# Interim Report

# Governor's Trauma-Informed Care Working Group

# December 15, 2018

## Executive Summary

The Governor's Trauma-Informed Care Working Group (TIC working group) is tasked with fulfilling directives in the 2018 Appropriations Act and Executive Order 11 to create a system of trauma-informed care in Virginia. Trauma-informed care is a framework of care and service delivery developed in response to decades of research showing severe stressors and trauma, often referred to as adverse childhood events (ACEs), cause toxic biological responses in the developing brain, often with long-term consequences for health.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a framework for defining trauma-informed care and services in the behavioral health sector but can also be adapted to other child and family serving sectors such as child welfare, education, criminal and juvenile justice, primary health care, the courts, and housing. The TIC working group recommends that Virginia's child and family-serving programs and agencies adopt this framework in designing their service delivery.

Many state agencies, non-profits, and private service providers are moving toward a trauma-informed system of service delivery. The TIC working group is cataloging current work at state agencies around trauma-informed care delivery. In this interim report, the group outlines current activity in state agencies under the Secretary of Health and Human Resources. However, the TIC working group represents a much broader group and will be cataloging work in the Secretariats of Education, Public Safety, and Commerce and Trade. The TIC working group recommends the administration convene an internal "Trauma-Informed Care State Steering Committee" led by the Governor's staff and consisting of leadership in the state agencies involved trauma-informed systems of care. In addition, the TIC working group recommends their future work include the development of a strategic plan for recruiting, training, and supporting a trauma-informed workforce and a dashboard with short and long-term metrics to track progress, as well as outcomes and indicators state leaders should expect to see with successful implementation.

## Interim Recommendations

1. Virginia's child and family-serving agencies should adopt the SAMHSA definition and framework of trauma-informed care.
2. The Governor should convene an internal "Trauma-Informed Care State Steering Committee" led by the Governor's staff and consisting of the leadership of the state agencies involved in efforts to create a trauma-informed system of care.
3. The TIC working group should develop a strategic plan for recruiting, training, and supporting a trauma-informed workforce in Virginia's child and family-serving sectors.

4. The TIC working group should develop a dashboard of short and long-term metrics the executive, legislative, and judicial branches can use to assess Virginia's progress in developing a trauma-informed workforce and system of care, as well as the positive outcome measures state leaders should expect to see as a result.

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## Background

In June 2018, the Governor formed a Trauma-Informed Care for Children Working Group ("the TIC working group") to accomplish work directed by the 2018 Appropriations Act, as well as Executive Order 11. Attachment A contains a roster of all the TIC working group participants.

Appropriations Act

Chapter 2, Item 281 (B) of the 2018-2020 Appropriations Act ("the Act") requires:

"The Secretary of Health and Human Resources to create a trauma-informed care workgroup to develop a shared vision and definition of trauma-informed care for agencies within the Health and Human Resources Secretariat. The workgroup shall also include representatives from the Departments of Social Services, Behavioral Health and Developmental Services, Medical Assistance Services, and Health, as well as stakeholders, researchers, community organizations and representatives from impacted communities.

The workgroup shall also (i) examine Virginia's applicable child and family-serving programs and data; (ii) develop strategies to build a trauma-informed system of care for children, using best practices for families who are impacted by the human service delivery system; (iii) identify indicators to measure progress in developing such a system of care; (iv) identify needed professional development/training in trauma-informed practices for all child-serving professionals; and (v) identify data sharing issues that need to be addressed to facilitate such a system. In addition, the workgroup shall explore opportunities to expand trauma-informed care throughout the Commonwealth. The Secretary of Health and Human Resources shall report on the workgroup's activities to the Chairmen of the House Appropriations and Senate Finance Committees and the Virginia Commission on Youth by December 15 of each year."

Governor's Executive Order 11

In June 2018, Governor Northam signed Executive Order 11, establishing the Children's Cabinet and outlining three main priority areas of focus, among them a direction to "support a consistent, evidence-based, and culturally-competent statewide response to childhood trauma."[1] Executive Order 11 further directs the Children's Cabinet to coordinate efforts across state agencies, with external stakeholders and local communities to foster systems that provide a consistent trauma-informed response to children who have experienced trauma and build resiliency of individuals and communities.

