



Meeting of the Children's Cabinet

October 2, 2019 – 10:00-11:30 AM East Reading Room, Patrick Henry Building

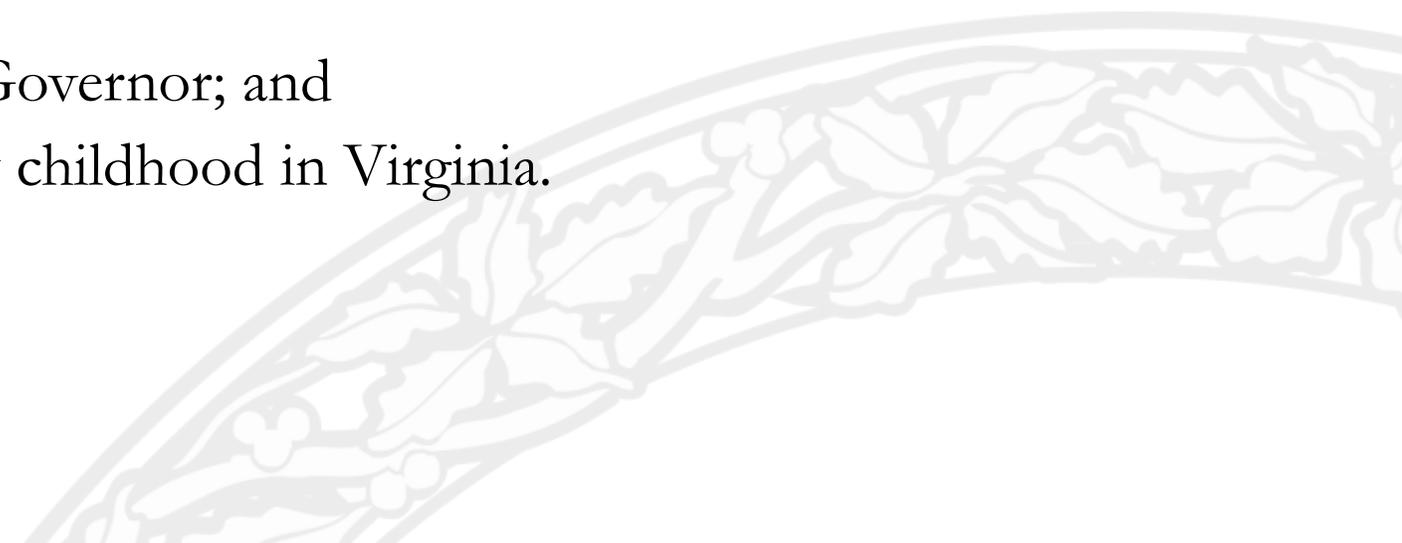


Early Childhood Development and School Readiness

Chief School Readiness Officer Jenna Conway

Overview

Virginia continues to make progress in strengthening its early childhood care and education system in order to prepare all children for kindergarten. Specifically we are focused on:

- Implementing a cohesive plan for home visiting;
 - Producing a statewide needs and assessment;
 - Supporting communities to strengthen local systems;
 - Recognizing educators;
 - Producing recommendations for the Governor; and
 - Pursuing additional resources for early childhood in Virginia.
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Implementing Home Visiting Plan

The Early Impact Leadership Council, which includes representatives from multiple agencies, is currently defining the Key Elements for Virginia's Plan for Home Visiting, including:

- Adopting Uniform Indicators for Statewide Reporting and Accountability
 - Defining provider qualifications and exploring certification strategies; and
 - Establishing a sustainability strategy and including as part of Department of Medical Assistance Services (DMAS) budget request.
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Preschool Development Grant Birth to Five (PDG B-5)

In January, Virginia received and began to implement a \$9.9m PDG B-5 grant, focused on 3 key activities:

1. A statewide vision, needs assessment and strategic plan

Process and materials will be catalyst for strengthening the early childhood care and education system to improve outcomes including school readiness.

2. Community models ready to scale

Eleven early adopter communities, representing Virginia's diversity, will demonstrate proof of concept with \$6 million in funding and support from state, including \$4 million in recognition grants for teachers.

3. A stronger foundation at the state level

The Commonwealth will be well positioned to scale the efforts statewide, having built the necessary capacity and infrastructure.

PDG B-5: Accomplishments

Since receiving a \$9.9 million Preschool Development Grant Birth to Five, we have:

- Completed a needs assessment and final draft of a strategic plan
- Recruited new partners and built new relationships in all 11 pilots
- Registered more than 575 sites and 2,500 teachers across family day home, child care, Head Start and schools in 27 jurisdictions
- Collected more than 2,000 survey responses from teachers
- Conducted self-assessments in all pilots to determine how families learn about, apply and enroll in early childhood programs
- Distributed more than \$684,000 in funds via 1,140 checks to teachers and 228 checks to sites
- Collaborated to design, build and launch a new data portal (LinkB5)

Pilots are not only strengthening their own systems but building models to be scaled to other communities. We are already using lessons learned from these efforts to inform policymaking and practice at the state level.

July Workgroup Meeting

The workgroup reviewed progress to date and discussed considerations for implementing the goals and strategies of the strategic plan, which included Equitable Access, Family Engagement, Workforce Quality, Accountability, and Local Capacity and Innovation.

In these conversations, various participants discussed the:

- Importance of secretariats and agencies set goals to close gaps and address specific needs.
- Consideration for differences across communities and families—including the differences in needs—which must be used to tailor family engagement strategies. This can range from engaging families in supporting children's learning to connecting families with comprehensive services (e.g., two-generation strategies).
- Value of a quality-measurement mindset that embraces continuous quality improvement.
- Need for clear communication about expectations to ensure effective accountability.
- Desire to enable local innovation and flexibility while maintaining some consistency statewide.

Next Meeting: Wednesday, October 16, 2019

Executive Directive #4

On July 27, the Governor signed Executive Directive #4 to establish an Executive Leadership Team to develop a set of recommendations.

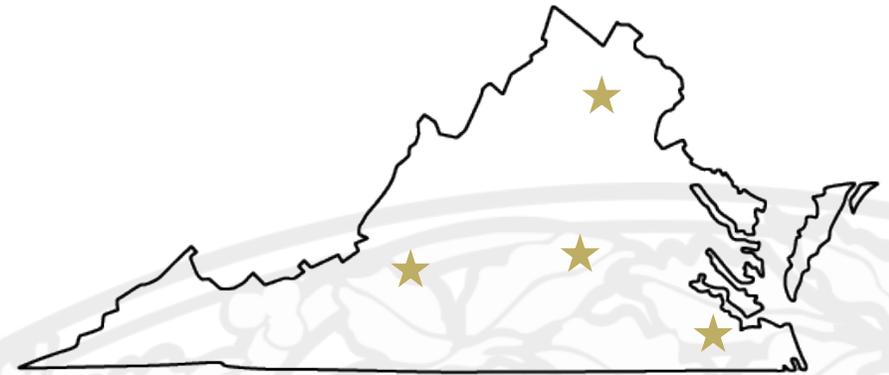
Specifically it directed a cross-agency team to:

- Conduct a series of stakeholder listening sessions on how to improve school readiness.
- Make recommendations on how to maximize access for underserved children and families, including offering an option to every underserved three-year-old and four-year-old by 2025 without jeopardizing access for infants and toddlers.
- Build, pilot, and scale a uniform quality measurement and improvement system for all early childhood care and education programs that accept public funds to serve children five and under outside of their homes.
- Develop recommendations to most effectively consolidate state oversight and administration for all early care and education programs.

Responding to Executive Directive #4

More than 300 individuals participated in listening sessions and more than 30 state employees were involved in planning process.

- In partnership with Smart Beginnings, schools, social services, Head Start and child care, the Executive Leadership Team conducted listening sessions in Norfolk, Annandale, Salem, and Chesterfield.
- More than 300 attendees representing 200+ organizations:
 - State, local, municipal government, elected officials
 - Head Start, Community Action agencies
 - Child care centers and family day home providers
 - Higher education and PreK-12 school systems
 - Non-profit organizations
 - Healthcare, consultants, media
 - Businesses
- At the same time, employees from Social Services, Education and Planning and Budget analyzed data, reflected on community feedback, brainstormed innovative approaches and collaboratively produced recommendations for Governor in preparation for the 2020 General Assembly.



On the Horizon: New PDG B-5 Funding Opportunity

Announced in September 2019, the PDG B-5 Renewal Grant is a funding opportunity to build and expand upon the previous grant work.

Recipients will be able to apply for up to three years of funding to:

1. Update needs assessment and strategic plan.
2. Implement collaboration, coordination, and quality improvement activities as detailed in strategic plans.
3. Develop recommendations to better use existing resources to improve overall participation of children, particularly vulnerable, underserved or unserved children and children with, or at risk for, disabilities in mixed delivery settings.
4. Expand access to existing programs and develop new programs to address the needs of children and families eligible for, but not served by, existing early childhood education programs.
5. Pursue innovative approaches to coordinating enrollment, better serving infants and toddlers, and/or supporting transitions from early childhood to early grades.

The application for this grant is due November 5, 2019.



