

**Report of the Trauma Informed Care Working Group**

**To the Chairmen of the House Appropriations and Senate Finance  
Committees and the Virginia Commission on Youth**

**Pursuant to House Bill 30, Item 291 (B) of the  
2020 Virginia Acts of Assembly**

**December 15, 2020**

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## **Executive Summary**

This past year, the COVID-19 Pandemic altered the Trauma-Informed Care Working Group's ability to convene around the high level priorities of children's health and wellbeing. However, the timely start of Virginia's participation in a learning collaborative with the National Governors Association (NGA) to prevent and mitigate trauma and adverse childhood experiences (ACEs) allowed the Trauma-Informed Leadership Team (TILT), the subgroup of state agency representatives from the full working group, to respond. The TILT convened for three meetings throughout June and July 2020 to discuss and prioritize a cross-systems response to the social and emotional impact of COVID-19 on children, youth, and families in Virginia, as well as the challenges faced by agencies and programs to meet the considerable needs of communities, especially those disproportionately impacted by the Pandemic.

In an effort to ensure a trauma-informed COVID-response that supported the many social-emotional and physical needs of children and youth, as well as frontline service providers, the Trauma Informed Leadership Team worked to:

- a) examine Virginia's child and family-serving programs and data, specifically around the impact on these agencies and programs' ability to address COVID-related trauma;
- (b) identify trauma-responsive best practices to assist children, youth and families, especially those who seek services and are disproportionately impacted by the COVID-19 Pandemic;
- (c) sustain current or implement new opportunities to collaborate around trauma-responsive, cross-systems programs and efforts at agencies such as Department of Behavioral Health and Developmental Services (DBHDS), Department of Social Services

(DSS), Department of Education (DOE), Department of Criminal Justice Services (DCJS), and Department of Juvenile Justice (DJJ).

These goals aligned closely with the workgroup's charge while exploring opportunities to expand trauma-informed care throughout the Commonwealth. *Preventing and Mitigating Adverse Childhood Experiences Related to COVID-19: Considerations for the Children's Cabinet*<sup>1</sup>, a memo coauthored by the National Governors Association and the TILT, outlines Virginia's efforts to maintain and expand trauma-informed practices and provide an effective, cross-systems response to the COVID-19 pandemic to mitigate its impact on children, youth, and families, and the many workforces that support them.

## **Background**

From the beginning it was clear that stay-at-home orders, the shutdown of schools, and social distancing guidelines related to the COVID-19 Pandemic would create conditions that made children more vulnerable to ACEs and trauma. The Pandemic quickly resulted in increases in job loss, food insecurity, and housing instability, all while increasing risks for parental mental illness, domestic violence, and child maltreatment. The impact on the lives of young Virginians as the fraying of crucial protective factors such as community networks and emotionally supportive adult relationships that are proven to shelter children from harm was significant. In Virginia, referrals to child protective services by school staffers dipped by 94 percent once schools closed due to the pandemic, preventing children and families from connecting to the supportive resources that often prevent child abuse and neglect. Hearings for children in foster

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<sup>1</sup> Full Memo: *Preventing and Mitigating Adverse Childhood Experiences Related to COVID-19: Considerations for the Children's Cabinet* included in Report

care were delayed, resulting in children being unable to reunite with their birth families, and Virginians with behavioral health conditions also experienced major disruptions in access to care. Gone unaddressed, pandemic-related childhood trauma could, and likely would, have long-term and wide-ranging negative health and economic outcomes. As families navigated threats to their financial, social, and physical wellbeing, Virginia had to respond by delivering innovative, trauma-informed, wrap-around-services that promoted health and safety.

## **Data**

Overwhelming evidence around the country and throughout the Commonwealth indicated an uptick in social-emotional and mental health supports and needs for children and youth, especially those from traditionally marginalized communities and, across the board, tracking and supporting children and youth posed a significant challenge.

