



# DECEMBER MEETING

DECEMBER 17, 2018 WEST READING ROOM, PATRICK HENRY BUILDING

2:30 – 4:00 PM



# EARLY CHILDHOOD DEVELOPMENT AND SCHOOL READINESS

CHIEF SCHOOL READINESS OFFICER JENNA CONWAY

## STRENGTHENING HOME VISITING IN VIRGINIA

- Early Impact Virginia Leadership Council convened to address legislative mandate to **coordinate and direct** Virginia's investment in home visiting.
- Council includes: First Lady Pamela Northam, Gena Berger, Elizabeth Whalley Buono (Families Forward VA), Jenna Conway, Kim Gregory (Davenport Institute), Catherine Hancock (DBHDS), Joe Hilbert (VDH), Karen Kimsey (DMAS), Dr. Hughes Melton (DBHDS), Massey Whorley (VDSS)
- This Council will help **develop plan** to define how best to **fully integrate home visiting** in Virginia's plan for early childhood success, including:
  - Strategic, sustainable growth;
  - Cross-agency system building including alignment and integration;
  - Quality assurance;
  - Shared data and integration; and
  - Workforce development

## PRESCHOOL DEVELOPMENT GRANT BIRTH TO FIVE

- Virginia has applied for **\$13.9M**, which is below the maximum (\$15M) but above the average expected award (\$5M).
- Virginia seeks to build on current momentum towards unifying the early childhood system, specifically focusing on **10 pilot communities**.
- This will include:
  1. *Producing **needs assessment**;*
  2. *Developing **strategic plan**;*
  3. *Maximizing **parental choice** and knowledge about mixed delivery system of existing programs and providers;*
  4. *Sharing **best practices** among providers to increase **collaboration and efficiency**, including improving transitions to school; and*
  5. *Improving the overall quality of early childhood education programs.*
- Virginia's application is unique as it:
  - *Leverages **extensive analytical and engagement efforts** in recent years (e.g., Commonwealth Council, School Readiness Committee, JLARC, Children's Cabinet, School Readiness Report Card, Integrated Financing, Smart Beginnings, etc.)*
  - *Builds on **lessons learned** from recent grants to communities (e.g., VPI+, Mixed Delivery, Innovative Partnerships)*
  - *Maximizes recent federal and state investments (e.g., VPI Plan, VKRP, Mixed-Delivery, Additional CCDF, etc.)*
  - *Focuses on families and classrooms through supplementing 10 community-level grantees to convene, count, quantify quality, improve access and quality and reward educators, thus positioning Virginia to better understand what it takes to scale statewide*
- This is a one year grant, but renewal grants may become available.



# NUTRITION AND FOOD SECURITY

ASSISTANT SECRETARY OF AGRICULTURE AND FORESTRY HEIDI HERTZ

## NUTRITION AND FOOD SECURITY WORKGROUP

- 3rd meeting was held October 30<sup>th</sup>; 4<sup>th</sup> meeting was cancelled due to snow

- 24 participants including representatives from:

American Academy of Pediatrics

American Heart Association

Arcadia Center for Sustainable  
Agriculture

Community Unity in Action

School Nutrition Association

Farmers Market.co

Federation of Virginia Food Banks

Greater Richmond Fit4Kids

Local Environmental Agriculture Project

Shalom Farms

Tricycle

Virginia Academy of Pediatrics

Virginia Agriculture in the Classroom

Virginia Cooperative Extension

Virginia Department of Aging and  
Rehabilitation Services

Virginia Department of Agriculture and  
Consumer Services

Virginia Department of Education

Virginia Department of Health

Virginia Department of Social Services

Virginia Early Childhood Foundation

Virginia Foundation for Healthy Youth

Virginia Fresh Match

Virginia League of Social Services  
Executives

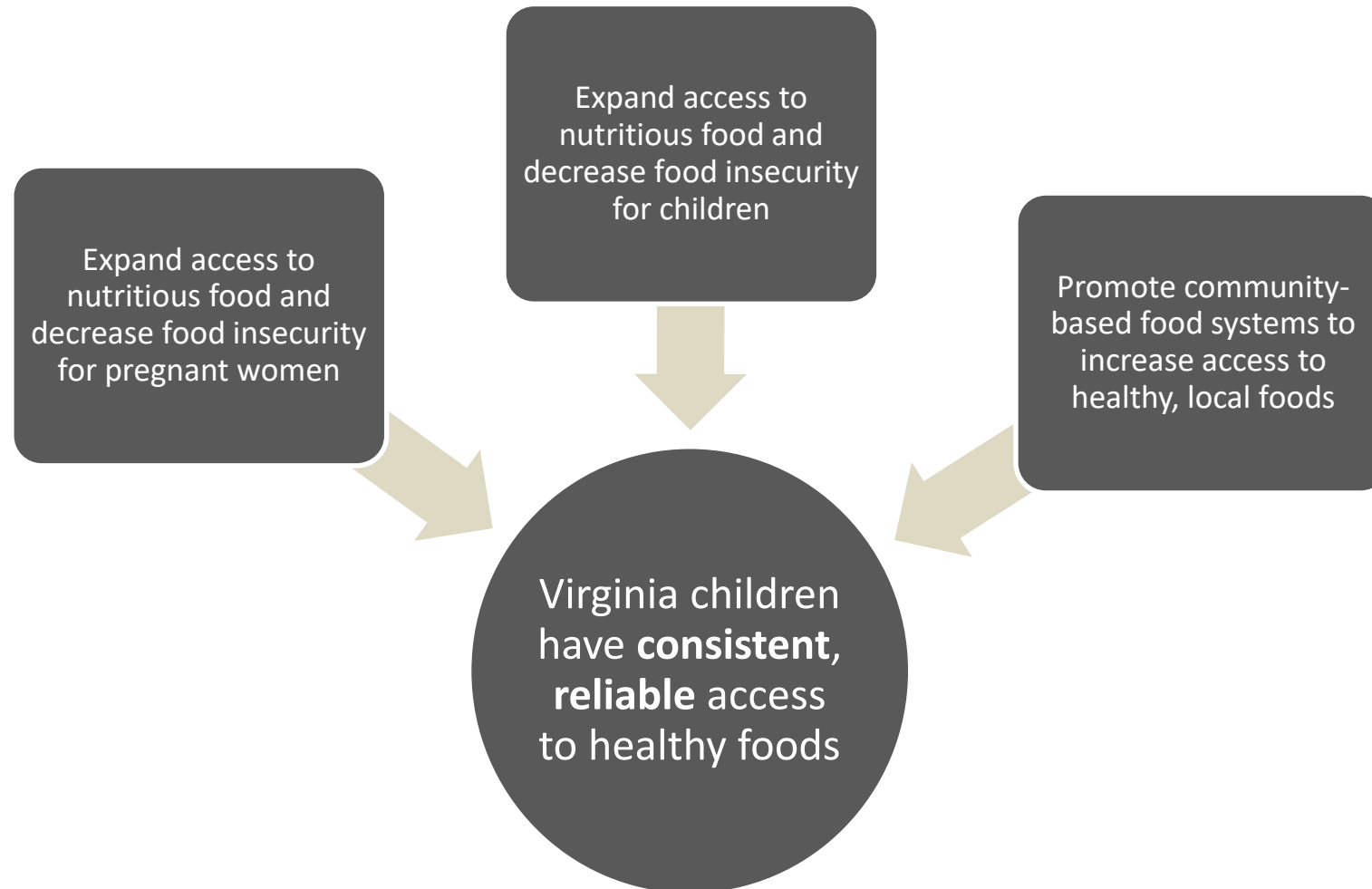
Virginia No Kid Hungry

Virginia Poverty Law

Virginia State University

- Work group spent time revisiting discussion points from the October Children's Cabinet meeting

## DISCUSSION GROUPS



## EXPAND ACCESS TO NUTRITIOUS FOOD AND DECREASE FOOD INSECURITY FOR PREGNANT WOMEN

- Strategies:
  - Identify community partners (VDH, DSS, DMAS, VDOE, AAP, ACOG) to promote the Virginia WIC program.
  - Expand WIC program referral network specifically through the CommonHelp portal.
- Next steps:
  - VDH is applying for a USDA grant to pilot local WIC outreach





## EXPAND ACCESS TO NUTRITIOUS FOOD AND DECREASE FOOD INSECURITY FOR CHILDREN

- Strategies:
  - Expanding participation in federal nutrition programs (school breakfast, after school meals, summer feeding)
  - Create scorecard to track progress in school nutrition and outcomes providing recognition.
- Next steps:
  - Exploring summer feeding program expansion barriers
  - Prioritize nutrition standards across agencies (VDOE, VDH, VDACS, VFHY)
  - Provide outreach opportunities to encourage schools to prioritize nutrition as key to educational outcomes

