



## **Advisory Committee on Juvenile Justice and Prevention**

Libbie Mill Library  
2100 Libbie Lake East St  
Henrico, VA 23230

**DRAFT**

February 20, 2024

### **Members Present**

Teresa Berry  
Gena Boyle (DSS Proxy)  
Valerie Coley  
Demetria Davis  
Julianna Herbek (Vice Chair)  
James Laster  
Sandra Lawyer  
Linda McWilliams (DJJ Proxy)  
Melissa Morgan  
Samuel Perez (Chair)  
Kathryn Rowell  
Olivia Saunders  
Kari Savage (DBHDS Proxy)  
Doranda Scott (DOE Proxy)  
Alexandria Wall  
Jack White

### **Members Absent**

Sallie Amos  
Stephanie Ayers  
Bridgette Bowman  
Erik Conyers  
Joseph Gong  
Robert Gray  
Maria Matricardi  
Dana Partin  
Toni Randall  
Brooke Rudis

### **DCJS Staff Present**

Carolyn Halbert  
Ed Holmes  
Greg Hopkins  
Laurel Marks  
Tony Nelson

### **Guests**

McKayla Burnett, DCJS State Trafficking Response Coordinator  
Alexandria Javna, LCSW, School Social Work Specialist,  
Department of Education  
Kristinne Stone, LCSW, School Mental Health Grant Project  
Manager, Virginia Department of Education

- I. **ACJJP Member Roll Call** – DCJS staff Greg Hopkins conducted a verbal roll call. A quorum was established, and the meeting was called to order at 10:07 AM.

- II. **Approval of Minutes** – The committee received and reviewed the draft minutes of the November 19, 2023, meeting. Gena Boyle made a motion to approve the minutes, seconded by Julianna Herbek. The motion was approved unanimously.
- III. **DCJS Updates** --Tony Nelson updated the committee on JJDP Act compliance and data collection. Mr. Nelson shared that DCJS received the FY22 Determination Letter from OJJDP indicating that Virginia has established an effective system of monitoring and is compliant with the four core requirements. He also shared that there are concerns that preliminary data show that DCJS will be out of compliance in two of the four core requirements for FY23.

Greg Hopkins provided agency updates, including a summary of upcoming grant opportunities and upcoming DCJS-sponsored conferences and trainings.

McKayla Burnett, DCJS State Trafficking Response Coordinator provided the committee with a brief overview of the state trafficking response. Ms. Burnett provided the committee with her contact information and invited members to follow up with any additional questions.

IV. **Presentations (Three Year Plan)**

a. **Virginia Department of Juvenile Justice**

Linda McWilliams, Deputy Director of Community Programs, Virginia Department of Juvenile Justice (DJJ), provided an overview of data and trends over a three year period.

b. **Virginia Department of Education**

Alexandria Javna and Kristinne Stone, Virginia Department of Education (DOE) provided a presentation on school-based mental health. The presentation covered the findings from the Virginia Youth Survey with an analysis of previous trends of youth behavior, and a brief overview of the Right Help Right Now Initiative. Additionally, DOE updated the committee with an overview of School Based Mental Health Professionals with a detailed description of their roles and responsibilities.

**Virginia Three-Year Plan Review and Projections**-Greg Hopkins indicated the need for two subcommittees: one to inform the development of the next three-year plan, and the other to review and make recommendations for grant funding. The Three-Year Plan subcommittee will receive additional presentations and may attend a site visit to incorporate the youth voice into the Three-Year plan development. The Grants subcommittee will meet once to review grants received in response to the current Title II solicitation and make recommendations for funding.

Kari Savage, Demetria Davis, Valerie Coley, Olivia Sanders, Sandra Lawyer and Melissa Morgan volunteered to participate in the Three-Year plan subcommittee; Teresa Berry, Olivia Saunders and Kari Savage volunteered to participate on the Grant review committee.

- V. **Public comment:** None
- VI. **Next Meeting-** Greg Hopkins will send out a doodle poll to finalize an upcoming date for subcommittee members to meet. The next full committee meeting is scheduled for April 23, 2024
- VII. **Adjourn-**Meeting adjourned at 12:07 PM.

DRAFT

# Department of Juvenile Justice Data and Trends Presentation to ACJJP

February 20, 2024

Linda McWilliams

Deputy Director of Community Programs



Virginia Department of  
Juvenile Justice



# Overview



# Mission Statement

The Virginia Department of Juvenile Justice protects the public by preparing court-involved and committed youth to be successful citizens.



# Roles & Responsibilities

The Virginia Department of Juvenile Justice (DJJ) operates:

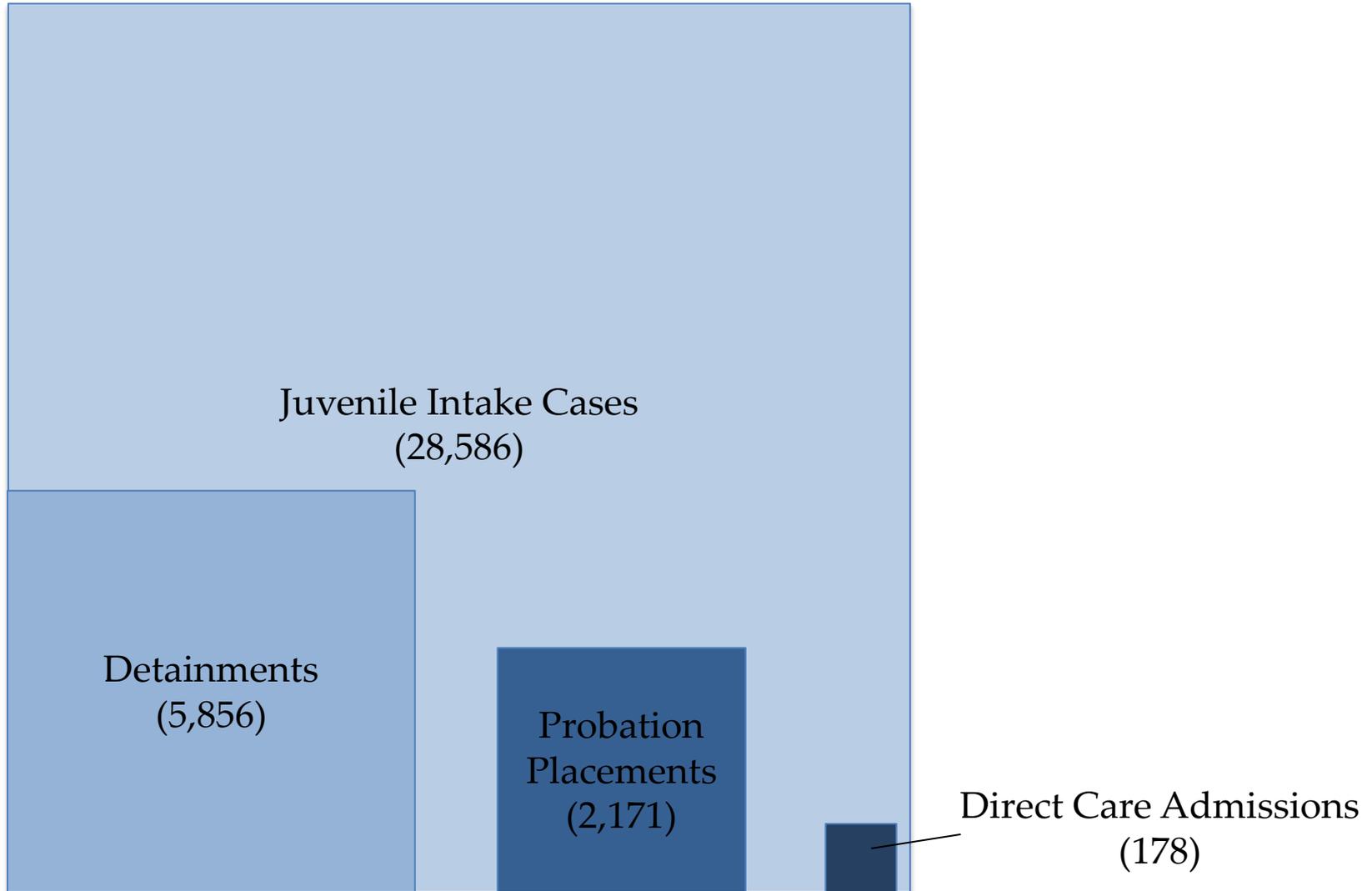
- 30 court service units (CSUs)
- 1 juvenile correctional center (JCC) – Bon Air

DJJ audits/certifies or approves:

- 32 CSUs, including 2 locally operated CSUs
- 24 juvenile detention centers
- Bon Air JCC
- 7 community placement programs (CPPs) and 8 detention reentry programs
- 15 group homes, shelter care facilities, and independent living programs
- 76 Virginia Community Crime Control (VJCCCA) plans across 133 localities

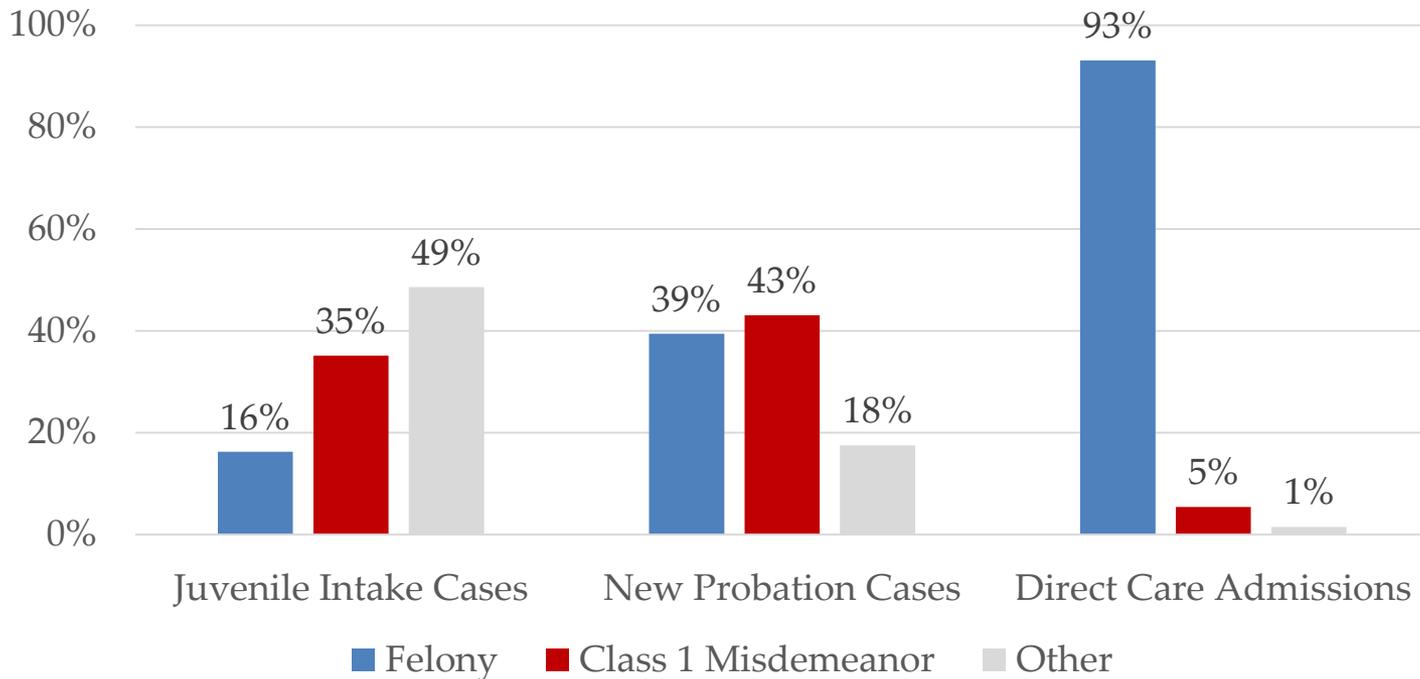


# Counts through the System, FY 2023





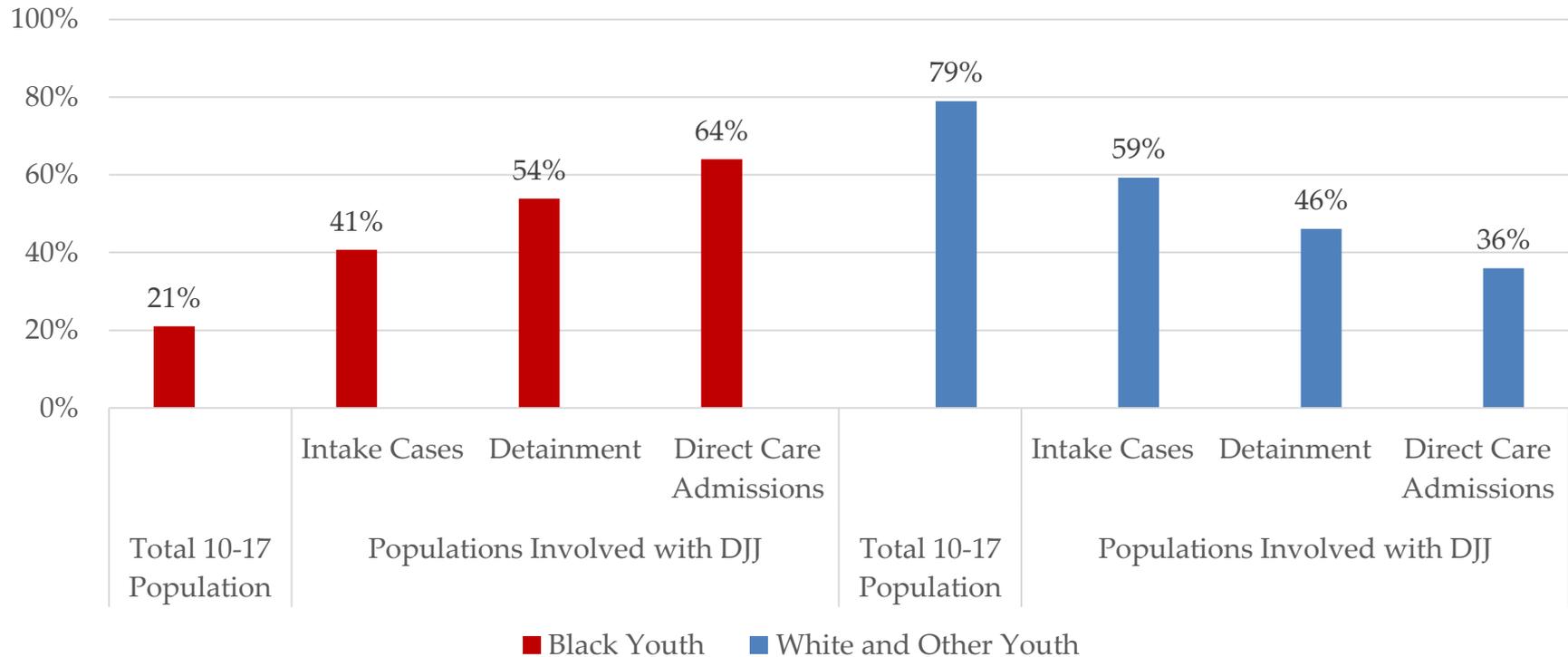
# Offense Severities through the System, FY 2023



- Felony offenses account for only 16% of intake cases but 93% of direct care admissions.