Due to COVID-19, K-12 fall membership enrollment received by the Department of Education from all school divisions showed that as of September 30, 2020, enrollment was more than 38,000 students lower than the state total last year for September 30, 2019, a significant reduction directly correlated to the Pandemic.<sup>2</sup> As anticipated, DSS saw a significant change in the number of calls to the Child Abuse and Neglect Hotline, as well as differences in reporter sources as the referrals from school personnel decreased by over 85%, all while child removals from the home were increasingly due to a prevalence of circumstances involving physical abuse, sexual abuse, and parental drug abuse and alcohol abuse, compared to this time last year.<sup>3</sup>

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<sup>2</sup> Note: of the 38,151 students, just under 12,000 students were incoming kindergarteners whose families opted to defer their children's enrollment in kindergarten, as permitted this school year by state law.

<sup>3</sup> Refer to Appendix B for data sets from Virginia Department of Social Services

Without question, the Pandemic left many children and youth without connection to the relationships or resources desperately needed to thrive and succeed. The types of services and supports that prevent and protect against child abuse and neglect, prevent children from entering foster care, ensure timely reunification with birth families, and/or prevent the major disruptions in access to supports for transitioning young adults out of foster care. While Virginia remained steadfast in flexibly responding to the COVID-19 Pandemic and worked tirelessly to ensure the continuity of service delivery and access to care where possible, the data showed that Virginia's children, youth, and families were still vulnerable and at risk of slipping through the cracks.

### **Collaborative Outcomes**

The National Governors Association: Improving Well-being and Success of Children and Families – Addressing Adverse Childhood Experiences Learning Collaborative was a timely opportunity for Virginia and three other states: Delaware, Pennsylvania, and Wyoming. The three TILT meetings held in June and July 2020, co-convened with cross-sector policy analysts from NGA's Center for Best Practices and several national experts, examined Virginia's child and family-serving programs and data through a trauma-informed lens. The TILT was specifically interested in the impact on these state agencies and programs' ability to quickly and effectively respond to and address the potentially COVID-related trauma children and youth may be experiencing.

The NGA Center for Best Practices and the TILT co-authored a memo, *Preventing and Mitigating Adverse Childhood Experiences Related to COVID-19: Considerations for the Children's Cabinet*, which is included in this final report. It reflects the state landscape alongside

national models and other state examples with concrete policy and budget considerations in the areas of education, juvenile justice, and social services, with special attention to domestic violence and victim's services, as well as several funding strategies to support such efforts. It also highlights the need to reexamine existing cross-system trauma-response projects and reimagine how they can be used to mitigate pandemic-related trauma.<sup>4</sup>

Overall, the TILT recognized that any formal response to pandemic-related trauma should strongly consider the identification and tracking of adverse childhood experiences and prioritize coordinated support for individuals experiencing trauma. Additionally, it should provide significant support for frontline service providers through training and resources in trauma-informed care and mental health, particularly support addressing the impact of secondary trauma<sup>5</sup>. Already several new collaborations have aligned the Virginia HEALS project and model of service delivery at the Department of Social Services with other child and youth-serving programs at DJJ, DCJS, DBHDS, and DOE. These collaborative efforts aim to:

1. address the need for better communication and information-sharing system-wide;
2. implement promising practices and program models to provide trauma-informed services and support to children, youth, and families that have been impacted by trauma; and
3. better support frontline service providers as they aim to serve individuals in communities.

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<sup>4</sup> For a complete list of considerations put forth by the TILT, refer to the executive summary of the memo in Appendix A: *Preventing and Mitigating Adverse Childhood Experiences Related to COVID-19: Considerations for the Children's Cabinet*

<sup>5</sup> Secondary trauma, or vicarious trauma, to support staff results from exposure to and working with individuals with complex trauma. (Substance Abuse and Mental Health Services Administration)

## Conclusion

In a 2019 hearing on Childhood Trauma held by the Congressional Oversight and Reform Committee, the late Elijah Cummings (Fmr. US Representative of Maryland's 7th District) said, "As a nation, we have a significant economic incentive and, more importantly, a profound moral imperative to ensure that our children have the opportunity to thrive and succeed." As the Commonwealth continues to turn its attention towards becoming a trauma-informed state, implementing trauma-informed care is critical, both in policy and practice. To that end, the findings and considerations in the co-authored memo, *Preventing and Mitigating Adverse Childhood Experiences Related to COVID-19: Considerations for the Children's Cabinet*, were shared at the November 2020 Children's Cabinet meeting. Positive feedback was received from the Cabinet, and later the full Trauma-Informed Working Group, as well as some additional recommendations. These recommendations included, but were not limited to:

1. continued emphasis on diversion practices at DJJ;
2. consistent tracking of crisis data for children and youth during the Pandemic, specifically shelter census numbers, and domestic and sexual violence data;
3. support for DOE's 2021 rollout of social-emotional learning standards;
4. acknowledgement of and consideration for the invaluable role community-based supports play in statewide response efforts; and
5. provision of an equity-based, trauma-informed response to the needs of children and youth.

In 2021, with the support of the Children's Cabinet, the General Assembly, and a diverse coalition of stakeholders, the Trauma Informed Care Working Group will give continued



attention and response to the needs of children, youth, and families, as well as service providers and the impact that COVID-related trauma has had on their everyday lives.



September 30, 2020

## M E M O R A N D U M

*To:* Chidimma Uche

*From:* Sweta Haldar; Sandra Wilkniss; Rosalynd Mosser

*Re:* Preventing and Mitigating Adverse Childhood Experiences Related to COVID-19: Considerations for the Children's Cabinet

### **Executive Summary**

It is and has been the responsibility of the Commonwealth to protect the public health, wellness and prosperity of all Virginians, including its youngest residents. Nationwide, the COVID-19 pandemic has created and exacerbated conditions that make children more vulnerable to Adverse Childhood Experiences (ACEs). Gone unaddressed, pandemic-related childhood trauma could have long-term and wide-ranging negative health and economic outcomes. As families have navigated threats to their financial, social and physical wellbeing, Virginia's state response has aimed to deliver innovative, trauma-responsive, wrap-around-services that promote health and safety for all.

To that end, Virginia has worked to maintain and expand trauma-informed practices and provide an effective, cross-systems response to the COVID-19 pandemic, and thereby mitigating its impact on children, youth, and families, and the many workforces who support them. This report details Virginia's current efforts alongside national exemplars and provides further considerations in the areas of education, juvenile justice, and social services, with special attention to domestic violence and victims' services. Additionally, the report outlines several funding strategies which could support such efforts. The considerations are summarized below:

#### **Considerations for Education:**

- Increase trauma-informed care, mental health training, and positive behavior supports and practices for staff in early learning environments and K-12 educational settings
- Support classroom teachers and school staff in providing social and emotional learning in the classroom and in virtual learning settings
- Promote use of evidence-based screening tools and assessments to quickly identify and reduce the negative impact of traumatic events

#### **Considerations for Juvenile Justice:**

- Continue efforts to increase diversion practices and reduce detainment of youth
- Maintain access to frequent communication, such as free and consistent phone calls, between youth and their support systems
- Adopt the use of evidence-based screening tools and assessments to promote the early identification and mitigate the negative impact of potentially traumatic events

## Considerations for Social Services:

- Support children, youth, and families through service and benefit continuity
- Prioritize prevention and mitigation of child abuse and neglect and child welfare services
- Prevent and mitigate primary and secondary trauma to frontline social services workers by providing training and resources in trauma-informed care

## Special Considerations for Victims Services:

- Continue providing strategic and comprehensive guidance regarding pandemic-related policies and practices to local domestic violence service providers and programs
- Enhance interagency collaborative efforts to support victims services including violence prevention and intervention programs
- Maintain victims services delivery and continuity by increasing access to technology and hardware

## Background

Adverse childhood experiences or ACEs are potentially traumatic events that occur in childhood that can have [lasting impacts](#) on health and well-being throughout a person's life course. A robust body of evidence exists demonstrating that ACEs are very common in all socioeconomic groups and that higher numbers of ACEs are associated with significantly increased risk of [many negative health outcomes](#), including obesity, depression, substance abuse, smoking and early death. In North America, total health system costs attributed to ACEs were estimated, in one study, to amount to \$748 billion per year. [A study](#) by Tennessee's Sycamore Institute estimated that in 2017, ACEs led to \$5.2 billion in medical costs and lost productivity among Tennessee adults.