## Importance of the Issue

[1] https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-11-The-Way-Ahead-for-Virginias-Children-Establishing-the-Childrens-Cabinet.pdf

Research shows chronic, severe stressors and trauma, often referred to as adverse childhood experiences (ACEs), cause toxic biological responses in the developing brain, often with long-term consequences for health and wellness. ACEs describe trauma that results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. A growing body of research, based on a groundbreaking 1998 CDC study, has sought to quantify the prevalence of ACEs and educate on their connection to negative health outcomes, such as heart disease, obesity, substance use disorder, depression, and other chronic health conditions.[2] This research has now linked ACEs to seven out of ten of the leading causes of death in the United States.

Despite increasing scientific evidence of the association between ACEs and negative health outcomes, childhood adversity is an under-addressed component of prevention of adult disease and a promising target for new strategies to promote and protect population health. However, state leaders and stakeholders agree addressing the ACEs problem is challenging and incredibly complex. Although it is often assumed the trauma children and families experience is a consequence of another individual's actions, many families have faced trauma related to government policy decisions resulting in cycles of poverty, dislocation, war, etc. Historical trauma has affected specific racial, ethnic, cultural, and marginalized communities disproportionately.

The ACEs problem is multi-generational. Parents and caretakers who experienced ACEs as children and whose trauma has gone undiagnosed and untreated are at risk of repeating the cycle of trauma within their own families. Because of these complexities, the TIC working group agreed that to effectively deliver a system of trauma-informed care for children, the system must also be designed to provide trauma-informed care and services to parents, caretakers, and other family members.

**Shared Definition of Trauma-Informed Care**

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a framework for defining trauma-informed care and services in the behavioral health sector but can be adapted to other child and family serving sectors such as child welfare, education, criminal and juvenile justice, primary health care, the courts, and housing.[3] This framework is outlined below.

According to SAMHSA's concept of a trauma-informed approach, a program, organization, or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

[2] https://www.cdc.gov/violenceprevention/acestudy/about.html
[3] https://www.samhsa.gov/nctic/trauma-interventions

3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization.

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments designed specifically to address the consequences of trauma and facilitate healing. A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, Historical, and Gender Issues

Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

Trauma-specific intervention programs generally recognize the following:

- The survivor's need to be respected, informed, connected, and hopeful
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

The TIC working group recommends that all child and family-serving programs adopt this framework for delivering trauma-informed care and services.

**Trauma-Informed Care in Child and Family-Serving Programs in HHR Agencies**

As the field of health and human services has recognized the growing research around ACEs and the long-term impacts on health and well-being, federal and state agencies have begun designing or re-designing child and family-serving programs, grants, and contracts to incentivize trauma-informed care.

The TIC working group has begun cataloging the trauma-informed care and services work currently being done within HHR agencies.

*Department of Medical Assistance Services (DMAS)*

DMAS, in collaboration with Virginia's Medicaid managed care organizations (MCOs), is supporting state efforts to establish a cohesive response to trauma by developing a trauma-informed care component in the Medallion 4 program. The Medallion 4 program covers primary care and behavioral health services for the majority of Virginia's Medicaid members with a focus on services for pregnant women, children, and caregivers. There are three trauma-informed care initiatives being developed with Medallion 4 MCOs:

1. Case management and care coordination services
2. Comprehensive systems of care
3. Provider network development

Initially, DMAS will focus on members receiving services for foster care and adoption and substance-exposed infants.

*Foster care case management design*

MCOs will focus on creating models for trauma-informed case management and referral services for foster care and adoption assistance members. Through their contract with MCOs, DMAS is encouraging MCO case management staff to have a background in trauma-informed clinical practice.

*Case management supporting substance-exposed infants*

DMAS is working with MCOs to design trauma-informed services to support substance-exposed infants and their biological mother. Through the contract, DMAS will develop program components to support MCO safety planning for substance-exposed infants and those born with neonatal abstinence syndrome. The goal is to increase access to trauma-informed services for both the biological mother and the children.

DMAS and MCOs are working collaboratively to develop a list of providers with trauma-informed care expertise. The TIC working group is informing this work by defining a framework to assess whether a provider is trauma-informed.

*Virginia Department of Social Services*

The Virginia Department of Social Services has a number of ongoing initiatives to train local departments of social services in trauma-informed services. There are two major ongoing projects at the Department that are particularly relevant to the TIC working group's charge.