# Racial and Ethnic Disparities, FY 2023



- Black youth account for only 21% of the general population but 64% of FY 2023 direct care admissions.

\* Total population is based on 2020 U.S. Census data for Virginia.



# Juvenile Supervision and Intakes, FY 2023

- Average of 2,010 youth per day under DJJ supervision\*
  - 1,682 on probation supervision
  - 214 in direct care
  - 114 on parole supervision
- Average of 468 youth per day in detention
- Of 40,078 juvenile intake complaints:
  - 67% were petitioned
  - 18% were diverted
    - 79% had successful outcomes
  - 7% were resolved

\* The number of youth under supervision does not include the number of youth in diversion programs.



# CSUs

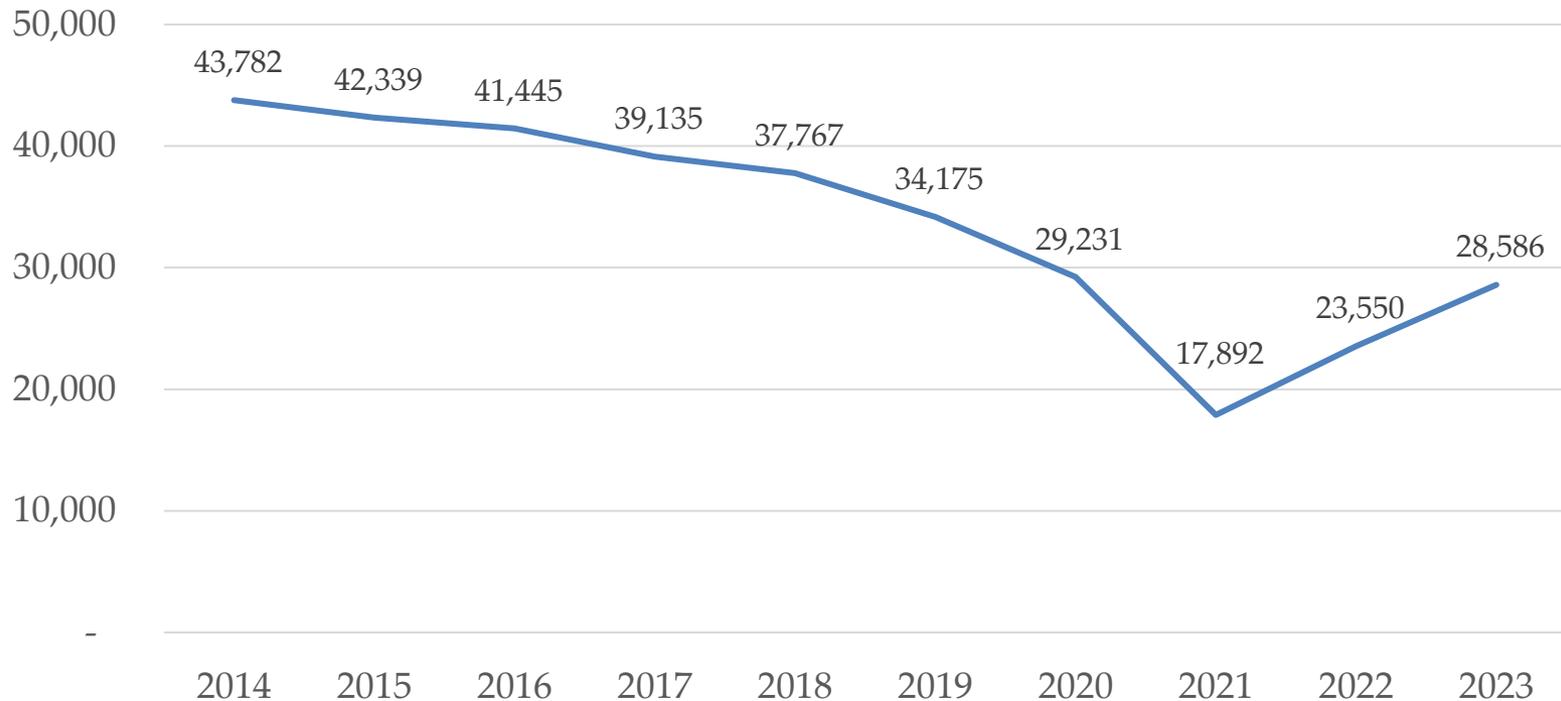


# CSU Duties/Responsibilities

- Intakes
  - Domestic Relations and Child Welfare (DR/CW)
  - Juvenile (e.g., delinquency and status offenses)
- Social History and Other Reports
  - e.g., Youth Assessment Screening Instrument (YASI)
- Probation Supervision
- Parole Supervision



# Juvenile Intake Cases, FY 2014 – 2023



- Intake cases decreased 35% (15,196 cases) since FY 2014.
- Following a substantial decrease in juvenile intake cases in FY 2021, there was an increase of 59.8% in juvenile intake cases from FY 2021 to FY 2023.



# Juvenile Intake Cases by Most Serious Offense, FY 2014 – 2023

	2014	2018	2023
Felonies – Against Persons	5%	7%	9%
Felonies – Weapons/Narcotics Dist.	1%	1%	1%
Felonies – Other	9%	9%	7%
Class 1 Misdemeanors – Against Persons	15%	15%	21%
Class 1 Misdemeanors – Other	23%	19%	14%
Probation/Parole Violations	9%	6%	5%
Contempt of Court/Failure to Appear	8%	8%	9%
Status Offenses	17%	22%	26%
Other	12%	14%	9%
<i>Total Intake Cases</i>	<i>43,782</i>	<i>37,767</i>	<i>28,582</i>

- Felony against persons offenses increased from 5% of all intake cases in FY 2014 to 9% in FY 2023.
- Class 1 Misdemeanors against persons offenses increased from 15% of all intake cases in FY 2014 to 21% in FY 2023.
- Status offenses increased from 17% to 26% of intake cases.

\* Offense severity was determined by the Detention Assessment Instrument (DAI) ranking.

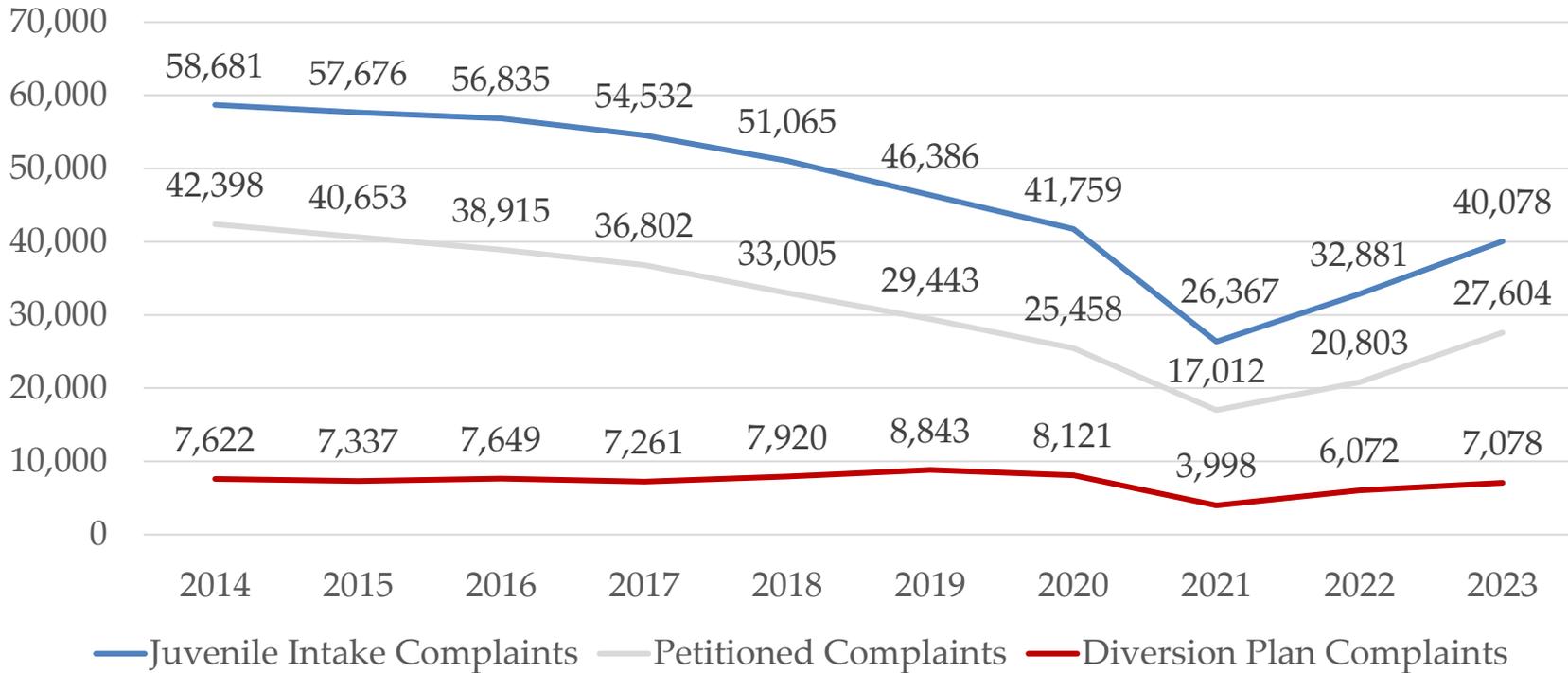


# Intake Cases by Demographics, FY 2023

- Age
  - 16 years or older: 46%
- Sex
  - Males: 63%
  - Females: 37%
- Race
  - White: 48%
  - Black: 41%



# Intake Decisions, FY 2014 – 2023



- Following a substantial decrease in juvenile intake complaints in FY 2021, there was an increase of 52.0% in juvenile intake complaints from FY 2021 to FY 2023. During the same time period, complaints with a petition increased by 62.3%, and complaints with a diversion plan increased by 77.0%.

\* Unsuccessful diversion plans with petitions filed are counted as both diversion plans and petitioned. Furthermore, juvenile intake complaints include other intake decisions; therefore, the sum of diversion plan complaints and petitioned complaints does not equal the total juvenile intake complaints.



# Diversion Plans, FY 2023

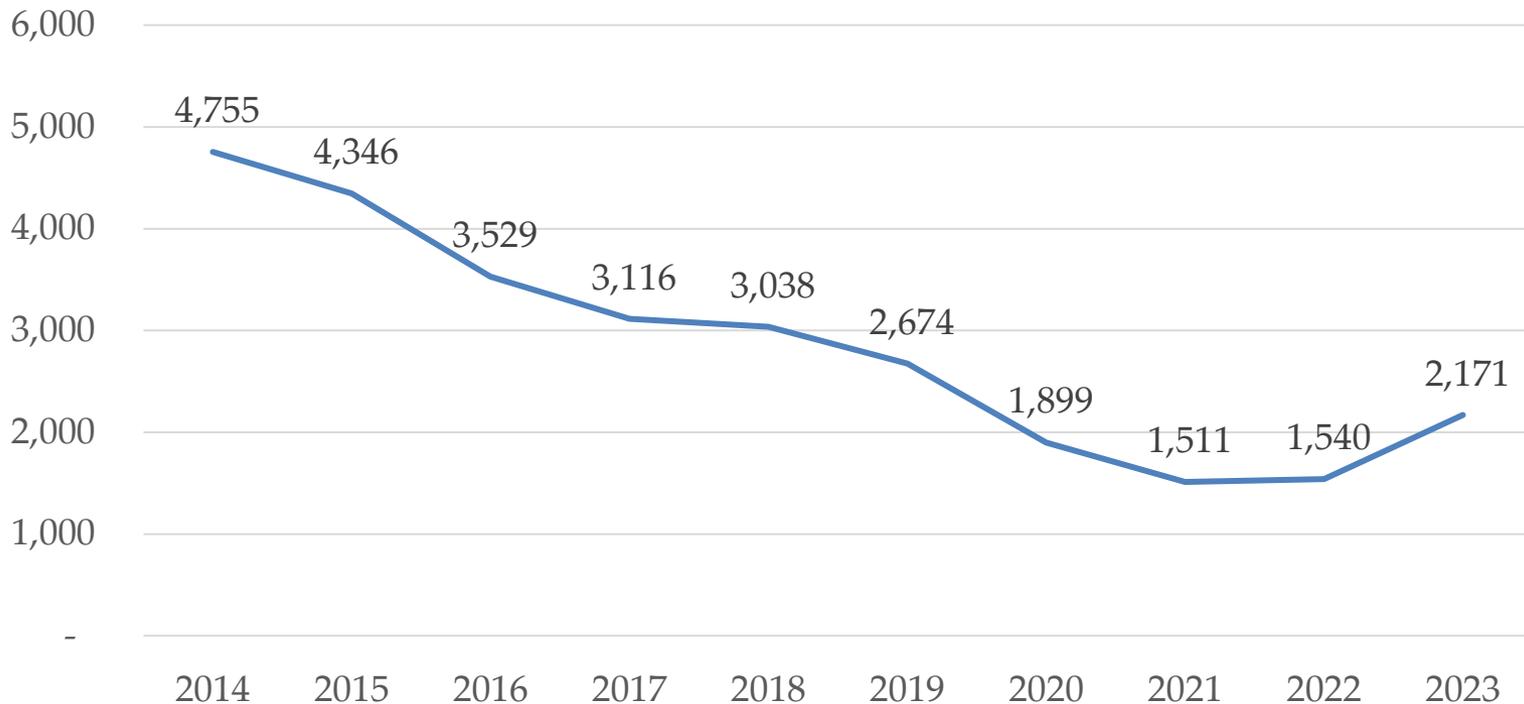
- Of 40,078 juvenile intake complaints:
  - 18% were diverted
    - 79% had successful outcomes
  - 7% were resolved

## Examples of diversion programs:

- Individual/family counseling
- Anger management
- Restorative justice
- Law-related education
- Shoplifter's alternative



# Probation Placements, FY 2014 – 2023



- Following a substantial decrease in probation placements through FY 2021, there was an increase of 43.7% in probation placements from FY 2021 to FY 2023. .

