



Virginia Commission on Youth 2017 Legislative Studies and Initiatives

TRAUMA-INFORMED CARE

(Language in red reflects Commission on Youth changes based on public comment)

Recommendations	Public Comments
<p><u>Recommendation 1 – Trauma-Informed Care Interagency Workgroup</u></p> <p>Introduce budget language directing the Office of the Secretary of Health and Human Resources, in cooperation with the Office of the Secretary Education, to create a Trauma-Informed Care workgroup. The workgroup shall include representatives from the Department of Social Services, the Department of Behavioral Health and Developmental Services, the Department of Criminal Justice Services, the Department of Juvenile Justice, the Department of Education, the Office of Children’s Services, the Department of Medical Assistance Services, the Virginia Department of Health, the Family and Children’s Trust Fund of Virginia, other state agencies as needed, stakeholders, researchers, community organizations and representatives from impacted communities. The workgroup shall (i) develop a shared vision and definition of trauma-informed care for Virginia; (ii) examine Virginia’s applicable child and family-serving programs and data; (iii) develop an implementation plan for data-sharing; (iv) develop strategies to build a trauma-informed system of care for children and families across the Commonwealth; (v) identify indicators to measure progress; (vi)</p>	<p>Voices for Virginia’s Children, Chesterfield County Schools, Families Forward, Greater Richmond Stop Child Abuse Now, Early Impact Virginia, Prince William County Trauma-Informed Care Network, Northern Virginia Family Services, Virginia Association for the Education of Young Children, VCU’s Partnership for People with Disabilities, Beth Tolley, John Surr, Jessica Tannenbaum, Liliana Hernandez encouraged adoption of Recommendation 1 stating, “Given the amount of interest in the topic and the need to provide a common framework, state agency leadership should partner with local systems, community-based organizations, and advocates to establish shared goals, definitions, and impact measures for trauma-informed policy. This workgroup could build off existing expertise in Virginia, as well as effective strategies from other states and communities to develop a collective impact model to help shape state policy. The staffing component is essential to work across state agencies, provide expertise, conduct research, and facilitate the work. As this work aligns with the Children’s Cabinet, it should be embedded in the continuation of the Children’s Cabinet.”</p> <p>Virginia Poverty Law Center supports professional development and training in trauma-informed practices for all child-serving agencies.</p> <p>Virginia Association of Counties supports adoption of Recommendation 1 to develop a coordinated approach to trauma-informed care. If adopted, VACO requests that local government representatives be included in the</p>

<p>identify workforce development opportunities around evidence-based and best practices; and (vii) identify needed professional development/training in trauma-informed practices for all child-serving professionals. In addition, the workgroup shall explore opportunities including the creation of public/private partnerships to expand trauma-informed care throughout the Commonwealth. The Secretary of Health and Human and the Secretary of Education shall report to the Chairman of the Senate Finance and House Appropriations Committees and the Virginia Commission on Youth by December 15 of each year.</p> <p>Include an appropriation of \$150,000 each year for staff support to coordinate and carry out the duties of the workgroup.</p>	<p>workgroup.</p> <p>The American Academy of Pediatrics supports Recommendation 1 stating, "...state agencies should partner with relevant stakeholder groups to begin to address this issue. Adequate staff support for the workgroup is vital to the success."</p>
<p><u>Recommendation 2 – Establish a Small Grants Program</u></p> <p>Request the Family and Children’s Trust Fund (FACT) to establish a competitive small grants program to prevent, mitigate or help persons recover from adverse childhood experiences across the state and to build protective factors. Encourage FACT to pursue state, federal, private, foundation and nonprofit grants to fund community programs that demonstrate the adoption of best practices to better the health and well-being of children and families. No funds awarded to a locality under this grant may be used to supplant existing funding.</p> <p>Include a General Fund appropriation of \$250,000 to serve as a dollar for dollar match for private, foundation and nonprofit money raised to support the grants program.</p>	<p>The Family and Children’s Trust Fund (FACT) of Virginia supports Recommendation 2. Chair Mary Riley encourages adoption of this recommendation. Since 1986, FACT has been providing small grants for services for the prevention and treatment of family violence to communities across the Commonwealth. Ms. Riley states “Additional funding would allow Virginia to become a leader in the field of trauma informed initiatives by supporting the establishment of innovative pilot programs that include strong evaluation measures that could promote effective duplication.”</p> <p>Voices for Virginia’s Children, Chesterfield County Schools, Families Forward, Greater Richmond Stop Child Abuse Now, Early Impact Virginia, Prince William County Trauma-Informed Care Network, Northern Virginia Family Services, Virginia Association for the Education of Young Children, VCU’s Partnership for People with Disabilities, John Surr, Jessica Tannenbaum, and Liliana Hernandez supports adoption of Recommendation 2 stating, “Small grants could be used to pilot best practice initiatives, support evaluation projects, encourage professional development, and improve awareness and connections in local communities. The Family and Children’s Trust Fund (FACT) is well-positioned to accept public or private funding and to administer grants on a competitive basis. A letter to FACT and the Administration should encourage seeking additional funds for this purpose.”</p>

