



## **A Toolkit to Promote Trauma-Informed Policy and Practice at the State and Local Level**

**Please share  
in chat your...**

- Name
- Preferred Pronoun
- Role & Location



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The **mission** of the Virginia HEALS model is to create linked systems of care in which children who experience victimization or trauma are identified and receive coordinated support based on their individual needs and identities. The **goals** of the project are:

1. children are screened for trauma and/or victimization;
2. children, youth, and families are provided comprehensive and coordinated services to fully address their needs; and
3. policies and practices are established to sustain this approach long-term.



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## Virginia HEALS Toolkit Resources



- Trauma-Informed Agency Self-Assessment
- Grant Application Development Menu
- Family Engagement Guide\*
- Community Resource Mapping Facilitation Guide\*
- Screening for Experiences and Strengths (SEAS)\*
- Referral and Response Protocol\*

\*e-Learning Modules to go with resources


[www.virginiaheals.com](http://www.virginiaheals.com)



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**Family Engagement:  
A Guide to  
Partnering with  
Families to Improve  
Service Outcomes**




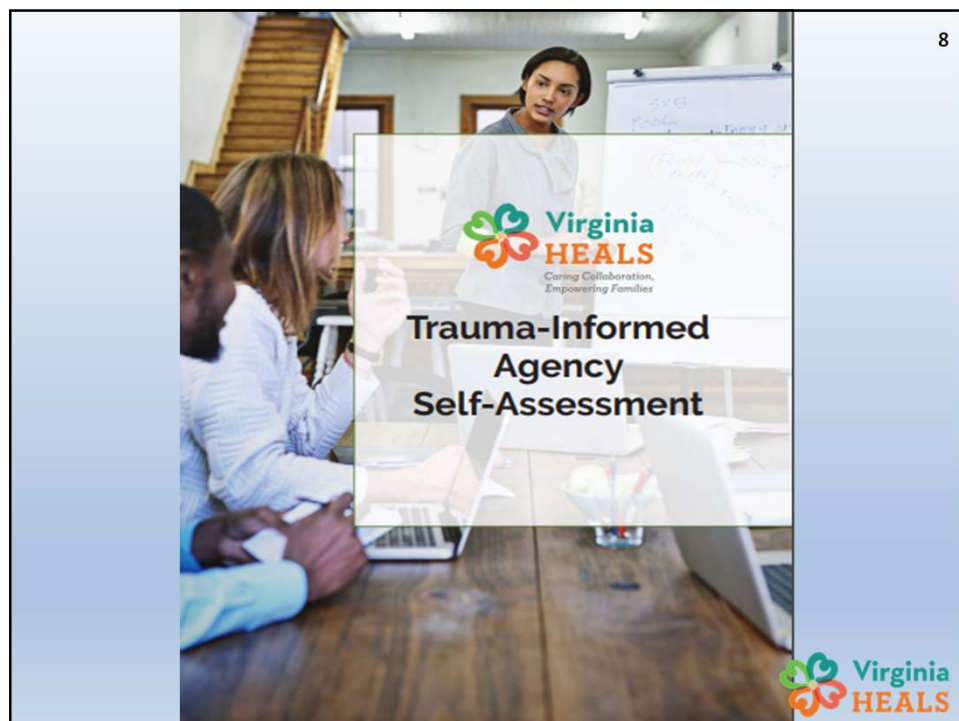
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## **Collective Impact**

**Please share in chat...**

- Do you have example(s) of policies and/or practices that your agency has implemented that make your more trauma-informed to make staff and/or services more trauma-informed?





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## Poll:

Does your locality or  
community have and utilize a  
Resource Directory?



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Caring Collaboration,  
Empowering Families

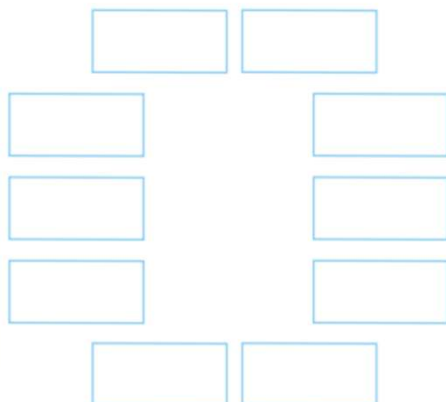
## Community Resource Mapping Facilitation Guide



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## Map Routine Referral Resources

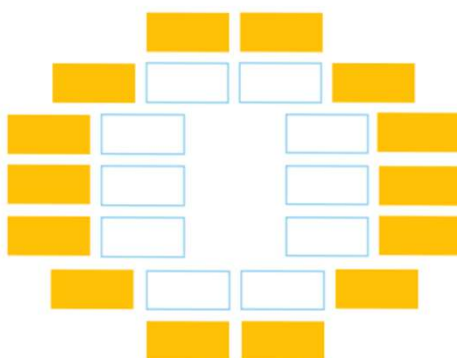
Example of Step 2 Resource  
Mapping on a wall