*Linking Systems of Care for Children and Youth Demonstration Project*

In 2015, Virginia was one of four states to receive federal funding for a demonstration project, "Linking Systems of Care for Children and Youth" (LSC), funded by the Office for Victims of Crime in the Department of Justice. The planning phase began in 2015 and state agencies are currently mid-implementation with the funding continuing through 2021. The Virginia Department of Social Services (VDSS) is the lead agency for the project, although twelve state agencies and offices are partnering in the effort. The project is focused on identifying children

and youth who have experienced crime and creating, strengthening, and improving the coordination of services to ensure:

1. Children are screened for victimization;
2. Children, youth, and families are provided comprehensive and coordinated services to fully address their needs; and
3. Policies and practices are established to sustain this approach long-term.

To support the efforts of a multi-sector, system-wide approach to coordinating trauma-informed services, the partner agency team has developed a Virginia Victimization Screen (VVS) tool and a guide to resource mapping for local agencies. The partner agency team is in the process of developing the following tools for child and family serving agencies:

- Trauma-informed agency self-assessment
- Grant application guideline development menu for funders
- Family engagement tip sheet
- Referral and response protocol
- Web-based/e-trainings

*Family First Prevention Services Act*

The Family First Prevention Services Act (FFPSA), signed into law as part of the federal Bipartisan Budget Act in February 2018, reforms federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system.[4] The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster by incentivizing states to reduce placement of children in congregate care.

Under FFPSA, services must be trauma-informed and should be promising, supported, well-supported practices as modeled by the California Evidence Based Clearinghouse for child welfare. As Virginia begins to design its plan for implementation of FFPSA, there is a focus on defining and incorporating trauma-informed care across the Commonwealth. The TIC working group will collaborate with the Three Branch FFPSA implementation group to ensure a coordinated effort around the delivery of trauma-informed services.

*Department of Behavioral Health and Developmental Services (DBHDS)*

DBHDS and DMAS are collaborating to redesign behavioral health services in Virginia. The goal of the redesign is to serve Virginians where they are, in settings like schools, primary care, and home communities, as opposed to out-of-home care, which increases trauma and makes long-term resiliency harder to achieve. Under the redesign effort, services will focus on

[4] https://www.congress.gov/bill/115th-congress/house-bill/253/text?q=%7B%22search%22%3A%5B%22family+first+prevention+services+act%22%5D%7D&r=1

prevention, early intervention, and community-based care aimed at preventing or reducing trauma or more quickly mitigating impact.

The redesign effort will align with FFPSA and evidence-based services will be selected using a trauma-informed lens.

*Office of Children's Services (OCS)*

The OCS oversees the administration of the Children's Services Act (CSA). The CSA consolidates funding from seven funding streams and four agencies into a single state pool designed to deliver services to children. Children and families served by CSA are considered to be at high risk of having experienced trauma. Sixty percent of the 15,000 + children served annual are referred from local departments of social services, a cohort understood to have high levels of exposure to traumatic experiences. CSA efforts to address this pattern of trauma focuses in three broad areas –screening and identification, intervention, and work force development.

All youth receiving CSA services receive an assessment using the Child and Adolescent Needs and Strengths (CANS), a widely used and highly regarded assessment approach. The CANS assessment includes trauma specific screening components to evaluate the child's exposure to ten different possible types of traumatic experiences and a broad array of indicators of emotional and or behavioral concerns (e.g., depression, anxiety, aggression, self-harm) related to trauma.

CSA promotes an intervention practice known as High Fidelity Wraparound (HFW), which incorporates many of the principles of a trauma-informed approach, including strong emphasis on youth and family control of the goals set for them and services provided to them, a strengths-based, "non-pathologizing" framework, and assessment model that avoids the need to "re-live" and "re-tell" traumatic experiences. In FY2018, 619 children and families received CSA-funded HFW services.

OCS collaborates with other state partners to provide workforce development training to increase knowledge and skills around trauma-informed care. The primary mechanism is through the annual CSA conference. In the years 2014-2018, the CSA Conference held 15 unique breakout sessions on trauma attended by over 625 participants. The opening speaker at the 2017 conference was a highly-regarded speaker who specifically addressed trauma and resiliency.

**Professional development and training**

The TIC working group agrees that one of the biggest challenges to creating a system of trauma-informed care in Virginia is recruiting, training, and retaining a trauma-informed workforce. Professionals in the fields of child welfare, the judicial system, public safety and juvenile justice, health care, behavioral health, education, early childhood development, and affordable housing need to understand the impact of trauma on the developing brain and how to promote resiliency among the children and families they serve.

