

## 2020 Campaign for a Trauma-Informed Virginia Unified Policy Agenda

Reduce the impact of trauma and adverse childhood experiences (ACEs). Communities must be prepared to identify ACEs and respond appropriately. There are two critical ways to build community resilience. One is to ensure that community members, with a focus on child-serving professionals, are trained to recognize and respond to trauma. The second is to build a network of providers and professionals to share best practices and cross-sector connections to transform systems.

### Community-Level Prevention

**Provide funding to support community-based trauma networks.** The Family and Children's Trust of Virginia provides financial and technical support to community-based trauma networks across the state. Currently, FACT only has enough funding to support six of the more than 20 community networks. Additional state resources are needed to provide more operational support to local networks, as well as evaluation and technical assistance.

**Continue statewide rollout of ACEs Interface training.** The nationally recognized ACEs Interface model has been supported by the state as a training program to help child-serving professionals identify trauma in children and families they serve. Additional funds are needed to scale up the number of communities and providers who can participate in the training and to provide oversight and administration of the training protocol.

### Family-Based Prevention

**Improve infant and maternal health through policies that promote healthy births and reduce racial disparities in maternal and infant health.** The US has one of the highest maternal mortality rates in the world. Research shows that Black mothers are two to three times more likely to die during pregnancy or in their first year of motherhood because they lack access to stable health care and often face institutional biases which create barriers to receiving appropriate care. Policies targeted to low-income mothers and women of color will help to reduce these disparities, such as Medicaid reimbursement for doulas and midwives.

**Expand access to home visiting services for pregnant women and families with young children.** Less than 10% of targeted families currently receive prenatal and early childhood home visiting services to improve health connections and help parents in their role as their child's first teacher. Creating a Medicaid reimbursable service for home visiting will expand access to home visiting and bring down additional federal funds.

**Promote economic stability for families that have experienced economic hardship and trauma.** Long-term economic hardship is an adverse childhood experience and creates toxic stress on a young brain. The child poverty rate in Virginia has remained unchanged since the 2008 recession, and financial support for families, such as monthly cash assistance provided by TANF, have not kept up with inflation. To improve financial security for families, Virginia should take advantage of its surplus of federal TANF funding to increase TANF payment rates and eligibility levels and to test proven anti-poverty initiatives.

### Early Identification and Intervention

**Address preschool suspension and expulsion by creating an ECMH consultation model.** Recent data indicate that suspension and expulsion practices occur regularly in early childhood settings and at a much higher rate than in K-12 education. Early Childhood Mental Health Consultation (ECMHC) has

demonstrated impacts for improving children's social skills, reducing teacher stress and turnover, improving child-adult relationships and preventing preschool suspensions. Adopting a statewide ECMHC model for all children 0-5 will give early educators, parents and children resources to address challenging behaviors. A recent study by the National Center for Children and Poverty found that 63% of Virginia preschool teachers identified access to ECMHC as a top priority. To implement ECMHC statewide, we must identify an agency to provide oversight and what resources are needed to fund it.

**Support the integration of mental health services in primary care by building capacity for the Virginia Mental Health Access Program (VMAP).** VMAP is a new integrated care pediatric program that increases access for children and adolescents to behavioral health services through enhanced pediatric training, psychiatric consultations, tele-health, and care navigation. Partially funded in 2019, additional funds are needed to build capacity and expand access to all regions of the state.

### School-Based Interventions

**Provide supports in schools to respond to trauma.** Help schools to implement trauma-informed practices by increasing the support personnel resources in schools. Build on efforts to reduce the counselor to student ratio and fund schools at the necessary level to provide more staff positions to provide counseling, mental health support, and to recognize and address trauma in students. In addition, take steps towards increasing access to school-based health centers.

### Scale-up Evidence-Based Practices to Achieve Better Outcomes for Children and Families

**Enable providers to implement more trauma-informed and evidence-based practices by funding efforts to train providers in new models.** To support implementation of the Family First Prevention Services Act we must continue to invest in the infrastructure to scale up evidence-based services.

### Workforce Recruitment and Retention

**Increase the minimum salary for local DSS Family Services Series positions and provide a salary adjustment for current Family Services employees.** The 2018 JLARC report highlighted that stability of the foster care workforce as one of the primary challenges. Turnover rates for an entry-level Family Services Worker Specialist is 42%, with retention efforts being an even greater issue in small, rural agencies. The minimum starting salary for an entry level position is \$30,828, which is only slightly above the 2019 Federal Poverty Level for a family of four. The impact of the high-turnover of caseworkers on children is found in our low rate of permanency of children and the number of placements children experience.

**Improve access to mental health services by increasing Medicaid reimbursement for mental health providers.** In Virginia, there is a critical shortage of licensed mental health professionals available to treat children and adolescents in need. This request is to increase rates for mental health providers to the equivalent of 110 percent of 2019 Medicare rates for these services. Increasing Medicaid reimbursement rates for mental health providers is necessary to promote access to specialized behavioral health services.

**Create a student loan repayment program specifically for behavioral health providers.** The Community Services Boards (CSBs) continue to struggle with a workforce shortage and high staff turnover. A student loan repayment program specific to behavioral health safety net providers will make the CSBs a more desirable choice for employment.