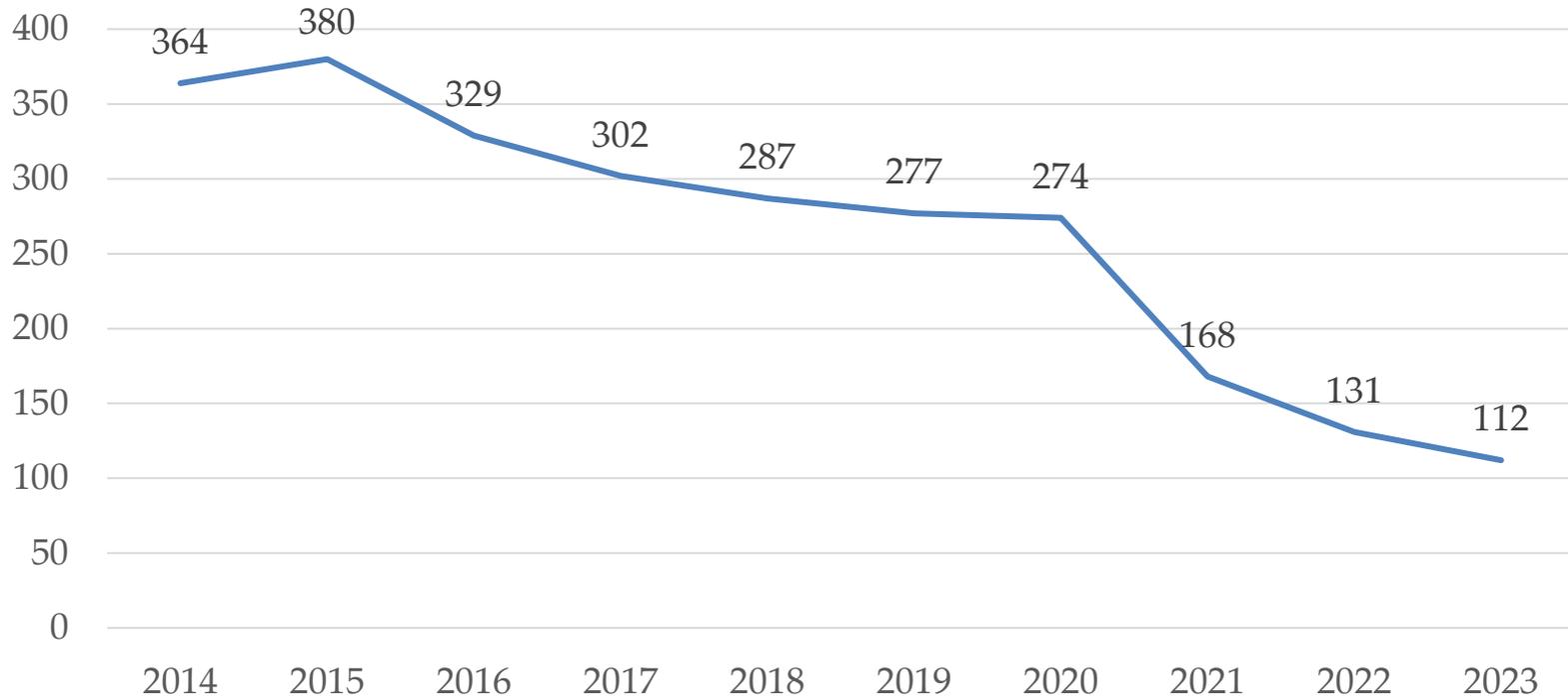


# Probation, FY 2023

- 2,171 probation placements
- Average age at placement was 16.0 years
- 28% of placements were high-risk
- Average length of stay (LOS) for releases was 11.0 months



# Parole Placements, FY 2014 – 2023



- Parole placements decreased 69% (252 cases) since FY 2014.



# Parole, FY 2023

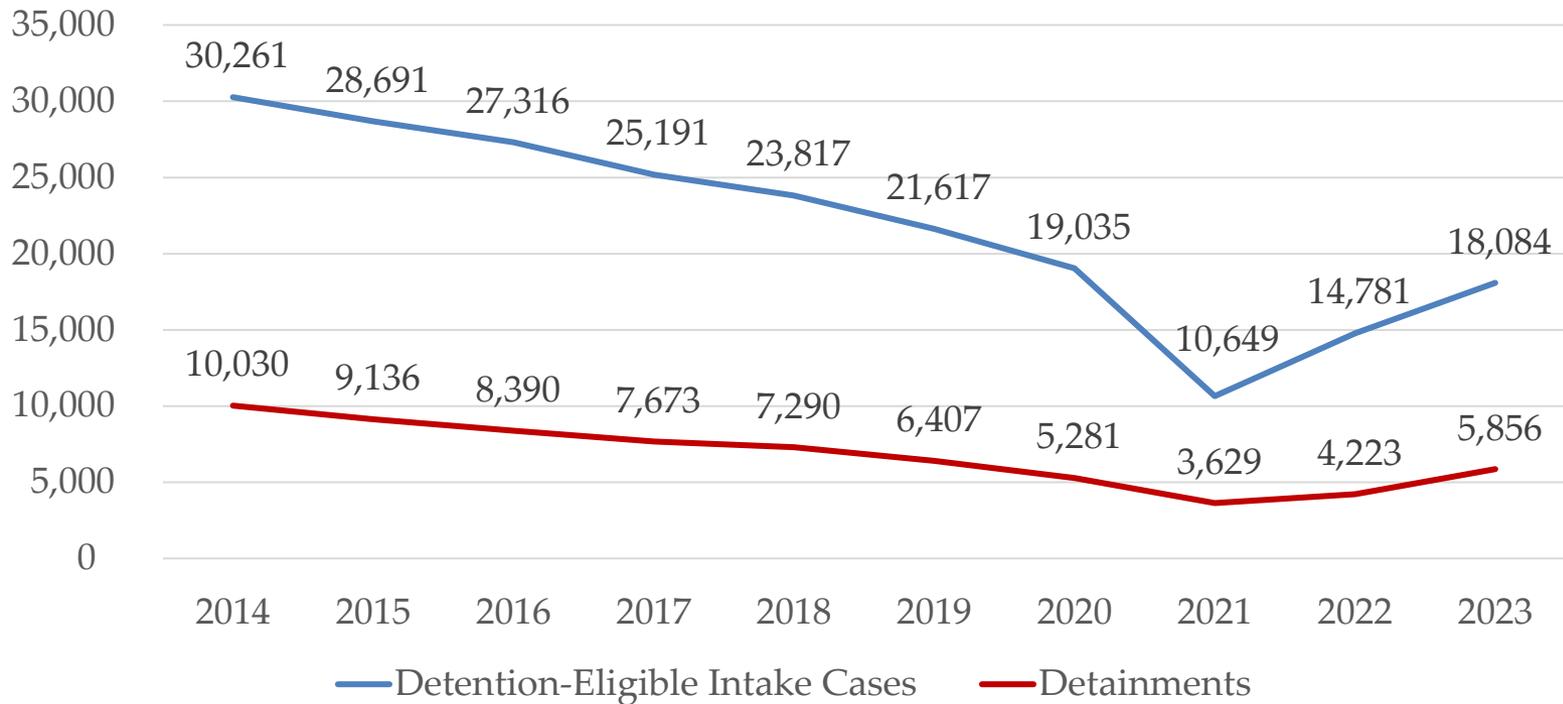
- 112 parole placements
- Average age at placement was 18.1 years
- 79% of placements were high-risk
- Average LOS for releases was 13.4 months



# Detention



# Detention-Eligible Intake Cases and Detainments FY 2014 – 2023



- Following a substantial decrease through FY 2021, there was an increase of 70% in detention-eligible intake cases from FY 2021 to FY 2023.
- Detainments increased 61% from FY 2021 to FY 2023.

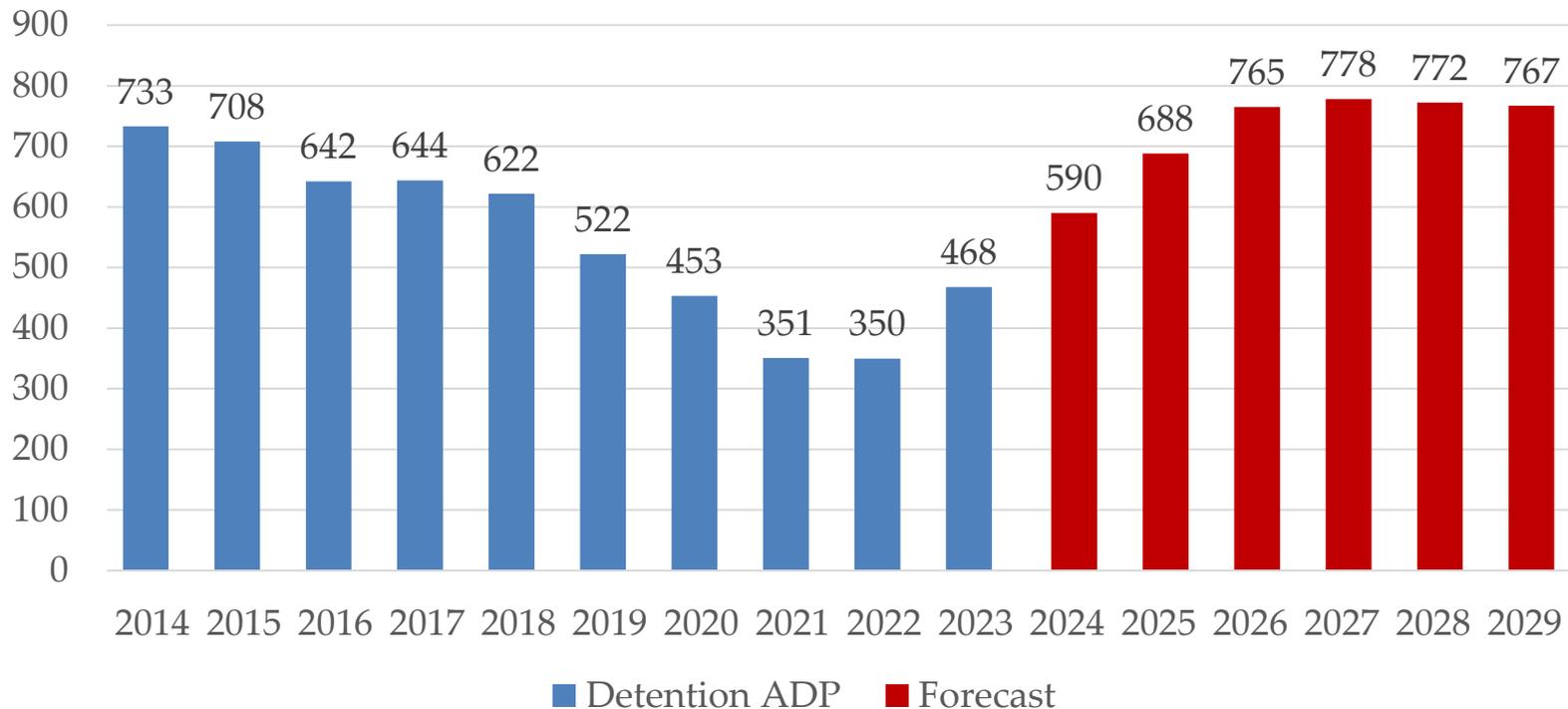


# Detainments by Demographics, FY 2023

- Age
  - 16 years or older: 52%
- Sex
  - Males: 75%
  - Females: 25%
- Race
  - White: 37%
  - Black: 54%



# Detention Population Forecast (by FY ADP)



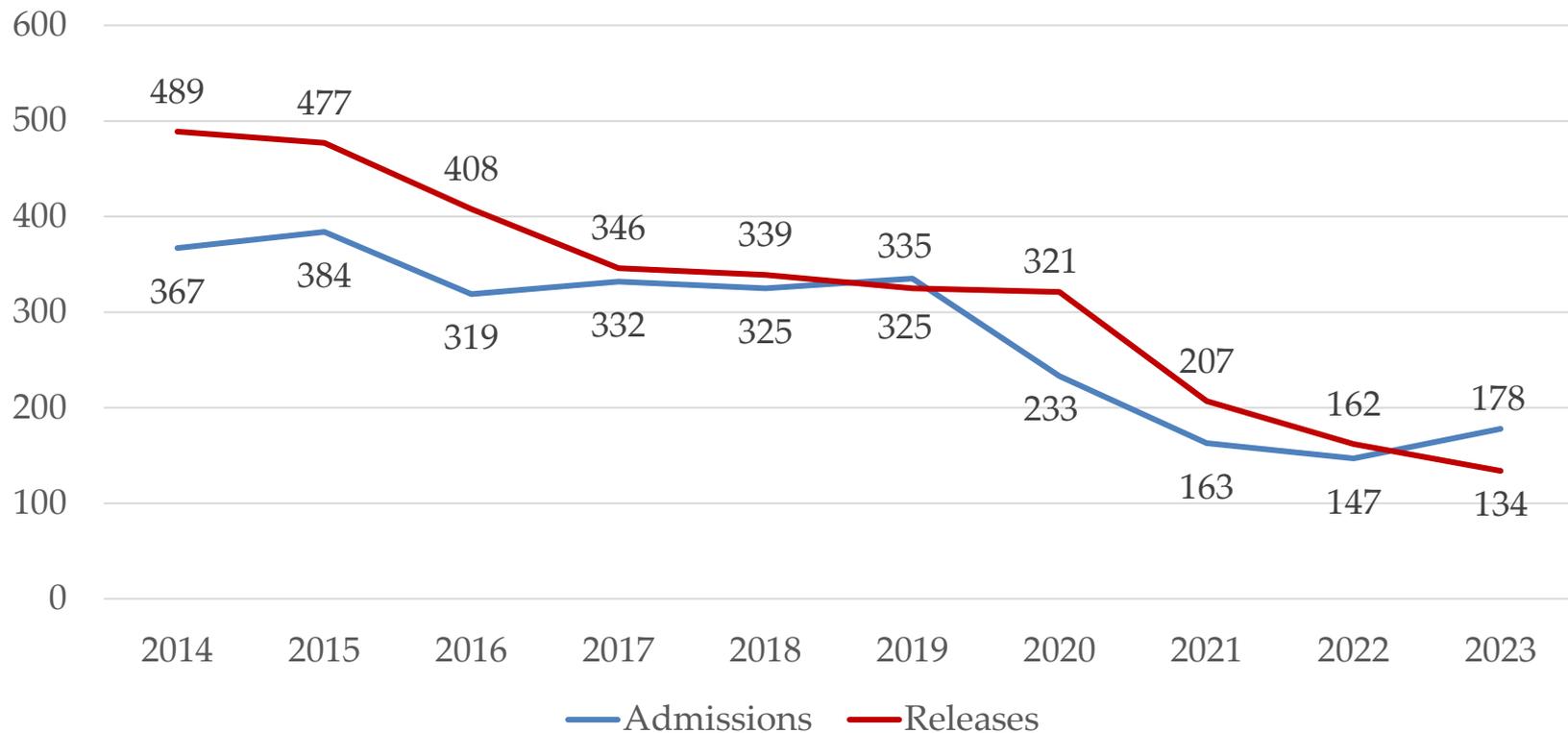
- The forecast approved in 2023 projects the detention ADP will increase to 590 in FY 2024 and to 767 by FY 2029.