Nutrition and Food Security

Assistant Secretary Heidi Hertz



Explore

Virginia trends in hunger,
food access and health

[explore the data here](#)

FeedVA Day of Action
September 20, 2019

CHILDREN'S CABINET

Exploring Virginia trends in hunger, food access, and health



start here ▶
Click here to help FeedVA

- Food Security in Virginia**
Icon: A red square with a white outline of a pot and a carrot.
- Women, Infants, and Children**
Icon: A blue square with a white outline of a baby stroller.
- Virginia Grown Food Access**
Icon: A red square with a white outline of a plate, a fork, and a knife.
- Virginia Health Outcomes**
Icon: An orange square with a white outline of a fork and a plate.
- School Nutrition Programs**
Icon: A purple square with a white outline of an apple.



CHILDREN'S CABINET



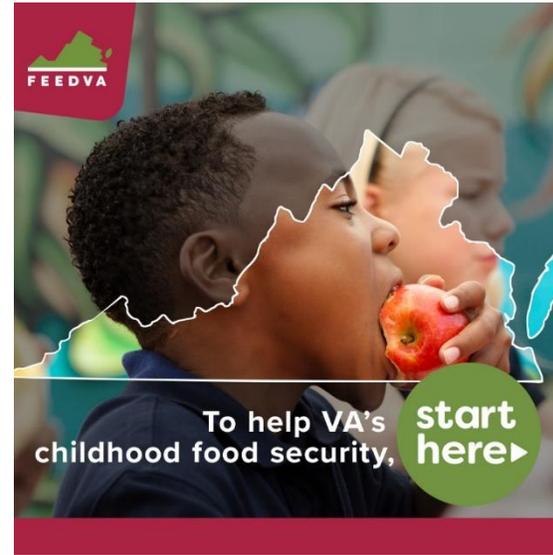
FEEDVA

To help VA's local food access, **start here** ▶



FEEDVA

To help VA's emerging leaders, **start here** ▶



FEEDVA

To help VA's childhood food security, **start here** ▶

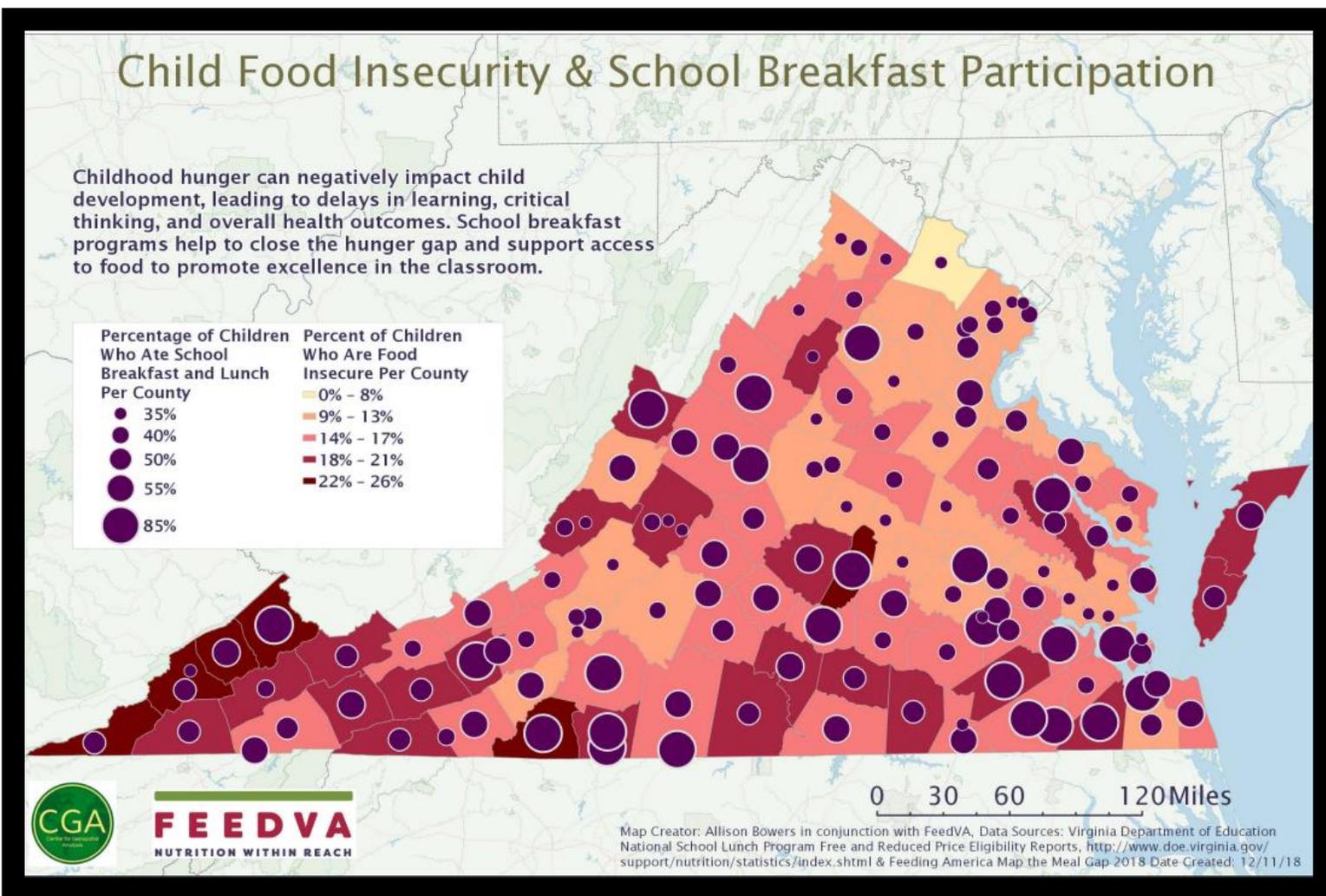


FEEDVA

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Message Package #1: School Nutrition



Instagram

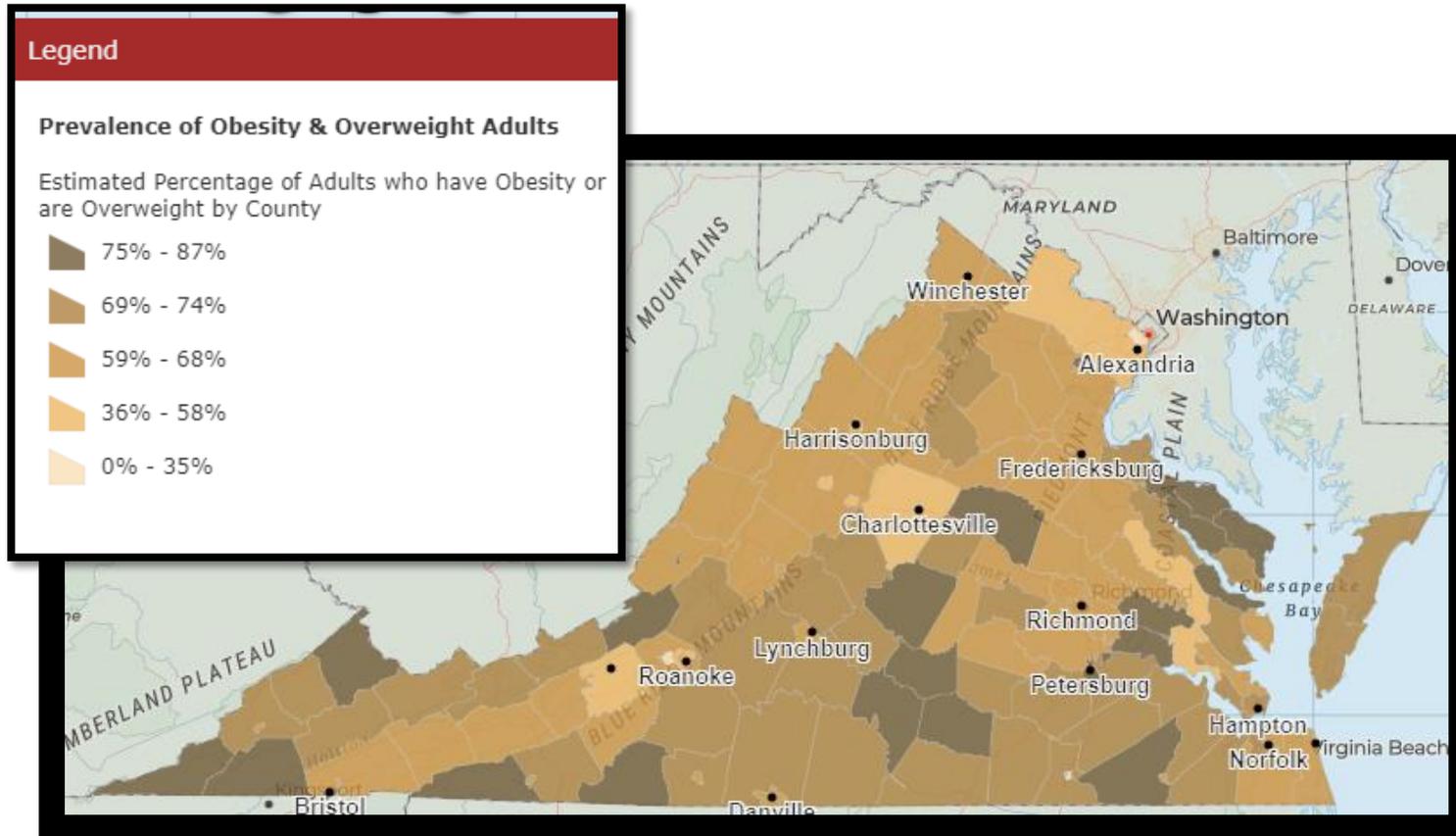
FEEDVA.ORG Sponsored

To help VA's childhood food security, **start here** ▶

Sign Up ▶

With FeedVA, you can see exactly where our youth's food insecurities are the highest—and together we can make a difference. There's power in sight. To help FeedVA, start here. [#FeedVA](#)