## PROMOTE COMMUNITY-BASED FOOD SYSTEMS TO INCREASE ACCESS TO HEALTHY, LOCAL FOODS

- Strategies:
  - Increase quantity of local, VA foods in VA schools, identify scope, establish strategy group.
  - Expand the SNAP, FMNP, and other best practices (mobile markets, Produce Prescription programs, HCSI) to increase the access to VA products.
- Next steps:
  - Children's Cabinet leaders to establish target for Farm to School.
  - Children's Cabinet leaders to facilitate state agency involvement in expansion of farmers' market nutrition programs.

## UPDATE – HUNGER VITAL SIGNS

Integrating the Hunger Vital Signs within state systems:

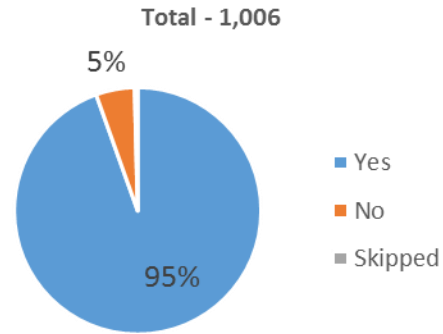
- DSS/211 pilot completed
- VDH/WIC pilot planning
- AAP/CHKD pilot planning

Supporting physicians, community organizations using Hunger Vital Signs:

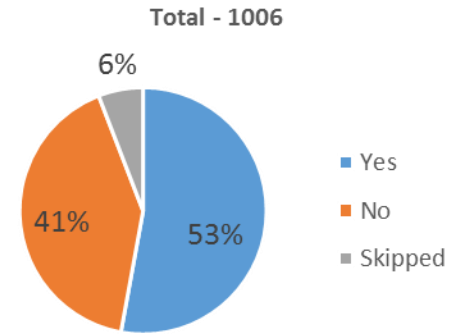
- Launch of FeedVA.org in 2019
- Comprehensive set of community resources
- Data Access

## DSS HUNGER VITAL SIGNS PILOT

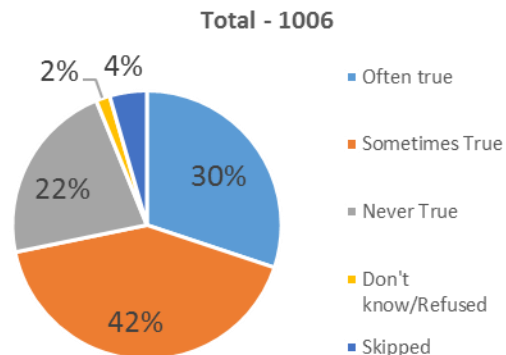
Q1: Are you willing to answer three brief questions about your family's food situation?



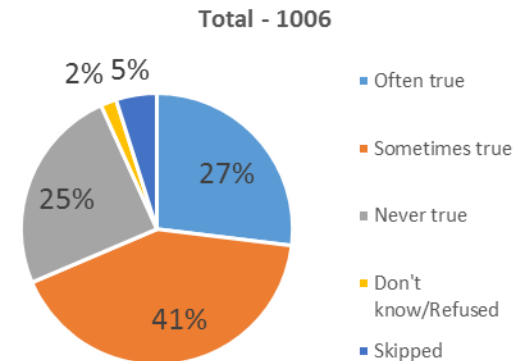
Q4: Are you receiving SNAP benefits?



Q2: Thinking about your family, is this statement "never true? sometimes true? or often true?" Within the past 12 months, we worried whether our food would run out before we got money to buy more.



Q3: Thinking about your family, is this statement "never true? sometimes true? or often true?" Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.