# Direct Care



# Direct Care Admissions and Releases, FY 2014 – 2023



- Admissions decreased 51% (189 youth) since FY 2014.
- Releases decreased 73% (355 youth) since FY 2014.



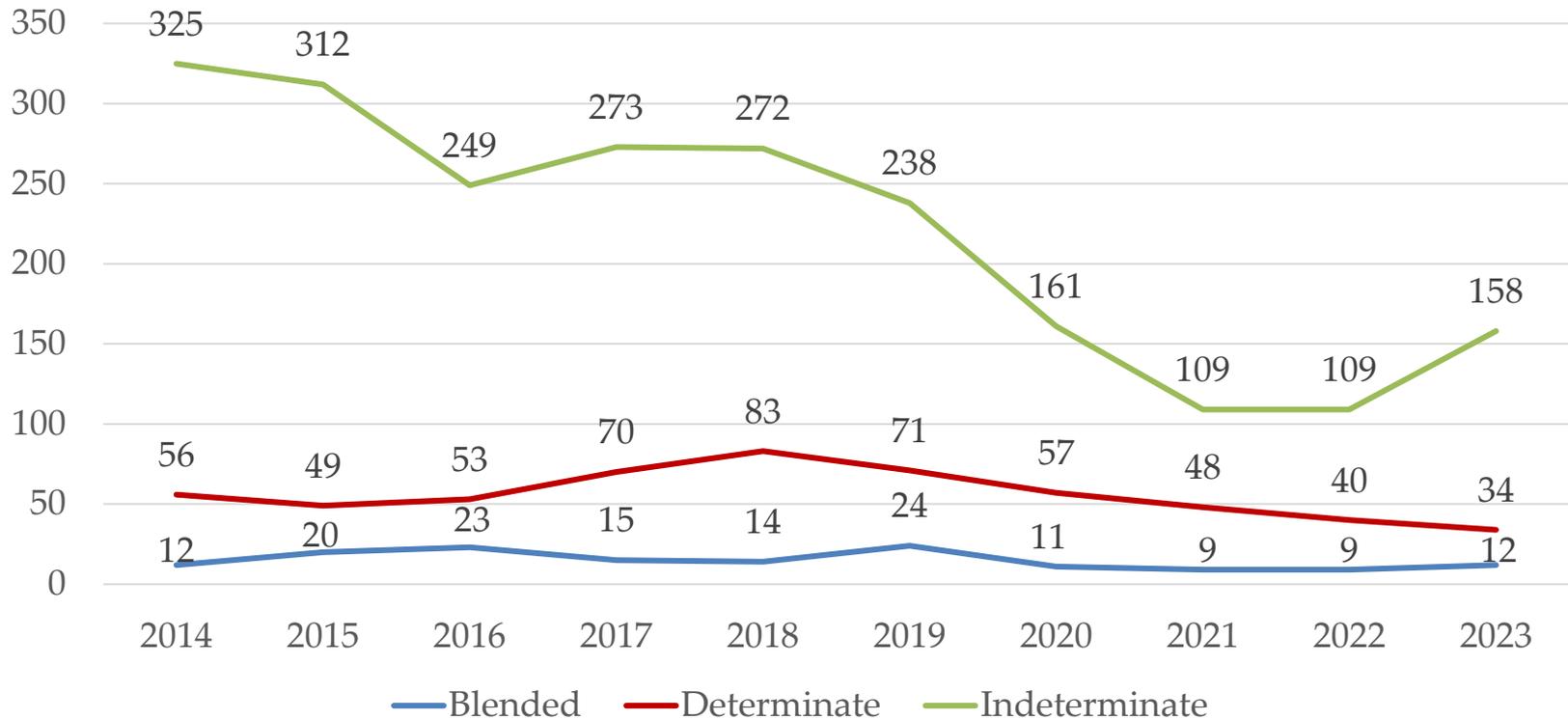
# Direct Care Admissions Most Serious Committing Offenses, FY 2014 – 2023

	2014	2018	2023
Felonies – Against Persons	52%	59%	68%
Felonies – Weapons/Narcotics Distribution	4%	3%	8%
Felonies – Other	30%	27%	19%
Class 1 Misdemeanors – Against Persons	6%	4%	2%
Class 1 Misdemeanors – Other	5%	3%	2%
Parole Violations	3%	4%	1%
<i>Total Admissions</i>	<i>367</i>	<i>325</i>	<i>178</i>

- The percentage of felonies against persons and felonies for weapons and narcotics distribution increased among admissions since FY 2014 while other offense severities decreased in proportion.



# Counts of Commitment Orders by Type, FY 2014 – 2023



- Since FY 2014, the total number of commitments has decreased. Blended fluctuated, but the number of commitments was the same in FY 2014 and FY 2023. Determinate decreased by 39%, and indeterminate decreased by 51%.

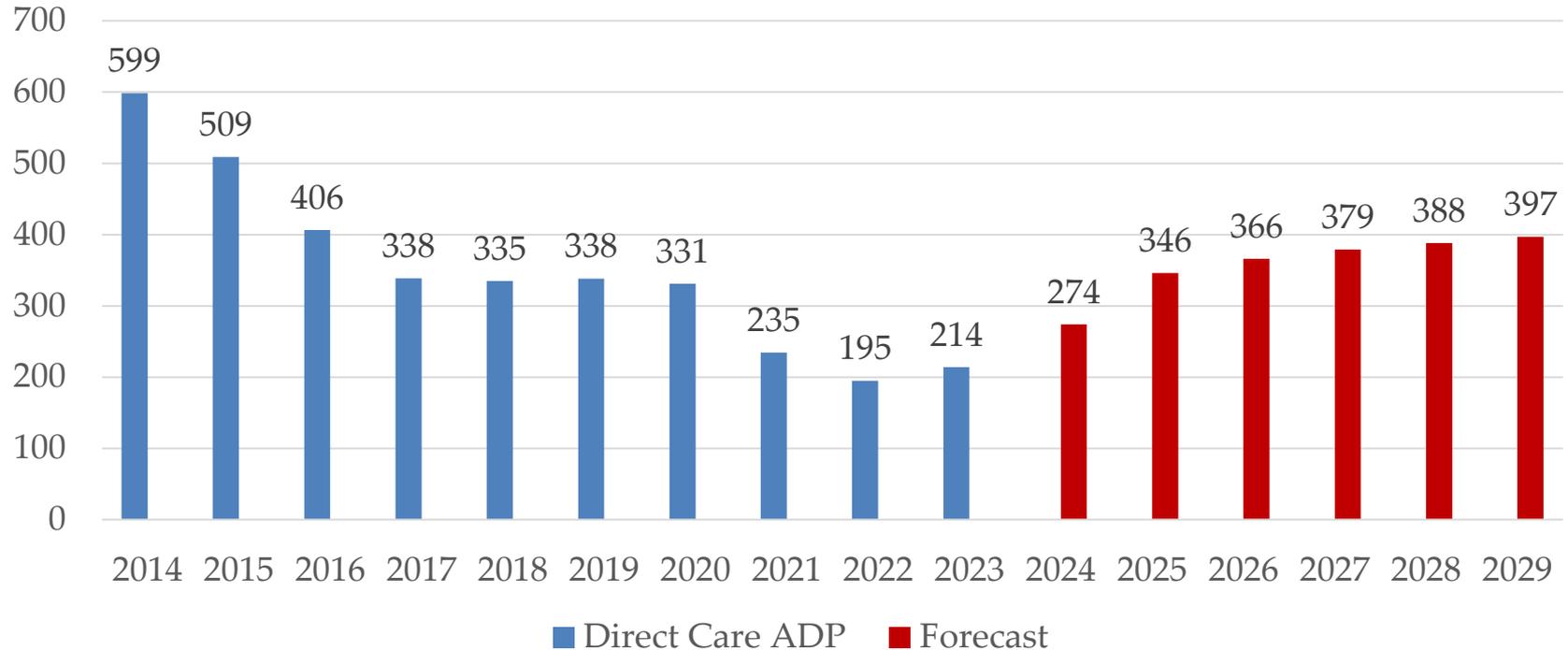


# Direct Care Admissions Demographics, FY 2023

- Age
  - 17 years or older: 55%
- Sex
  - Males: 92%
  - Females: 8%
- Race
  - White: 24%
  - Black: 64%



# Direct Care Population Forecast (by FY ADP)



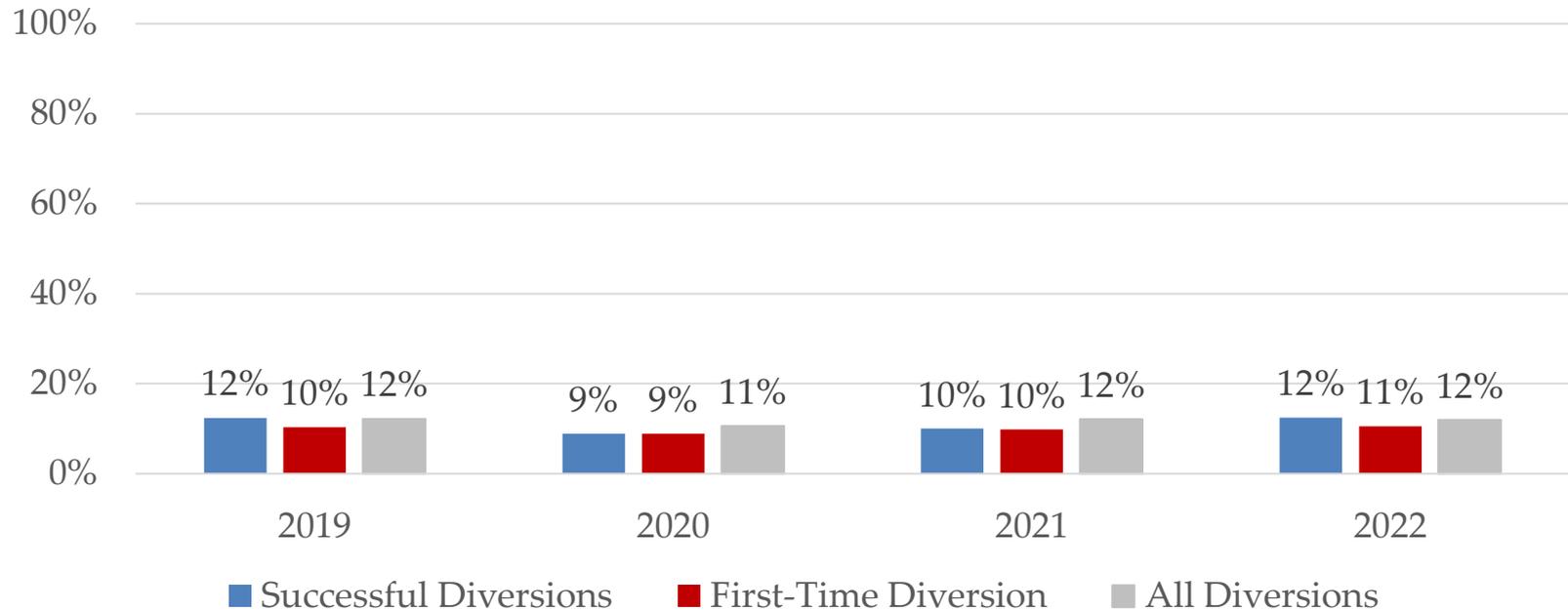
- The forecast approved in 2023 projected the direct care ADP would increase to 274 in FY 2024 and to 397 by FY 2029.



# Recidivism



# 12-Month Rearrest Rates for Diversions, FY 2019 – FY 2022



- Since FY 2019, 12-month rearrest rate for diversions have remained steady.

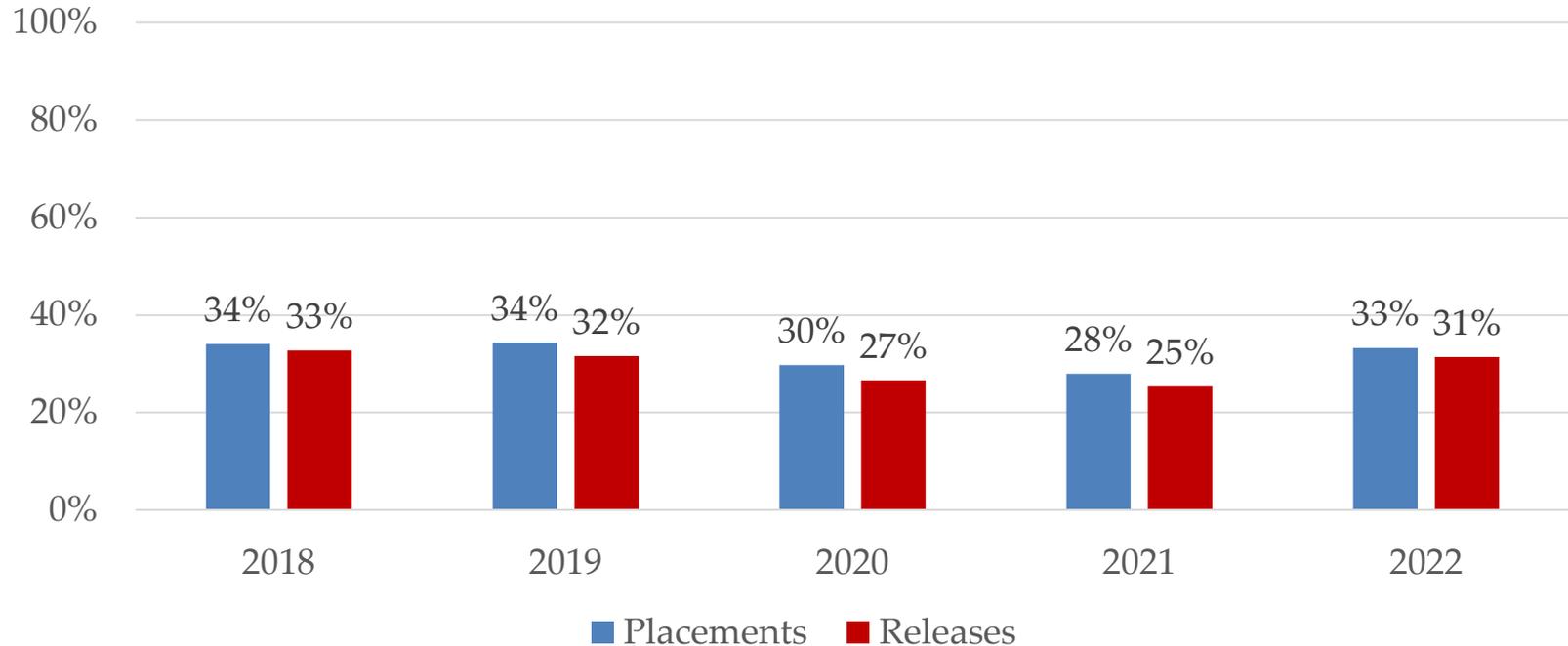
\* Resolved complaints are not included.

