

# Virginia's Annual Report on the Five Year Child Welfare Plan

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2014

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# Commonwealth of Virginia

## Department of Social Services

### Division of Family Services

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## Attachments

CAPTA Plan  
Training Plan  
Citizen Panel Reviews

## Frequent Acronyms

APSR	Annual Progress Services Report
DBHDS	Virginia Department of Behavioral Health and Developmental Services
CAPTA	Child Abuse Prevention and Treatment Act
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Service Plan
CFSR	Child and Family Services Review
CPMT	Community Policy and Management Teams
CPS	Child Protective Services
CRAFFT	Community Resource, Adoptive and Foster Family Training
CSA	Comprehensive Services Act for At Risk Youth and Families
CSB	Community Services Boards
CQI	Continuous Quality Improvement Unit
DFS	Division of Family Services
DJJ	Virginia Department of Juvenile Justice
DMAS	Virginia Department of Medical Assistance Services
DOE	Virginia Department of Education
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ETV	Education and Training Vouchers
FACES	Virginia's Foster, Adoptive, and Kinship Parent Association
FAPT	Family Assessment and Planning Teams
FFY	Federal Fiscal Year
ILP	Independent Living Program
LDSS	Local Departments of Social Services
NYTD	National Youth in Transition Database
OBRA	Outcome Based Reporting and Analysis Unit
OCS	Office of Comprehensive Services for At Risk Youth and Families
PCAV	Prevent Child Abuse Virginia
PSSF	Promoting Safe and Stable Families
QSR	Quality Services Review
SEC	State Executive Council
SFY	State Fiscal Year
SLAT	State and Local Advisory Team
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services
VYAC	Virginia's Youth Advisory Council

## **Format of the Report**

### *I. Description of Continuum of Child and Family Services*

This section describes the continuum of child and family services in Virginia. It includes child safety services, permanency services, child well-being services, and DFS' quality assurance and data management systems.

### *II. Primary Strategies, Goals and Action Steps*

Virginia is pursuing six primary strategies to improve safety, permanency and well-being outcomes for children and families. These strategies are fundamental for transforming and strengthening Virginia's service system. They strive to create a more comprehensive, family-focused, integrated and effective service of care for children and families.

This section delineates the six primary strategies, goals and action steps for the five years of this plan. This represents an evolving process that will be enhanced as Virginia continues to learn. For each strategy, the applicable Children's Services System Transformation outcomes, CFSR outcomes and Systemic Factors, and CFSR items that Virginia is striving to achieve are listed. This section contains progress made on Program Improvement Plan (PIP) strategies in addition to other divisional activities.

### *III. Additional Reporting Information*

This section details monthly case worker visits, timely home studies, inter-country adoptions, licensing waivers, juvenile justice transfers, collaborations with tribes, and continuations of operations.

### *IV. Outcomes, Goals and Measures*

Virginia has integrated the outcomes, goals and measures of two important initiatives into Virginia's Five Year State Plan for Children and Family Services:

Virginia's Children's Services System Transformation; and  
The Federal Child and Family Services Review (CFSR).

### *V. Attachments*

Attachments include the Virginia Child Welfare Staff and Provider Training, the CAPTA plan, Budget and Finance plans, and reports from the Citizen Review Panels.

## I. Description of Continuum of Child and Family Services

### • **Child Safety Services**

VDSS' child safety efforts involve prevention services, prevention collaborations and the Child Protective Services (CPS) Program. Each area is described below:

### • **Child Safety Prevention Services**

Prevention services include activities that promote certain behaviors as well as stop actions or behaviors from occurring. Child abuse and neglect prevention activities in Virginia include the following recognized approaches:

- Public awareness activities such as public service announcements, information kits and brochures that promote healthy parenting practices and child safety;
- Skills-based curricula for children that help them learn about and develop safety and protection skills;
- Parent education programs and parent support groups that help caregivers develop positive discipline techniques, learn age appropriate child development skills and gain access to needed services and support;
- Home visitation programs that provide support and parenting skill development;
- Respite crisis care programs that provide a break for caregivers in stressful situations; and
- Family resource centers that provide formal and informal support and information.

**Healthy Families:** The Virginia General Assembly appropriates funding for the Healthy Families program. These funds are currently awarded for SFY 2013-14 to 32 local Healthy Families sites serving 74 communities in Virginia to provide home visiting services to new parents who are at-risk of child maltreatment. Funding for Healthy Families Programs had been reduced since 2010 to the SFY 2013 level of \$3,235,501; however, the SFY 2014 funding amount was increased by \$550,000 to \$3,785,501. Contracts will be renewed and re-negotiated for SFY 2015 when the appropriation amount is determined. The Healthy Families' goals include: improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. The statewide organization, Prevent Child Abuse Virginia (PCAV), also receives funding through the Healthy Families Initiative to provide technical assistance, quality assurance, training and evaluation for the Healthy Families sites.

Several areas of the state have lost Health Families services due to the closing of six programs since SFY 2011, partially due to the reduction in Healthy Families funds. These areas include Halifax County in the Piedmont area, Accomack and Northampton Counties on the Eastern Shore, Portsmouth and Norfolk in Tidewater, and Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward in the Central Region. Additional areas of Virginia also have gaps in coverage especially the Western Region where few Healthy Families programs have been established.

**Child Abuse and Neglect Prevention Sub-Grants:** The child abuse and neglect prevention grants have served a critical need by providing community organizations with an opportunity to develop and expand services for the prevention of child abuse and neglect and to serve families at risk for child maltreatment, that otherwise may not be reached. This funding provides for a range of primary and secondary child abuse and neglect prevention services and activities, both statewide and locally based, such as parent education and support, public education and awareness, and home visiting. Public and private non-profit, incorporated agencies and organizations in Virginia are eligible to apply. A range of primary and secondary child abuse and neglect prevention services and activities, both statewide and locally based,

such as parent education and support, public education and awareness, and home visiting are funded. This section addresses two Requests for Proposals (RFP) for Child Abuse and Neglect Prevention funds.

For State Fiscal Year 2013 (July 1, 2012 - June 30, 2013), all seventeen (17) of the CBCAP grants awarded in RFP #SVC-10-037 were renewed, for a total of \$810,257.00 awarded in federal CBCAP funds. All eleven (11) Virginia Family Violence Prevention Program (VFVPP) Child Abuse Prevention grants were also renewed totaling \$500,000 in state funds. This was the third year for these grants which were originally awarded for SFY 2011, renewed for SFY 2012 and again for SFY 2013.

For State Fiscal Year 2014 (July 1, 2013 – June 30, 2014), the Virginia Department of Social Services issued a RFP #FAM-13-030 on February 13, 2013 to distribute a total of \$1,250,000.00 in federal and state funds. Funding included: \$150,000 in federal CAPTA funds, \$600,000 in federal Community-Based Child Abuse Prevention (CBCAP) funds (CBCAP funded projects provide a 25% cash match in non-federal funds) and \$500,000 in state funds from the Virginia Family Violence Prevention Program (VFVPP) Child Abuse Prevention Program. A total of 37 eligible proposals requesting over \$1 million was received by the April 4, 2013 deadline. Proposals were reviewed by an eleven (11) member multi-disciplinary committee composed of VDSS staff and collaborative partners such as the Virginia Department of Health, the Virginia Department of Behavioral Health & Developmental Services and local departments of social services. Twenty-three contracts were awarded representing the following geographic areas:

- **Piedmont** - four programs serving: The Counties of Albemarle, Amherst, Appomattox, Bedford, Campbell, and Nelson and the Cities of Charlottesville and Lynchburg.
- **Central** - two programs serving: the Counties of Charles City, Chesterfield, Fluvanna, Goochland, Hanover, Henrico, New Kent, and Powhatan; and the Cities of Colonial Heights, Hopewell, Petersburg, and Richmond City.
- **Northern** - six programs serving: The Counties of Arlington, Clarke, Greene, Fairfax Frederick, Loudoun, Louisa, Page, Prince William, and Warren; and the Cities of Manassas, Manassas Park, Winchester Alexandria, and Falls Church.
- **Eastern** - six programs serving: The Counties of Gloucester, York, James City, Prince George; and the Cities of Newport News, Norfolk, Portsmouth, Virginia Beach, Williamsburg, Chesapeake, and Hampton.
- **Western** - three programs serving: The Counties of Floyd, Giles, Montgomery, Pulaski, and Washington; and the City of Radford.
- **Statewide** - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

## **Child Safety Prevention Collaborations**

**Family and Children’s Trust Fund, Child Protective Services Committee:** Effective July 1, 2012, the Governor’s Advisory Board on Child Abuse and Neglect merged with the Family and Children’s Trust Fund (FACT). FACT also provides grant funding to the state and local programs that provide prevention and family support services in the Commonwealth. FACT’s mission focuses on intergenerational violence including child abuse, domestic violence and elder abuse. A standing committee of the FACT Board has been established to serve as a Citizen Review Panel. FACT has been and will continue to be a partner with VDSS and others such as Prevent Child Abuse Virginia (PCAV) on child abuse prevention initiatives.

**Child Abuse Prevention Play:** VDSS annually contracts with VA Repertory Theatre for the production and delivery of 160 performances of the child sexual abuse prevention play “Hugs and Kisses” for

children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, Prevent Child Abuse Virginia (PCAV) and VDSS. PCAV receives funding from a VA Repertory Theatre subcontract and from VDSS for coordination with local social services and schools and continued evaluation of the program. VDSS and PCAV staff provides training on child sexual abuse to each touring cast. Approximately 50,000 K-5 elementary school children see the performances each year.

The 30<sup>th</sup> Anniversary Celebration Performance of *Hugs & Kisses* was held at the Virginia Repertory Theatre, 114 West Broad Street, Richmond on Wednesday evening, October 16, 2013. Over 100 people were in attendance. A question and answer session regarding the play was held following the performance. The 30<sup>th</sup> Anniversary event was co-sponsored by the Boards of Directors of Virginia Rep and PCAV.

