



Research shows us that we can prevent and counteract adverse childhood experiences (ACEs) by designing our systems to better serve our children. **We know that 19% of children in Virginia have experienced two or more ACEs.** (*Learn more on our ACEs Fact Sheet.*) These ACEs can affect the physiological development of children and can shape their physical and mental health throughout their lifetime. Responsive relationships with caregivers, and providing community-level support, can buffer the effects of ACEs.

A Vision for Virginia

Building off increasing awareness of trauma-informed approaches, and policy opportunities such as the Behavioral Health Redesign and Family First Prevention Services Act which will incentivize trauma-informed practices, we believe that Virginia is poised to define, align, apply and assess trauma-informed care across all child-serving systems. Coming from various perspectives and backgrounds, we see how trauma can impact families across generations, in every socio-economic background, and in all communities. We are aware of the need for prevention of exposure to trauma, as well as the need for evidence-based approaches for children, parents, caregivers, and communities.

A trauma-informed approach recognizes the research and biology of how trauma impacts the brain and body, and applies that awareness to how services and systems are designed to work with children and their families.

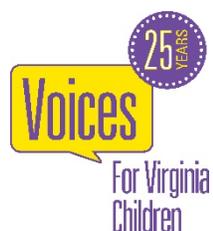
Define the elements of trauma-informed approaches across sectors to inform policy and practice for professionals, advocates, policymakers, and communities.

Apply trauma-informed policies and practices across sectors by establishing a continuum of trauma-informed practices for organizations and individuals.

Align trauma-informed initiatives across systems to maximize opportunities for federal funding, including the Family First Prevention Services Act and Medicaid.

Assess the reach and impact of trauma-informed services by collecting relevant data and using this information to help agencies implement policy change and prepare communities to respond.

Voices for Virginia's Children is joined by many partners in the Campaign for a Trauma-Informed Virginia. To see a full list of partners representing education, health care, mental health, child welfare, and early education please visit our website.



Education: Increase support staff in schools such as counselors, social workers, psychologists, and nurses to help schools recognize and respond to trauma and implement trauma-informed interventions.

These student support positions create a positive and supportive school climate, implement positive behavioral interventions and supports, and respond to behaviors through treatment and referral to other community-based resources.

- Improve the ratio of school counselors to students in PreK-12th grade to 1 to 250 students.
- Amend the standards of accreditation so that school counselors spend a minimum of 80% of time providing direct counseling services.

Education: Provide training in trauma recognition and trauma-informed approaches to all school personnel.

Require School Resource Officers to have background training in trauma-informed care.

Child Welfare: Support the initial steps to implement the federal Family First Prevention Services Act by increasing evidence-based and trauma-informed services to prevent children from being placed in foster care.

The Family First Prevention Services Act is the first transformation of the child welfare system in nearly 40 years and provides an opportunity to invest in prevention through evidence-based and trauma-informed services. To support implementation, we must increase evidence-based services for children at risk of entering foster care, as well as their families and caregivers.

Mental Health: Improve access to children’s mental health crisis services through the continued implementation of STEP-VA.

Increase funding for community-based children’s mobile crisis stabilization services and improve access to regional crisis stabilization units for children and adolescents. Developing a robust continuum of crisis services in partnership with community services boards, reduces costly and potentially traumatic in-patient hospitalizations and out of home placements.

Mental Health: Improve the integration of mental health services in primary care by establishing a pediatric mental health access program in Virginia.

Provide state financial support to scale up the Virginia Mental Health Access Project (VMAP). This project seeks to improve primary care providers’ ability to address children’s mental health needs through additional training, improved care coordination, and behavioral health consultation services.

Community- Level Prevention: Help parents and caregivers understand their role as a “buffer” -- preventing exposure to, and mitigating the impact of, various forms of childhood trauma.

Expand efforts to support parents and caregivers in their role as their child’s first teacher, such as home visitation services intended to educate parents on children’s health and development.

Community- Level Prevention: Provide support for communities to build trauma-informed networks.

Provide additional funding to the Family and Children’s Trust Fund (FACT) to increase the number of grants supporting trauma-informed communities. FACT currently has resources to fund two community networks out of the 15 communities where networks exist. Additional state resources could be leveraged by FACT to raise matching private resources.