## 211 REFERRALS

- AFTER SCREENING, 211 SPECIALISTS PROVIDED REFERRALS TO SNAP AND OTHER PROGRAMS/RESOURCES
- DURING THE PILOT, AS A RESULT OF THE FOOD INSECURITY SCREENING, THE AVERAGE NUMBER OF REFERRALS PER SPECIALIST NEARLY TRIPLED

Referrals	
Food Pantry/Emergency Food Services	825
Food Stamps/SNAP	86
Child and Adult Care Food Program (CACFP)	50
WIC/Women Infant & Children	18
Meal Sites	11
Soup Kitchens	9
Home Delivered Meals	5

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# STUDENT SAFETY

SECRETARY OF PUBLIC SAFETY AND HOMELAND SECURITY    BRIAN MORAN

SECRETARY OF EDUCATION    ATIF QARNI

## RECENT PROGRESS IN STUDENT SAFETY

- Secretaries working with agencies to implement administrative recommendations of the work group.
- Virginia received over \$869,000 in federal funding to support threat assessment in schools.
- Grants for SRO and SSO positions.
- Recently announced budget proposals:
  - \$36 million for first installment of three-year, phased strategy towards 1:250 ratios for school counselors
  - \$3.3 million to Virginia Center for School Campus Safety for new center staff and training for school and law enforcement personnel, and school climate survey