Message Package #2: Health Outcomes



Instagram

FEEDVA.ORG Sponsored

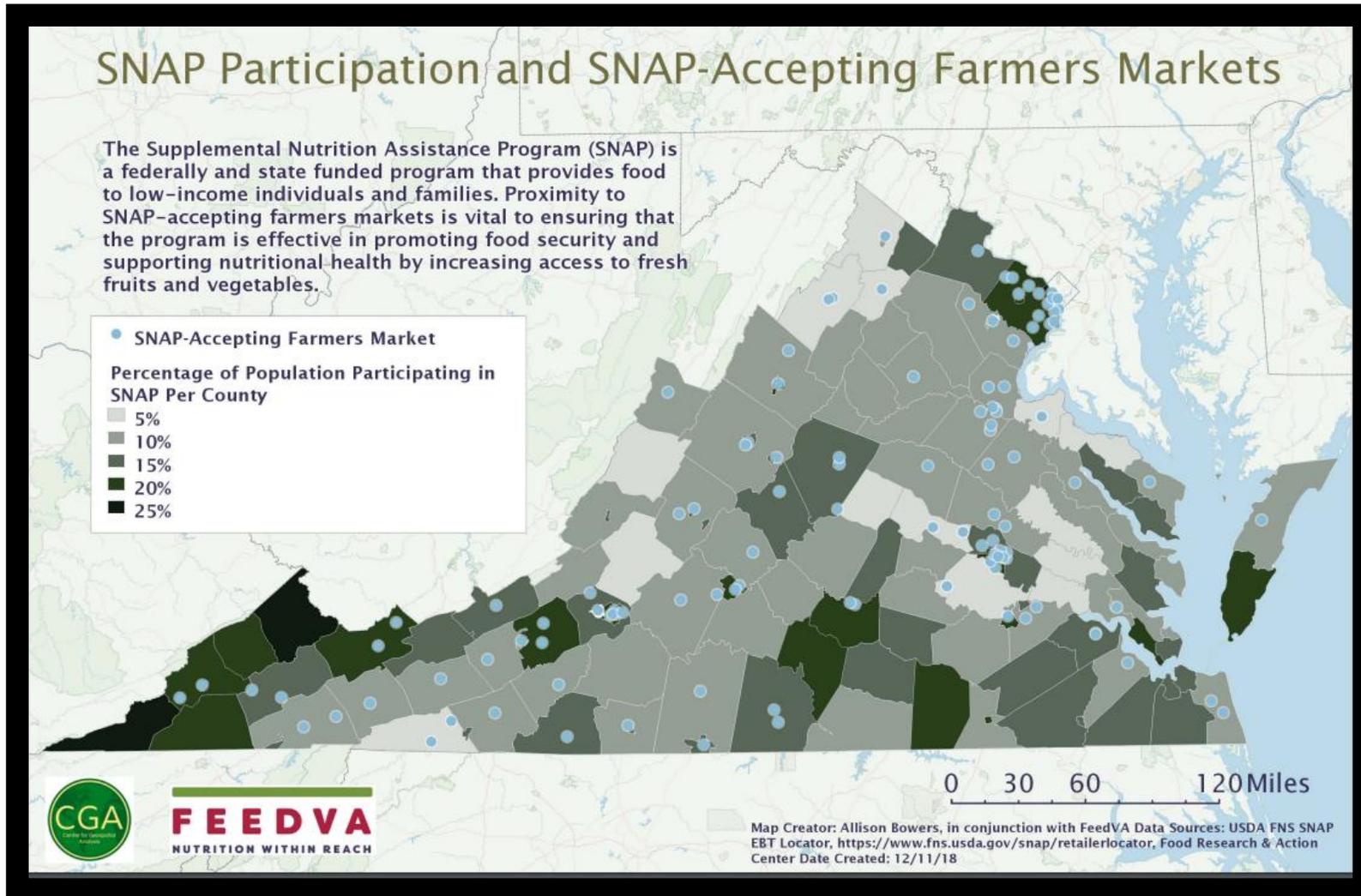
FEEDVA

To help VA's health outcomes, **start here** ▶

[Sign Up](#)

From obesity to diabetes prevalence, FeedVA is your gateway into which communities are at risk. There's power in sight. To help FeedVA, start here. [#FeedVA](#)

Message Package #3: Virginia Grown Food Access



Instagram

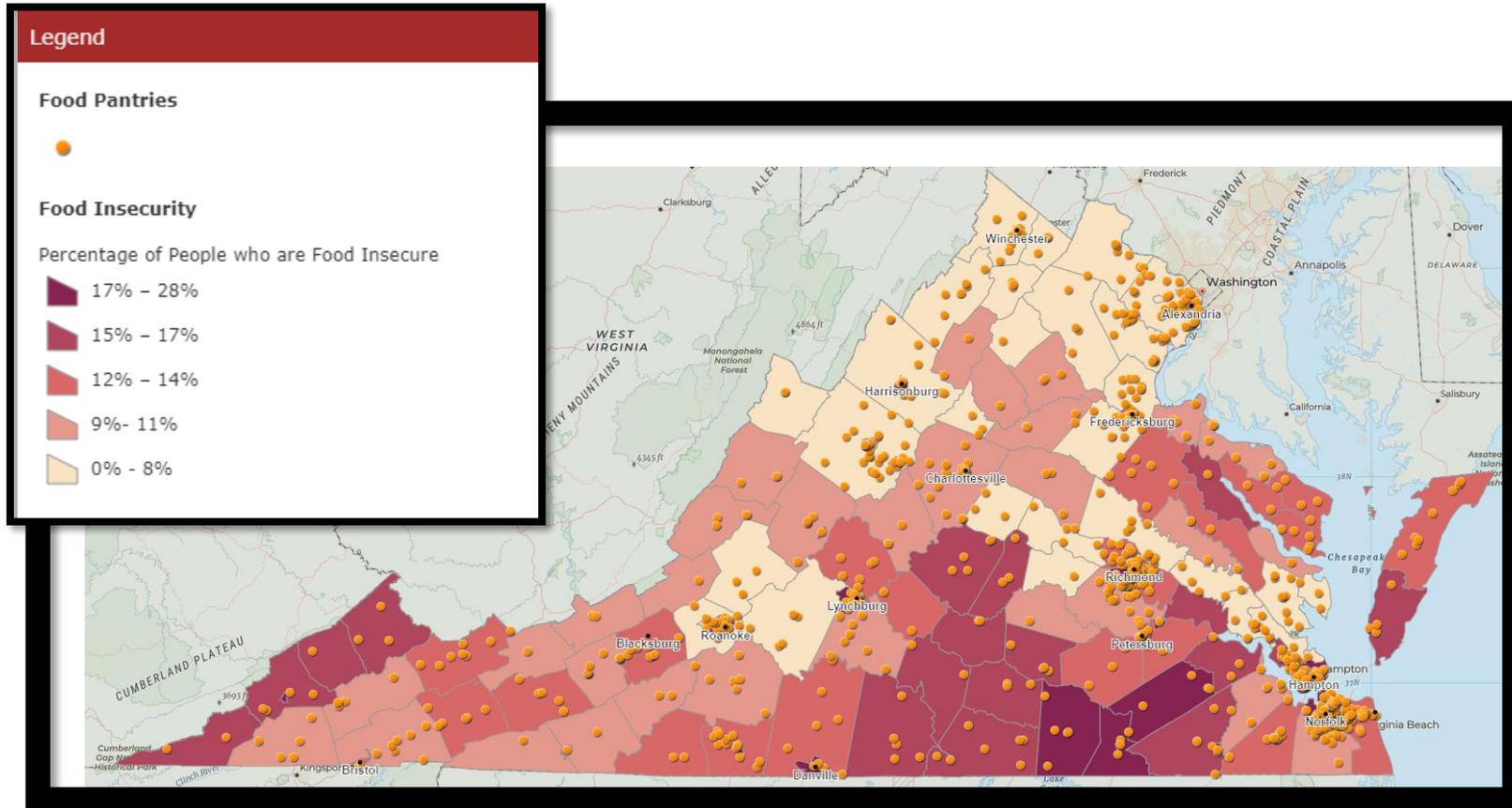
FEEDVA.ORG
Sponsored

To help VA's local food access, **start here** ▶

Sign Up

With FeedVA, you can see exactly where Virginia would benefit most from local food access—and put that information to work. There's power in sight. To help FeedVA, start here. [#FeedVA](#)

Message Package #4: Higher Education



Instagram

FEEDVA.ORG Sponsored

FEEDVA

To help VA's emerging leaders, **start here**

Sign Up

With FeedVA, you can gain complete clarity into Virginia's data on topics of food, health, and agriculture— and use it to educate others. To give your classroom a big picture analysis of Virginia's nutrition, start here [#FeedVA](#)

The Instagram post features a photograph of a young child eating a red lollipop. The text is overlaid on the image, with a green circle containing the words 'start here' and a right-pointing arrow. The post includes a 'Sign Up' button and icons for heart, comment, share, and bookmark. The background of the post is a dark red color.