\* Open and unsuccessful diversion plans are not included in the successful diversion groups.

\* Recidivism rates in FY 2020 and FY 2021 may be impacted by the system-wide decreases during COVID-19.



# 12-Month Rearrest Rates for Probation, FY 2018 – FY 2022

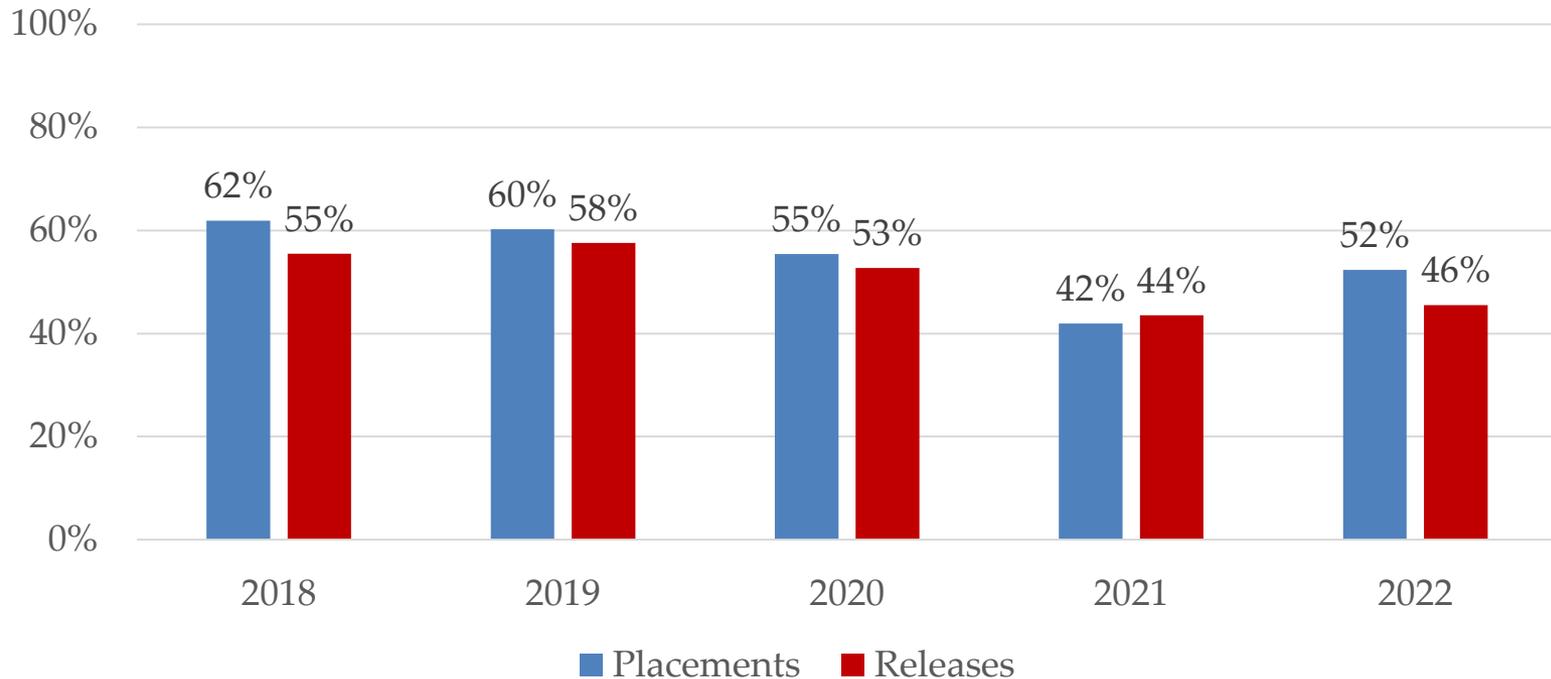


- 12-month rearrest rates for probation placements and releases decreased during FY 2020 and FY 2021 (likely impacted by COVID-19). 12-month rearrest rates for probation placements and releases increased in FY 2022, and were similar to pre-pandemic levels.

\* Recidivism rates in FY 2020 and FY 2021 may be impacted by the system-wide decreases during COVID-19.



# 12-Month Rearrest Rates for Parole, FY 2018 – FY 2022

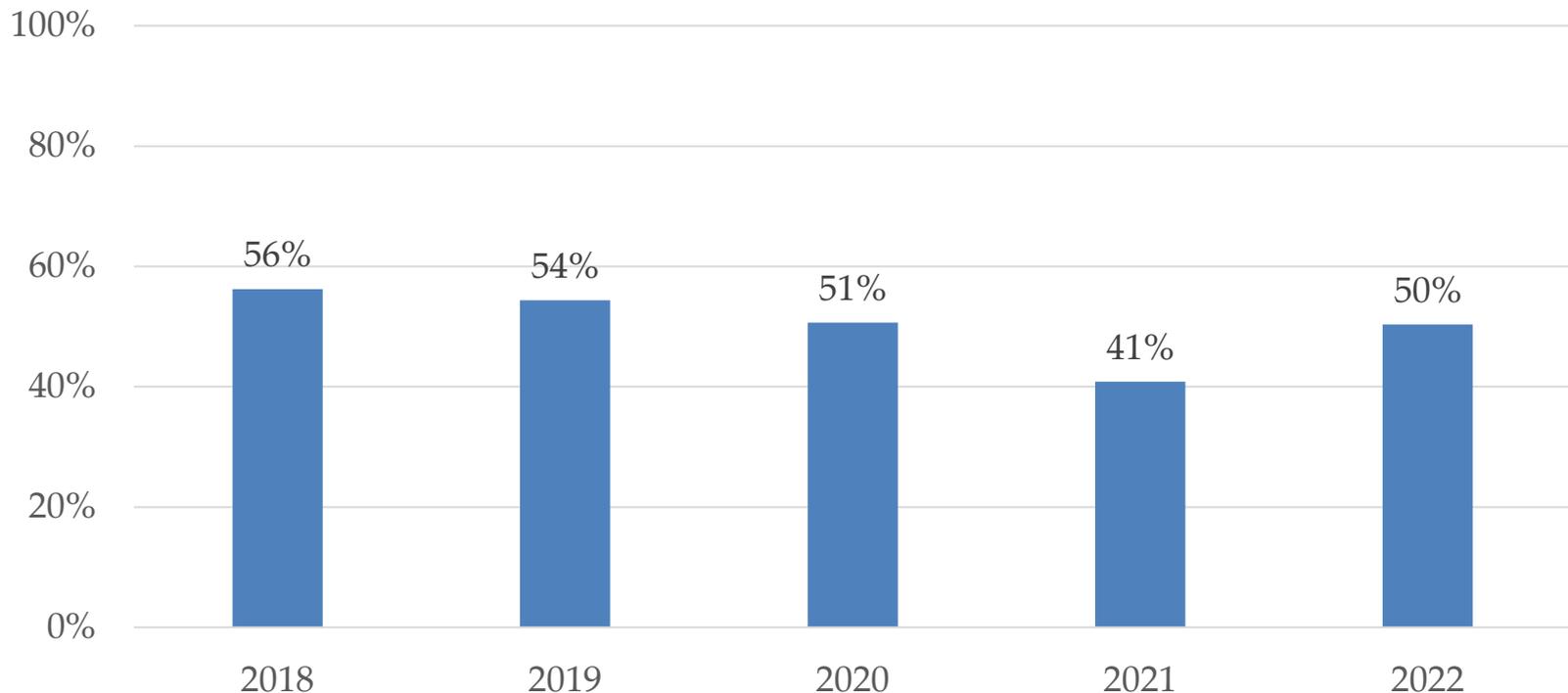


- 12-month rearrest rates for parole placements and releases decreased during FY 2020 and FY 2021 (likely impacted by COVID-19). 12-month rearrest rates for parole placements and releases increased in FY 2022, but remained below pre-pandemic levels.

\* Recidivism rates in FY 2020 and FY 2021 may be impacted by the system-wide decreases during COVID-19.



# 12-Month Rearrest Rates for Direct Care Releases, FY 2018 – FY 2022

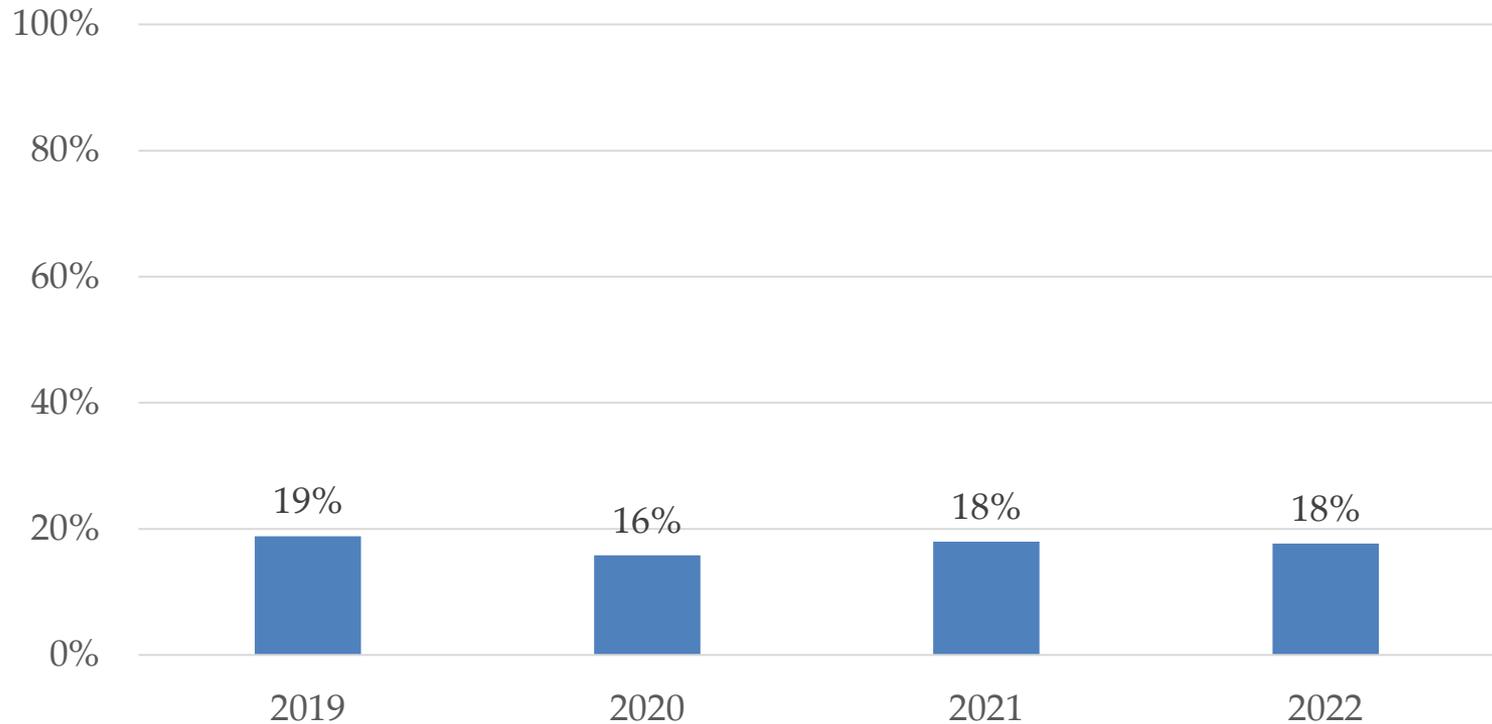


- 12-month rearrest rates for direct care releases decreased from 56% in FY 2018 to 41% in FY 2021. The 12-month rearrest rate for direct care releases in FY 2022 was 50%, remaining below pre-pandemic levels.

\* Recidivism rates in FY 2020 and FY 2021 may be impacted by the system-wide decreases during COVID-19.



# System-Wide 12-Month Rearrest Rates, FY 2019 – FY 2022



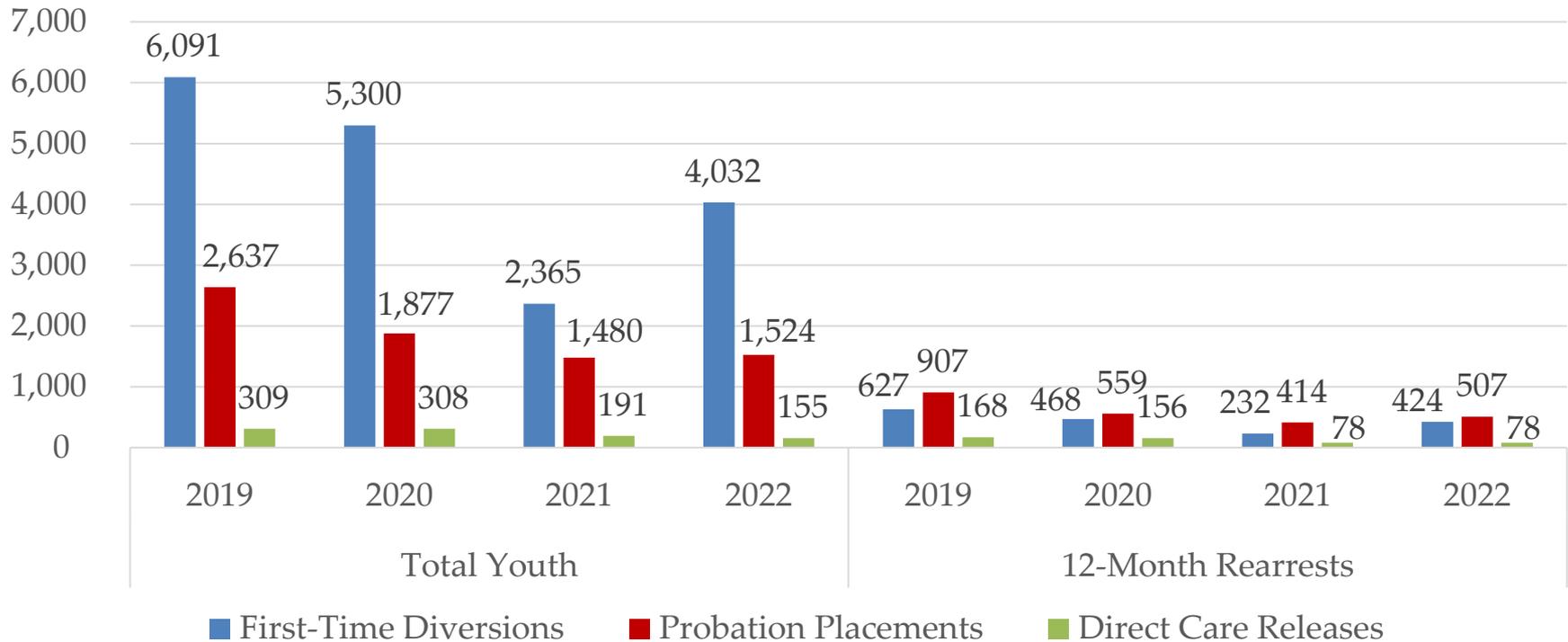
- System-wide rearrest rates remained steady between FY 2019 and FY 2022.
- While rearrest rates have remained steady, the total number of youth rearrested decreased from 1,702 in FY 2019 to 1,009 in FY 2022.