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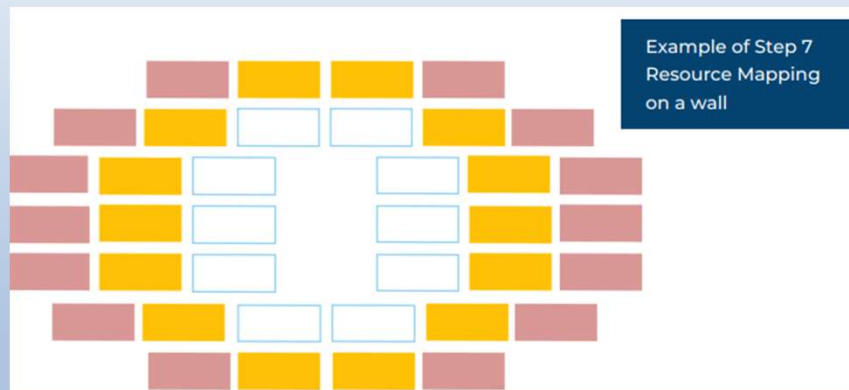
## Map Additional Services/Resources

Example of Step 4 Resource  
Mapping on a wall



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## Map Underutilized and/or Nontraditional Resources



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## Create a List of Resources

- Make a list of resources
- Invite participants to become a part of a statewide resource directory.



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## Screening for Experiences and Strengths (SEAS)

- A BRIEF screening tool for trauma and victimization.
- Accessible across systems to identify various forms of victimization and trauma among children/youth up to the age of 21
- Evidence-informed tool
- Paper and electronic version available in English and Spanish
- Supports referrals and the need for additional assessments and services



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## Screening for Experiences and Strengths: Identifying Victimization

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Session expires after 30 mins of inactivity  
This Session expires in 29:32

**Virginia HEALS** Screening for Experiences and Strengths (SEAS) - Part C: Identifying Victimization

1. Have you ever been in a place where you saw or heard:		Skip	No	Yes, and has occurred in the last 30 days	Perpetrated by a Caregiver/family member?
1a	Physical fighting between neighbors or people at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
1b	Physical fighting between family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
1c	Gun shots? (where you may have been in danger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
1d	Someone taking or stealing something by force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2. Has anyone ever...		Skip	No	Yes, and has occurred in the last 30 days	Perpetrated by a Caregiver/family member?
2a	Used a gun, knife or any other weapon against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2b	Used a gun, knife or any other weapon against anyone else you were hanging out with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2c	Kept food or medicine from you that you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2d	Said they would hurt you or someone you care about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2e	Teased, bullied or harassed you in person or online?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2f	Pushed, slapped, thrown something at or hurt you in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2g	Taken pictures or videos of you naked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2h	Touched your private parts with any part of their body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2i	Asked or forced you to touch their private parts with any part of your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
2j	Offered to give you money, food or other things for them to touch or see your private parts or for you to touch or see theirs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No

Back Save Save and Proceed




## Screening for Experiences and Strengths: Reactions to Victimization

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Session expires after 30 mins of inactivity  
This Session expires in: 29:51


 **Screening for Experiences and Strengths (SEAS) - Part D: Reactions to Possible Victimization**

Part D: Reactions to Possible Victimization. The events listed in the last section can be difficult to handle. Please tell us how often you have experienced any of the following feelings as a result of the experiences you just described and to what degree these feelings have impacted the way you deal with life.

3. Based on what you just told me, how often have you...	Skip	Never	Rarely	Sometimes	Often	Always
3a Had a hard time paying attention or concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b Had trouble sleeping/soothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c Felt on the lookout for danger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d Felt sad or down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e Felt upset, like you wanted to scream or hit someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3f Not wanted to eat or wanted to eat more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3g Found yourself wanting to be left alone more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3h Used drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often have any of these issues made your life difficult...	Skip	Never	Rarely	Sometimes	Often	Always
4a At school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b At home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c With others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you ever...	Skip	No	Yes
5a Tried to hurt yourself?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b Tried to hurt others?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c Felt like you wanted to stop living?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




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## Screening for Experiences and Strengths: Protective Factors

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Session expires after 30 mins of inactivity  
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 **Screening for Experiences and Strengths (SEAS) - Part E: Protective Factors**

Part E: Protective Factors. Sometimes people around us can help us when we feel sad, upset, or having a problem. Please tell us more about which people in your life help and support you.