FeedVA Day of Action: September 20

- Food System stakeholders celebrates the launch of FeedVA through online promotions, social media, and through email templates
- Simultaneous spots ran on Facebook sharing information about FeedVA

Online and social media advertisement



CHILDREN'S CABINET

VA Farmers Markets
@VAFarmersMkts

Farmers Markets play a critical role in VA's food system. With #FeedVA, you can see where Virginians would benefit most from local food access—and put that info to work. There's power in sight. To help FeedVA, start here: feedva.org #viriniagrown #vafarmersmarkets



To help VA's local food access, [start here](#)

8:51 AM · Sep 20, 2019 · Twitter Web App

2 Retweets 11 Likes

Smithfield Foods
@SmithfieldFoods

With FeedVA, you can see exactly where our youth's food insecurities are the highest—and together we can make a difference. There's power in sight. To help FeedVA, start here: feedva.org #FeedVA



To help VA's childhood food security, [start here](#)

8:52 AM · Sep 20, 2019 · TweetDeck

2 Likes

healthyouthva
Virginia



To help VA's emerging leaders, [start here](#)

Liked by [martykilgore](#) and 13 others

healthyouthva Visit FeedVA to access a one-of-a-kind collection of statewide and localized data on food security, nutrition programming, school nutrition, healthy...

Virginia Family Nutrition Program
@VafNP

With FeedVA, you can gain complete clarity into Virginia's data on topics of food, health, and agriculture—and use it to educate others. To see a big picture analysis of Virginia's nutrition, start here. #FeedVA



To help VA's emerging leaders, [start here](#)

11:17 AM · Sep 20, 2019 · Hootsuite Inc.

6 Likes

Rep. Donald McEachin
@RepMcEachin

Today is the 3rd annual Feed Virginia Day of Action. Too many Virginians are struggling with food insecurity. If you need assistance, check out #FeedVa using the link below. This great tool provides localized information about resources in your area.

Home - FeedVA
Explore Virginia trends in hunger, food access and health explore the data here Search for information you need to make an...
@feedva.org

1:48 PM · Sep 20, 2019 · TweetDeck

1 Retweet 5 Likes

Bettina Ring
@AgForestryVA

With FeedVA, you can see where Virginians would benefit most from local food access—and put that information to work. There's power in sight. To help FeedVA, start here. #FeedVA @GovernorVA @FirstLadyVA @VASECOFedu @VASECOFHealth @VaAgriculture bit.ly/2kla1GF



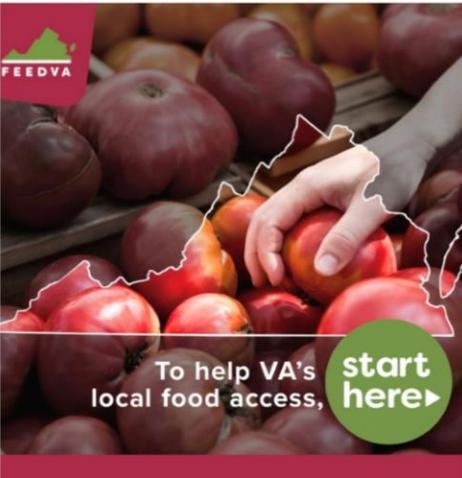
To help VA's local food access, [start here](#)

12:54 PM · Sep 20, 2019 · Twitter Web App

1 Retweet 1 Like

Tricycle
Friday at 8:30 AM ·

With FeedVA, you can see exactly where our youth's food insecurities are the highest—and together we can make a difference. There's power in sight. To help FeedVA, start here. #FeedVA



To help VA's local food access, [start here](#)

Daniel Carey
@VaSecofHealth

From obesity to diabetes prevalence, FeedVA is your gateway into which communities are at risk. There's power in sight. To help #FeedVA, start here: FeedVA.org @HealthyYouthVA @VDHgov @VDSS @vadars @coverva @VirginiaDBHDS @VaMedicaidDir @VDHCommissioner



To help VA's health outcomes, [start here](#)

11:03 AM · Sep 20, 2019 · Twitter Web App

2 Retweets 4 Likes

VDOE School Nutrition
@VDOESNP

With FeedVA, you can see exactly where our youth's food insecurities are the highest - and together we can make a difference. There's power in sight. To help FeedVA, start here. #FeedVA



To help VA's childhood food security, [start here](#)

10:50 AM · Sep 20, 2019 · Hootsuite Inc.

5 Likes

The Children's Funding Project
@FundOurKids

Virginia is demonstrating a great example of what a children's cabinet can do. When organizations and individuals from multiple youth-related groups come together they can make huge differences in the lives of millions. #FeedVA



Officials announce new website to combat childhood hunger in Virginia
One in eight Virginia children may not know where their next meal will come from and nearly 500,000 children in the Commonwealth do not have access to fresh o...
@wtkr.com

11:16 AM · Sep 23, 2019 · Twitter Web App

CHILDREN'S CABINET



Google Analytics Home

Users

926

Sessions

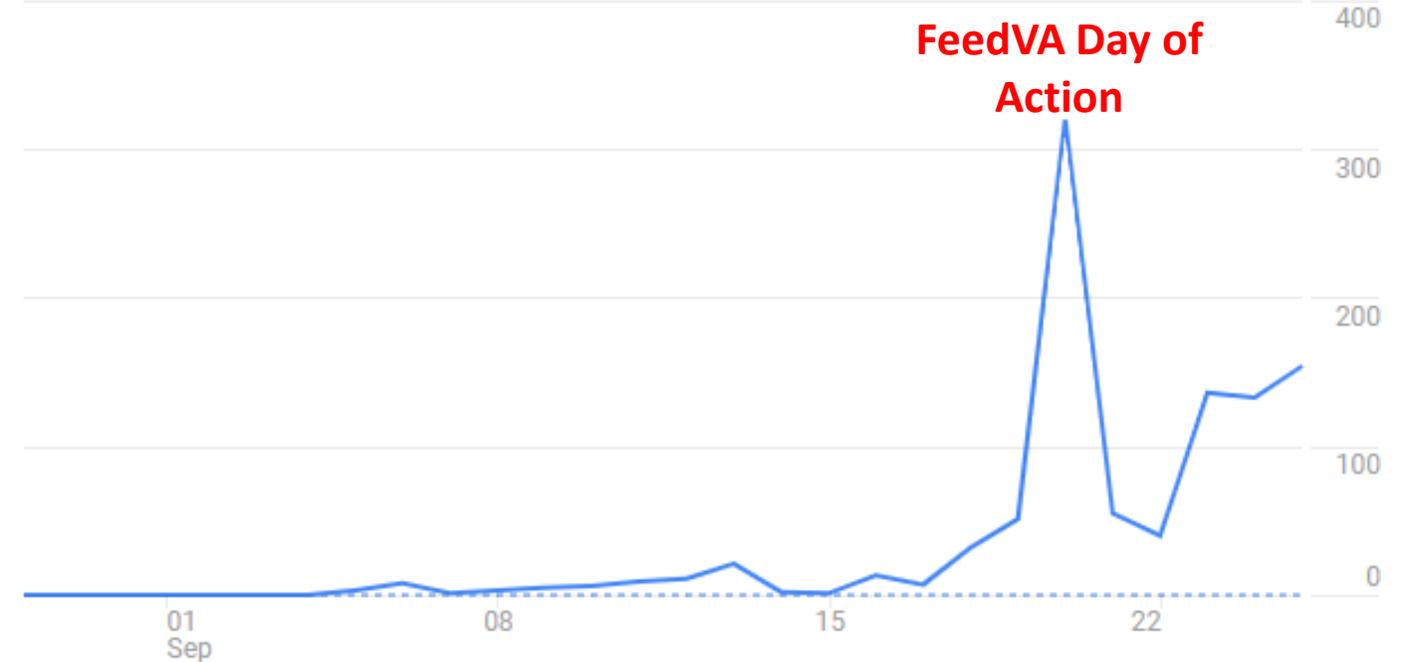
1.2K

Bounce Rate

40.91%

Session Duration

1m 58s



Last 28 days ▾

[AUDIENCE OVERVIEW >](#)

Roadmap to End Hunger

- Introduction and Data
- Townhall takeaway summary
- Food Insecurity and Poverty
- Top Ten by 2022
- Children's Cabinet Overview
- Goals and Policy Recommendations
- Regional Food Access Coalitions



Roadmap to End Hunger

Goals and Policy Recommendations

- Child nutrition program expansion and increased access
- Increase participation and utilization of SNAP and WIC
- Implementing strategies to alleviate Senior Hunger
- Access to local foods for schools and families
- Strengthen connections between food access and health care sector
- Encourage investment in food deserts and marginalized communities
- Improve public awareness of hunger and support information sharing
- Support community capacity-building and profiles

Focus area updates

- School nutrition: School breakfast, CEP, Summer feeding
- Farm to School
- Farmers' Market Incentive programs
- Hunger Vital Signs



School Nutrition- Community Eligibility Provision

- Growth in CEP from 2016
 - More School Food Authorities
 - More Divisions
 - More Schools
- Providing more meals to more students
 - Over 122,100 MORE students enrolled in school meals in 2019-20 compared to 2016-17

School Nutrition- Community Eligibility Provision

9 New Divisions participating in CEP

Public Schools

Accomack
Alexandria
Amherst
Fauquier
Grayson
Northumberland
Nottoway
Patrick
Washington

Private Schools

Elijah House
Park Place
Church Hill Academy

Divisionwide

Accomack
Buchanan
Dickenson
Northumberland
Nottoway
Patrick
Smyth
Bristol
Newport News

12 New CEP School
Food Authorities

School Nutrition- School breakfast

- **2018-2019:** Averaged >250,000 breakfasts/day to free/reduced price students
 - **61%** of free/reduced price lunch students also eat school breakfast
 - 10% increase over 5 years
 - Just below 70% guidepost
 - **Need +37,236** students to reach 70%
- 
- A decorative floral pattern in the bottom right corner of the slide, featuring stylized leaves and flowers in a light gray color.