Forty localities received performances in SFY 2013. Thirty localities received performances in the fall of 2013 and will be part of localities served in the SFY 2014 contract period.

**State Child Fatality Review Team:** The State Child Fatality Review Team is an interdisciplinary team that reviews and analyzes sudden, violent or unnatural deaths of children so that strategies can be recommended and implemented to reduce the number of preventable child deaths in Virginia. The State Child Fatality Review Team spent more than three years reviewing infant deaths occurring when the infant was supposed to be sleeping, including deaths attributed to Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), and asphyxia; as well as undetermined deaths that were potentially related to the sleep environment. In 2009, the year the Team examined, 119 infants died unexpectedly in a sleep environment, approximately one infant death every three days. After natural disease, sleep-related death is the leading cause of infant death in Virginia, a loss of life nearly ten times the number of infants who died as a result of abusive head trauma and almost thirty times the number of infants who died in motor vehicle collisions. The Team has released its most recent report, *Sleep-Related Infant Deaths in Virginia*. The full report, which is available at <http://www.vdh.virginia.gov/medExam/childfatality-reports.htm> Key findings in this report include:

The Team concluded that 95% of these deaths were preventable and 90% were related to an unsafe sleep environment.

More than 70% of the infants in this review were exposed to secondhand smoke. Half of the mothers smoked while pregnant with the infant who died.

- More than half of the infants who died were co-sleeping with at least one other person. Of those infants who were co-sleeping, almost a quarter had at least one co-sleeper who had used alcohol or drugs.
- One in five mothers used alcohol or drugs while pregnant with the infant who died.
- Consistent with national data findings, Black male infants four months of age and younger at most at risk of sleep-related death. Black infants died at a rate more than twice that of White infants. Male infants died at a rate more than 1.5 times that of female infants. Three out of four infants who died were four months of age or younger.
- Infants in Virginia's Western and Tidewater communities were at highest risk. Infants died in the Western region at a rate of 219.9 per 100,000 and in Tidewater, a rate of 155.2 per 100,000. These rates far surpass the state rate of 111.3 per 100,000.
- Fewer than half of the infants were placed on their backs for sleep. More than half were found on their stomachs.
- Ninety-eight percent of infants had been seen by a pediatrician since birth. Seventy-two percent had seen a pediatrician in the 30 days preceding their death.



- Three-quarters of the families in this review had a crib, bassinette or portable crib available. About one quarter of the infants were sleeping in one of these locations at the time of their death.
- At least one caregiver was impaired by alcohol or drugs in almost one quarter of the cases in this review.

The Child Protective Services Program Manager serves as a permanent member of the Team. The Team also serves as one of the Citizen Review Panels.

**Home Visiting Consortium:** The Virginia Home Visiting Consortium operates as part of Virginia’s Early Childhood Initiative to increase local and state collaborative efforts and to increase the efficiency and effectiveness of home visiting services. Established in 2006, the Consortium is coordinated by the Virginia Department of Health (VDH). Members of the Consortium include representatives of home visiting programs funded through the Departments of Social Services; Health; Medical Assistance Services; Behavioral Health and Developmental Services; Education and non-profit partners. The Consortium sponsors a home visiting website and training through a VDH contract with James Madison University. The Consortium also addresses issues such as data collection, centralized intake, and professional development. VDH administers the federal Maternal, Infant and Early Childhood Home Visiting federal grants and the Home Visiting Consortium provides input and support to MIECHV. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and VDSS administers the Head Start Collaboration Grant.

The “*Home Visiting: Investing from the Start*” conference, sponsored by the Virginia Home Visiting Consortium, was held October 29, 2013, at the Omni Richmond Hotel. Over 330 people registered for the conference and attendance was strong. VDSS Commissioner Schultze spoke at the luncheon and introduced keynote Melissa Lim Brodowski, a Senior Child Welfare Program Specialist at the Office on Child Abuse and Neglect at the federal Children’s Bureau. Dr. Cynthia Romero, Virginia Department of Health Commissioner, spoke at the opening. Dr. David Willis, Director of the Division of Home Visiting and Early Childhood Services at HRSA’s Maternal Child Health Bureau, spoke via video-conferencing and Dr. Robert Dugger, co-founder of ReadyNation, spoke in person at the opening session. Twelve workshops with excellent presenters, a Community Café interactive networking session and exhibits were also offered. Conference participants were energized by the information and networking. The Virginia Department of Health was the lead agency for the conference with planning support from James Madison University and the Home Visiting Consortium. VDSS is a member of the Consortium. An investment in home visiting in early childhood can make a difference in outcomes for vulnerable children and families.

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**The Virginia Statewide Parent Education Coalition (VSPEC)** consists of state and community stakeholders and service providers working together to identify gaps in parent education and to strengthen existing services. The VSPEC was convened as part of the Virginia Early Childhood Comprehensive Systems initiative sponsored through the VDH as a result of a Maternal and Child Health Bureau grant. The work of this group is linked to the Virginia Early Childhood Initiative. The VSPEC is working to identify components of best practices in parenting education and to improve the availability and quality of parent education programs in Virginia. VDSS participates on VSPEC and provides sub-grant funding to Prevent Child Abuse Virginia to assist with facilitation of VSPEC.

**Children’s Justice Act/Court Appointed Special Advocate (CJA/CASA) Advisory Committee:** The CJA/CASA Advisory Committee oversees the CJA and CASA programs and makes recommendations to

the Criminal Justice Services Board. The Committee is composed of 15 members appointed by the Board and is focused on improving the investigation and prosecution of child abuse and neglect. The CJA/CASA Advisory Committee serves as one of the Citizen Review Panels. The CJA Program collaborated with VDSS, and the Office of the Chief Medical Examiner, VDH in sponsoring the first statewide Regional Child Fatality Review Team conference in 2013 involving approximately 100 people. VDSS continues to collaborate with CJA to provide the ChildFirst forensic training for CPS workers. The CPS Program Manager serves on the CJA/CASA Advisory Committee and participated in the development of the CJA upcoming three-year plan.

**Child Abuse Prevention Month:** A Child Abuse Prevention Conference was held on April 7, 2014 with the theme “*Prevent Child Abuse and Neglect: Look. Listen. Respond.*” Over 400 people participated in this very successful event. The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 2,000 packets were printed and distributed for April 2014. The packet is posted on the VDSS public web site at: <http://www.dss.virginia.gov/family/prevention.cgi> and on the PCAV web site at: <http://pcav.org/2014/03/prevention-month-packet-materials-available-for-download/> for wider distribution.

Over 400 people attended the 2014 Virginia Child Abuse Prevention Conference “Prevent Child Abuse and Neglect: Look. Listen. Respond.” The conference was sponsored by the VDSS and Prevent Child Abuse Virginia and co-sponsored by The Family and Children’s Trust Fund (FACT) of Virginia, the Virginia Statewide Parent Education Coalition and the Virginia Coalition for Child Abuse Prevention. Commissioner Margaret Ross Schultze delivered the welcome and introduced keynote speaker Tonier Cain (National Speaker, Author, and Team Leader – National Center on Trauma Informed Care). Ms. Cain’s address was “Trauma and Recovery”. The FACT Child Welfare Awards were presented to seven individuals who have made outstanding contributions to the field of child abuse and neglect from across Virginia. Bart Klika (Professor, School of Social Work, University of Montana) delivered the luncheon keynote address “Moving Upstream to Prevent Adverse Childhood Experiences (ACEs)”. Twenty-four workshops and twenty exhibitors were featured. Included in the workshop offerings were: “CWLA National Blueprint: Family, Community and Organizational Collaboration” with presenters Julie Collins and Andrea Bartolo from the CWLA; “The Co-Occurrence of Animal Abuse and Family Violence: Strategies and Policies for Keeping Families Safe” with presenter Allie Phillips from the National District Attorneys Association; and “Once the Shutter Snaps: The Continued Victimization from Child Sex Abuse Images” with presenter Shelley Allwang of the National Center for Missing and Exploited Children. The Child Welfare Information Gateway was one of the exhibitors. Feedback has been very positive, particularly for the keynote speakers. Registration fees, CBCAP, CAPTA, and a grant from The Family and Children’s Trust Fund helped to support this conference.

**Virginia Child Protection Newsletter (VCPN):** VDSS has an agreement with James Madison University for the publication of VCPN. The circulation of the newsletter is approximately 12,000 people. The topics for the three newsletters for SFY 2014 are Volume 98 - *Early Intervention and Prevention*; Volume 99 - *Infant and Early Childhood Mental Health*; and Volume 100 - *Model Court Programs & Maltreated Children in the Juvenile Justice System*. VCPN is also on the web at: <http://psychweb.cisat.jmu.edu/graysojh>. VCPN is also on the web at: <http://www.psychweb.cisat.jmu.edu/graysojh>.

- **Child Protective Services (CPS) Program**

**Children Served.** The number of CPS complaints has remained relatively stable over the past 10 years with approximately 32,000 to 36,000 reports annually involving approximately 48,000 to 53,000 children. In 2013, there were 33,861 completed reports of suspected child abuse and neglect involving 51,346

children. There were 6, 205 children in founded reports and 36, 293 children in the Family Assessment Track. In SFY 2012 -2013, 33 children died as a result of abuse and neglect. Five cases are under appeal.

**Child Protective Services (CPS):** CPS is a program operated by VDSS focused on protecting children by preventing abuse and neglect and by intervening in families where abuse or neglect may be occurring. Services are designed to:

- Protect a child and his/her siblings;
- Prevent further abuse or neglect;
- Preserve family life, where possible, by enhancing parental capacity of adequate child care;
- Provide substitute care when the family of origin cannot be preserved.

CPS in Virginia is a specialized service designed to assist those families who are unable to safely provide for the care of their children. CPS, by definition, is child-centered, family-focused, and limited to caretaker situations. The delivery of CPS is based upon the belief that the primary responsibility for the care of children rests with their parents. Parents are presumed to be competent to raise, protect, advocate, and obtain services for their children, until or unless they have demonstrated otherwise.