6. Do you feel strong support from...	Skip	No	Yes	N/A
6a Parents or the people who take care of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b Extended family? Aunts, uncles, cousins, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c Friends or their families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d Teachers, coaches, or other adults at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e Mentor or someone who teaches you new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f Church, mosque or temple?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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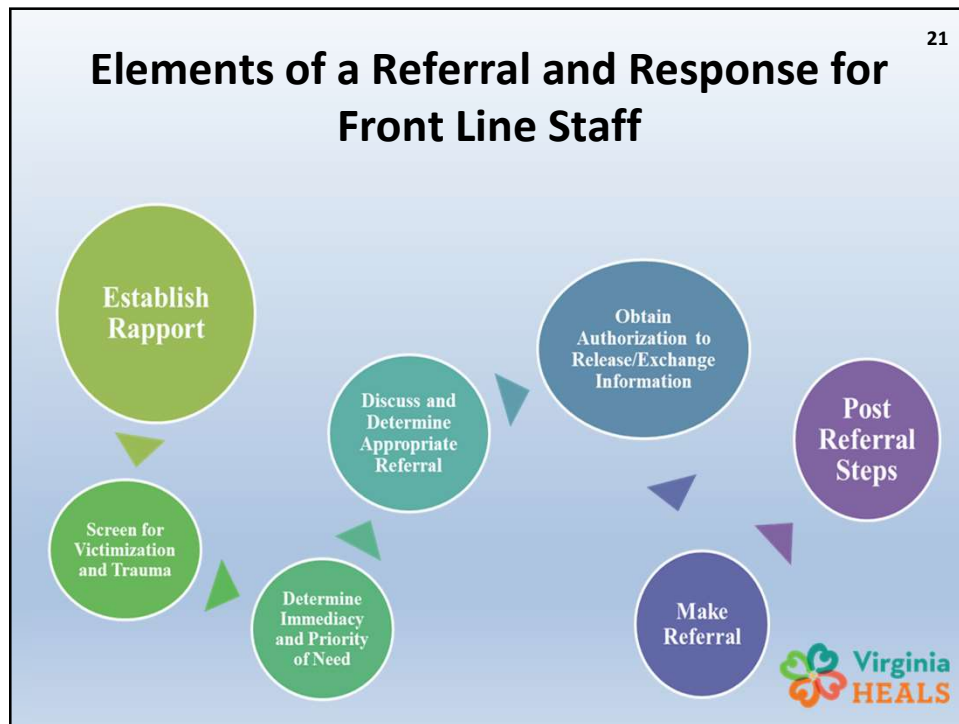
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**REFERRAL AND  
RESPONSE PROTOCOL**

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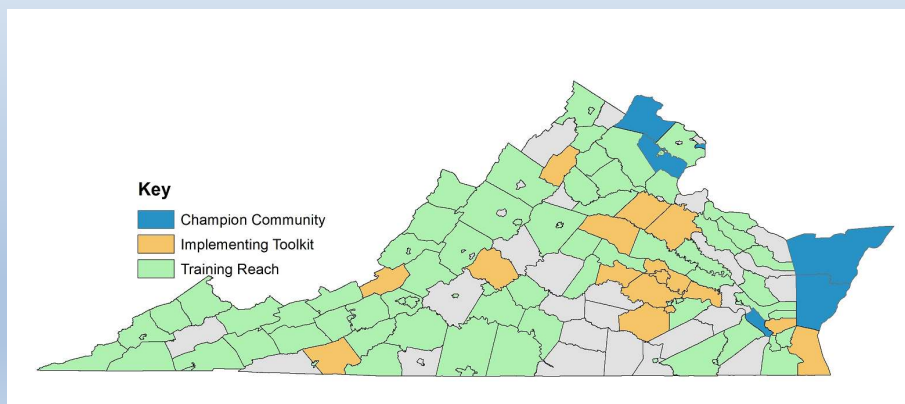
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## Virginia HEALS Training and Implementation Outreach Has Reached Over 100 Virginia Jurisdictions.



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## Virginia HEALS Training and Implementation Outreach Has Reached Over 100 Virginia Jurisdictions.

- **Champion Communities** are counties and cities where Virginia HEALS is partnering with Trauma Informed Care Networks and/or community agencies to conduct resource mapping and to implement the Screening for Experiences and Strengths (SEAS) and Response and Referral Protocol.
- **Implementing Toolkit** counties and cities are those localities where training has resulted in the adoption of an aspect of the Virginia HEALS toolkit, such as the Trauma informed Agency Self-assessment or the SEAS.
- **Training Reach** counties are those where at least one person has attended a Virginia HEALS training event.

**As of April 1, 2021, 2,346 service providers have received Virginia HEALS training.**



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## Strategies for Achieving Sustainability

- Governor's office support
  - Children's Cabinet
  - Inclusion in National Governors Association's Learning Collaboratives
- Alignment with existing programs
  - Internal
  - External
- Evaluation and CQI



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## Questions?



## Project Staff

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