Farm to School

- Goal of \$22 million in local food purchases by 2022.
- Turnip the Beet Awards
 - Giles County Schools
 - Staunton County Schools
- Farm to School week is October 7-11th
- Crunch Heard 'Round the Commonwealth is October 9th at 10AM



Make some noise for
Virginia Farm to School programs during the

CRUNCH

Heard 'Round the Commonwealth!

What is the Crunch?
A local event to increase awareness of Virginia Farm to School programs, it celebrates the event participants across the state of Virginia all simultaneously take a bite out of a locally sourced (or Virginia) apple.

When is it?
Wednesday, October 9, 2019

Where is it?
All Virginians are encouraged to participate and "the Crunch" may be celebrated in any location (e.g. classrooms, behind-the-scenes, etc.)

Visit <http://www.edocs.virginia.gov/marketing-virginia-farm-to-school-program.shtml> for more details!

A young girl with brown hair is smiling and holding a red apple to her mouth. She is wearing a light-colored top. The background is a blurred green field.

Farmers' Market Incentive Programs- VA Fresh Match

Virginia Fresh Match

- 9.7% growth in SNAP redemption at FM
- 20 new markets offering match
- 3 new retail sites
- 654 farmers earned income from SNAP match
- Continued opportunities for growth

WIC and Senior FMNP

- Senior redemption rate was down compared to last August by 4%.
- WIC had a 22% increase in redemption rates compared to last August.

Hunger Vital Signs

- VDSS added the Hunger Vial Signs (HVS) screening to 31 contracts with sub-grantees operating Healthy Families home visiting programs.
- In addition to using the HVS to screen for food security, if responses indicate the family is experiencing food insecurity, resources and referrals are provided to the family.



Success Story

Staunton-Augusta Health Department as the “hub”:

- Staunton City Public Schools sponsored summer feeding site at the health department
- Meals offered were locally sourced from Project Grows, Allegheny Mountain Institute, and Local Food Hub
- Opened a farmers’ market on-site, 3 vendors
- Farmers’ market accepts WIC and SNAP and participates in the Virginia Fresh Match program providing up to \$30 dollars doubled in fresh produce.





Trauma-Informed Care

Deputy Secretary Gena Berger

Trauma Informed Care Working Group 2018 Interim Report

Recommendation # 2

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

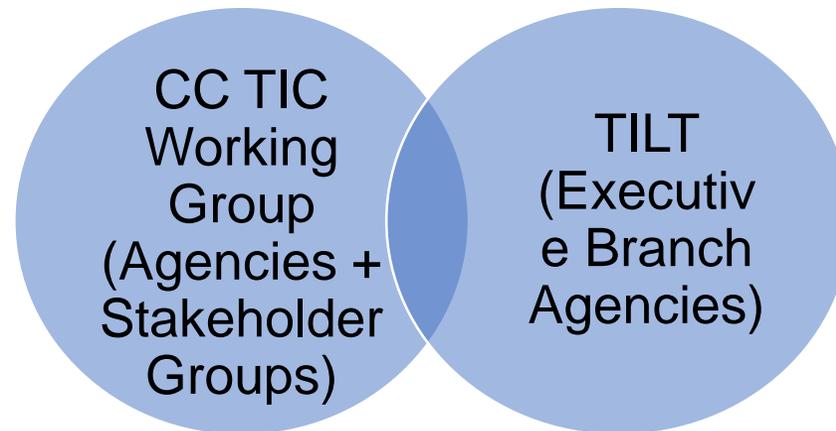


Trauma-Informed Working Group

Previous Structure



Current Structure



TILT Membership

- Virginia Department of Health
- Department of Housing and Community Development
- Department of Juvenile Justice
- Department of Behavioral Health & Developmental Services
- Department of Medical Assistance Services
- Department of Criminal Justice Services
- Department of Corrections
- Office of the Attorney General
- Department of Social Services
- Department of Education
- Office of Children's Services

Role of the TILT

- Develop short and long-term resiliency metrics and dashboard; identify systems changes needed to share data
- Develop legislative and budget recommendations
- Share executive branch agency activities and best practices around TIC
- Fulfill work of Linking Systems of Care grant (toolkit, executive branch agency policy review, statewide rollout)

Trauma Informed Care Working Group 2018 Interim Report

Recommendation # 2:

... 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.

2018 Edition Wisconsin 48 Child Well-Being Indicators

Resilience, Risk, and Outcomes: How Wisconsin Stacks Up

Research on child development details how genes and the environment interact as children grow into adulthood. Individuals have different genetic starting points and experience different positive factors, such as resilience-building supports, and negative factors, such as Adverse Childhood Experiences (ACEs). The following indicators represent some of these factors, as well as interventions and potential outcomes. Comparisons over multiple years are provided to show trends over time.



Note: = better = worse

Child Well-Being Indicators (Year)		WI (Current Data)	Trend (Difference Over Time)	U.S. (Current Data)	Trend (Difference Over Time)
CHILDHOOD RESILIENCE	Early Childhood Screening (2011/12-16) <small>(WI: 2014-2016, US: 2013-2014)</small>	27%	-7%	27%	-4%
	Early Intervention Services for Infants and Toddlers <small>(WI: 2014-2016, US: 2013-2014)</small>	2.9%	+0.1%	3.0%	+0.2%
	Early Prenatal Care (2014-16)	80%	+1%	76%	+4%
	Eighth Grade Math Proficiency (2015-17)	39%	-2%	33%	+1%
	Neighborhood Safety (Parent Perception) (2011/12-16)	73%	-10%	64%	-23%
	Four-Year-Old Kindergarten Attendance (2013/14, 16/17)	72%	+1%	33%	+4%
	Parents with Higher Education Degrees (2013-16)	46%	+1%	40%	+3%
	Positive Adult Mentor (2011/12-16)	94%	0%	89%	-1%
Spending on Health/Wellness Promotion (per child) (2014/15-16/17)	\$247	-\$3	N/A	N/A	
CHILDHOOD RISK FACTOR	ACE: Death of a Parent (2011/12-16)	2.6%	0%	3.3%	+0.2%
	ACE: Divorce (2011/12-16)	22%	-2%	25%	-4.5%
	ACE: Experienced Neighborhood Violence (2011/12-16)	4.4%	-0.1%	3.9%	-4.7%
	ACE: Experienced Racism (2011/12-16)	3.5%	+1%	3.7%	-0.4%
	ACE: Jailed Parent or Guardian (2011/12-16)	9.1%	+2.5%	8.2%	+1.3%
	ACE: Lived with Someone who had a Problem with Alcohol/Drugs (2011/12-16)	6.5%	-1.6%	9%	-1.7%
	ACE: Parent or Relative with Mental Illness (2011/12-16)	8.7%	-1%	7.8%	-0.8%
	ACE: Socioeconomic Hardship (2011/12-16)	23%	-2%	25%	0%
	Witnessed Domestic Violence (2011/12-16)	6.7%	-1.1%	6.7%	-1.6%
	ACE: TWO or MORE (2011/12-16)	22%	-1%	20%	-2%
	Cyber Bullying (2013-17)	18.3%	+0.7%	14.9%	+0.1%
	Maternal Stressors During Pregnancy (2011-13)	32%	+9%	29%	+4%
	Poverty (Youth, Less than 200% of the Federal Poverty Level) (2016-18)	36%	-2%	41%	-2%
	Single Parent Households (2014-16)	32%	0%	35%	0%
	Substantiated Child Abuse or Neglect (WI: 2015-17, US: 2014-16) <small>per 1,000</small>	3.9	+0.2	0.1	-0.3