Activities for child protection take place on the state and local levels. At the state level, the CPS Unit is divided into central and regional offices. Roles of the central office include:

- Developing regulations, policies, procedures and guidelines;
- Implementing statewide public awareness programs;
- Explaining programs and policies to mandated reporters and the general public;
- Coordinating and delivering training;
- Funding special grant programs; and
- Maintaining and disseminating data obtained from an automated information system.

In addition to its administrative responsibilities, the CPS Unit offers two direct services: operating a statewide 24-hour Child Abuse and Neglect Hotline; and maintaining a Central Registry of victims and caretakers involved in child abuse and neglect.

Regional office staff provides technical assistance, case consultation, training, and monitoring to the 119 LDSS. LDSS staff is responsible for responding to reports of suspected child abuse and neglect and for providing services in coordination with community agencies in an effort to provide for the safety of children within their own homes. Services can be provided through either an Investigation or a Family Assessment Response. The Investigation focuses on the situation that led to a valid abuse or neglect complaint involving a serious safety issue for the child. A disposition of founded or unfounded is made, and, if the disposition is founded, the name(s) of the caretaker(s) responsible for the founded abuse or neglect is entered in the state's Central Registry. The Investigation will also identify services that are to be provided to the family.

The Family Assessment Response is for valid CPS reports when there is no immediate concern for child safety and no legal requirement to investigate. LDSS work with the family to conduct an assessment of service needs and offer services to families, when needed, to reduce the risk of abuse or neglect. No disposition is made and no names are entered into the Central Registry.

Under Virginia law, an abused or neglected child is one under the age of 18 whose parents or other person responsible for his care cause or threaten to cause a non-accidental physical or mental injury, create a high risk of death, disfigurement or impairment of bodily or mental functions, fail to provide the care, guidance and protection the child requires for healthy growth and development, abandon the child, or commit or allow to be committed any act of sexual exploitation or any sexual act on a child.

Services include, but are not limited to: individual and/or family counseling; crisis intervention; case management; parenting skills training; homemaker services; respite day care; and/or family supervision provided through home visits by the CPS worker. The nature and extent of services provided to families depends upon the needs of the family and the availability of services within the community.

### **Accomplishments (2009-2014)**

There have been a number of accomplishments in the CPS Program over the past five years. Improving child safety for children within their own homes by focusing on a more structured decision making model, using data to better inform policy and practice, the establishment of five regional child fatality review teams, training of staff and ongoing monitoring of cases are some of the major areas. The Department incorporated the Children's Practice Model into the CPS policy/guidance manual and conducted training on the model statewide in 2010.

The Department implemented a Structured Decision Making (SDM) model within CPS including tools for assessing intake, safety, and risk. These tools are designed to assist workers in making critical decision such as how quickly to respond to a report, determining child safety, and the likelihood of future maltreatment without intervention. Statewide training took place in 2011, which included over 50, two-day sessions involving over 1500 workers and supervisors. An additional 15 one-day sessions designed for those staff performing on-call functions were also held. Following the training, focus groups were held to assess continued needs. From that assessment field guides were developed and disseminated to assist workers. Technical assistance and consultation is provided by the CPS consultants on a regular basis. Ongoing monitoring is conducted by reviewing monthly reports from Safe Measures on the timeliness of the first attempted contact, timeliness of contact with the victim, and referral time open.

In 2013, revisions were made to the Differential Response System Family Assessment track policy/guidance to strengthen family engagement philosophy, procedures and practice and statewide training was conducted.

In 2011, the State Board of Social Services established a Child Fatality Committee to study the increase of child deaths in order to gain a better understanding of the factors surrounding these deaths. As a result, the Department, in collaboration with the Office of the Chief Medical Examiner, developed and implemented five regional child fatality review teams. These teams have been trained on the roles and responsibilities of child fatality review teams, confidentiality, and data collection. Teams began reviewing cases in 2012. The first report addressing the findings and recommendations of the teams was prepared in 2013. A statewide conference for all regional team members was held in the spring of 2013.

During the 2012 General Assembly session there were a number of bills regarding mandated reporters. These bills included naming additional persons as mandated reporters, additional requirements for mandated reporters, stronger penalties and authorities. As a result, revised CPS policy/guidance was developed and disseminated to the field, revisions were made to the online curricula, revision were made to written materials and guide books and the training curriculum for mandated reporters was also revised.

Working with the NRC for in-home services, a statewide review of cases to assess local staffs' abilities to conduct service needs, risk re-assessments, develop relevant service plan, and to assess the quantity and quality of services being offered to CPS families receiving in-home services was conducted in 2012. Draft policy/guidance has been drafted to enhance and improve the delivery of services to families. Training is scheduled for late 2014.

Expanding community services and supports that are child-centered, family-focused and culturally relevant has been another accomplishment over the past five years. The past five years have also seen significant milestones for several collaborations in the area of child abuse prevention:

- The sub-grants provided to local and state programs such as Healthy Families home visiting help sustain prevention efforts at the local level.
- Through the yearly observance of Child Abuse Prevention Month, VDSS has continued collaboration with partners such as PCAV to create and distribute public awareness and education materials, i.e., the Prevention Month Packet. These materials are a cornerstone of the April observance in Virginia and give localities resources to use in their local public awareness campaigns.
- The April state conference has grown to close to 500 participants this year, expanded workshops and exhibits, offering an opportunity for networking and information sharing. VDSS and PCAV sponsor the event and partner with other organizations to create a successful experience.
- *The Virginia Child Protection Newsletter* has been a resource on current child welfare issues for not only Virginia professionals but other states as well and is often reprinted and used for training events and college coursework.
- The 30<sup>th</sup> Anniversary Celebration Performance of the child sexual abuse prevention play *Hugs & Kisses* in partnership with the Virginia Repertory Theatre and Prevent Child Abuse Virginia exemplifies the successful collaborations over a number of years, even decades, that have been in place for child abuse prevention. It is estimated that over 1.5 million children have seen a performance of *Hugs & Kisses* in its 30 year run.
- VDSS continues to collaborate with other state agency and non-profit partners in areas such as the Virginia Home Visiting Consortium to improve prevention services in the Commonwealth. By collaborating with Community Based Child Abuse Prevention grantees, Promoting Safe and Stable Families, Victims of Crime Act grantees, and Healthy Families grantees, statewide services to children and families addressing both child abuse treatment and prevention services have been expanded.

## **B. Permanency Services**

VDSS' permanency efforts are implemented through the Promoting Safe and Stable Families Program (PSSF), Permanency Program including Foster Care (FC) and Adoptions, Independent Living (IL), Interstate Compact on the Placement of Children (ICPC), Resource Family Development, and Prevention Services. Each area is described below:

### **1. Promoting Safe and Stable Families (PSSF)**

PSSF services reflect the Virginia Children's Services Practice Model concept that "Children are best served when we provide their families with the supports necessary to safely raise them. Services to preserve the family unit and prevent family disruption are family focused, child centered, and community based."

PSSF services may be provided through local public or private agencies, individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home. The program funding is flexible and a local planning body determines what community services

on behalf of the children and families in their respective communities will be funded or reimbursed for services.

The PSSF Program provides services to children who are at risk of out-of-home placement or who are in Foster Care. Services include:

- **Family preservation:** These services are designed to help families alleviate crises that might lead to out-of-home placements for children because of abuse, neglect, or parental inability to care for them. They help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.
- **Family support:** These services are voluntary, preventive activities to help families nurture their children. They are often provided by community-based organizations. These services are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources and supportive networks which assist parents with child rearing. Family support activities include respite care for parents and caregivers, early development screening of children to identify their needs, tutoring health education for youth, and a range of center-based activities.
- **Time-limited family reunification:** These services and activities are provided to children who have been removed from home and placed in a foster home or a child care institution and to their parents or primary caregivers. The goal is to facilitate reunifications safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that children entered foster care. Services may include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; behavioral health services; assistance to address domestic violence; temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services.
- **Adoption promotion and support:** These services and activities are designed to encourage adoptions from the foster care system that promote the best interests of children. Activities may include pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

The following services are offered under each of the program service types depending on the needs of the family:

Table 1: Promoting Safe & Stable Families Program			
Service Array			
Service Code	Service Array	Service Code	Service Array
010	Adoption Promotion/Support Services	160	Juvenile Delinquency/Violence Prevention Services
020	Assessment	170	Leadership and Social Skills Training
030	Case Management	180	Mentoring
040	Community Education and Information	190	Nutrition Related Services
050	Counseling and treatment: Individual	200	Other (identify)

<b>Table 1: Promoting Safe &amp; Stable Families Program</b>			
<b>Service Array</b>			
<b>Service Code</b>	<b>Service Array</b>	<b>Service Code</b>	<b>Service Array</b>
051	Counseling: Therapy Groups	210	Parent-Family Resource Center
060	Day Care Assistance	211	Parenting Education
061	Developmental/Child Enrichment Day Care	212	Programs for Fathers (Fatherhood)
070	Domestic Violence Prevention	213	Parenting Skills Training
080	Early Intervention (Developmental Assessments and/or Interventions)	220	Respite Care
090	Educational/ School Related Services	230	Self Help Groups (Anger Control, SA, DV)
110	Financial Management Services	235	Substance Abuse Services
120	Health Related Education & Awareness	240	Socialization and Recreation
130	Housing or Other Material Assistance	250	Teen Pregnancy Prevention
140	Information and Referral	260	Transportation
150	Intensive In-Home Services		

**Children and Families Served.** The following table shows the number of children and families that received services by service type in 2014:

<b>Children and Families Served by Service Type SFY 2014</b>		
<b>84 Agencies reporting</b>		
<b>Service Type</b>	<b>Total Children</b>	<b>Total Families</b>
<b>Preservation</b>	<b>4,737</b>	<b>3,152</b>

<b>Support</b>	6,590	4,743
<b>Reunification</b>	969	561
<b>Adoption (1)</b>	11	9
<b>Total</b>	12,307	8,465
<p>(1) \$1.3M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.</p>		

Many children and families receiving PSSF funds are assessed by the CSA FAPT Teams. These teams provide for family participation, assess the strengths and needs of children and their families, and develop individual family services plans.