\* Recidivism rates in FY 2020 and FY 2021 may be impacted by the system-wide decreases during COVID-19.

\* Data includes direct care releases, probation placements, and first-time diversions.



# System-Wide 12-Month Rearrest Counts, FY 2019 – FY 2022



- While there are more first-time diversions each year than probation placements and direct care releases combined, probation placements tend to make up the largest group in rearrests.

\* Recidivism rates in FY 2020 and FY 2021 may be impacted by the system-wide decreases during COVID-19.

\* Data includes direct care releases, probation placements, and first-time diversions.



# 12-Month Rearrest Rates Summary

- Rearrest rates for direct care releases and parole placements decreased significantly in FY 2021 (likely impacted by COVID-19) before increasing in FY 2022 but remaining below pre-pandemic levels.
- From FY 2019 to FY 2022, system-wide rearrest rates remained steady while the total number of youth decreased.
- Recent changes in recidivism may be related to a combination of DJJ's efforts and the receding impacts of COVID-19.

\* Recidivism rates in FY 2020 and FY 2021 may be impacted by the system-wide decreases during COVID-19.

\* Rearrest rates tracked in FY 2020 and FY 2021 may not be comparable to previous years due to the COVID-19 pandemic.



# SCHOOL-BASED MENTAL HEALTH

ACJJP Committee Meeting  
February 2024

**VIRGINIA DEPARTMENT OF EDUCATION**



# Mental Health Trends and Statistics

- Findings from the [Virginia Youth Survey](#):
  - Percentage of HS students feeling sad for two weeks or more increased significantly from **2011 (25.5 percent) to 2019 (32.4 percent)**.
  - According to findings, **4 out of 10 (38.1%)** HS students who never or rarely got the kind of help they needed when they were in emotional distress, purposely hurt themselves without wanting to die.



- In 2019, **3 out of 10 (30.7%)** MS students suffered from a mental health disorder of not feeling good about themselves.



# MENTAL HEALTH TRENDS AND STATISTICS

- School systems are well positioned to identify and respond to the behavioral health needs of students. School mental health (SMH) services broaden the reach of mental health services and provide **earlier** and more effective interventions in typical, everyday environments.
- Youth are **six times more** likely to complete mental health treatment in schools than in community settings (*Jaycox et al., 2010*).
- Mental health services are most effective when they are integrated into students' academic instruction (*Sanchez et al., 2018*).
- Effective SMH services decrease mental health symptoms and challenges in students and promote positive social and academic functioning (*Sanchez et al., 2018*).



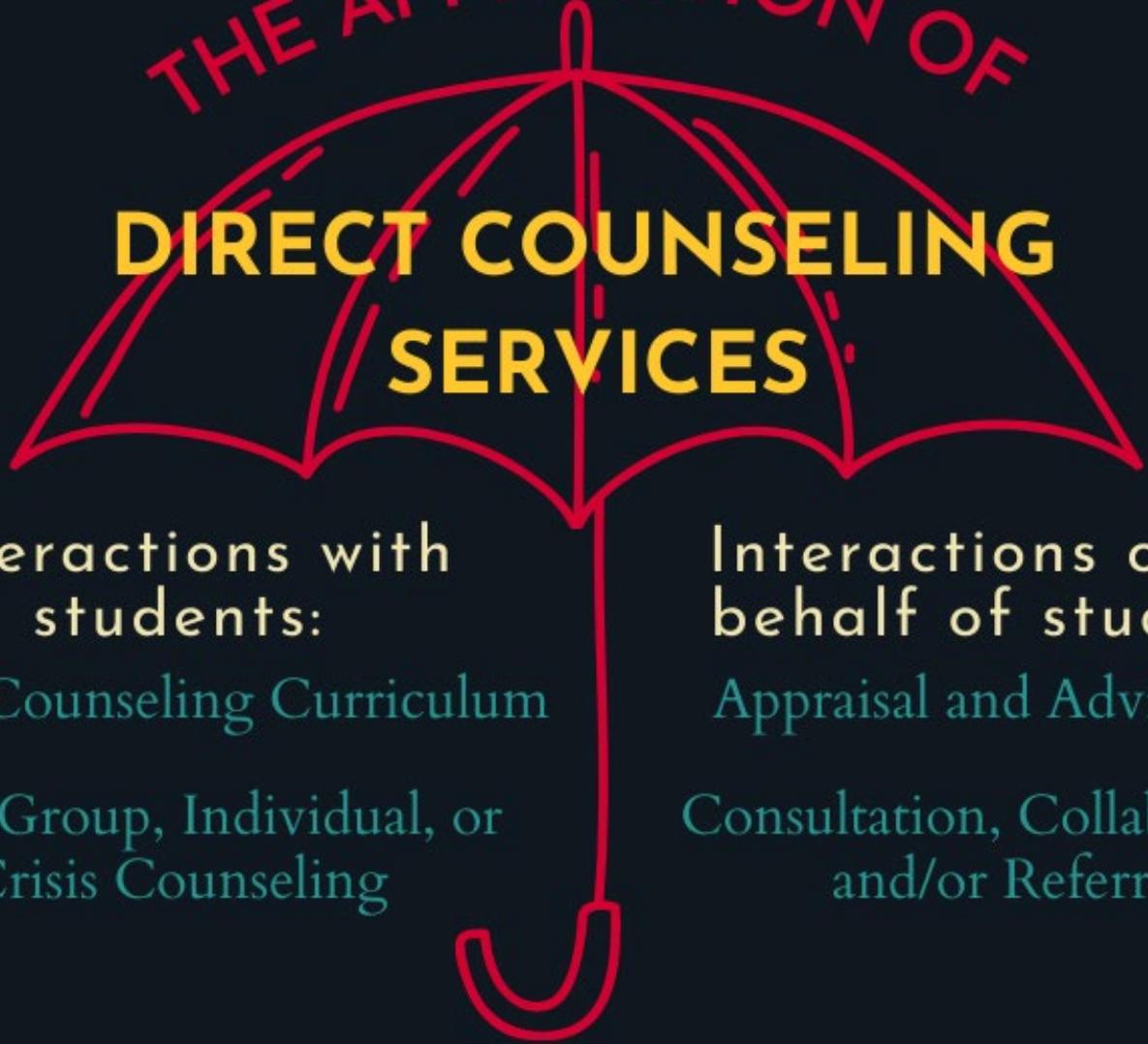
# School-Based Mental Health Professionals

Who are they?



THE APPLICATION OF

**DIRECT COUNSELING SERVICES**



Interactions with students:

School Counseling Curriculum

Small Group, Individual, or Crisis Counseling

Interactions on the behalf of students:

Appraisal and Advisement

Consultation, Collaboration, and/or Referrals



# School Psychologists

## Special Education

- Participate in multi-disciplinary teams
- Assess student cognitive, social/emotional and functional skills
- Help determine disability and recommend interventions or goals to address needs
- Work with families

## Emotional/Behavioral Assessment

- Complete Functional Behavioral Assessment and create Behavior Intervention Plans
- Threat Assessment Team
- Suicide Risk Assessment

## Student Intervention

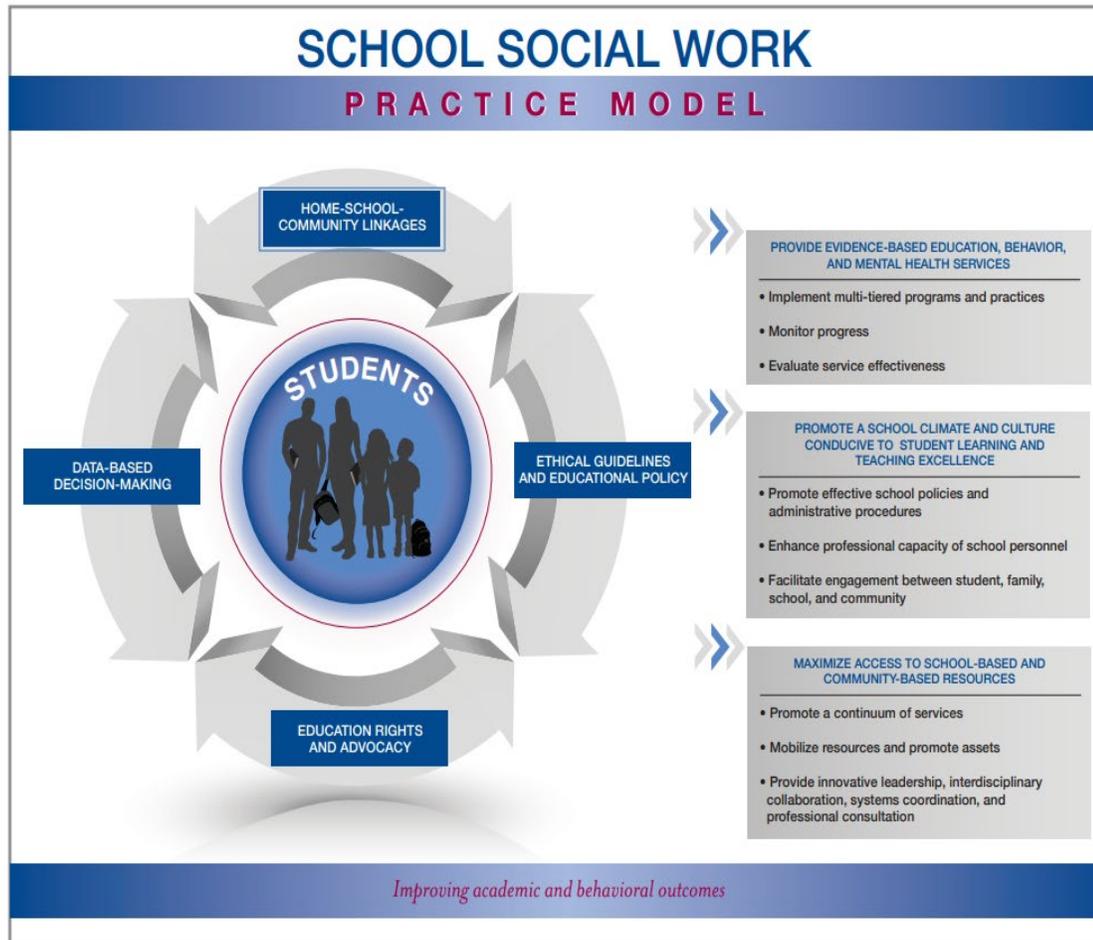
- Design interventions and monitor progress
- Consult with teacher/school staff
- Direct counseling
- Crisis intervention

## Train school staff

## Develop school-wide practices for prevention/safety/mental wellness

## Promote and advocate for a safe, inclusive school environment for all students that is culturally responsive

# SCHOOL SOCIAL WORKERS



## Services to Students:

- Participate in special education and 504 evaluation teams and delivering counseling as a related service identified in IEPs
- Provide crisis interventions
- Provide individual and group counseling

## Services to Families:

- Support students through activities such as parent conferences and home visits
- Provide family education, counseling, and support
- Provide linkage to community-based services and resources
- Coordinate and manage multi-agency services

## Services to School Personnel and Division:

- Participate in division and school-based teams to address concerns such as mental and behavioral health and attendance
- Provide consultation and support to school personnel, including developing and delivering professional development
- Assist in development of programs, resources, and policies relating to safe and supportive school climates



# Typical Responsibilities

## School Psychologists

- SPED/504 meetings
- SPED/504 evaluations
- Threat assessment team
- Crisis response, as available
- Assist with suicide risk
- Professional development for staff
- IEP counseling
- Serve more than one school

## School Counselors

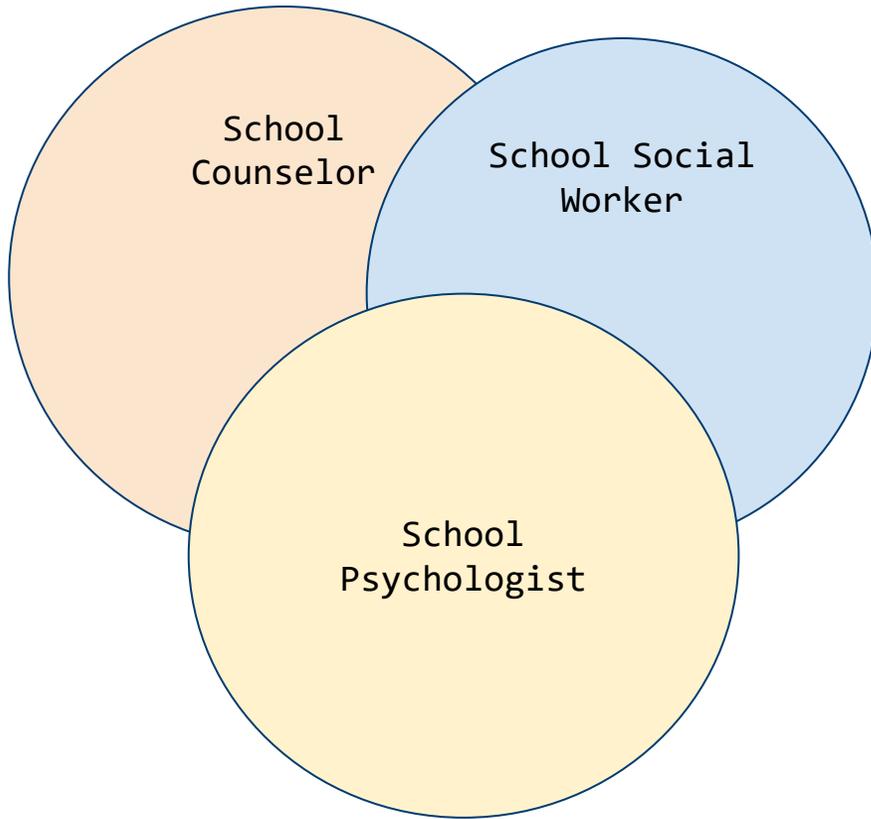
- Classroom guidance
- 504 coordinator
- Threat assessment team
- Crisis response
- Primary for suicide risk
- Counseling & meeting with all
- Serve one school
- Monitor homebound students
- Professional development for staff

## School Social Workers

- Attendance
- SPED/504 evaluations
- Threat assessment team
- Crisis response, as available
- Assist with suicide risk
- Counseling
- Serve more than one school
- Assist with family needs
- Professional development for staff



# Overlapping Roles and Responsibilities of School-Based Mental Health Professionals



- Crisis intervention for all students
  - Suicide risk assessment
  - Threat assessment
- Provide individual and/or group counseling
- Student progress monitoring
- Support social emotional learning
- Staff training and professional development
- Coordinate referrals for community services
- Advocate for students
- Encourage and provide school-wide prevention
- Analyze data and program improvement



# Recruitment and Retention

# Federal and State Grant Programs

- Mental Health Professional Development Grant (FY19)
- School Based Mental Grant 1 (FY20)
- School Based Mental Health Grant 2 (FY 22)
- DBHDS- School Mental Health Integration Grant (FY23)

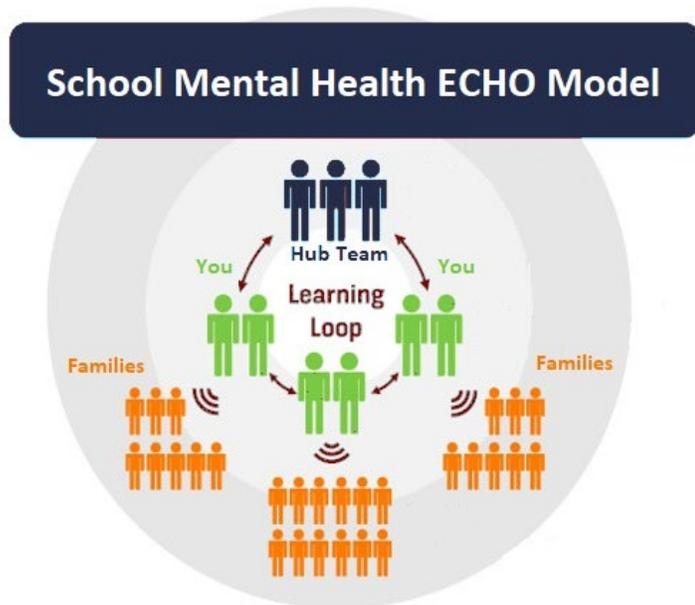


# VIRGINIA MENTAL HEALTH PROFESSIONAL DEVELOPMENT GRANT - 2019

## Purpose:

Increase the pipeline of high-quality mental health providers in K-12 schools.