The COVID-19 pandemic has [created conditions](#) that make children more vulnerable to ACEs. The pandemic has resulted in increases in [job loss](#), [food insecurity](#) and [housing instability](#) and [increased risks for parental mental illness, domestic violence and child maltreatment](#). Furthermore, it has led to the [fraying of crucial protective factors](#), such as community networks and emotionally supportive adult relationships that are proven to shelter children from harm. In Virginia, referrals to child protective services by school staffers have [dipped by 94 percent](#) since schools closed due to the pandemic, which may mean that children and families are not being connected to supportive resources that prevent child abuse and neglect. Hearings for children in foster care have been [delayed, resulting in children being unable to reunite with their birth families](#), and Virginians with behavioral health conditions have also experienced [major disruptions](#) in access to care.

This report summarizes different elements of Virginia's cross-systems response to the social and emotional impact of COVID-19 on children and youth. It also provides considerations and best practices from other states and from national experts derived from a series of Trauma-Informed Leadership Team (TILT) meetings that took place throughout June and July of 2020.

## Education

### *Current Virginia Landscape*

As schools gradually begin to resume in-person instruction, it is important to consider the many potentially traumatizing events students and their families have experienced and are experiencing related to COVID-19, including chronic grief from loss or fear, physical or emotional abuse and lack of access to food, shelter or medicine.

Virginia is already one of several states partnering with [CASEL](#) to develop standards and competencies around SEL, and in response to the pandemic, the Virginia Department of Education (VDOE) has prioritized enhancing such skills in the learning environment and disseminated resources around SEL for educators and families. As referral rates to Child Protective Services from teachers have declined precipitously since schools have closed, VDOE has also provided resources for teachers to recognize signs and indicators of child abuse through virtual teaching.

VDOE is also committed to ensuring that students return to schools in a healthy and socially and emotionally supported manner. The Commonwealth's Return to School Recovery Taskforce has developed a guide for school system called [Recover, Redesign, Restart 2020](#) in preparation for school reopening. This guide addresses all different facets of school operations and includes recommendations for school leaders. The guide [centers equity-related considerations](#) and strategies, with the acknowledgement that inequitable access to technology, learning supports and resources disproportionately impact children and youth from marginalized communities. Equity-related return to school strategies include developing measurable equity-related goals, conducting a Return to School Planning Equity Audit, developing family engagement and student support approaches that are culturally relevant and reframing discipline policies to mitigate against bias.

### *Current National Landscape*

Nationally, schools and education systems are adopting various strategies to mitigate coronavirus-related trauma. Trauma-informed Care (TIC) trainings are already required in many programs but given the enhanced level of trauma many children are experiencing due to the pandemic, many child care and early education environments have worked to ensure all teachers and staff have these skills and embed them into daily practices.

Several states have taken formal action to increase access to TIC trainings. In Texas, Governor Abbott has [announced](#) a partnership with Texas A&M University that allows for free online trainings, including a TIC training for child care providers and parents who will be providing care for children of essential employees through the COVID-19 pandemic. [Illinois](#) and [Connecticut](#) are also providing free virtual TIC trainings for child care providers during the period of the pandemic.

Another strategy for mitigating COVID-related trauma is encouraging child care providers and classroom teachers to use Social Stories to explain COVID-related procedures. Social Stories are ways of explaining complex phenomena to young children using social situations and sometimes including pictures of real classmates, teachers and parents. This age and developmentally-appropriate strategy helps children understand life experiences through literacy. Examples of COVID-related Social Stories can be found [here](#) and [here](#).

Finally, the pandemic may necessitate more frequent child observations and assessments to determine impacts of changes at home and in community to ensure that children are developing typically. As such, it is critical that child care providers and early education teachers consider utilizing available social-emotional development screening tools such as the Ages & Stages Questionnaires: Social-Emotional Edition (ASQ:SE).