	<p>American Academy of Pediatrics supports adoption of Recommendation 2 stating that it “would be extremely useful to affect change on the local level.”</p>
<p><u>Recommendation 3 – Public Awareness Campaign on Trauma-informed Practice</u></p> <p>Request the Department of Behavioral Health and Developmental Services (DBHDS) to conduct a feasibility study of activities that promote public awareness related to adverse childhood experiences, the impact of trauma, and the importance of trauma-informed practice. This feasibility study may include the utilization of traditional and social media, along with state and local outreach strategies. Request that a report on the study’s findings and recommendations be submitted to the Governor and report to the Chairman of the Senate Finance and House Appropriations Committees and the Virginia Commission on Youth by December 15, 2018.</p>	<p>VACO supports adoption of Recommendation 3.</p>
<p><u>Recommendation 4 – Staffing Standards for School-Based Mental Health Service Providers</u></p> <p><u>Option A – Establish A Minimum Level of Staffing for School Social Workers</u></p> <p>Introduce legislation/budget language moving school social worker positions from the support services’ position category in the Standards of Quality (SOQ) and establish a prescribed ratio as recommended by the Virginia Board of Education.</p> <p>Background: School social workers collaborate with students, their families, and school staff to address problems that may impact a student’s ability to succeed. This includes students impacted by trauma. School social workers specialize in the assessment and implementation of evidence-based mental health interventions and in understanding family and community systems and linking</p>	<p>Beth Tolley supports Recommendation 4, stating, “School social workers collaborate with students, their families, and school staff to address problems that may impact a student’s ability to succeed. This includes students impacted by trauma. School social workers specialize in the assessment and implementation of evidence based mental health interventions and in understanding family and community systems and linking students and their families with the community services that are essential for promoting student success. This collaboration includes assisting teachers and school administrators with appropriate practices, including trauma-informed practices, to be used with these students’ individual situations.”</p> <p>The Board of Education (BOE) submitted comments to the Governor and General Assembly for the Standards of Quality, which were adopted October 27, 2016. BOE supports required staffing standards including one full-time school psychologist and social worker for every 1,000 students. They also support one full-time nurse for every 550 students. BOE states “although state assistance is provided, the SOQ does not establish minimum staffing levels for support services-designated positions...School psychologists, school social workers, and school</p>

students and their families with the community services that are essential for promoting student success. This collaboration includes assisting teachers and school administrators with appropriate practices, including trauma-informed practices, to be used with these students' individual situations. Social workers also serve as the coordinator of services for homeless students and those in foster care.

The staffing ratio that was adopted by the Board of Education for school social worker positions is noted below.

- Local school boards shall employ one full-time equivalent school social worker position per 1,000 students in grades kindergarten through 12.

Recommended Staffing Change	FY 2018 Fiscal Impact
School Social Worker: One for every 1,000 students	\$48.7 million

nurses are critical to ensuring that all students, regardless of their situation, have access to a high quality education.”

Terri Sisson, Virginia Delegate for the National Association of School Psychologists and President-Elect for the Virginia Academy of School Psychologists strongly recommends adding one full-time school psychologist for every 1,000 students. Ms. Sisson further states that “School psychologists are uniquely trained to deliver high-quality, evidence-based mental and behavioral health services in schools to ensure that all students have the support they need to thrive. School psychologists are an important addition in helping to support emotional and behavioral needs and are often in the front-line of helping children to obtain mental health services. VASP urges you to add school psychologists as a school-based mental health service provider to your recommendations for Trauma Informed Care. In addition, the Virginia Academy of School Psychologists would be pleased to provide a representative to your Trauma-Informed Care workgroup if you feel that it would be beneficial.”

The Virginia Municipal League (VML) expressed concern regarding Option A and Option B “based on the unknown effects on individual school divisions local match requirements and on the reliance on restrictive state requirements that may not match local needs.” As an alternative, VML suggests “the elimination of the cap on State funding for support positions, and to advocate for basing State funding for support positions on prevailing costs. The current application of the cap on State funding for support positions discourages the employment of support personnel, including not only school social workers but school psychologists, school nurses and other support personnel as well.”