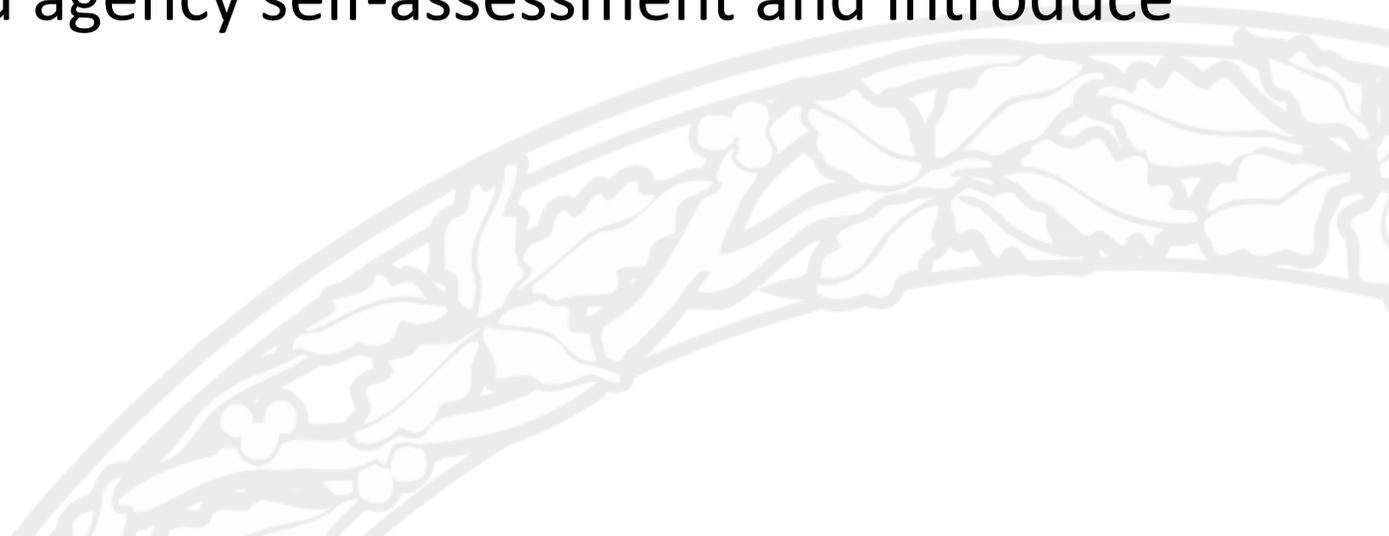
Statewide Resilience Scorecard

- Community & Family Resilience
- Systems of Care
- Prevalence of Trauma
- Childhood Resilience

Resilience in State Government Workforce

TILT workforce efforts include:

- Trauma-informed and resilient workplace environments
- Reduce vicarious/secondary trauma through self-care practices and early identification, and mental health supports for staff
- Participate in trauma-informed agency self-assessment and introduce necessary policy changes



Next Steps:

- Full Trauma-Informed Working Group will focus on external path to trauma-informed workforce challenges in recruitment and retention
- Highlight trauma-informed budget and legislative requests from executive agencies
- Consider policy recommendations from Linking Systems of Care Policy Review Committee

Next Working Group Meeting will be held on October 17, 2019

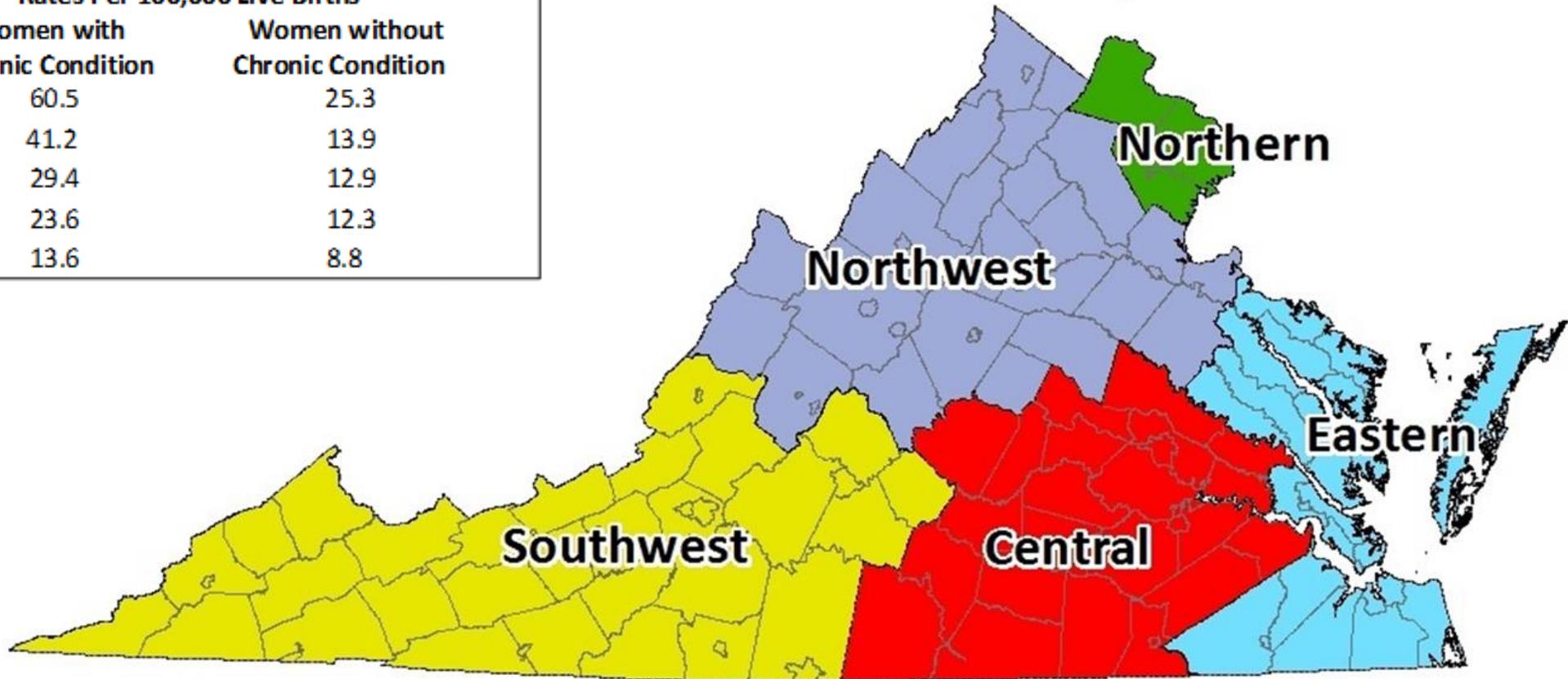


Maternal Health

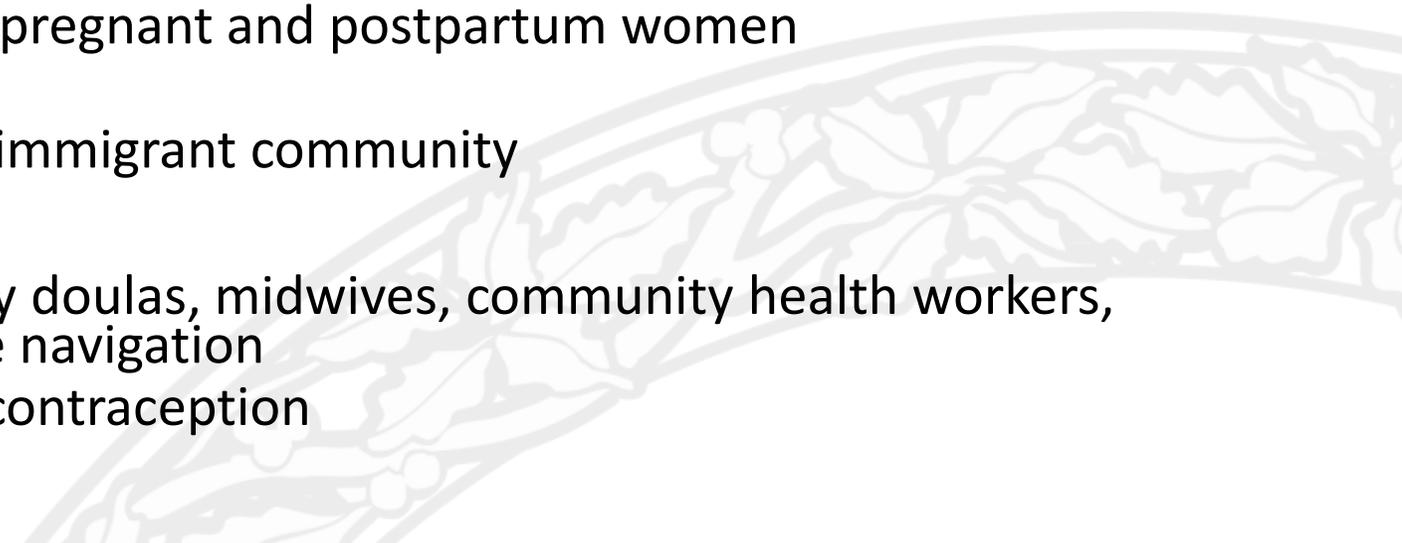
Deputy Secretary Gena Berger

Map of Maternal Mortality Rates by Health Planning Region, 1999-2012

Rates Per 100,000 Live Births		
Women with Chronic Condition	Women without Chronic Condition	
	60.5	25.3
	41.2	13.9
	29.4	12.9
	23.6	12.3
	13.6	8.8



Initial focus areas for maternal health

- Care Setting
 - Implicit Bias Training for Providers
 - Quality improvement collaborative between VDH and Virginia Hospital and Healthcare Association; will focus on 10 hospitals with largest disparities in maternal health
 - VNPC focus on maternal opioid use disorder, hypertension, hemorrhage
 - Coverage
 - Expedite Medicaid enrollment for pregnant and postpartum women
 - Extend postpartum coverage
 - Eliminate barriers to coverage for immigrant community
 - Community-Based Services
 - Invest in home visiting, community doulas, midwives, community health workers, centering pregnancy services, care navigation
 - Expand access to comprehensive contraception
- 



Public Charge

Deputy Secretary Gena Berger

What is the public charge rule?

