

2020 UNIFIED POLICY AGENDA

Voices launched the Campaign for a Trauma-Informed Virginia in 2018 to unite advocates around trauma-informed practices and to educate policymakers on the need to make services for children and families more trauma-informed. Since then, more than 20 trauma-informed community networks have been established across the state. The Governor's office has also established a trauma-informed leadership team within state government and is engaging stakeholders in the Children's Cabinet Work Group on trauma-informed care.

To build on our momentum, we are asking the legislature to invest in trauma-informed care and prevent adverse childhood experiences (ACEs).

ADVERSE CHILDHOOD EXPERIENCES (ACEs)



Separation from a parent including death or incarceration



Living with or experiencing **domestic violence, parental substance abuse or mental illness, or community violence**



Physical or emotional abuse or neglect



Economic hardship

20% of children in Virginia have experienced two or more ACEs.

COMMUNITY-LEVEL PREVENTION



PROVIDE FUNDING TO SUPPORT COMMUNITY-BASED TRAUMA NETWORKS

The Family and Children's Trust of Virginia (FACT) 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.



REQUEST: \$750,000 each year to FACT to provide grants and technical assistance to community-based networks.



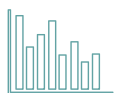
CONTINUE STATEWIDE ROLLOUT OF ACEs INTERFACE TRAINING.

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.



REQUEST: \$500,000 each year to fund evidence-based training model for professionals.

FAMILY-BASED PREVENTION



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 Temporary Assistance for Needy Families (TANF), has 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.



REQUEST: Increase the TANF standard of need to determine eligibility and assistance levels up to 50% of the federal poverty line to serve more families and increase cash assistance.

EARLY IDENTIFICATION AND INTERVENTION



ADDRESS PRESCHOOL SUSPENSION AND EXPULSION BY CREATING AN ECMH CONSULTATION MODEL.

Recent data indicates 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 ages 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.



REQUEST: Support the study resolution to create a statewide consultation model available to children in all public and private early care programs and in every community.



RETAIN THESE PRIORITIES INCLUDED IN THE GOVERNOR'S BUDGET:

- Address racial and historical trauma by supporting the proposals to reduce racial disparities in birth outcomes.
- Expand access to home visitors/parent educators for pregnant women and families with young children by providing a Medicaid reimbursement for services.
- Support the integration of mental health services in primary care by providing \$4.2M each year to expand the Virginia Mental Health Access Program (VMAP).
- Help schools and educators respond to trauma by reducing the counselor to student ratio to 1:250.
- Support mental health and foster care programs to implement trauma-informed and evidence-based practices.
- Reduce exposure to secondary trauma for foster care caseworker and mental health providers by increasing caseworker salaries and compensation for mental health professionals.