In partnership with UVA and targeted school divisions, technical assistance, support, and specialized virtual community with peers to work with students, mentors, and student supervisors to increase the access to case feedback and ultimately funnel trained, and ready school based mental health professionals to high need school divisions.



# Year 4 of 5 Outcomes

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- **29** school-based mental health providers (SMHPs) working in high-need LEAs in Virginia were trained and placed by the grant.
- **76%** retention rate: 16 out of 21 graduates were retained by the high-need LEA for Year 4.



VIRGINIA PARTNERSHIP  
*for* SCHOOL MENTAL HEALTH



SCHOOL *of* EDUCATION  
*and* HUMAN DEVELOPMENT

# VIRGINIA SCHOOL MENTAL HEALTH PROVIDERS RECRUITMENT AND RETENTION GRANT - 2020

- Purpose:
  - To increase the number of qualified **school counselors, school psychologists, and school social workers** in selected school divisions with demonstrated need in Virginia by providing targeted support and incentives to enhance their recruitment and retention efforts.

## Examples of grant activities include

- Monetary incentives for relocation
- Development of internship programs
- Payments toward student loans
- Financial incentives for professional development



 Professionals Retained **92.9%**

339 total of professionals retained out of 365

 # of Professionals Hired **95**

**Reduction in ratio students to professionals**

**36.7%**

Ratio Students to School Mental Health Professionals

Baseline ratio

**274:1**

Year 3 ratio

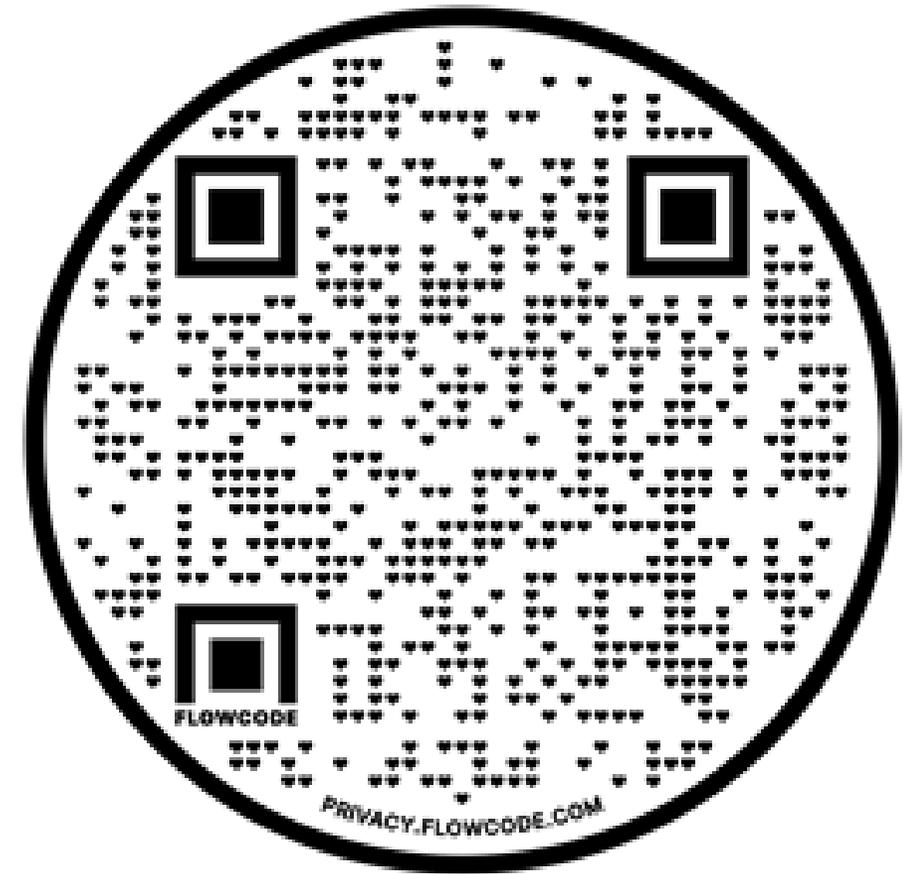
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**WHY is it meaningful?**

The reduction of students to SBMH professionals is critical in order to meet the increasing mental health needs of students.

# VIRGINIA CAREER AND LEARNING CENTER FOR SCHOOL MENTAL HEALTH PROFESSIONALS

- The Virginia Career and Learning Center for School Mental Health Professionals offers professional development and career opportunities for school counselors, school social workers, school psychologists, and other licensed school mental health professionals in Virginia's Public Schools.



# VIRGINIA SCHOOL BASED MENTAL HEALTH - 2022

## Purpose:

- To support **increasing the number of SMHPs** in each LEA, building skills of SMHPs and division level leaders through high quality professional learning, and **increasing student access to mental health services** within a framework that supports alignment and scalability across the state

All project activities fall into one of two categories:

- 1.) Supporting local education agency (LEA) level **recruitment and retention planning for school mental health providers** (SMHPs) to define short- and long-term needs and LEA action steps.
- 2.) Providing targeted professional learning to build **recruitment and retention leadership capacity**, SMHP specific skills, and implementation skills.



# DBHDS-School Based Mental Health Integration Grant

- Schools establish a **partnership between a community-based mental health provider** to offer mental health screenings, assessments, mental health and/or substance use services based on student screening/assessment results in the school setting
- Services must fall within a Multi-Tiered System of Supports (MTSS) / Positive Behavioral Interventions and Supports (PBIS) framework
  - Emphasis placed on Governor's ALL in VA plan
  - Services must be evidence-based or evidence informed.
- Participate in Technical Assistance Support with VDOE and partners.





# DBHDS-School Based Mental Health Integration Grant



- Pilot (2022 – 2023)
  - 6 Implementation School Divisions received funding
  - 2 Pre-Implementation received targeted coaching and support
  - Varying project activities based on the needs of school divisions
  - Technical Support from VDOE included:
    - Community of Practice Sessions
    - Asynchronous Learning Modules
    - Targeted coaching
- Expansion (2023 – 2024)
  - 23 School Divisions have received Notification of Award



# School-Based Mental Health Pilot Outcomes

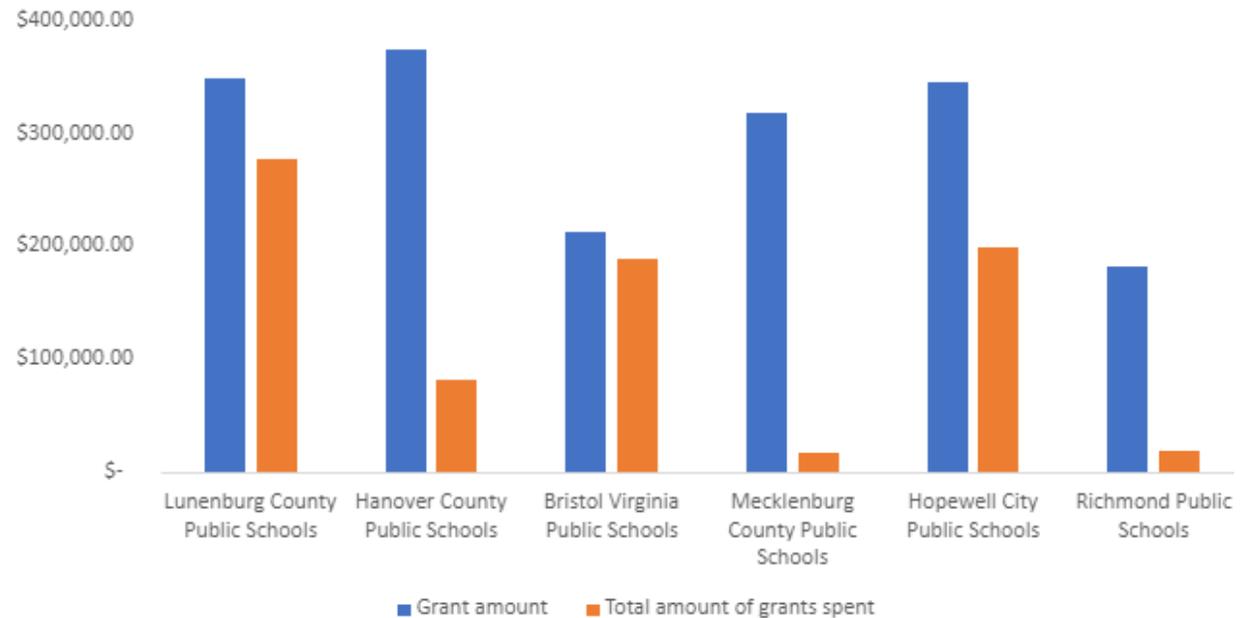
## Successes

- Hiring of personnel with community partners
- Provision of services to students in need
- Technical assistance support to schools
  - 9 self-paced learning modules
  - Amelia and Amherst formed leadership teams
  - 5 community of practice session with pilot schools

## Challenges

- Full appropriation was not spent due to accelerated timeline
- Lack of available licensed behavioral staff statewide challenged community partners to hire personnel
- Uncertainty around sustainable funding impacted hiring and program implementation

School Based Mental Health Pilot Integration Funding





# Supporting our SBMH Providers

# SCHOOL SOCIAL WORK COMMUNITY OF PRACTICE

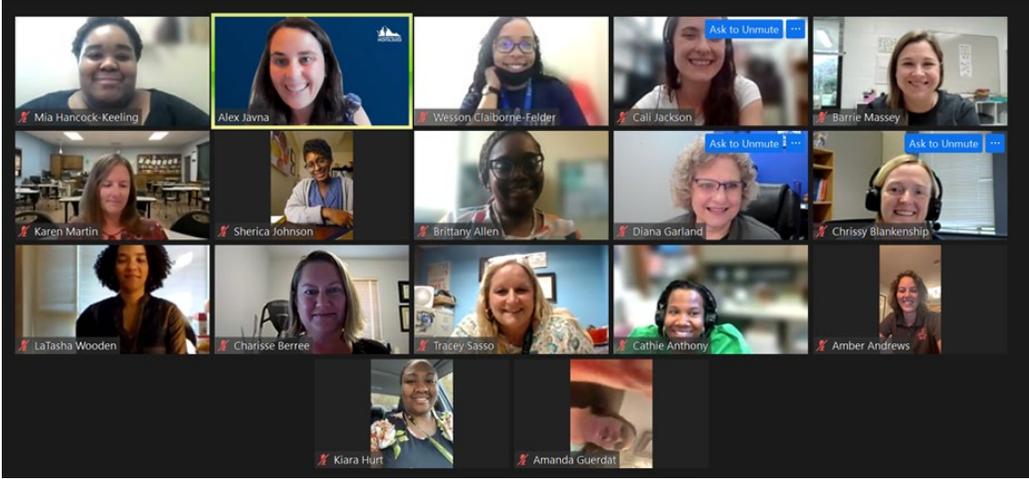
**School Social Workers**

*Community of Practice*

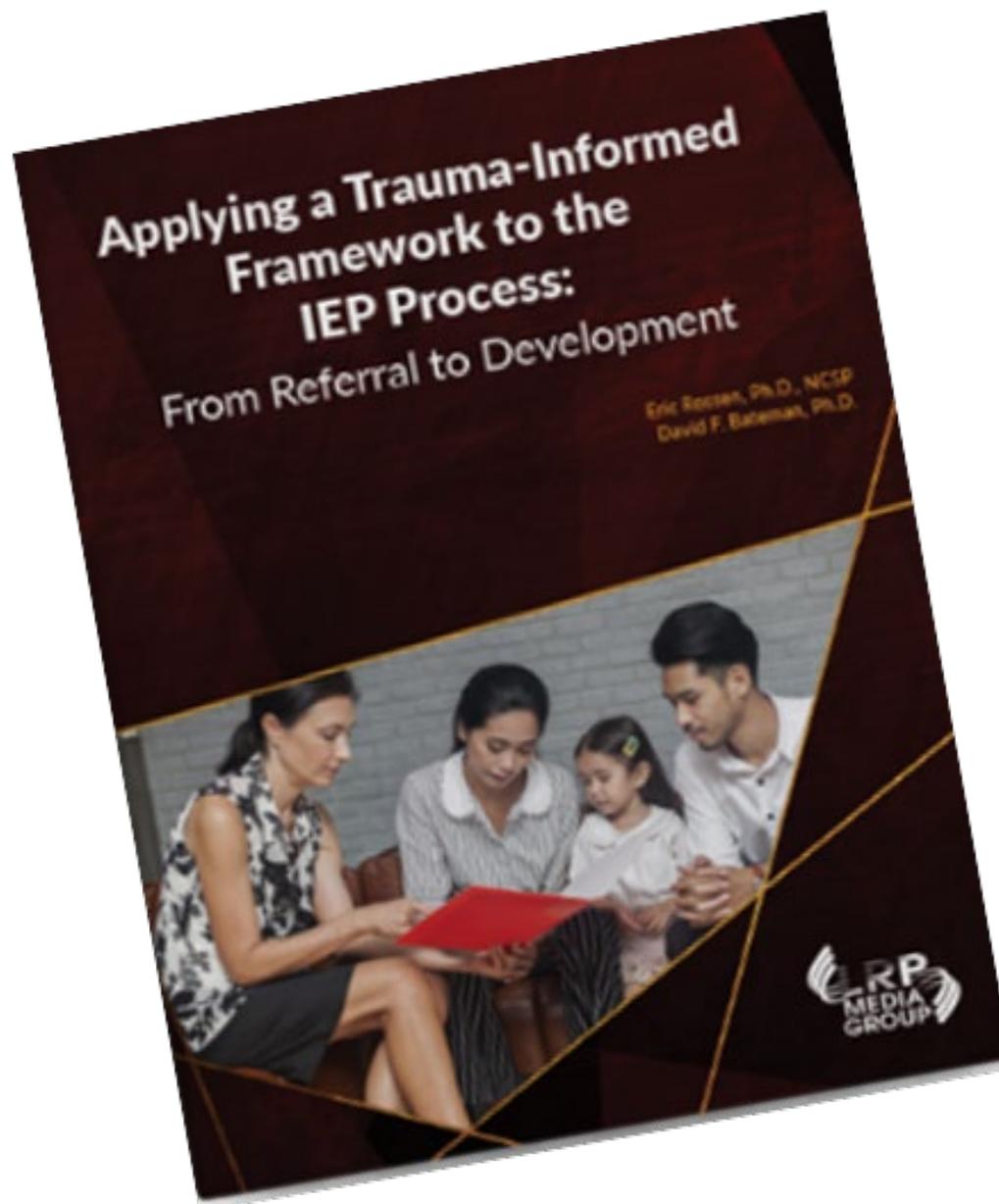
Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

**Monthly**

The infographic features a light blue background with white brushstroke accents. The title 'Community of Practice' is written in a white cursive font. The definition is in a clean, sans-serif font. Two dark blue boxes with white text are connected to the main text by thin white lines.