- Immigration and Nationality Act (INA) states a person seeking admission to the United States or applying for adjustment of status is inadmissible if they are likely to become a public charge
- Does NOT apply in the naturalization process where permanent residents apply to become U.S. citizens



Current rule

- Immigration officers rely on multiple factors to decide whether a person is *likely to become* primarily dependent on the government for support
 - Use of cash aid for income support (TANF)
 - Long-term institutionalized care (SSI)



What's changing?

- Public charge determination criteria re-defined as a person who receives any number of public benefits for more than an aggregate of 12 months over any 36-month period of time.
- Each benefit used counts toward the 12-month calculation. For example, if an applicant receives two different benefits in one month, that counts as two months use of benefits.
- In addition to TANF and SSI, immigration officers will look at use of Medicaid*, SNAP, Section 8 housing assistance, and federally subsidized housing as part of the definition
 - Can also assess all use of cash aid, not just TANF and SSI but also any state or local cash assistance program
 - Expanded criteria for considering financial status—size of family, age, education, skills and employment
 - *does not apply to those under 21 or pregnant or use of emergency medical care and disaster relief

What's changing?

- Allows immigration officers to consider:
 - English proficiency (positive) or lack of (negative)
 - Medical conditions
 - Availability of private health insurance
 - Past use of immigration fee waivers



When?

- Without a successful legal challenge,
- **October 15, 2019**





Virginia School-Based Health Center Taskforce

School Based Health Fellow [Ebony Lambert](#)

Doctoral Candidate, [Virginia Commonwealth University](#)

Legislative Charge

SB 1195, companion to HB 2006, developed a School-Based Health Centers (SBHC) Taskforce charged with:

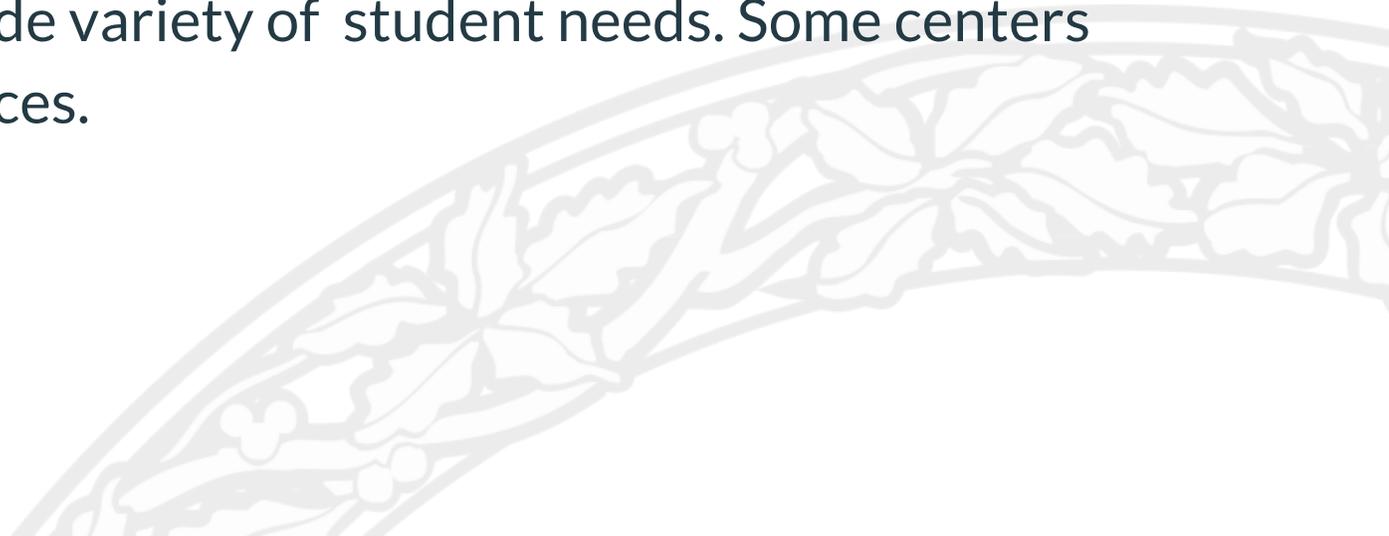
- Assessing the current landscape of SBHC and mental health screening, evaluation, and treatment in school settings;
- Developing best practice recommendations for trauma-informed SBHCs in coordination with DMAS and DBHDS;
- Evaluating options for billing public and private insurance for SBH services; and
- Developing a plan for establishing VA as an affiliate member organization of the national School-Based Health Alliance.

Report: Dec. 1, 2019

Brief Overview of SBHCs

SBHCs are student-focused health centers that deliver comprehensive care on or near school campuses during school hours. They are developed through partnerships between schools, communities, and healthcare sponsors.

SBHCs are staffed by interdisciplinary care teams, which can include primary care or mental health providers, to meet a wide variety of student needs. Some centers may also provide dental and vision services.

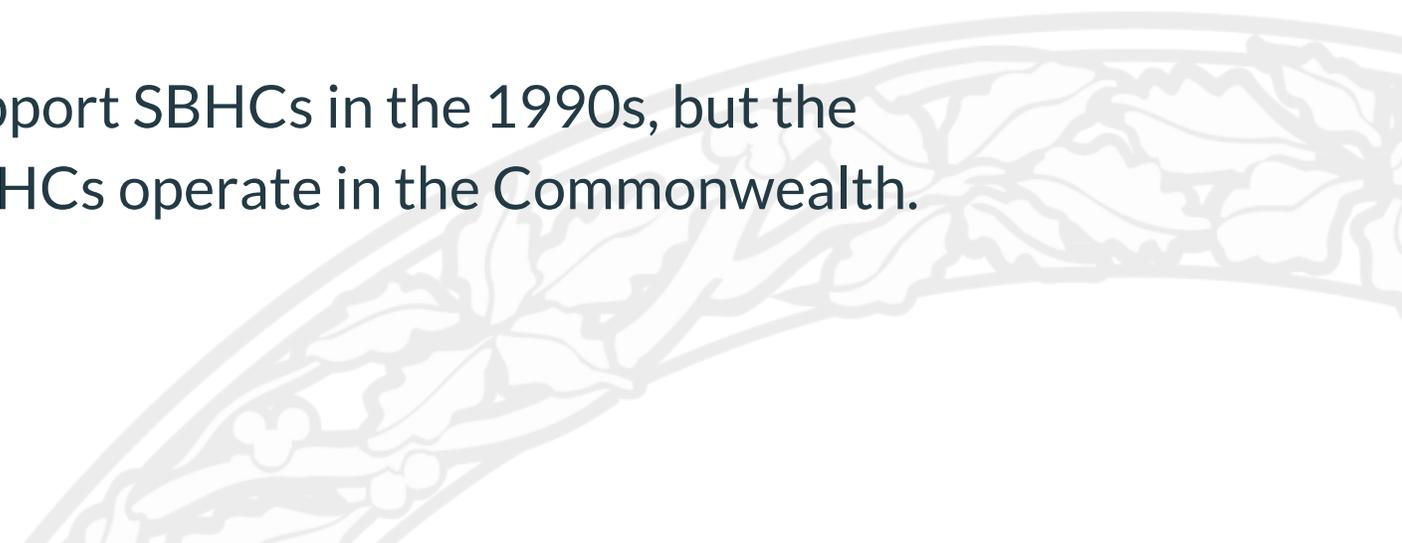


National and Local Landscape

Across the nation, 2,584 SBHCs are currently operating in 48 out of 50 states, and 6.3 million students in 10,629 public schools have access to SBHCs. That's 13% of the nation's student population being served by SBHCs in 10% of public schools.

SBHCs are most commonly sponsored by Federally Qualified Health Centers (51% in 2016-17).

In Virginia, state grants were given to support SBHCs in the 1990s, but the program folded. Now, it is estimated 7 SBHCs operate in the Commonwealth.

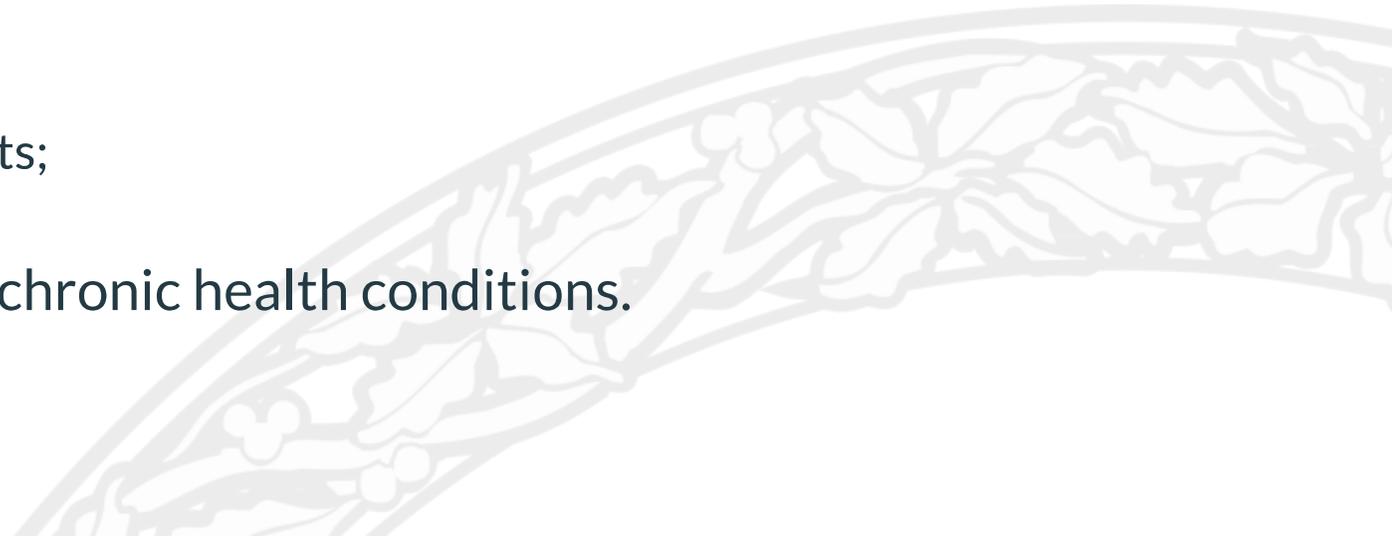


SBHC Services

School-based health centers (SBHCs) provide a vast array of services to students across the nation, including:

