco use prevention program funding. Regional Advisory Boards consisting of community representatives reviewed the grant renewal applications and made funding recommendations to the VTSF Board of Trustees members, who voted unanimously to fund these organizations.
<b>Health</b>	Medical Assistance	Managed Care Advisory Committee was established to improve communications with providers, recipients and partner agencies regarding Medicaid Managed Care.	This advisory committee meets approximately every quarter. Information is provided in attachments C1 and C2.

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<b>Health</b>	Medical Assistance	HB 836 (Brink) renamed the FAMIS Outreach Committee the Child Health Insurance Program Advisory Committee. This legislation also expanded the focus of the Committee to include: policies, operations, outreach, enrollment, utilization of services and the health outcomes of children in FAMIS and FAMIS Plus. FAMIS Outreach Advisory Committee works to improve outreach and enrollment of FAMIS.	The first meeting of this advisory group is scheduled for October 2004.
<b>Mental Health</b>	Mental Health, Mental Retardation and Substance Abuse Services	The Integrated Policy and Plan for Children's Services – 330-F Workgroup of DMHMRSAS - is the continuing workgroup designated in budget language to develop a comprehensive plan for children's services across disabilities.	The report from this workgroup is due to the money committees by June 30 each year. DMHMRSAS plans to finalize this report in the next couple of weeks.
<b>Mental Health</b>	Mental Health, Mental Retardation and Substance Abuse Services	The Commissioner's Restructuring and Reinvestment Initiative, which will expand community-based services, reduce state institution beds and reinvest the savings would be reinvested locally. There are five "special populations workgroups" – one of these dealing with issues of children and adolescents. The Child and Adolescent Special Populations Workgroup is comprised of advocates, public and private providers, state and local professionals in mental health, education, social services, juvenile justice, mental retardation, and substance abuse services.	The workgroup met 14 times from August 2003 through August 2004 to discuss the strengths and weaknesses of the current mental health, mental retardation, and substance abuses services systems in Virginia and to develop a set of short and long term recommendations for restructuring the current services delivery systems. Subcommittees formed in the spring of 2004 and met multiple times to address specific subpopulations and issues, including: juvenile justice; mental retardation; substance abuse; prevention and early intervention; and demonstration project models. The workgroup submitted a report the Commissioner of DMHMRSAS in August 2004. See Attachment D.
<b>Mental Health</b>	Virginia Association of Community Services Boards (VACSB)	Virginia Child and Family Services Council (through the Virginia Association of Community Services Boards) addresses issues pertaining delivery of services to children and their families.	The Child and Family Services Task Force, comprised of local CSBs, is working on training for the additional \$50,000 per CSB for non-mandated services. The task force is working on the implementation of this initiative and how to train all CSBs. Their other focus has been on working on the Special Population Task Force and representing VACSBs on all statewide activities.
<b>Mental Health/Juvenile Justice/Education</b>	Office of Comprehensive Services	The State Executive Council (SEC) governs the Office and establishes collaborative programmatic policy development, fiscal policy development and administrative oversight for the efficient and effective provision of child-centered, family-focused and community-based services to eligible emotionally and behaviorally troubled children/youth and their families in the least restrictive, appropriate environment.	In 2004, the SEC has met three times and plans tow additional meetings this year. Highlights of its activities include the development of a strategic plan and data points and the study of relinquishment of custody.

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<b>Mental Health/Juvenile Justice/Education</b>	State and Local Agencies	The State and Local Advisory Team (SLAT) is responsible for making recommendations to the SEC on interagency programs and fiscal policies. It also offers training and technical assistance to state agencies and localities.	The SLAT, which generally meets monthly, has received many presentation regarding the state and local activities for children's services. The Commission presented to the SLAT in April regarding our Collection of Evidence-Based Treatments Resource.
<b>Mental Health/Juvenile Justice/Education</b>	State and Local Agencies	Virginia Association for Local Human Services Officials (VALHSO) is comprised of state and local representatives.	Commission staff presented at VALHSO's winter and spring meeting. VALHSO's next meeting is September 30 - October 1 in Virginia Beach. The theme will be "Leadership in a Changing Environment." Topics include succession planning for the future, dealing with change in human services on the local and state level, how demographics impact how we work and how we can be leaders in the changing world around us.

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Phone 804-371-2481 • Fax 804-371-0574 • <http://coy.state.va.us>