**Funding process:** Title IV-B Subpart 2 funds for this program are allocated to communities for control and expenditure. The CSA CPMTs are designated as the local planning bodies for PSSF funds. This role is consistent with their statutory responsibilities to manage community collaborative efforts for at-risk youth and families, conduct community-wide service planning, and maximize the use of state and community resources.

**Local receipt of funding is based on VDSS approval of individual community plans developed from comprehensive community-based needs assessments.** Localities are required to spend at a minimum: 20% funding on family preservation; 20% on family support; 20% on family reunification; and 20% on adoption promotion and support. Localities may be eligible for a waiver for these percentages with adequate justification. All localities are given a waiver for adoption promotion and support since the state applies 25% of Title IV-B Subpart 2 to adoption service contracts approved by the state.

Communities are required, under their community assessment and planning process, to establish and document linkages among services, programs, agencies, organizations, parents and advocacy groups in order to identify and prioritize service needs. For SFY 2014, of the 119 local departments of social services (LDSS), 114 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 114 LDSS served 127 localities.

**Program Monitoring & Outcome Measures:** The PSSF state office staff conducts limited training to assure local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Ongoing monitoring through review of quarterly reports and targeted on-site technical assistance as necessary is conducted to ensure the appropriate use of funds.

Regular reports are required of each locality to determine how well the localities meet the objectives. The reports include numbers of:

- Families receiving prevention services, and how many of their children enter foster care;



- Families whose children are in foster care 15 months or less who receive reunification services;
- Children who are placed with relatives other than the natural parents;
- Children for whom a new abuse complaint was made; and
- Families served by ethnicity.

## 2. Permanency Program – Foster Care Services and Adoptions

### Permanency - Foster Care Services

**Children served.** On January 1, 2014, there were 4,999 children in foster care. This represents a slight decrease in the overall number of children in care at the same point in time last year (5104.)

After several years of declining congregate care populations and reducing the percentage of clients in congregate care by ~50% from FFY 2005 to FFY 2011, Virginia experienced a small increase (a ~9% ) in the number of clients in congregate care for FFY 2012. The percentage of foster care children in congregate care has held steady since that time. On January 1, 2013, there were 758 foster care children (14.9%) in congregate care placements. On January 1, 2014, there were 742 foster care children (14.9%) in congregate care placements.

Virginia continues to support an increase in our reliance on foster family homes. On January 1, 2013 there were 3218 foster care children (64.4%) in foster homes. On January 1, 2014, the percentage of children in foster home placements, 64.4% (3213 children) remained the same. The percentage of children placed in relative homes decreased slightly from 5.79% to 5.0%. Although the use of relative homes is strongly supported, the rate of use has not improved over time, in part due to the continued lack of a long term permanency option for children to transition out of care into the care of relatives (i.e. custody assistance.)

The percent of clients discharged to permanency during calendar year 2013 increased slightly from 74.8% in calendar year 2012 to 76.2% in calendar year 2013. Virginia engaged in a major adoption initiative beginning in May 2013. The results of the push to match children in foster care with adoptive parents during 2013, is expected to be reflected in the permanency rate for calendar year 2014.

Virginia continues to be a strong supporter of managing by data and has worked to expand its capabilities and use of data across the state through the use of SafeMeasures, dashboards, and other methods.

**Permanency Unit - Foster Care Services:** The objective of Foster Care Services is to provide the programmatic and fiscal guidance and technical assistance to LDSS to enable them to provide safe, appropriate, 24-hour, substitute care for children who are under their jurisdiction and to increase their ability to find family homes and develop or maintain positive adult connections for all children in care.

Foster care in Virginia is required by state law to provide a “full range of casework, treatment and community based services for a planned period of time to a child who is abused, neglected, or in need of services.” All children in foster care are placed through a judicial commitment or a voluntary placement agreement to a LDSS or a licensed child-placing agency. Foster care services are provided to each child and family to either prevent foster care placement or, once placed in foster care, to facilitate a timely return to a permanent home. The LDSS have either legal or physical custody of children in foster care and are responsible for providing direct services to all children and their families.

VDSS continues to implement best practices to support local efforts to improve services to children and families involved in the foster care system. VDSS provides program training and technical support to

each of its 119 LDSS through its regional support network of five permanency consultants. These consultants provide LDSS quality reviews, conduct technical assistance on foster care and adoption policy and procedures, and are available for on-site technical assistance as required. The consultants hold “permanency roundtables” to assist the LDSS in staffing cases (particularly those of older youth) where achieving permanency has been a difficult issue. VDSS home office staff also provides program support for the implementation of Independent Living Services and family support, stabilization and preservation services through regional training efforts and technical assistance to all localities.

Budget language effective July 1, 2014 moves Virginia towards implementation of the extension of foster care to youth up to age 21 and adoption assistance for certain youth up to age 21. In the first year, funds are appropriated to contract with a private entity with expertise in government systems, finance, and child welfare services to develop a plan for implementing this provision of the Fostering Connections Act. The plan is to be contained in a report to the Governor, Chairmen of the General Assembly’s money committees, the Secretary of Health and Human Resources and the Director of the Department of Planning and Budget. The report is due October 15, 2014 and must contain needed code and regulatory changes, drafts of any amendments to the Title IV-E plan, fiscal impacts and impacts on families and children. The second budget year funds will become available to begin expansion in accordance with the plan submitted to the Governor and General Assembly in October 2014.

### **Foster Care Collaborations**

Foster care services cut across other programs and child-serving agencies, including foster care Prevention, Adoption, OCS, BHDS, DJJ, DOE and VDH. Virginia is actively working with other internal Divisions and State agencies to improve service delivery to children and families involved in foster care. Other collaborations include:

**FACES:** FACES of Virginia Families: Foster, Adoption, and Kinship Association is a multi-year contract with VDSS to “provide a supportive membership association as a partner to the Virginia Department of Social Services’ effort to improve the delivery of foster, adoptive, and kinship care services to children living in resource family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home.” FACES activities are based on contractual goals including maintaining a “Warm Line” for support of current and potential foster, adoptive and kinship care providers. Last summer, FACES hosted 3 “family camps” for resource parents and their children, two of which were in FY 2014. These camps were three day events, held in three different parts of the state and served approximately 222 foster, adoptive or kinship parents and their children (by birth, adoption, or through foster care.) Training was offered to the parents while children were engaged in fun, esteem building activities. Overall the events functioned as opportunities for resource parents and children to benefit from peer support and to make connections which may prove sustaining in the future.

FACES also provides an educational newsletter to a mailing list of more than 1,150 interested members as well as conducting four educational webinars on “Webinar Wednesdays” that cover a broad range of topics to include diverse topics such as dealing with difficult child rearing situations and Medicaid to 26. In addition to webinars, FACES hosted 38 bi-weekly internet chats for resource parents. In February 2014, FACES brought Dr. Joe Crumbley to Virginia to provide training to LDSS staff around assessing kinship families. Approximately 100 participants attended the training in Richmond, with some small number of additional participants viewing the training through video conferencing in 3 regional offices.

FACES is currently operating a consignment shop in Ashland, Virginia to develop a means of becoming self-supporting in the future.

**Permanency Advisory Committee (PAC)** PAC has had regular meetings since 2009 with a variety of stakeholders from around the Commonwealth. The purpose of the PAC is to advise the permanency programs in DFS on improving permanency and well-being for children and families across the Commonwealth and to serve as a mechanism for stakeholder input in to VDSS activities. In addition PAC is charged with assisting VDSS to align policies and guidance to promote a seamless “best practice” continuum, improve coordination and integration and provide consistency across the various LDSS’ in the Commonwealth. With this goal in mind, in 2013 the PAC membership was realigned and additional recruitment of members was initiated to utilize local departments of social service representatives reflecting various regions, agency size and job duties. Consultants from private stakeholder groups continue to be kept informed of PAC’s work and are engaged as needed.

In FFY 2014, PAC was instrumental in providing input towards the development of the new service plans screens for the automated data system (OASIS.) Virginia’s foster care service plan format does not yet include some of the required IVE elements. VDSS is currently engaged in a process to bring the foster care screens into alignment and to facilitate service planning across program areas by incorporating similar format and structure for CPS, Prevention and Foster Care service plans. The Foster Care service plan will be incorporated into the “court report” to be submitted for Foster Care court reviews; the report will pull a variety of items in addition to the service plan so that it will also meet the requirements of the J&DR court. The PAC contributed to both initial ideas re: functionality and also re: content and organization of required elements. PAC members also provided input into revision of the Permanency Regulation which is currently under review. PAC members are actively involved in the ongoing revisions to various screens in OASIS including but not limited to assessment, service plan, funding, placement and disability.

**Office of Comprehensive Services for At Risk Youth and Families (OCS):**

Areas of collaboration include: clarifying guidance related to what CSA funds can be used for when Title IV-E funds are not allowable. SFY 2014 has seen a continuation of work by OCS in the area of establishing Systems of Care across Virginia to improve services available to children in foster care. Intensive Care Coordinators (ICC) have been trained and are serving families and children with the highest risk of placement out of the home in many communities across Virginia. The ICC used an evidence-based model of family engagement and service coordination to facilitate the develop of highly individualized “wrap-around” plans designed to reduce the child’s problematic behaviors, increase support to the child and family, and strengthen parental capacity. The effectiveness of the ICC in Virginia is currently being assessed.