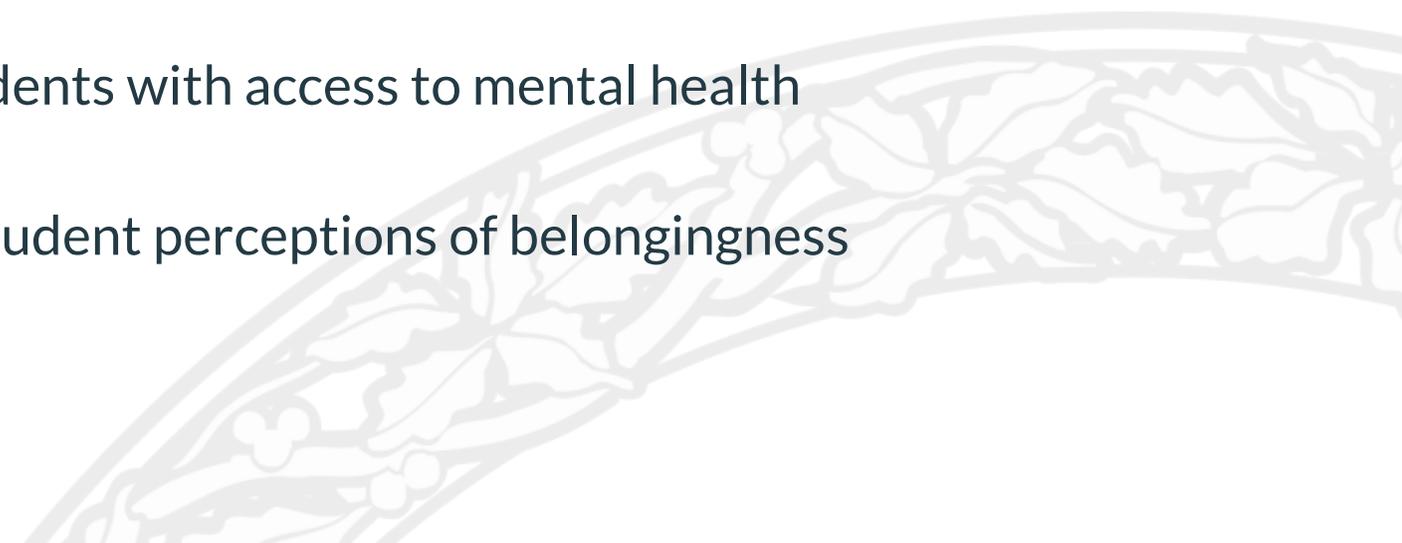
- General health examinations
- Immunizations and vision and hearing screenings;
- Oral and dental hygiene services;
- Laboratory and prescription services;
- Treatment of acute illnesses;
- Access to mental health providers,
- counseling and behavioral risk assessments;

Over 80% of SBHCs also provide care for chronic health conditions.



Proven Benefits

SBHCs provide services necessary for student success and health, and thus are a powerful tool for the promotion of health equity among children and adolescents. SBHCs are associated with:

- Improved rates of healthcare utilization and immunizations
 - Reductions in hospitalizations, school absences, out-of-class time, and early dismissal rates
 - Lower rates of depression among students with access to mental health services
 - Improved school environments and student perceptions of belongingness
 - Greater parent engagement
- 
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Taskforce Perspectives

Government agencies and representatives:

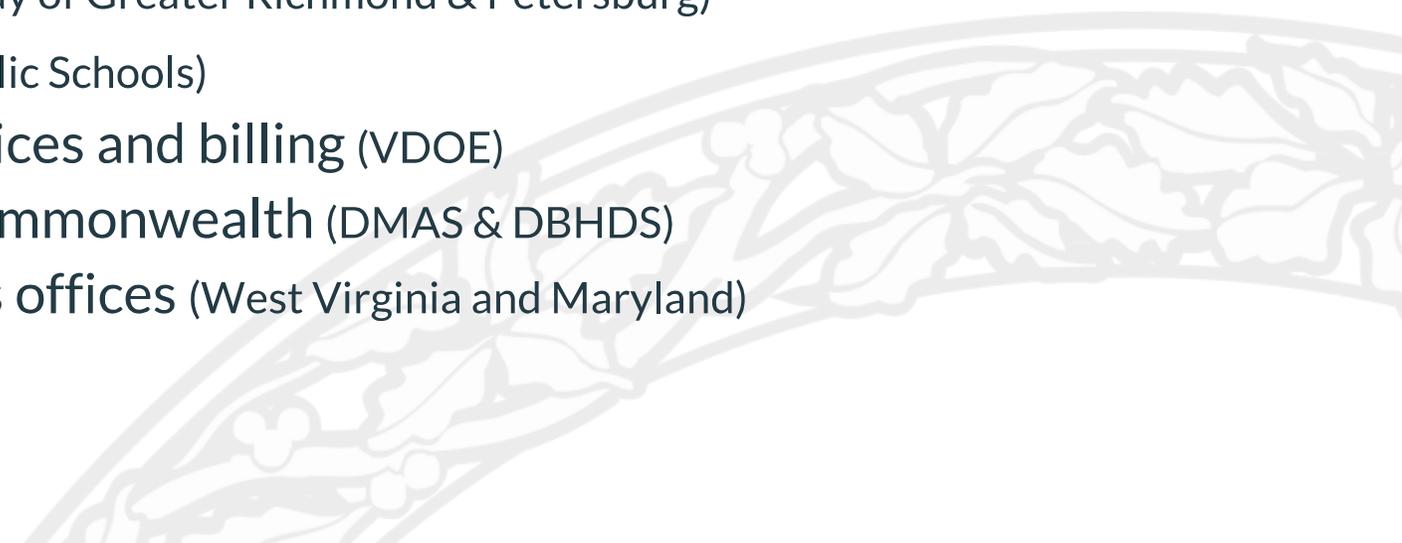
- Sen. Rosalyn Dance
- Delegate Lashrecse Aird
- VA Department of Health
- VA Department of Education
- Department of Medical Assistance Services
- Department of Behavioral Health and Developmental Services

School, community, and non-profit organizations:

- Shenandoah Co. Public Schools,
- Virginia Commonwealth University
- Petersburg Community Service Board
- Virginia Premier (MCO)
- Voices for Virginia's Children
- Child Savers
- United Way
- Virginia School Boards Association
- Virginia Education Association
- Community Foundation

Work to Date

Since August, the SBHC Taskforce has conducted research examining:

- Vision for the Legislation (Sen. Rosalyn Dance)
 - National landscape of SBHCs (School-Based Health Alliance)
 - Petersburg SBHC Initiative (United Way of Greater Richmond & Petersburg)
 - Current VA SBHCs (Shenandoah Co. Public Schools)
 - VA landscape of school-offered services and billing (VDOE)
 - Behavioral health redesign in the Commonwealth (DMAS & DBHDS)
 - Best practices of local state affiliates offices (West Virginia and Maryland)
- 

Upcoming Tasks

Moving forward, the Taskforce will:

- Review data regarding the health and behavioral health needs of Virginia's children (SOE)
- Examine the potential role of telehealth in VA SBHCs (Mid-Atlantic Telehealth Resource Center)
- Refine guiding principles and recommendations for SBHCs in Virginia (SBHC Taskforce)
- Compile a report (SOE)



Driving Principles for Recommendations

Our main goal is to develop actionable recommendations that align with the following guiding principles:

- All students should have access to student-centered, trauma-informed care regardless of insurance status or background
- SBHCs should coordinate with Primary Care Providers to ensure continuity of care
- Development of SBHCs should be a locally driven, state-supported effort to leverage community strengths to meet outstanding community healthcare needs
- Support for SBHCs in Virginia should be aligned with the Commonwealth's Behavioral Health Redesign to better meet the behavioral health needs of children

Brief Outline of Recommendations

In accordance with the legislative charge outlined in SB1195 and the aforementioned guiding principles, the SBHC Taskforce is developing recommendations for expansion of SBHCs in Virginia.

The recommendations fall into the following categories:

Best-practice recommendations for trauma-informed school-based health services

Options for public and private billing

Considerations regarding the establishment of State Affiliate and State Program Offices

Next Steps

October 7 Meeting

- Compile information still needed; develop and revise recommendations

November 5 Meeting:

- Finalize recommendations

Late November:

- Presentation of findings to the Children's Cabinet



Questions?

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Meeting of the Children's Cabinet

October 2, 2019 – 10:00-11:30 AM East Reading Room, Patrick Henry Building