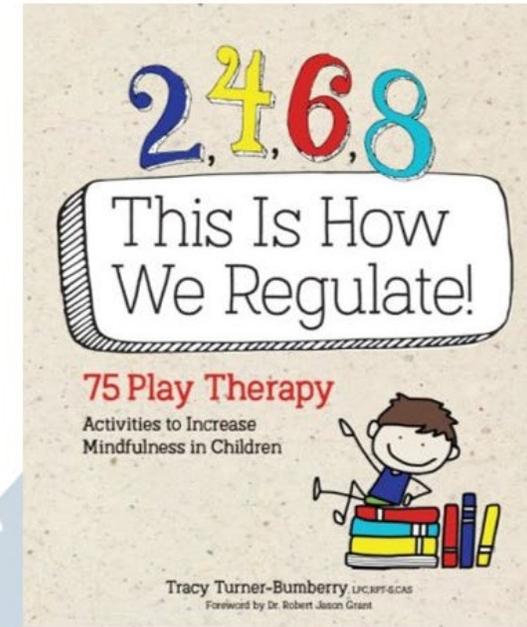
APPLYING A TRAUMA-  
INFORMED FRAMEWORK TO  
THE IEP PROCESS  
BOOK STUDY FOR SCHOOL  
SOCIAL WORKERS AND  
SCHOOL PSYCHOLOGISTS



# EMOTIONAL REGULATION PLC

## KICK-OFF MEETING

Emotional Regulation Professional  
Learning Community



VIRGINIA DEPARTMENT OF EDUCATION



**EXCITED**

# Kimochis Professional Learning Community

*Kick-Off Meeting*

# Introduction to Trauma and Becoming a Trauma-Sensitive School

## Learning Outcomes

- Review the formal definition as well as the three categories of trauma
- Determine who trauma affects
- Understand the impact trauma has on a child's educational experience
- Use data to inform the importance of trauma-sensitive practices
- Align trauma-sensitive practices into a multi-tiered system of supports
- Determine school readiness for implementation of trauma-

**TRAUMA MODULE 1**  
**BECOMING A TRAUMA-SENSITIVE SCHOOL**

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as resulting from a wide variety of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**WHAT?**

Abuse, Poverty, Neglect, Discrimination, Loss/Grief, Accident/Injury, Natural Disaster, Bullying

**WHY?**

TRAUMA AFFECTS: BRAIN, BEHAVIOR, LEARNING, WORLD VIEW, RELATIONSHIPS

If we get trauma sensitive supports in place, fewer students will need more intensive interventions.

**Trauma sensitive supports:**

- **DO** see what is best for all students remove barriers
- **DO** make things available for all students
- **DO** have a positive impact on student functioning
- **DO** build community resilience
- **DO** establish safe and stable relationships

**HOW?**

We are able to reduce the impact of trauma through the implementation of trauma-sensitive supports.

Trauma-sensitive is defined as a framework in which schools acknowledge the high prevalence of traumatic exposure for students, the importance of their well-being and strives to meet the unique needs of all learners. (Black, P., Cook, E. & Durkin, S. 2017)

We implement trauma-sensitive supports through the VTSS implementation logic, data, practices, systems and outcomes.

**VTSS IMPLEMENTATION LOGIC**

SYSTEMS: Provide staff with systems, training, coaching, resources

DATA: Develop the data that teams can use to identify which skills to teach

OUTCOMES: Did we achieve our intended outcomes?

PRACTICES: Teach SEL Competencies using VTSS Instructional Systems

- [Infographic](#) \*
- [Infographic - Accessible Version](#)

# CAREER AND LEARNING CENTER



## Module 3: Developing a Deeper Understanding of Anxiety Disorders

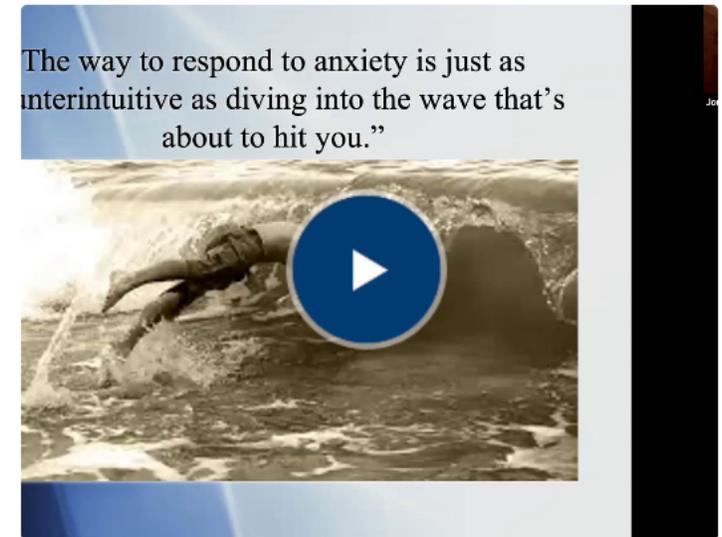
Diving deeper into understanding anxiety disorders, participants will learn the importance of r... [View](#)

[More](#)



## Module 4: Cognitive Behavioral Interventions for Anxiety in School (Part 1)

Participants will learn how teaching specific cognitive coping skills to students will signific... [View More](#)



## Module 5: Cognitive Behavioral Interventions for Anxiety in School (Part 2)

The gold standard of evidence-based treatment of anxiety is exposure therapy. Exposure techniqu... [View More](#)

FEEDBACK?





# Additional Initiatives to Support Student Success

# COMMUNITY SCHOOLS

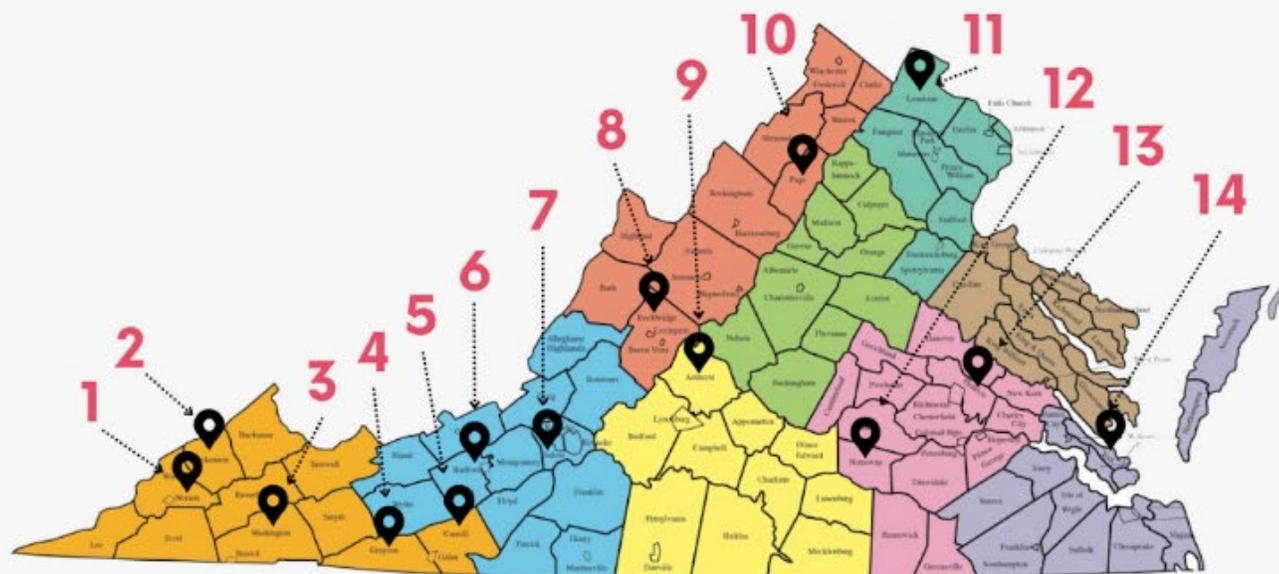


## ABOUT THIS PROJECT

### VA Community Schools Professional Development & Technical Assistance

Each of these 14 divisions range in size and scope, each comprised of 1-15 schools. Across this cohort, there are 59 individual schools represented

- 32 elementary schools
- 27 middle & high schools.



**Amherst County Public Schools - 9**  
**Carroll County Public Schools - 5**  
**Dickenson County Public Schools - 2**  
**Grayson County Public Schools - 4**  
**Henrico County Public Schools - 13**  
**Loudon County Public Schools - 11**  
**Norton City Schools - 1**

**Nottoway County Public Schools - 12**  
**Page County Public Schools - 10**  
**Radford City Schools - 6**  
**Rockbridge County Public Schools - 8**  
**Salem City Schools - 7**  
**Washington County Public Schools - 3**  
**York County Public Schools - 14**



"It's a Different World"  
YMS College & Cultural

# Passport





Afterschool Clubs

**Coordinator**

Data System

Care Closet Parent Coaching

**Professional Development**  
**Mental Health**

Mentoring Community Partners

Back to School Bash

Workshops Field Trips



# WHAT IS CHRONIC ABSENTEEISM?

"Chronic absenteeism is defined as missing 10% of school for any reason, including excused and unexcused absences as well as suspensions. It is an early warning sign that students are **off-track for reading proficiently** by the end of third grade, at risk for **suspensions** and **poor academic performance** in middle school and **more likely to drop out** in high school."

- [Attendance Works](#)

# Truancy Vs. Chronic Absence

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## TRUANCY

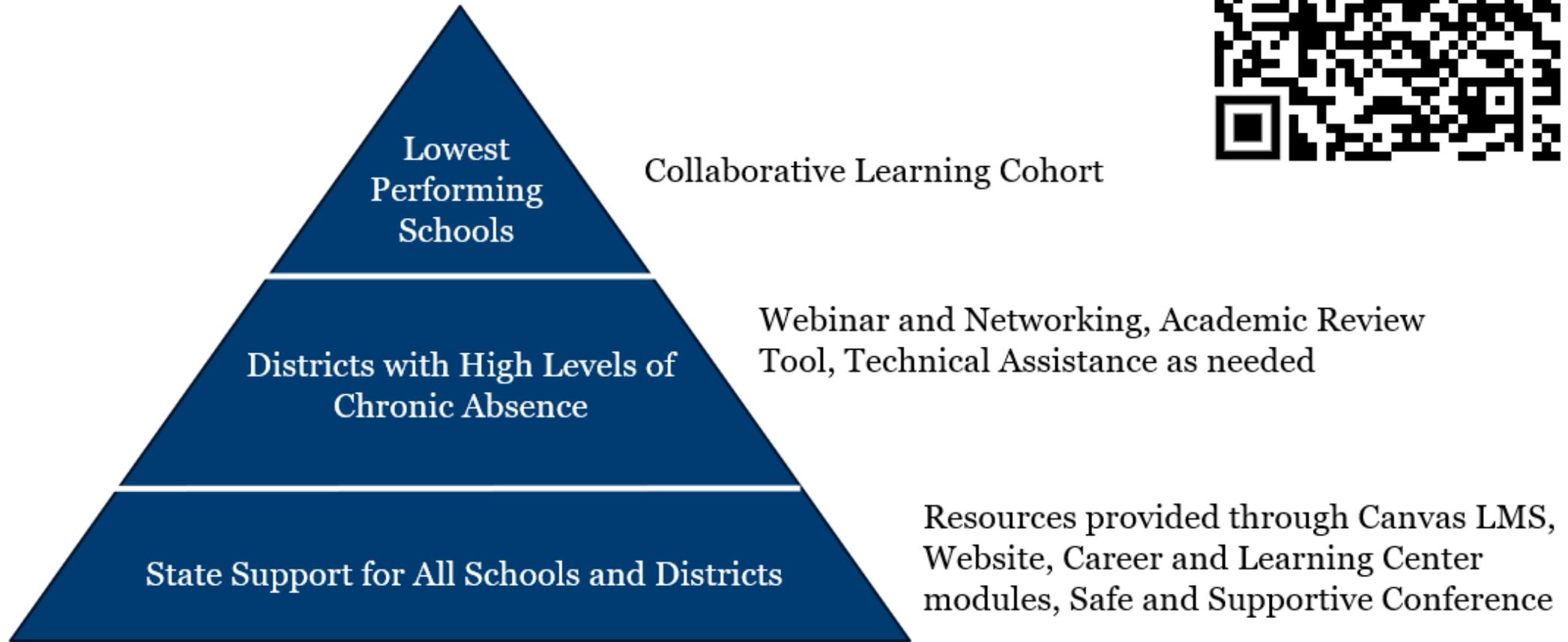
- Counts only unexcused absences
- Emphasizes compliance with school rules
- Relies on legal & administrative solutions

VS.

## CHRONIC ABSENCE

- Counts all absences: excused, unexcused & suspensions
- Emphasizes academic impact of missed days
- Uses community-based, positive strategies

# ATTENDANCE SUPPORT



# QUESTIONS?

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## VIRGINIA DEPARTMENT OF EDUCATION