In addition, the SOC grant collaboration (OCS, VDSS, and DBHDS) funded training for 80 clinicians in the metro Richmond and metro Roanoke areas on Trauma Focused Cognitive Behavioral Therapy (TF-CBT.) TF-CBT is an evidence-based model which has been found to be particularly effective in work with survivors of trauma. One of the barriers to promoting trauma informed child welfare practice in Virginia has been the lack of clinician with trauma treatment certification. The SOC grant collaboration is now facilitating training for the staff of two LDSS in the metro Richmond area around trauma informed child welfare. These LDSS have committed to working collaboratively with their community partners to develop a trauma informed community which will ensure that appropriate assessment and interventions are provided for children and parents served by all partner agencies. VDSS considers this work a “pilot” and successes and “lessons learned” will inform future efforts to develop a trauma informed child welfare system statewide.

**Department of Education (DOE):**

The Permanency Program staff continued its collaborative partnership with DOE staff. In October 2012, VDSS and DOE issued and disseminated revised joint guidance and tools to ensure educational stability

and educational outcomes for school-aged children and youth in foster care. This revision addressed changes in federal and state law, issues from the field, and guidance on procedures when children in foster care are special education students. The guidance and tools were developed by a cross systems work group of VDSS, DOE, legal advocacy, and local stakeholders. VDSS and DOE continue to provide training (separately and together) on the new guidance and tools across the state for local schools, LDSS, and other stakeholders.

**Department of Medical Assistance Services (DMAS):**

In FFY 14, managed care for all children in foster care and for all children who receive adoption assistance was fully implemented. Additionally, DMAS brought on Magellan to provide managed care for behavioral health services. Magellan began managing community behavioral health services in December, 2013. As of April, 2014, 64% of children in foster care (2,890) were enrolled in Medicaid Managed Care. Phased implementation will continue until June 2014. Medicaid managed care permits improved access to health care providers, coordination of health care services, case management, targeted services for chronic conditions, and access to a 24 hour nurse advice line. Resource parents will receive information directly from DMAS regarding these benefits so that they are fully informed and able to facilitate access to medical services for children placed in their homes. VDSS and DMAS have worked together to insure implementation went smoothly. In the future, VDSS will work with DMAS towards tying Medicaid reimbursement rates to evidence-based interventions for behavioral health and/or trauma certified providers.

**Health Plan Advisory Committee (HPAC):**

HPAC advises and makes recommendations to VDSS and DMAS to provide vision, coordination, and oversight of health care services for children in foster care. HPAC is addressing health screening, assessments, and treatment of children in foster care, including treatment of trauma due to maltreatment and removal from home. Health is broadly defined as developmental, health, dental, mental health, and substance abuse services. HPAC is also working to ensure continuity of health care services, to provide oversight of prescription and psychotropic medications, and to update and appropriately share child health information with caregivers and health care providers. HPAC is co-chaired by VDSS and DMAS. Members include foster families; state and local social service agencies; other child serving agencies; health care providers including pediatricians, child and adolescent psychiatrists, pharmacists, dentist, social workers, nurses, health educators, managed care organizations, trauma experts; and advocacy groups.

**National Resource Center (NRC):**

In early 2012, Virginia requested and was approved for technical assistance on assessment in kinship care. The goal of this request was to support the implementation of the foster care permanency option of Placement with Relative/ Transfer of custody to relative with custody assistance as described in the Fostering Connections Act. Dr. Gary Mallon, consultant with the NRC on Permanency facilitated a site assessment and the development of a work plan through a series of stakeholder meetings. Stakeholders included state and local staff with experience in working with foster, adoptive and informal and formal (resource) kinship families.

The work plan included three main goals which are described below. For each goal a small (sub) work group comprised of some members of the larger group met as often as needed to complete the work required. Below the three goals and progress towards each is addressed.

- 1) Select or develop a tool or instrument for use in conducting kinship family assessments which will address domestic violence, substance abuse and mental health issues and make it available to

child welfare staff conducting kinship home screenings and staff conducting mutual family assessments (for foster home approval).

The draft “VDSS Kinship Assessment Guide” for use with both potential formal and informal kinship providers is now being used by several LDSS. It includes suggested questions designed to facilitate exploration of the following issues: motivation; household configuration; potential caregivers (primary and secondary); birth parent interaction with relative caregiver; family legacies; relative resources and ability to provide safety and protection; alternative permanency planning; and the child or siblings readiness for placement. The Guide also provides questions relative to eligibility for becoming an approved resource family, for use by LDSS staff when appropriate.

The Assessment Guide is based on the work of Dr. Crumbley, and in FFY 2014, Dr. Mallon arranged for Dr. Crumbley to review and provide feedback on the Guide. Dr. Crumbley’s input will be considered in developing a final version which will then be formally piloted.

- 2) Select or develop a training curriculum for child welfare staff to facilitate their skills for working effectively with kinship families and evaluating the appropriateness of family members to meet the needs of children in foster care as the child's permanent family and develop an implementation plan

The work group reviewed multiple curricula addressing the training of public agency staff. The final recommendation was that elements of a number of different existing curricula be incorporated into a 1 day training which addresses: 1) staff attitudes and potential biases towards relatives as caregivers 2) requirements and benefits of relative/ kinship care-giving 3) engagement strategies for use with relatives and 4) use of the VDSS Kinship Assessment guide to screen potential caregivers “in” and identify areas where support would increase the likelihood of a placement (formal or informal) being successful. An outline addressing the recommendations was provided to the Training Unit. The Training Unit with VDSS has identified the course as one which will be mandated for new staff,

The outline was then provided to Dr. Mallon who worked with his staff at the NRC to develop a draft curriculum. This year, Dr. Mallon arranged for a contractor familiar with Virginia’s training curricula format to “Virginianize” the curricula and prepare it for use. The Training Unit has received the completed draft curriculum and will be developing an implementation plan.

- 3) Develop a script/strategy to assist child welfare workers in explaining to relatives the various ways that they can be involved in a child in foster care's life including custody transfer, adoption and custody assistance and make it available to child welfare workers.

The small work group ultimately developed two products: a revision to an existing VDSS brochure on Permanency Options and a list of “Frequently Asked Questions” designed for relatives. The update to the brochure was written but not implemented. The FAQs are completed in draft form. They address permanency options, available financial assistance, and resources which may be available to kinship families. The directions which accompany the FAQs instruct the LDSS staff to review the material in person first and then provide the written material for the family’s later use.

As noted above, significant progress towards addressing all three goals was made between April and November 2012. However, during that same period, Virginia ultimately decided not to pursue the custody assistance option. As a result, the sense of urgency which had imbued the work in 2012 diminished considerably, and the charge of the Kinship Workgroup became somewhat less clear.

However, although custody assistance is currently on hold, work with kinship families has continued, particularly in the area of “diversion placements” where children are temporarily or permanently placed with relatives through informal kinship care as an alternative to entering foster care. VDSS is increasingly aware of the need to provide practice guidelines and tools to the LDSS in addition to enhancing the limited practice guidance relative to diversion which was published in the Early Prevention Manual in September 2012. The group members have committed to continue the Kinship Committee through December 2014.

### **Accomplishments (2009-2014)**

#### Accomplishments:

Over the last five year, the number of children in foster care in Virginia was significantly reduced. The change in practice towards partnering with families to develop alternatives to foster care, and the increased reliance on local foster homes rather than congregate care have contributed to this outcome through reducing the number of children entering foster care and also through insuring that children are able to exit foster care to permanency more quickly. Foster care practice has continued to progress in the area of family engagement. Family partnership meetings were implemented statewide and provide a valuable mechanism for partnering with parents and extended family around decision- making. Every LDSS has access to Accurant a public database search software application, and relatives are routinely sought out and encouraged to participate in planning for permanency. The state purchased a license to train Tradition of Caring for relative foster parents in addition to the PRIDE training which has previously been available.

Permanency for older youth has been a particular area of focus: the foster care of independent living was eliminated in order to ensure that agencies actively pursued permanent families for older children in care in every case. Training for staff, “Unpacking the No”, which addresses stereotypes and misconceptions about teens’ wish for permanency has been offered in a variety of venues over the last two years. Transitional meetings are being used to engage extended family and additional resources prior to the youth turning 18 or 21.

Practice improvements were also seen in a number of other areas. VDSS worked with the Court Improvement Program to change guidance to include language about foster parents notice and right to be heard. This year, foster care visits are routinely exceeding the target monthly goal of 90% completion. And, work has begun to improve the integration of assessment and service planning in the statewide automated child welfare data system.

#### Barriers:

Virginia’s Comprehensive Services Act (CSA) funding structure, is intended to support child-centered, family-driven, individualized service plans through which the family’s community can make decisions about how to appropriately provide services. This structure has tremendous potential to permit the community to effectively and creatively reduce risk of harm and strengthen families. However, the complexity created by decisions being made on the local level by community policy and management teams and varying levels of cooperation within the teams creates challenges to consistency across the state. The child welfare funding mechanisms in Virginia continue to struggle to find the balance between insuring responsible, cost-effective spending and allowing for flexibility and creativity in the development of truly family driven service planning.

This funding structure was also a factor in Virginia’s decision not to implement custody assistance. Because state funded cases are restricted to the decision-making process of the locality of residence, there was no way to make state funded custody assistance payments portable.

**Permanency - Adoption Services:**

Virginia’s Adoption Program is state supervised and locally administered. LDSS provide direct adoption services to children in their custody with the permanency goal of adoption. The VDSS Permanency Unit Adoption Services is responsible for developing adoption policy and managing the Adoption Resource Exchange, developing and managing special initiatives, managing adoptions records, and maintaining access to adoption records. Virginia’s special adoption activities are designed and implemented in order to assist LDSS to ensure that children achieve permanency through adoption. The special activities provide adoption services and funding by VDSS to local departments of social services and private adoption agencies to achieve adoptions.

The following chart shows Virginia’s adoption activities and the funding for these activities in SFY 2014.