VACO expressed concern regarding Option A and Option B stating “Although the state imposed a cap on state funding for support positions during the recession, local governments frequently provide local dollars to fund these positions because they are essential to the operation of school divisions.” They are concerned about imposing a staffing standard for individual categories of support positions. As an alternative, VACO recommends providing more flexibility by the elimination of the cap on state funding for support positions and supporting a return to the pre-recession practice.

	<p>Virginia Poverty Law Center supports all options and encourages suggesting that all school divisions to participate in Option C.</p> <p>Legal Aid Justice Center strongly supports all options as “40 percent of Virginia’s public school students are economically disadvantaged, and the Commonwealth’s current level of support for these students is clearly inadequate to enable them to achieve Virginia’s academic standards.” They also support Virginia’s use of Tiered Systems of Supports and Positive Behavioral Interventions and Supports.</p>
<p><u>Option B – Support the Board of Education’s Recommendation for Establishing Minimum Staffing Levels for School Social Worker Positions</u></p> <p>Send a letter to the Governor, the Secretary of Health and Human Resources, the Secretary of Education, and the members of the House Appropriations and Senate Finance Committees supporting the Board of Education’s proposed changes to the Standards of Quality (SOQ) for establishing staffing standards for school social worker positions.</p>	
<p><u>Option C – Appropriate Additional Funding to Virginia’s Tiered Systems of Supports (VTSS) for School Social Workers teachers, administrators, and Specialized Instructional Support Personnel</u></p> <p>Introduce a \$250,000 budget amendment to increase the existing general fund appropriation to the Department of Education's VTSS. The current appropriation enables the Department of Education to provide training, technical assistance, and on-site coaching to public school teachers and administrators on implementation of a positive behavioral interventions and supports program. This programming addresses both the academic and behavioral needs of students; including students impacted by trauma, improves school climate; and reduces disruptive behavior in the classroom. The additional funding shall be focused on supporting Title I and Accreditation Denied Schools.</p>	<p>Voices for Virginia’s Children, Chesterfield County Schools, Families Forward, Greater Richmond Stop Child Abuse Now, Early Impact Virginia, Prince William County Trauma-Informed Care Network, Northern Virginia Family Services, Virginia Association for the Education of Young Children, VCU’s Partnership for People with Disabilities, Beth Tolley, John Surr, Jessica Tannenbaum, and Liliana Hernandez recommends additional efforts “to strengthen trauma-informed practice and policy in the future. Schools are an essential component of identifying children who have experienced trauma and providing additional supports. The role of teachers, social workers, mental health personnel, and administrators should be carefully considered when rolling out new initiatives. If the state policy workgroup is adopted, representatives from Virginia Tiered Systems of Supports and local initiatives should be key partners to identify unmet needs and opportunities to leverage existing training and resources. Similarly, the workgroup can also be used to identify shared goals before considering the feasibility of a public awareness campaign.”</p>

IDENTIFYING SUBSTANCE USE PREVENTION AND INTERVENTION PROGRAMS AT VIRGINIA'S COLLEGES AND UNIVERSITIES

Recommendations	Public Comments
<p><u>Recommendation 1 – Alcoholic Beverage Control Board</u></p> <p>1) - Amend the <i>Code of Virginia</i> to add §4.1-103.02(B) to direct the Virginia Alcoholic Beverage Control (ABC) Board to establish and seek the advice of the Virginia Institutions of Higher Education Substance Use Advisory Board to develop and update a statewide strategic plan for substance use education, prevention, and intervention at Virginia’s public institutions of higher education and nonprofit private institutions of higher education.</p> <p>This statewide strategic plan shall (i) incorporate the use of best practices, which may include, but not be limited to, student-led peer-to-peer education and college recovery programs; (ii) determine and provide for the collection of statewide school data on student alcohol and substance use; (iii) facilitate institutions of higher education in developing their individual strategic plans by including networking, resources, and training materials and (iv) develop and maintain reporting guidelines for institutions of higher education individual strategic plans using mandatory requirements as a guide.</p> <p>The ABC Board shall convene a group of representatives from Virginia’s colleges and universities including students and directors of student health and such other members as the Board may require to make up the Virginia Institutions of Higher Education Substance Use Advisory Board. Membership on the Advisory Board shall be broadly representative of public and nonprofit private institutions of higher education. The Advisory Board shall submit an annual report to the Governor and General Assembly on or before December 15 of each year. <u>OR:</u></p>	<p>B.J. Brown writes about the increased use of heroin and illegally obtained methamphetamine drugs on college campuses. She would like to see more awareness on the side effects/dangers of these highly addictive substances.</p> <p>Danielle Draper prefers all three options in recommendation 2 over recommendation one.</p>

2) - Introduce a §1 bill to direct the Virginia Alcoholic Beverage Control (ABC) Board to establish and seek the advice of the Virginia Institutions of Higher Education Substance Use Advisory Committee to develop and update a statewide strategic plan for substance use education, prevention, and intervention at Virginia’s public institutions of higher education and nonprofit private institutions of higher education.