The TIC working group first step has been to catalog the resources that currently exist for different professional sectors. For examples, the American Academy of Pediatrics (AAP) has developed tools for pediatricians to help them have a trauma-informed practice. The National

Council on Juvenile and Family Court Judges has resources on trauma-informed courts. The National Education Association has guidance on trauma-sensitive classrooms. Several federal government agencies like SAMHSA and the Administration for Children and Families have developed tools for child and family-serving agencies.

The TIC working group will develop a long-term plan for recruiting and training a trauma-informed workforce in Virginia.

**Expanding the scope of trauma-informed care**

This interim report focuses primarily on the state agencies under the Secretary of Health and Human Resources. However, the TIC working group represents a much larger multi-disciplinary and multi-sector group of individuals. The TIC working group recommends their future work include the development of a strategic plan for recruiting, training, and supporting a trauma-informed workforce in the following child and family-serving sectors:

1. Health care (including behavioral health)
2. Child welfare
3. Courts
4. Public safety and juvenile justice
5. Education (including early childhood education)
6. Housing

The plan should include resources and tools for training professionals in this sector, outreach to leaders in each sector to understand the most effective avenues for providing training, and a dashboard for tracking progress on training.

**Data/Metrics**

The TIC working group recommends the state develop a dashboard of short and long-term metrics the executive, legislative, and judicial branches can use to assess Virginia's progress in developing a trauma-informed workforce and system of care, as well as the positive outcome measures state leaders should expect to see as a result.

In the short-term, the TIC working group recommends tracking operational and process measures, such as resources available to professionals, number of professionals trained, and number of children and families served with trauma-informed models.

In the long-term, the state should assess state level indicators of child well-being and resiliency and risk factors. The state of Wisconsin, for example, has a public dashboard tracking 48 indicators of child well-being, including resiliency and risk factors.[5]

**Interim Recommendations**

1. Virginia's child and family-serving agencies should adopt the SAMHSA definition and framework of trauma-informed care.

[5] https://children.wi.gov/Pages/Improve/Indicators.aspx

2. The Governor should convene an internal "Trauma-Informed Care State Steering Committee" led by the Governor's staff and consisting of the leadership of the state agencies involved in efforts to create a trauma-informed system of care.
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Exhibit A

Trauma-Informed Care Working Group Participants

| Name | Agency/Organization |
|---|---|
| Amy Atkinson | Commission on Youth |
| Jane Ball | Hanover County Public Schools |
| Gena Boyle Berger | Office of Secretary of Health and Human Resources |
| Dr. Sandy Chung | American Academy of Pediatrics—Virginia Chapter |
| Donna Colombo | Virginia PTA |
| Camille Cooper | National Association to Protect Children |
| Holly Coy | Office of the Secretary of Education |
| Laurie Crawford | Virginia Department of Social Services |
| Emily Creveling | Department of Medical Assistance Services |
| Kim Dupre | Center for School-Community Collaboration (VCU) |
| Shardell Gerald | Newport News Human Services |
| Michael Gregory | Department of Education |
| Emily Griffey | VOICES for Virginia's Children |
| Jo Wilson-Harfst | Virginia Department of Social Services |
| Jeanine Harper | Greater Richmond SCAN |
| Margaret Nimmo Holland | VOICES for Virginia's Children |
| Dr. Connie Honsinger | Chesterfield County Public Schools |
| Cherice Hopkins | Rights 4 Girls |
| Aleta Lawson | Head Start Collaboration Office |
| Valerie L'Herrou | Virginia Poverty Law Center |
| Stephanie Lynch | Good Neighbor |
| Laurel Marks | Department of Criminal Justice Services |
| Ashaki McNeil | Department of Juvenile Justice |
| Ruth Micklem | Virginia Sexual and Domestic Violence Action Alliance |
| Christian Paasch | National Parents Organization |

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| Nicole Poulin | Family and Children's Trust Fund |
| Scott Reiner | Office of Children Services |
| Greta Rosenzweig | Virginia League of Social Services Executives |
| Dr. Bela Sood | VCU Professor of Psychiatry and Pediatrics |
| Al Steward | Virginia League of Social Services Executives |
| Chidi Uche | Office of the Secretary of Education |
| Jonathan Yglesias | Virginia Sexual and Domestic Violence Action Alliance |