<b>Adoption Activity</b> <b>SFY 2013</b>	<b>Funding Source</b>	<b>Allocation &amp; Services</b>
Adoption Support	SSBG State General Funds	\$1,125,099 Post Legal System
One Church, One Child	SSBG State General Funds  Adoption Incentive Funds for Grant Year 2012	\$231,519 Recruitment  (includes \$30,000 Adoption Incentive Funds for SFY 2013)
Adoption Services	Title IV-B, Subpart 2 and State General Funds	\$1,940,667 Adoption Services Performance Based Contracts for Finalized Adoptions
Adoption Assistance	Title IV-E and State General Funds	SFY 2013  \$68,742,273 - Title IV-E  \$39,588,006 - State

Virginia was found to not be in substantial conformity with the adoption outcomes in the 2009 CFSR.

Two key findings on adoption from the Review are:

- Delays in completing or approving home studies
- Delays due to a general lack of effort to finalize an adoption.

Data showing the decrease in placements of eligible children in adoptive homes and increase in the numbers of children waiting for such placements suggests that, without focused and intensive strategies to find, approve and place children into safe and permanent adoptive homes, Virginia’s waiting children will increase.

Consequently, the adoption services contracts beginning July 1, 2011 to June 30, 2012 were redesigned based on data specific to the number of children in the custody of each LDSS with the goal of adoption, with parental rights terminated but not in an adoptive placement. Virginia contracted with Michaeline (Mickey) Groomes, Consultant, Data Driven Performance Based Management to frame and to guide the contract process.

Virginia awarded approximately \$1.8 million in funding through Title XX/SSBG (Social Services Block Grant), Title IV-B Subpart 2 (CFDA 93.556) and State General Funds for adoption services contracts. Thirteen contracts were awarded to private non-profit licensed child placing agencies (LCPA) licensed in Virginia and Virginia local departments of social services (LDSS). Under the title, “Adoption Through Collaborative Partnerships” (ATCP), two types of contracts were awarded as specified:

- LCPAs (Offeror/Lead Agency) in partnership with a minimum of two (2) local Department of Social Services (total team of at least 3); and
- LDSSs (Offeror/Lead Agency) in partnership with other local Department of Social Services, other child serving agencies, or service providers (total team of at least 3)

The primary outcome expected by VDSS from the use of collaborative partnerships to achieve adoptions is to *finalize* adoptions for a minimum of 356 children and youth in foster care. Grant funds awarded are to be used to expedite the adoption of three particular subsets of children in the custody of LDSS.

Target Group

**Category 1 (Cat 1):** Children and youth with a goal of adoption, with termination of parental rights (TPR), not in a pre-adoptive home, who have the potential to be adopted prior to twenty-four months (i.e., children in foster care less than 16 months). The target number for final adoptions in this group is a minimum of 32.

**Category 2 (Cat 2):** Children and youth who have a goal of adoption, with termination of parental rights (TPR), not in a pre-adoptive home, and are not likely to be adopted within 24 months of their entry into foster care (i.e., children in foster care 16 months or more). These youth are at high risk of aging out of foster care due to an excessive length of stay in the foster care system. The target number for final adoptions in this group is a minimum of 149; and

**Category 3 (Cat 3):** Children and youth in foster homes, with the goal of adoption, with termination of parental rights (TPR), and an adoptive placement agreement has been signed, but the adoption is not finalized. The target number for final adoptions in this group is a minimum of 175.

Focus Areas

- Locate and place children/youth in safe, permanent adoptive homes;
- Increase timely adoptions for children/youth who can be adopted within 24 months of entry into care;
- Increase the number of children/youth adopted over age 6; and
- Increase of children whose foster parents have expressed an interest in adopting the child/youth, but have not yet signed adoptive placement agreements, is a particular area of concern to VDSS.

ATCP Contracts Year One (SFY 2012) Outcomes												
Contractor Name	Adoptions Finalized						Percent of Goals Achieved					Actual cost per adoption
	Unk	Cat 1	Cat 2	Cat 3	Total		Unk	Cat 1	Cat 2	Cat 3	Total	



Bethany Christian Services	0	5	11	9	25		0%	167%	41%	113%	66%	\$11,734
Children's Home Society	0	15	29	18	62		0%	150%	67%	53%	71%	\$7,085
Commonwealth Catholic Charities	0	0	0	41	41		0%	0%	0%	35%	35%	\$4,983
Coordinators2, Inc.	0	23	28	9	60		0%	65%	85%	88%	93%	\$6,036
Danville DSS/Coalition for Adoption	0	4	12	20	36		0%	0%	0%	156%	52%	\$7,740
DePaul	0	7	27	15	49		0%	0%	78%	56%	68%	\$5,784
Lutheran Family Services	2	6	9	5	22		0%	50%	47%	71%	58%	\$15,618
DePaul 12 (formerly Montgomery County DSS)	0	20	42	14	76		0%	400%	140%	127%	165%	\$3,153
Petersburg DSS	0	0	11	28	17		0%	67%	74%	0%	67%	\$4,365
Shenandoah Valley Social Services	0	11	12	17	56		0%	220%	187%	340%	224%	\$4,760
The Up Center	0	0	10	7	17		0%	0%	63%	64%	61%	\$9,412
UMFS Multi-site	3	6	6	22	37		0%	46%	30%	110%	70%	\$9,286
UMFS Tidewater	0	0	7	27	15		0%	N/A	43%	36%	42%	\$8,113
<b>Total</b>	<b>5</b>	<b>0</b>	<b>18</b>	<b>4</b>	<b>22</b>		<b>0%</b>	<b>116%</b>	<b>72%</b>	<b>84%</b>	<b>84%</b>	<b>\$6,603</b>

The thirteen contractors are partnering with sixty-two local departments of social services. Milestone Performance Measures for the ATCP contractors are as follows:

1. Home Study Completed/Updated and Approved
2. AREVA Family Registration Completed
3. ATCP Contract Team Agrees to Match
4. Adoption Placement Agreement Signed
5. Six (6) Month Supervision Completed, if required

Based on self-report 3<sup>rd</sup> Quarter Reports from the thirteen contractors the following are the outcomes:

Unduplicated Children Served through 3 <sup>rd</sup> Quarter							
Measures	Final Order	Age 9<	Age 10>	Matches	Agreement Signed	Disruptions	Dissolutions
<b>Total</b>	267	172	95	206	227	0	0

Unduplicated Families Served through 3 <sup>rd</sup> Quarter				
Measures	Home Study Completed/Updated	AREVA Registration	Match Approved by LDSS	Matched and Placement Agreement Signed

<b>Total</b>	96	92	114	107
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The ATCP contractors provide recruitment through various means such as Wednesday’s Child, flyers, the Heart Galleries, churches, parent magazines, match retreats, etc. Preparation of the children for adoption includes creation of life books, family partnership meetings, etc. Preparation of families includes training using the PRIDE curriculum and training on topics such as CPR, Crisis intervention, Communication in Crisis, Love and Logic Parenting and Foster Parent College. One suggestion for improvement was the need for more approved families available for older and special needs children. At one match retreat, the majority of the families present were interested in younger children.

***VDSS Research Brief: “Timeliness of Foster Care Adoptions in Virginia”***

Many local agencies in Virginia have not met the federal 24 month adoption timeframe. In the fall of 2012, VDSS Division of Family Services formed an Adoption Initiative Workgroup to analyze the issue of more timely adoptions and to examine potential improvements in the adoption process. The workgroup consisted of individuals from public and private child placing agencies as well as staff from the VDSS Division of Family Services, VDSS Outcomes Based Reporting and Analysis (OBRA) and the VDSS Office of Research & Planning (ORP).

An associated focus group was initiated and held two meetings in October 2013. The objective of the analysis was to better understand time to adoption: how long it takes, how Virginia compares to other states, how much timeliness varies across localities, and the factors that may influence timeliness.

The key findings include:

- Half of children with a goal of adoption are adopted within 33 months of entering foster care.
- Time to adoption varies substantially across localities.
- Time to adoption can be separated into two components: the time from foster care entry to termination of parental rights (TPR), and the time from TPR to adoption. Of these two components, the time from TPR to adoption is a stronger predictor of the total time to adoption.
- Age, race, and having a diagnosed disability affect how quickly a child is adopted.
- Adoption subsidy payments do not vary substantially across localities.

The Permanency Unit home office and regional staff have taken steps to review our processes that support adoptions to determine what can be improved. Two of these processes are: Adoption Reports and case reviews of the 100 Longest Waiting Children. Adoption Reports Unit is a key player in the timeliness of adoptions since that is the unit that issues the adoption case number. The unit improved response time in processing request for Virginia adoption case numbers by responding within a 5-7 day period. The unit recently implemented a mail merging process to increase the numbers of acknowledgement letters sent to LDSS on a daily basis. During the first quarter of this year the unit processed 951 adoption case numbers. In 2013, staff completed Casey Family Programs’ Permanency Values Training, Permanency Round Table Training of Trainers; and Permanency Round Table Skills Training in order to implement Permanency Round Tables (PRT’s) in Virginia. VDSS will use Permanency Values Training and PRT’s to educate stakeholders about Permanency Values, to develop tools for best practice, and to review permanency options for youth in foster care, with special attention to older youth and to those youth who have spent longer times in foster care.

**Virginia Adopts: The Campaign for 1,000:** Virginia Adopts initiated by Governor Bob McDonnell was kicked-off on May 17, 2013 as part of Foster Care Month. The purpose of the campaign is to focus on raising the awareness of the foster care adoption process. The goal is to initiate 1000 adoptive family matches with children from the foster care system by December, 2013. As a result of the campaign, 559

finalized adoptions resulted from 1,041 adoption matches made in 2013. This included 438 adoptions finalized on or before December 31, 2013 and 121 adoptions finalized in the first quarter of 2014. The total number of finalized adoptions in 2013 was 667.

**Adoption Assistance Guidance:** The Adoption Assistance Chapter in the VDSS Child and Family Services Manual has been completely revised to accurately reflect federal and state law, provide clear procedures, and require specific forms to increase consistency and accuracy and improve quality in the provision of adoption assistance across the Commonwealth. The training curriculum has been developed. The guidance was disseminated in June 2013 for September 2013 implementation to provide LDSS sufficient time to be trained and implement the major changes in requirements.