# TRAUMA-INFORMED CARE

DEPUTY SECRETARY OF HEALTH AND HUMAN RESOURCES    GENA BERGER

## DIRECTIVES

- **Executive Order 11**

Coordinate efforts across state agencies, with external stakeholders and local communities to foster systems that provide a consistent trauma-informed response to children with adverse childhood experiences and build resiliency of individuals and communities.

- **2018 Appropriations Act**

(i) examine child and family-serving programs and data; (ii) develop strategies to build trauma-informed system of care; (iii) identify indicators to measure progress in developing such a system of care; (iv) identify needed professional development/training (v) identify data sharing issues that need to be addressed; (vi) provide annual report to the General Assembly by December 15.

## REC 1: ADOPT SAMHSA FRAMEWORK FOR TIC

- The Four R's:
  - Realizes the widespread impact of trauma and understands potential paths for recovery;
  - Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
  - Seeks to actively resist re-traumatization.

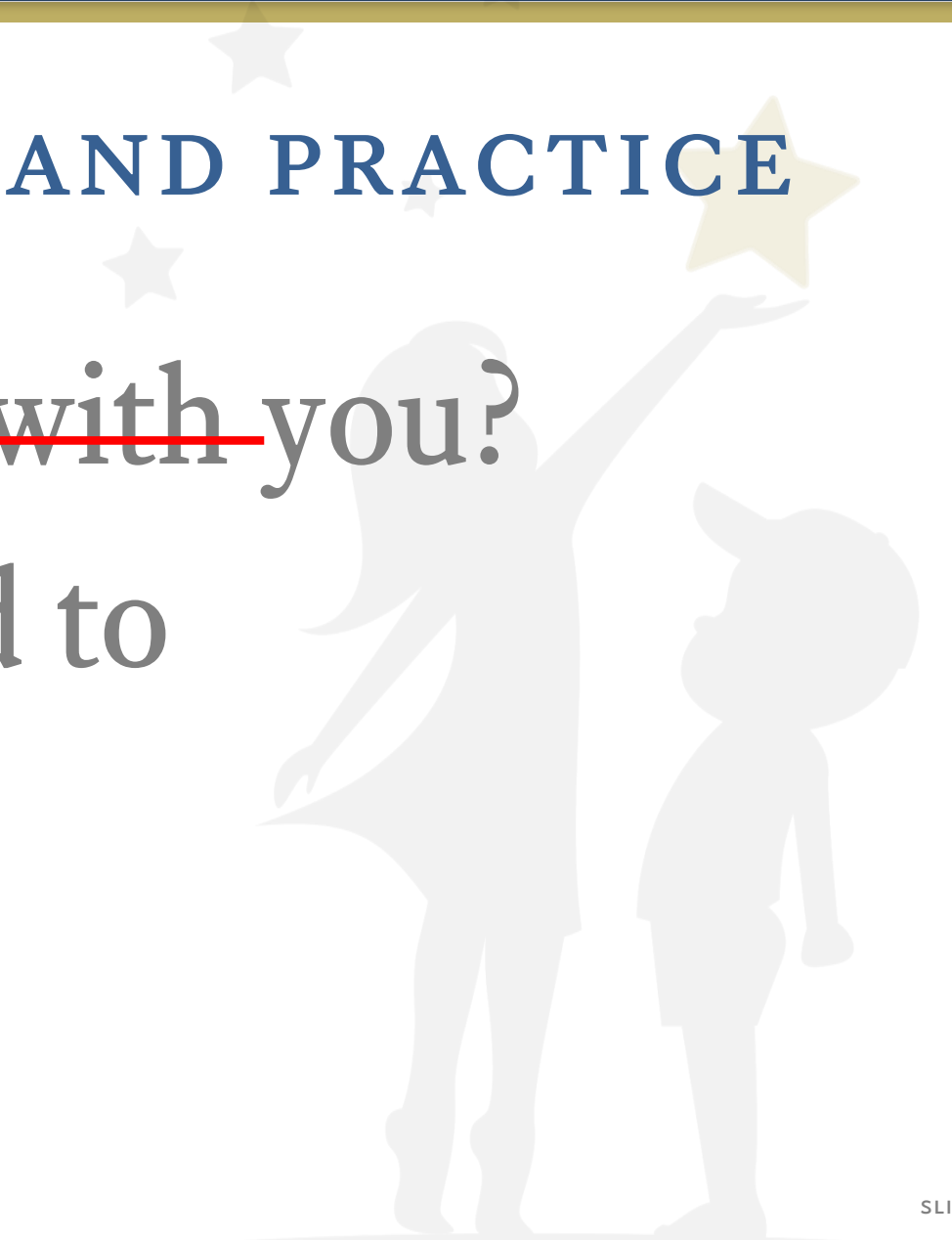
## SAMHSA FRAMEWORK CONT.