On the K-12 level, some similar strategies may be effective, including making trainings related to trauma-informed instruction available to educators. As school-aged children return to school, developing and prioritizing SEL competencies, such as self-awareness, relationship skills and self-management, as well as building a positive school climate that fosters safety, belonging, instructional support and respect for diversity, is demonstrated to lead to many positive outcomes for children and youth, including stronger peer connections, social support and better mental health. These factors each play a role in reducing the negative impact of traumatic events. Schools should make efforts to continuously assess school climate by surveying students and also, directly assess children's SEL competencies. Data from these assessments should be used to guide policy-making and inform practices.

Currently, at least 3 states are incorporating SEL-related strategies and metrics into their school reopening plans and at least 16 Governors are dedicating portions of their states' Coronavirus Aid Relief and Economic Security (CARES) Act funding to supporting SEL strategies.

## **Juvenile Justice**

### *Current Virginia Landscape*

For many reasons, Virginia youth involved with Department of Juvenile Justice (DJJ) are particularly vulnerable to the negative social and emotional impacts of the coronavirus pandemic. Given the increased difficulty the pandemic poses in maintaining connections with family and other supports, DJJ has instituted a number of strategies to mitigate COVID-related ACEs. Staff have received virtual trainings on maintaining these connections through meaningful and routine contacts between youth and their families, and other support systems. As caring, consistent family connections are often crucial to mitigating the negative impact of ACEs, DJJ has also provided free phone calls to youth, so they are able to stay in contact with families.

Additionally, an increased emphasis on diversion processes and other similar efforts have resulted in dramatic decreases in detainments. DJJ has noted 56% less intakes and 35% less detainments of youth than occurred at this time in 2019. In a concerted effort to reduce the number of youth in congregate care, between March and July 2020, 72 youth were released.

In an effort to utilize a two-generation approach, youth in congregate care have also received education on COVID-19 awareness, precautions, and community resources. DJJ has also maintained consistent communication with families of justice-involved youth by holding town hall meetings. Areas of future emphasis include ensuring that youth and families without access to reliable technology are able to maintain continuous communication with one another, developing strategies to further reduce the number of youth in secure detention, and improving trauma screenings used for justice-involved youth.

### *Current National Landscape*

Correctional facilities and secure congregate settings are particularly vulnerable to COVID-19 outbreaks. Nationally, as part of COVID-19 response efforts, state officials are taking actions to mitigate the spread of the disease and protect youth involved in the system, their families, and facility staff. In these efforts, states have employed policies to release youth from juvenile facilities, promote early release, limit new admissions to facilities, limit in-person visitation and institute additional phone calls and virtual visits for youth remaining in facilities. In many facilities the traditional educational classroom settings and programming have changed dramatically, and access to mental health, health services, and programming has shifted. As a result, states have sought to develop strategies to continue education and programming and positive youth development.

In addition to the impacts in youth facilities, community-based supports and services have been hit particularly hard during the pandemic, presenting unique challenges in sustaining community-based interventions. To respond to these impacts, state juvenile justice leaders have also made efforts to ensure continuation of positive youth development and supporting families, as it is a key component to improving lives of young people.

States may consider use of trauma screenings judiciously, and work with the attorneys, the courts, and other system stakeholders to determine the best strategy to support a young person. Trauma screenings should look not just at traumatic events experienced by youth but also at the physical and emotional impacts directly related to traumas. Finally, DJJ may consider looking to school systems for best practices and models around increasing access to technology.

## Social Services and Child Welfare

### *Current Virginia Landscape*

The major focus of the Department of Social Services (DSS) as it responds to COVID-19 has been to maintain partnerships with local departments that administer child welfare and benefit programs, ensuring continuity of robust communications with benefit recipients and providing supports to parents and foster parents. Establishing service continuity has required DSS to find innovative methods by which to provide services. As a result, DSS has taken steps to classify child welfare workers as essential personnel and is currently working with the Attorney General's office to address some questions around this classification change request.

DSS has also worked to provide virtual family visitation for children and youth in foster care. Though a lack of access to technology poses a barrier for some, virtual visitation has largely been successful and many reports have found that families have actually maintained greater connection than prior to the pandemic. DSS has also made various guidance changes to accommodate the realities of the pandemic, including working to provide adjusted payments to foster parents if children test positive for COVID-19 to help pay for treatment, identifying family-based foster homes who are willing to take children who have tested positive for COVID-19, and converting in-person trainings to virtual trainings for foster and adoptive parents. Family reunification hearings have also been made virtual and initial feedback from families has been positive, as the online hearings proceed at a slower pace and attending from home, as opposed to visiting a courtroom, is more comfortable for families.