**Adoption Assistance Program:** Virginia's adoption assistance program provides a money payment or services to adoptive parents on behalf of a child with special needs who are either eligible for Title IV-E or state supported assistance. Virginia also provides non-recurring expenses and may provide special service payments for children who meet the state's definition of special needs.

Number of Children Served during SFY 2013 (last complete year data is available):

- A total of 6,781 children per month received Adoption Assistance.
- 5,263 children received Title IV-E Adoption Assistance.
- Total allocation for Title IV-E Adoption Assistance was \$68,742,273
- 1,518 children received State Adoption Assistance.
- Total allocation for State Adoption Assistance was \$39,588,006
- The local departments of social services provided for a total of 741 adoptions in federal fiscal year 2013.

**Adoption Assistance Reviews:** The Adoption Assistance Review Team has undergone a major organizational change in the last year. In November 2013, the Division of Family Services made a strategic move to combine the AART and IV-E staff into one team and to replace the previous supervisor position with a 5<sup>th</sup> regional AART person. The AART team is now completed with a representative for each of the 5 regions.

Between July 2013 and March 2014, AART staff conducted reviews, financial and OASIS data reconciliations at 48 agencies statewide. The actual cases counts include 836 individual records. With a full complement of 5 full time staff, the team will be increasing visits and reviews in the next fiscal year.

**Adoption Family Preservation Services:** Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services (*AFP*) system. United Methodist Family Services manages and provides for the statewide services delivery AFP network. The AFP project serves families who have adopted domestically and may also serve families that have adopted internationally. The AFP program design uses a multi-site, multi-level system of services to offer families an array of options that they may need to support and strengthen functioning, and preserve adoptive families.

The post-adoption services model is implemented in Virginia by a network of a total of four private agencies employing adoption professionals, clinicians, and adoptive parents hired and trained to provide services as Adoptive Parent Liaisons (APLs). These agencies are: UMFS Northern VA, UMFS Tidewater, UMFS Charlottesville, UMFS Lynchburg, UMFS South Central, Center for Adoption Support and Education (C.A.S.E.), Coordinators 2, and DePaul Community Resources in Roanoke/Abingdon. Multiple program sites each operate a somewhat different blend of services tailored to the diverse rural and urban communities served.

For SFY 2013 (July 2013 - December 2013), a total of 499 families were served across these sites. There were 811 hours of counseling offered to 226 families and 600 hours of support groups offered to 120 families. UMFS is reporting 3071 hours of case management activities with 494 families and 186.5 hours of educational case management was offered to 62 families. There were 160 hours of information and referral activities completed for 189 inquiries. 377 hours of therapeutic counseling was offered to 48 families and 53 hours of crisis intervention was offered to 24 families. AFP held 22 training events attended by 633 (adoptive parents and adoption professionals). There were 26 families who accessed the client fund.

### **Adoption Resource Exchange of Virginia (AREVA)**

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA staff maintains several Internet websites featuring photographs and narrative descriptions of waiting children at the following sites:

[http://www.dss.virginia.gov/family/ap/children\\_for\\_adoption.cgi](http://www.dss.virginia.gov/family/ap/children_for_adoption.cgi),

<http://www.adoptuskids.org/states/va/index.aspx> and <http://photolisting.adoption.com/foster-adoption/search-results/state-virginia>.

AREVA staff supports efforts of AdoptUsKids on a national level and works with local agencies to have Heart Galleries in each of the five regions of the Commonwealth on a continuing basis. The initial modality in 2005 was to have the photographs taken of waiting children in a region and then have a gala for the opening of the gallery to the public. The Heart Gallery has become a traveling collection of photographs of children from all regions to encourage visibility across the state. With the assistance of the staff from Virginia One Church, One Child, the photographs are frequently being featured in venues in the Eastern, Central, Northern and Piedmont areas of the state. Efforts are being made to include more children from the Western portion of the state as well as having displays in that area. The Heart Gallery has had over 300 children featured since 2005 and 51% of these children are either in a finalized adoptive placement or some phase of the adoption process. More information about the Heart Gallery is available at: ([www.heartgalleryva.org](http://www.heartgalleryva.org)).

In February 2014, VDSS entered into a No Cost Contract Agreement with “Change Who Waits”, to enhance and expand the Virginia Heart Gallery. The services to be covered include: updating the existing Heart Gallery portraits and replicating three (3) sets of the updated Heart Gallery exhibit; creating the portraits in formats suitable for various resources to include web-based options; presenting the display around the state; and creating digital stories featuring the children in their own voices with images. The goal continues to be that there will be families waiting for children rather than children waiting for families.

AREVA works collaboratively with all local agencies and child placing agencies that are dedicated to finding permanent placements for the children from the foster care system. Special attention is given to all families, community stakeholders, and supportive agencies that have worked to find permanent placements for foster children during the month of November. In 2013, there were 22 adoption events across the state; the Governor signed a proclamation for 2013 declaring November as Adoption Awareness month and 11 Adoption Day Celebrations were held across the Commonwealth.

***Number of People Served.*** As of SFY 2013, 1,049 children and 181 families are registered with AREVA.

**Adoption Incentive Funds:** In SFY 2013, VDSS received Adoption Incentive Awards in the amount of \$952,000. VDSS used these funds to support faith-based adoptive parent recruitment events, adoption services contractors “Adoption through Collaborative Partnerships, the Governor’s VAdopts Campaign for adoption recruitment services focused on the 100 Longest Waiting Youth and adoption post legal services, and adoption disclosures activities. Expenditures also include adoption training for staff and families; cost for background checks for home assessments, and travel for meetings with prospective families.

In SFY 2013 VDSS received Adoption Incentive awards in the amount of \$ 248,000. These funds will continue to support current adoption services through contractors “Adoption through Collaborative Partnerships and adoption disclosure activities.

**Other Services:** In addition to adoption services for children in foster care, VDSS is the central records keeper of closed adoption records. The Department maintains over 250,000 closed adoption records dating back to 1942. During FFY 2013, VDSS added 1,887 more adoption records to the archives. Information from closed adoption records may be released to adopted individuals over the age of 18 under specific circumstances and to adopted parents and birth family members for adoptions finalized after July 1, 1994, all governed by law. VDSS also provides adoption services for children who are not in the custody of LDSS, as well as other court ordered services such as custody investigations and visitation.

### **Adoption Collaborations**

**AdoptUsKids:** Virginia collaborates with the national adoption network to provide national photo listing of waiting children in Virginia.

**Adoption Development Outreach Planning Team (ADOPT).** ADOPT is a voluntary child-advocacy group of individuals from public and private child welfare agencies, adoptive parents, therapists, attorneys and other interested in promoting its purpose. ADOPT is committed to promoting and assuring the rights of children in Virginia to permanent homes through advocacy, education, legislative activities, and examination of practice issues.

**Adoption Exchange Association:** This national non-profit organization is committed to the adoption of waiting children. It is the lead agency in AdoptUsKids, a Federal grant through the Children’s Bureau, to recruit adoptive families for children waiting in foster care across the United States. It is also the membership organization for Adoption Exchanges, of which VDSS is a member.

**American Academy of Adoption Attorneys:** This organization is a not-for-profit national association of attorneys, judges, and law professors who practice and have otherwise distinguished themselves in the field of adoption law. It has collaborated with the VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.

**Change Who Waits:** This is a faith-based movement led by a local pastor in collaboration with Virginia One Church, One Child. The group leads rallies for foster care and adoption recruitment. Change Who Waits is based on a model of recruitment used in Colorado and other states. The pastor works with faith-based adoption agencies and selected churches to raise awareness about the children in foster care waiting for adoptive families.

**FACES:** This non-profit is a membership organization for foster, adoptive and kinship families and others who support the benefit of children, youth and families across Virginia. FACES stands for Family Advocacy, Collaboration, Empowerment and Support.

**Virginia One Church, One Child (OCOC):** VDSS has a sole source contract with OCOC to recruit families for children in foster care with the goal of adoption. Virginia’s OCOC program is the only organization that solely recruits within African-American churches. These churches make a commitment to find adoptive families within their congregations and throughout their communities. VDSS has contracted with OCOC since 1985. However, beginning in 1994 with the Multiethnic Placement Act (MEPA) and the 1997 Adoption and Safe Families Act (ASFA), OCOC has more broadly focused its recruitment efforts to include support of the adoption services contractors in the areas of child specific recruitment for any waiting child. Since May, 2012 VA OCOC has served as rapid responders for the AdoptUSKids Virginia inquiries. The organization now coordinates the Virginia Heart Gallery a photographic display of Virginia’s waiting children which circulates throughout the state of Virginia. AdoptUSKids and The Virginia Heart Gallery are programs of The Virginia Department of Social Services. Program efforts also include Best Practice in post-placement services to families and children including training and adoptive family support.

For SFY 2013 the following are outputs from OCOC recruitment, family training and support:

Individuals Attending Church and Community Presentations	2360
Families Attending Orientations	40
Families Referred to Contract Agencies for Adoption Services	29
Families Receiving Post Adoption Services (to-date)	17
AdoptUSKids Responses (Initial and Follow Up)	646
Heart Gallery Set Ups (At least 8 pictures)	18
Mini Heart Gallery Set Ups (1-7 pictures)	7

**OCOC Unduplicated Count of Children**

Children Served—Child Specific Recruitment	53
Children/Youth Receiving Post Adoption Services (to-date) (Youth participating in Adoptive Family Retreats)	6

**National Resource Center for Adoption:** This center provides assistance to states and other federally funded child welfare agencies in building their capacity to ensure the safety, well being, and permanency of abused and neglected children through adoption and post legal adoption services program planning, policy development and practice.

**Department of Medical Assistance Service (DMAS):** DMAS provides a system of cost effective health care services to qualified individuals and families. It provides medical services through Medicaid providers for adopted children with adoption assistance agreements that require medical or rehabilitative needs or who qualified for Title IV-E.