- SAMHSA's Six Key Principles of a Trauma-Informed Approach
  - Safety
  - Trustworthiness and transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice and choice
  - Cultural, historical, and gender issues



## SHIFTING PHILOSOPHY AND PRACTICE

What ~~is wrong with~~ you?  
happened to



## WHAT ARE SOME EXAMPLES?

- Housing

**Realize** a disproportionate number of individuals experiencing homelessness have endured trauma

**Recognize** by incorporating understanding of trauma into staff training, educating staff about secondary traumatic stress, ensuring organizational emphasis and support of self-care for staff

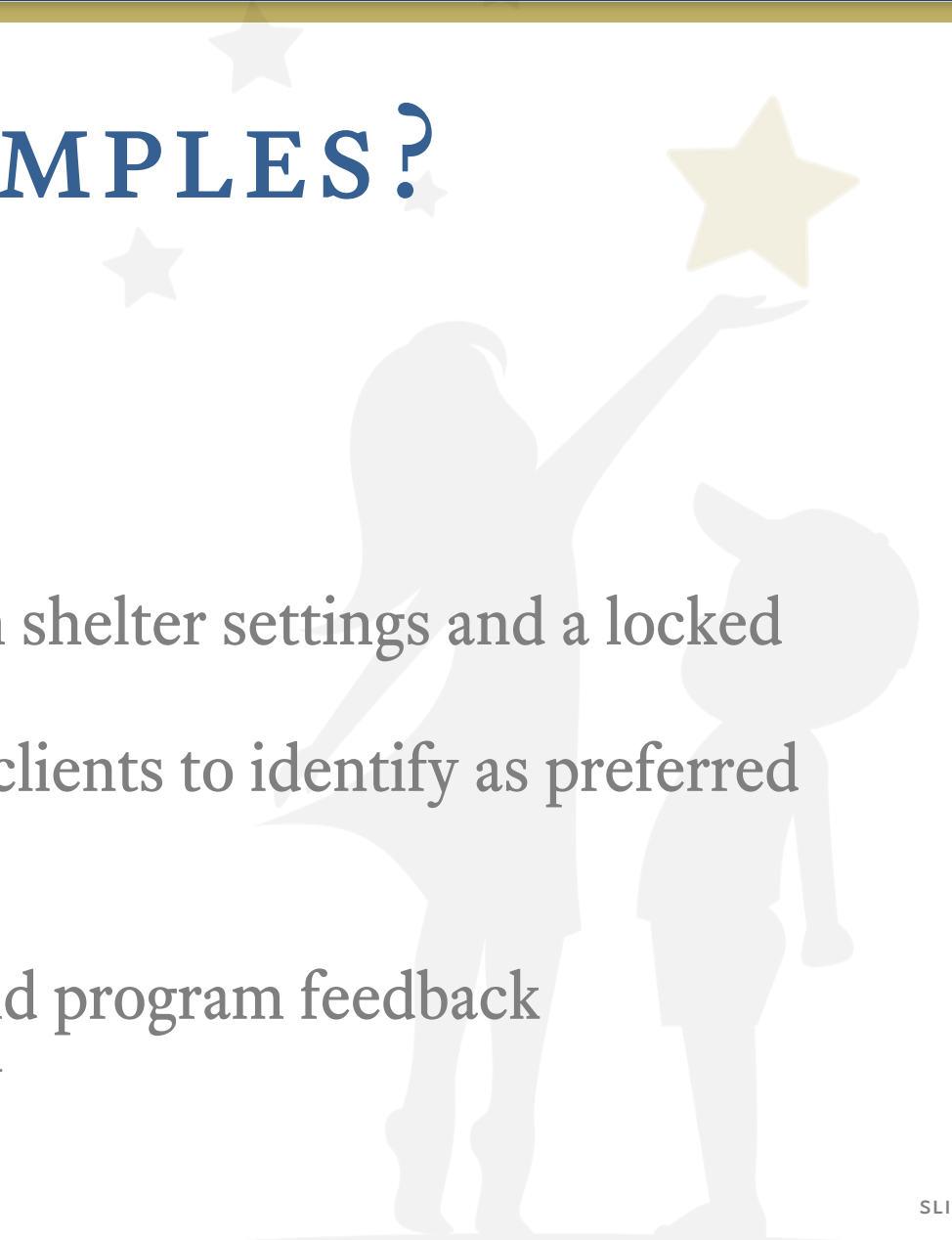
**Respond** with trauma-informed services and organizational policies