Due to COVID-19, many young adults (ages 18 to 21) who have recently aged out of the foster care system have also been disproportionately impacted. In an effort to assist this specific population during the pandemic, DSS has directed local departments of social services to use federal funds through the John H. Chafee Foster Care Independence Program to continue to provide stipends to help young adults maintain housing, and is actively working to increase access to SNAP, WIC and unemployment benefits for these individuals.

Finally, DSS is working with Virginia Commonwealth University Medical Center to identify the impact of COVID-19 on child abuse and neglect reporting and how to use data to better educate the medical community on what should be reported and to promote community response and prevention efforts.

### *Current National Landscape*

Nationally, as the pandemic has exacerbated key risk factors for child abuse and neglect, states have taken a number of different actions to support families and their frontline social services workforce. Many frontline child welfare workers have reported needs for additional professional development due to experiencing both primary and secondary trauma and have also struggled to convince families to accept services remotely or virtually. Other challenges include lack of access to technology and personal protective equipment (PPE) for frontline staff and concerns about inadequate training and capacity for support staff to respond to trauma.

States have responded to some of these challenges by working to ensure the physical safety and emotional and financial well-being of frontline workers. In some states, frontline child welfare personnel have been designated as "Level 1 First Responders" and states have organized business partnerships to provide PPE to their staff. Frontline workers have also been given technology support to conduct child and family visitation virtually. Other strategies have included providing frontline workers with hazard pay, making field work voluntary, and ensuring access to telework.

Finally, for children and youth in foster care, it has been important to continue working towards rapid family reunification during the pandemic. Visitation and family time is known to be the most reliable indicator for safe and successful family reunification and it is therefore invaluable for families to spend time together, including in-person time even during the pandemic. Additionally, providing access to high-quality legal representation is crucial, including out-of-court advocacy, in providing clients with whatever

supports they need. For the first time, states are now able to claim federal matching funds through Title IV-E of the Social Security Act to help pay the costs of attorneys representing certain children and their parents in child welfare legal proceedings. In order to receive the funds, programs providing representation for parents and children must enter into an agreement with the state agency administering the Title IV-E plan.

New Jersey, for example, has implemented an effective foster care prevention model. The state's model has kept 200 families together so far by maintaining a focus on providing necessary supports, such as housing, public benefits, domestic violence services and parenting education, as well as legal advocacy to support and strengthen families. The prevention program is culturally competent, trauma and grief-informed, and utilizes both social workers and peer allies to support parents.

### *Virginia Landscape for Domestic Violence and Victim Services*

The Department of Social Services has focused on maintaining access to comprehensive domestic violence services throughout the pandemic, including support groups, counseling, advocacy, transportation, clothing and housing assistance, as well as court services to clients. In order to best support frontline workers, DSS has sent out surveys to domestic violence service providers to identify immediate impacts they have experienced from COVID-19. Through these surveys, providers have expressed a need for guidance regarding telework, hardware and pandemic-related policies, and identified a lack of access to reliable internet which has caused disconnection from services for both staff and clients. Domestic violence hotline calls have gone up, as opportunities have increased for domestic violence to occur however use of services has decreased significantly as a result of the pandemic.

The Department of Criminal Justice Services (DCJS) reported identifying similar impacts from COVID-19. Findings show that stay-at-home orders have deeply impacted victims by creating more opportunities for violence and resulted in fewer individuals who are willing seek medical care or contact law enforcement. Additionally, due to the pandemic and restrictions due to social distancing policies, certain programs such as the lethality assessment program have been temporarily suspended and access to typical court procedures has been impacted, as only those considered to be emergencies are being heard and emergency designation varies from locality to locality.