This statewide strategic plan shall (i) incorporate the use of best practices, which may include, but not be limited to, student-led peer-to-peer education and college recovery programs; (ii) determine and provide for the collection of statewide school data on student alcohol and substance use; (iii) facilitate institutions of higher education in developing their individual strategic plans by including networking, resources, and training materials and (iv) develop and maintain reporting guidelines for institutions of higher education individual strategic plans using mandatory requirements as a guide.

The ABC Board shall convene a group of representatives from Virginia’s colleges and universities including students and directors of student health and such other members as the Board may require to make up the Virginia Institutions of Higher Education Substance Use Advisory Committee. Membership on the Advisory Committee shall be broadly representative of public and nonprofit private institutions of higher education. OR:

3) - Request the Virginia Alcoholic Beverage Control (ABC) Board to establish and seek the advice of the Virginia Institutions of Higher Education Substance Use Advisory Committee to develop and update a statewide strategic plan for substance use education, prevention, and intervention at Virginia’s public institutions of higher education and nonprofit private institutions of higher education.

This request would call on the Board created committee to

<p>develop a statewide strategic plan that would (i) incorporate the use of best practices, which may include, but not be limited to, student-led peer-to-peer education and college recovery programs; (ii) determine and provide for the collection of statewide school data on student alcohol and substance use; (iii) facilitate institutions of higher education in developing their individual strategic plans by including networking, resources, and training materials and (iv) develop and maintain reporting guidelines for institutions of higher education individual strategic plans using mandatory requirements as a guide.</p> <p>The ABC Board would convene a group of representatives from Virginia’s colleges and universities including students and directors of student health and such other members as the Board may require to make up the Virginia Institutions of Higher Education Substance Use Advisory Committee. Membership on the Advisory Committee would be broadly representative of public and nonprofit private institutions of higher education.</p>	
<p><u>Recommendation 2 – State Council of Higher Education</u></p> <p>1) - Amend the Code of Virginia to add §23.1-203.1 to direct the State Council of Higher Education to establish and seek the advice of the Virginia Institutions of Higher Education Substance Use Advisory Board, to develop and update a statewide strategic plan for substance use education, prevention, and intervention at Virginia’s public institutions of higher education and nonprofit private institutions of higher education.</p> <p>This statewide strategic plan shall (i) incorporate the use of best practices, which may include, but not be limited to, student-led peer-to-peer education and college recovery programs; (ii) determine and provide for the collection of statewide school data on student alcohol and substance use; (iii) facilitate institutions of higher education in developing their individual strategic plans by including networking, resources, and training materials and</p>	

(iv) develop and maintain reporting guidelines for institutions of higher education individual strategic plans using mandatory requirements as a guide.

The State Council of Higher Education shall convene a group of representatives from Virginia's colleges and universities including students and directors of student health and such other members as the Council may require to make up the Virginia Institutions of Higher Education Substance Use Advisory Board. Membership on the Advisory Board shall be broadly representative of public and nonprofit private institutions of higher education. The Advisory Board shall submit an annual report to the Governor and General Assembly on or before December 15 of each year. OR:

2) - Introduce a §1 bill to direct the State Council of Higher Education to establish and seek the advice of the Virginia Institutions of Higher Education Substance Use Advisory Committee to develop and update a statewide strategic plan for substance use education, prevention, and intervention at Virginia's public institutions of higher education and nonprofit private institutions of higher education.

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This request would call on the Council created Committee to develop a statewide strategic plan that would (i) incorporate the use of best practices, which may include, but not be limited to, student-led peer-to-peer education and college recovery programs; (ii) determine and provide for the collection of statewide school data on student alcohol and substance use; (iii) facilitate institutions of higher education in developing their individual strategic plans by including networking, resources, and training materials and (iv) develop and maintain reporting guidelines for institutions of higher education individual strategic plans using mandatory requirements as a guide.

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