## WHAT ARE SOME EXAMPLES?

- Housing

- Resist re-traumatization.

- Safety or crisis intervention plans
- Ability to lock restroom and shower doors in shelter settings and a locked space to store belongings
- Using clients preferred names and allowing clients to identify as preferred gender
- Client has options in where they are housed
- There are anonymous options for staffing and program feedback
- Strengths-based approach to build resiliency



## WHAT ARE SOME EXAMPLES?

- Drug Treatment Courts

**Realize** a disproportionate number of individuals appearing in court have experienced violence or other traumatic events and self-destructive behavior is not a character flaw, but strategies and behavioral adaptations to cope with physical and emotional impact of past trauma

**Recognize** by incorporating understanding of trauma into staff training and court procedures

**Respond** with changes to the courtroom environment and practices



## WHAT ARE SOME EXAMPLES?

- Courts

- Resist re-traumatization.

- Treat individuals coming before the court with dignity and respect
- Adjust courtroom communication that is less negative, punitive, or judgmental
- Give court participants a clear explanation of what's about to happen to them
- Be mindful of the courtroom environment



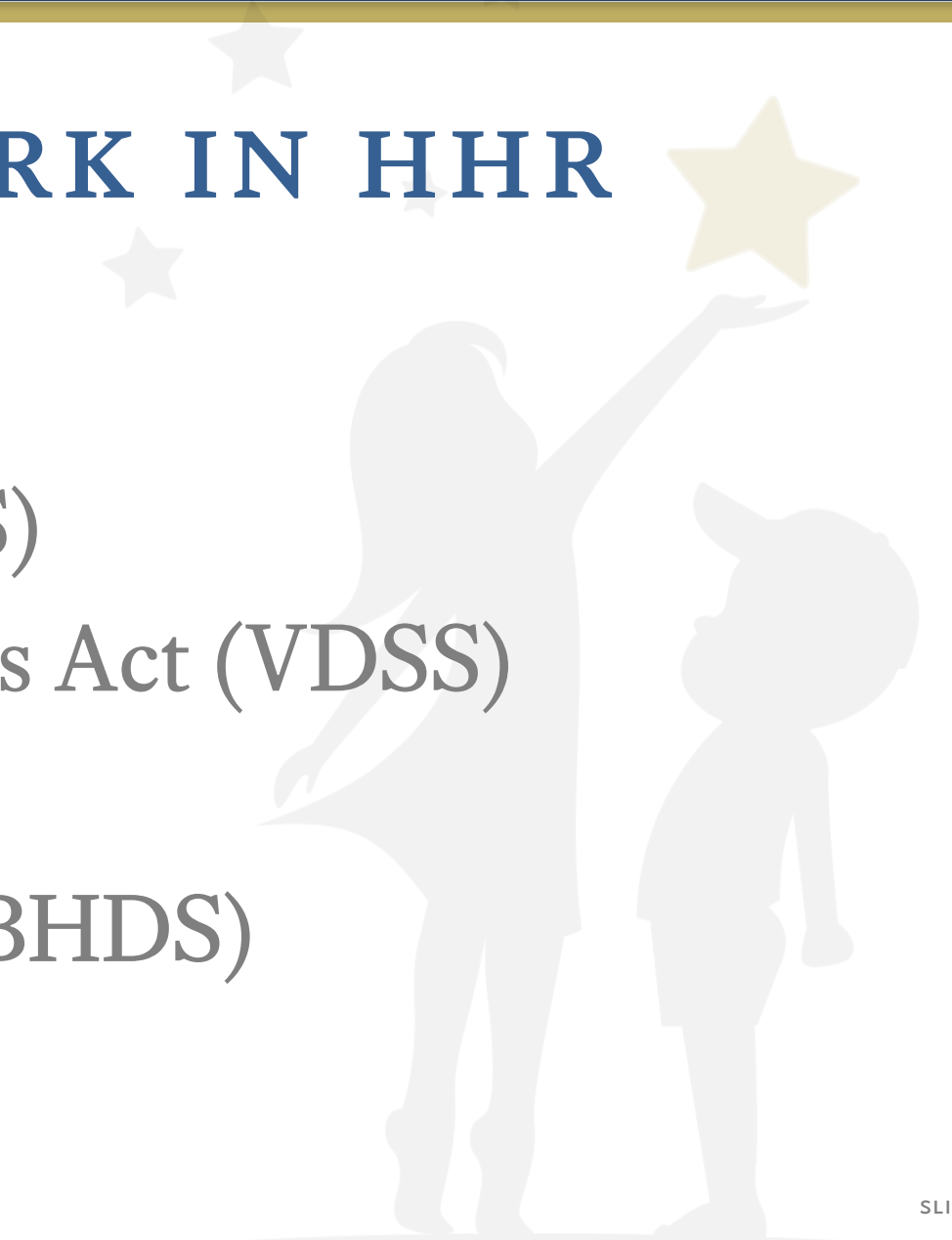
## RECOMMENDATION 1

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



## CATALOGING TIC WORK IN HHR

- Medallion 4 (DMAS)
- Linking Systems of Care (VDSS)
- Family First Prevention Services Act (VDSS)
- Children's Services Act (OCS)
- Behavioral Health Redesign (DBHDS)