### **Funding Strategies**

As states reckon with budget shortfalls and limited funding streams related to COVID-19, it is important to identify innovative funding strategies. Strategies for consideration include:

- Utilizing fiscal mapping efforts, like those during the McAuliffe Administration, in order to specifically track spending on children's services;
- Using data from fiscal mapping and other resources, identify possibilities for cross-systems collaboration and braiding and blending funding sources;
- Identifying new funding areas like the Rainy Day Fund, flexible spending authorities within the CARES Act, and any additional federal funds; and
- Considering enabling legislation that allows localities to consider additional taxes for revenue identified for children's services.

### *Virginia Budget Priorities*

Priorities identified by the TILT for a statewide response to COVID-related trauma included adopting universal trauma screening, increasing broadband access and rethinking how the state provides supports, now that schools are no longer able to manage children's behavioral health needs. Other considerations identified by the group included ensuring that virtual service provision was standardized across the state. Finally, the TILT noted that there were currently vacancies for child protective service workers within local departments of social services. These positions should be exempted from the

Commonwealth's hiring freeze to ensure that capacity exists to respond to children's needs during this difficult time.

As funds are limited, the Commonwealth should reexamine existing cross-system trauma response projects, such as Virginia HEALS (formerly Linking Systems of Care) and reimagine how they can be used to mitigate pandemic-related trauma. Better systems for communicating cross-agency information should be developed, as often, cross-agency budget and program information is not shared until the Governor's budget is released. For example, many funding streams for behavioral health exist outside of the Department of Behavioral Health and Developmental Services and should be aligned, in order to improve efficiency and reduce duplication of efforts. Pandemic response should be evaluated using a collective impact model.



## Appendix I: Resources for Virginia re: Using K-12 Social-Emotional Learning to Prevent and Mitigate ACEs

The [Collaborative for Academic, Social, and Emotional Learning \(CASEL\)](#) is the leading organization addressing social-emotional learning, including using SEL to promote educational equity and trauma-informed instruction. Their [COVID-19 resource page](#) contains a variety of resources relevant for policymakers, educators, parents, and community members. Of particular value is CASEL's recent [report](#) on how to leverage SEL to promote recovery in the context of school reopenings. Additionally, CASEL's SEL [Equity Resource Center](#) provides resources for school districts trying to advance equity using student and adult SEL practices.

Data is critical in any effort to leverage SEL to mitigate and prevent trauma during the upcoming school year. When it comes to SEL assessment, a number of organizations are resources would be useful:

- xSEL Labs' [Guide to Data-Informed Instruction](#).
- Pennsylvania State University's [Edna Bennett Pierce Prevention Research Center](#) and its recent report [SEL Assessment to Promote Social Emotional Learning at Scale](#).
- CASEL's Measuring SEL Collaborative's [State of the Field Report](#) and [Equity and Social-Emotional Learning: A Cultural Analysis](#)
- [RAND Education Assessment Finder](#).

Other organizations that engage with issues related to SEL, child development, and trauma could also be useful resources, including:

- The [Trauma and Learning Policy Initiative](#) (TLPI) and its recent report [Trauma-Sensitive Remote Learning: Keeping Connections Strong](#).
- The [National School Climate Center](#) (NSCC) and its [COVID-19 resources page](#), which includes several recent webinars on using SEL to promote a culture of caring and recovery during school reopenings.
- Learning Policy Institute (LPI) and its [COVID-19 resources page](#). LPI has published numerous blogs ([here](#), [here](#), [here](#), and [here](#)) with considerations for SEL during the time of COVID.
- [Neuropsychology & Education Services for Children and Adolescents](#) (NESCA) offers guidance for parents, students, and schools with regard to SEL and health child development during the pandemic.
- [National Child Traumatic Stress Network](#) (NCTSN)
- [National Center on Safe and Supporting Learning Environments](#).
- [The Science of Learning and Development Alliance](#).

## Appendix II: Strategies for Addressing Trauma in Reopening Child Care and Early Education

### Trauma-informed Care Trainings:

- TIC trainings are already required in many programs, but after COVID, all teachers should be equipped with these skills since we know that children will be experienced an enhanced level of trauma in many ways because of the pandemic.
- In Texas, the governor announced a partnership that allows for free online training for child care providers, including a TIC training
  - <https://gov.texas.gov/news/post/governor-abbott-texas-am-agrilife-extension-service-announce-free-online-training-for-child-care-providers-during-covid-19-response>
- Connecticut example
  - <https://www.chdi.org/our-work/health/educating-practices-community-epic/educating-practices-covid-19-trainings-and-resources/>
- Erikson Example (on Illinois GOECD's website)
  - [Emergency Child Care Webinar Series: Health Guidance](#) (posted 4/17/2020)
  - [Emergency Child Care Webinar Series: Child Development](#) (posted 4/17/2020)
  - [Resources for Emergency Child Care Providers](#) (supplement to webinar series)
- Child Care Aware of America also has a page of resources devoted to helping providers and teachers understand how to identify and support children who have experienced trauma

### Social Stories and Strategies for understanding new procedures:

- Encourage child care providers and teachers to use Social Stories
- Social stories are ways of explaining complex phenomena to young children using social situations and sometimes including pictures of real classmates, teachers and parents so that children can understand life experiences through literacy.
  - Kansas website with ready made social stories: <https://famiestogetherinc.org/coronavirus-covid-19/#kids>
  - Youtube Videos like this one: [https://www.youtube.com/watch?v=lnP-uMn6q\\_U](https://www.youtube.com/watch?v=lnP-uMn6q_U)

### Clear face masks for children with special needs (and less scary)

- Some departments of health and local decision makers are considering using these for the ASL community, as well as for young children since the clear face mask looks less scary (and has been compared to an astronaut helmet!)

### Assessments of SEL

- All 50 states have for PreK and included in all leading curricula
- Will need more frequent child observations and assessments in the classroom – perhaps consider using screening tools such as the ASQ -SE to check in how things may have changed at home during the virus and where each child is now.

## Appendix III: Social services, child welfare and domestic violence resources

### *Social services and child welfare*

- Supporting frontline workers
  - NGA: [Table of state human services actions](#)
  - [Children’s Bureau Letter](#): Federal funds for technology and PPE
  - [Low and no-cost technology options](#) for virtual visitation
  - [National Child Welfare Workforce Institute \(NCWWI\)](#): Supporting the virtual workforce
  - [NCWWI](#): Effective workload management (summary)
- Preventing child abuse and neglect
  - [Parenting, Mental Health and Relationships During the Coronavirus Pandemic](#)
  - [Futures without Violence Fact sheet](#)
  - [Responding to Child Abuse During a Pandemic](#)
  - [Parenting in a Pandemic](#)
  - [CDC – Essentials for Parenting Toddlers and Preschoolers](#)
  - [CDC Ready Wrigley Books for parents](#)
- Foster care family rapid reunification
  - [Family Justice Initiative](#)
    - [Federal reimbursement strategies](#)
  - [National Alliance for Parent Representation](#)
  - [American Bar Association Center on Child and the Law](#)
    - [Reunification resources](#)
  - [New Jersey Prevention Plan](#)

### *Domestic violence*

#### State Resources

- [Maryland](#): The Governor’s Office of Crime Prevention, Youth, and Victims Services released a list of resources for Victims of Crime During COVID-19 outbreak.
- [Hawai’i](#): The state’s Department of Human Services released a resource page and new helpline for domestic violence resources.
- [Iowa](#): The state’s Department of Human Rights released COVID-19 Resources for Underserved Populations, which includes general resources for teens and young adults, and individuals at risk of domestic and sexual violence.
- [Minnesota](#): The state’s Department of Public Safety announced that victims advocate programs remain open funding the pandemic, and highlighted resources for crime victims.
- [New York](#): AG James Highlights Resources for Domestic Violence Victims Amid Coronavirus Pandemic

#### Federal and Partner Resources

- [National Child Traumatic Stress Network](#): Parent/Caregiver Guide to Helping Families Cope With the Coronavirus Disease 2019 (COVID-19)
- [Prevent Child Abuse](#): Coronavirus Resources & Tips for Parents, Children & Others
- [United State Interagency Council on Homelessness](#): COVID-19 resources for individuals experiencing homelessness, it also includes violence preventions resources
- [Youth.gov](#): Resources to Support Youth and Families During the Coronavirus COVID-19 Outbreak