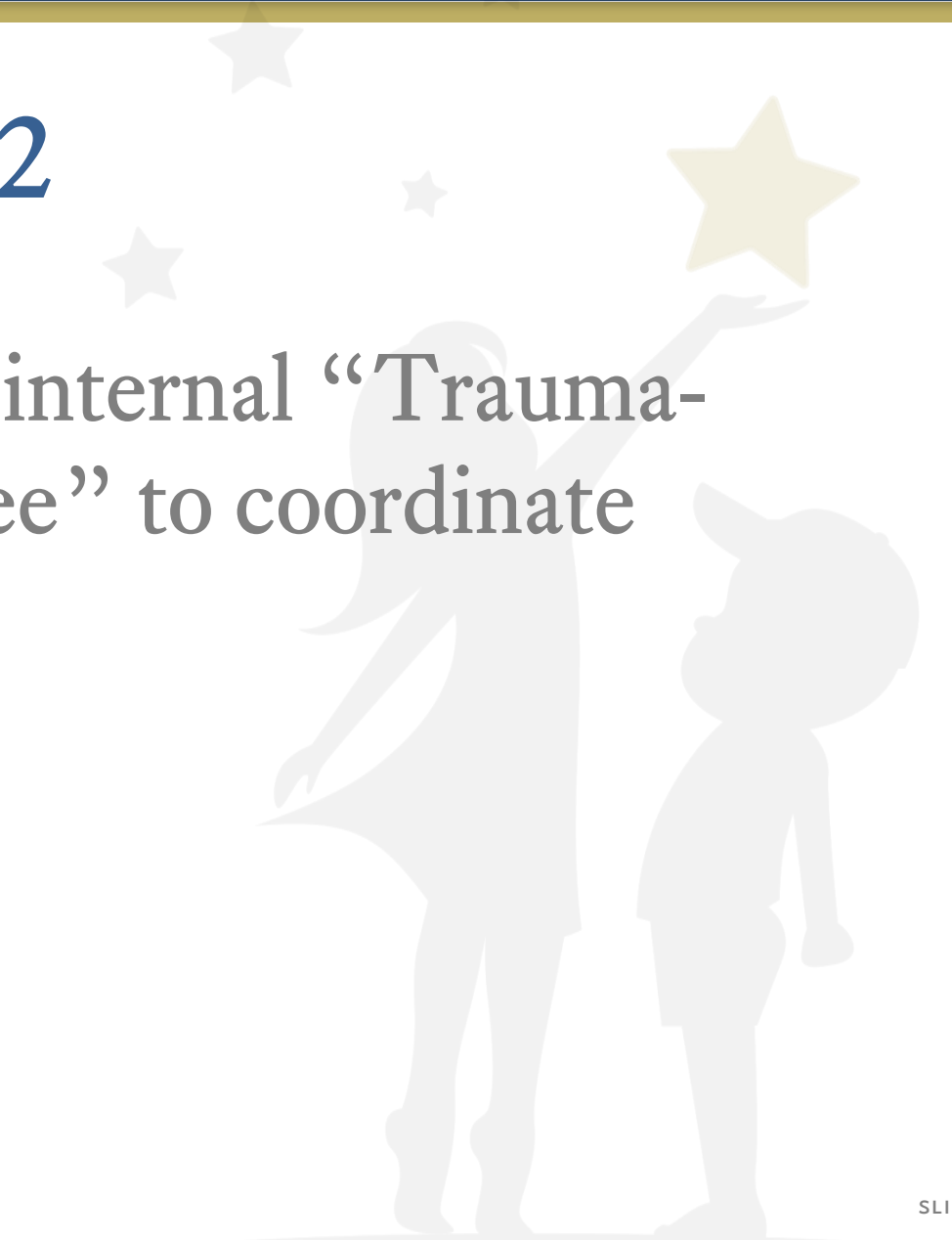
## CATALOGING WORK IN OTHER EXEC BRANCH AGENCIES

- Department of Criminal Justice Services
- Department of Education
- Department of Housing and Community Development
- Department of Juvenile Justice



## RECOMMENDATION #2

The Governor should convene an internal “Trauma-Informed Care Steering Committee” to coordinate executive branch work.



## TRAUMA-INFORMED WORKFORCE

Resources being developed:

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



## RECOMMENDATION #3

The TIC working shall develop a strategic plan for recruiting, training, and supporting a trauma-informed workforce in Virginia's child and family-serving sectors.

## DATA/METRICS

- (Short-term)
  - Number of professionals in each sector receiving training on trauma/resiliency
  - Number of trauma-informed resources available to programs
  - Number of Virginia programs with trauma-informed orientation, policies and practices, and service model
- (Longer-term)
  - Resiliency factors (Early childhood screening, prenatal care, spending on health and wellness, etc)
  - Risk factors (child abuse, domestic violence, bullying, racism)
  - Interventions (Availability of child, family, and school social workers, mental health providers, insurance coverage, child psychiatrists)
  - Negative/positive indicators












# CHILDREN'S CABINET

Commonwealth of Virginia - Cal... | WI Childhood Trauma Dashboar... | OCMH 48 Child Well-Being Indic... | +

https://children.wi.gov/Pages/Improve/Indicators.aspx

## INDICATORS REPRESENTING RESILIENCE

<a href="#">Early Childhood Screening</a> 	<a href="#">Early Intervention through the Birth to 3 Program</a> 
<a href="#">Early Prenatal Care</a> 	<a href="#">Eighth Grade Math Proficiency</a> 
<a href="#">Feeling of Neighborhood Safety</a> 	<a href="#">Four-Year-Old Kindergarten Attendance</a> 
<a href="#">Parents with Higher Education</a> 	<a href="#">Positive Adult Mentor</a> 
<a href="#">Spending on Health and Wellness Promotion</a> 	

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## INDICATORS REPRESENTING RISKS

Northam\_Respons...pdf | Governor's Respon...pdf | Children's Cabine...pptx | Senate Amendme...pdf | Senate Amendme...pdf | JLARC Commissio...pptx

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## RECOMMENDATION #4

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



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