**Office of Comprehensive Services for At Risk Youth and Families (OCS):** OCS administers CSA which provides child-centered, family focused, cost effective, and community-based services to high-risk youth and their families. The VDSS collaborates with CSA to coordinate and provide services for children with adoption assistance agreements.

**Accomplishments (2009-2014)**

Over the past five years, the VDSS Adoption Unit instituted significant transformation in an effort to improve outcomes for children and families, including efforts to increase timely adoption, efforts to maximize the use of IV-E funds for adoption cases, legislation to assist with adoption disclosure and

improvements in guidance to increase efficiency and consistency. Virginia continues to work toward improving the percentage of timely adoptions within the federal standard of 24 months. The program will continue to identify measures to ensure quality services with a goal of meeting federal and state expectations.

In August 2011, DFS, in partnership with the Division of Finance (DOF), formed the AART as a temporary team consisting of three to five permanent and four temporary employees from the DFS and DOF to review LDSS financial information in order to identify adoption cases that might contain improperly reported enhanced maintenance costs that may qualify to retroactively pull down Title IV-E funds within a seven quarter window. AART then reviewed the selected case files to determine if the identified additional daily supervision (ADS) or difficulty of care special service payments reported in LASER under cost code (CC) 81701 (*Purchase of Service*) qualified to shift to CC81203 (*Title IV-E Enhanced Maintenance*) from October 1, 2009 forward. In July 2012, AART became a permanent team within DFS, consisting of one supervisor and four Adoption Assistance Program Specialists.

Former Governor McDonnell's Campaign for 1,000 was an effort to match 1,000 adoptive families with 1,000 children in Virginia's foster care system ready for adoption. VDSS hosted nine regional Virginia Adopts events. The state campaign was successful in reaching and surpassing the goal by achieving 1,041 matches. As a result of the 1,041 matches, there were 438 adoptions finalized on or before December 31, 2013 and 121 adoptions finalized in the first quarter of 2014. The total number of finalized adoptions in 2013 was 667. The campaign also provided \$1.5 million in new funds to support recruitment and post adoption services. This funding includes two grantees to pilot the Extreme Recruitment® program and new post-adoption services in underserved regions of the Commonwealth.

The adoption assistance chapter in the VDSS Child and Family Services Manual was completely revised to accurately reflect federal and state law, provide clear procedures, and require specific forms to increase consistency and accuracy to improve quality in the provision of adoption assistance across the Commonwealth.

Significant legislation passed in 2014 related to disclosure of adoption records. When consent of the birth parents is not obtainable due to the death or mental incapacity of the birth parents, the Commissioner shall, upon application of the adult adopted person and a showing of good cause, disclose identifying information to the adult adopted person.

### **3. Independent Living Program**

**Children served.** According to FFY 2013 data entered in OASIS by the local departments of social services (LDSS), a total of 1,849 youth ages 14 and over, received independent living services.

#### **Independent Living Program (Services to Older Youth)**

Chafee Foster Care Independence Program (CFCIP) also known as the Independent Living Program (ILP) is a component of the state's foster care program. While the goals and services of the program apply to older youth in care, these services are integrated throughout the Child and Family Services Manual to reinforce the need for all children and youth to learn independent living (IL) skills as their age and capability permits. IL services include a broad range of activities, education, training, and services. These services are provided to each youth, age 14 or over, in foster care regardless of the youth's permanency goal or living arrangement. While the provision of such services is mandated by law, assisting youth in developing the permanent connections and skills necessary for long-term success is the most important consideration in utilizing the CFCIP/IL funding.

State staff is responsible for developing policies, procedures and new programs as necessary to increase statewide services to older youth in accordance with the CFCIP and the Education and Training Vouchers (ETV) Program. VDSS has developed a chapter in the Child and Family Services Manual, entitled, *Serving Older Youth* which provides guidance to the local workers in working with youth in and transitioning out of care.

Virginia implemented the federal National Youth in Transition Database (NYTD) on October 1, 2010 as required by the federal government. For Virginia, A total of 3,008 youth was reported to NYTD for FY11-13 to receive independent living services. Local agency workers documented IL services provided to youth age 14 and older in OASIS. A total of 14 types of services were reported in the areas of: employment, education, independence preparation, interpersonal development/health, and financial assistance.

LDSS are primarily responsible for providing IL services to eligible youth ages 14-21. They continue to work closely with the local CSA teams which are responsible for overseeing the planning of, and approving state funds for, additional services for youth not covered by the CFCIP funds. Together, LDSS and CSA teams share the primary responsibility for ensuring that youth in foster care are provided with the services needed to enhance their transition into adulthood. Virginia Code indicates that youth are no longer in foster care when they reach the age of majority; however youth over the age of 18 who have been in foster care can voluntarily agree to receive IL services until age 21. This population continues to receive services available to youth in foster care and continue to have Medicaid coverage as long as they meet eligibility requirements. In addition, funding and services are available for youth between ages 18 and 21 who discontinued receiving IL services and then requested the resumption of IL services within 60 days. Also, during FY14 legislation was passed stating youth who were in foster care immediately before being committed to Department of Juvenile Justice (DJJ) and who turn 18 while in the custody of DJJ shall be provided the opportunity to opt back in for IL services within 60 days of his/her release.

For FY 14, VDSS provided its annual regional IL trainings for LDSS staff. The training covered the following topics:

- IIP federal and state requirements and services
- NYTD
- Education and Training Vouchers Program requirements
- Educational Provision for youth in care
- OASIS documentation for IL services

A total of 155 workers participated in the eight trainings.

In accordance with options in the Fostering Connections to Success and Increasing Adoptions Act (FCA) of 2008, Virginia continues to develop or refine guidance addressing youth engagement, educational stability and attendance, health, transitioning planning for young adults aging out and how VDSS and LDSS will support youth who are adopted after attaining 16 years of age. The FCA also promotes increased permanency and improved outcomes for children in the foster care system. During FY 2013, the Virginia Senate Committee on Rehabilitation and Social Services requested that VDSS conduct a fiscal analysis to assess the impact of extending Title IV-E assistance to youth ages 18 to 21 in the Commonwealth. VDSS contracted with The Finance Project to produce a report on the costs. In addition, the 2013 General Assembly session passed legislation (Senate Joint Resolution No. 282) requesting VDSS to develop and present options for implementing the extension of foster care maintenance and adoption assistance payments for individuals up to 21 years of age. VDSS submitted a report of its findings and recommendation to the Governor and General Assembly in November 2013. The 2014



General Assembly proposed legislation on extending foster care to age 21; however no final determination has been made at the time of writing this report.

In an effort to meet the education requirements of FCA, VDSS offered five regional trainings on “Educational Stability for Children in Foster Care” to foster care and adoptions supervisors and staff. This training was co-facilitated with the Virginia Department of Education (DOE). This three-hour training session allowed participants to review the basic procedures for implementing the educational stability mandates in FCA and provide a variety of case studies to practice applying guidance to real-world scenarios. The training was interactive and provided participants with resources that can be used to train other local staff. A total of 145 attendees participated in these trainings.

VDSS realizes training and technical assistance (T/TA) are needed in assisting workers in achieving permanency and lifelong connections for youth. For the past two year, Virginia has been receiving T/TA from the National Resource Center on Permanency and Family Connections (NRCPFC) in developing an integrated approach to youth permanency and preparation for adulthood. Gary Mallon, Executive Director of NRCPFC, in collaboration with key stakeholders including LDSS and youth, identified three promising strategies to assist in achieving permanency for older youth in and transitioning out of foster care in Virginia. NRCPFC provided VDSS information, support and practical applications on the following strategies: 1) Family Finding, 2) Permanency Roundtables (PRT), and 3) Engagement of youth voice. Two regions in Virginia are conducting their own versions of PRTs which are primarily case staffing and discussion on options for permanence for youth who appear to have a poor prognosis for having a forever family.

As a result of the partnership with NRCPFC, VDSS piloted five regional trainings entitled “Unpacking the NO of Permanency for Older Adolescents” which was designed to increase youth permanency. The training addressed the importance of permanency using an adapted training developed by NRCPFC. This training included the following:

- an overview of National and Virginia data on older youth in foster care;
- major policy changes in foster care;
- definition of permanency;
- concept of permanency for youth; and
- strategies on how to change an initial “no” to permanency to “yes.”

A total of 92 LDSS staff participated in these trainings. Evaluations were very positive.

Project LIFE, held a statewide youth conference on permanency in October 2013. During the conference, adopted youth and youth in foster care shared their experiences and developed their ideas, facilitated by NRCPFC, into two tip sheets for child welfare workers: *Ten Things that Youth Want Child Welfare Professionals to Know: Engaging Youth in Foster Care*, and 2) *Ten Things that Youth Want Child Welfare Professionals to Know: Talking to Youth in Foster Care about Permanency*. These resources received national attention when they were placed in the newsletters by NRCPFC and North America Council on Adoptable Children (NACAC). Virginia is committed to having youth’s voice and involvement in their service planning, foster care policy, legislation, NYTD workgroup and other state committees.

In addition, Project LIFE recently created a new part-time position, Youth Network Coordinator, and hired a former foster youth. This position is responsible for engaging youth using a variety of technologies and or face-to-face meetings, to provide appropriate strategies and activities that support, guide, and educate current and former foster care youth to advocate and lead change.

### IL funds

For FY 2014, VDSS allocated its CFCIP funds into two primary spending categories: basic allocations and private contractor. VDSS does not have a trust fund for foster care youth. Approximately 90% of Virginia's Chafee grant is spent on the following services to prepare youth for self-sufficiency: education; vocational training; daily living skills/aid; counseling; outreach services; and, other services and assistance related to building competencies that strengthen individual skills, promote leadership skills and foster successful independent living. The majority of the LDSS collaborate with community-based organizations and agencies to provide support and services to youth (i.e., local health departments, workforce investment boards [WIB] including one-stop centers, VA Cooperative Extension offices)

VDSS determines basic allocations to each LDSS based on their percentage of the statewide population of foster care youth, 13 years old and over, for the previous 12 month period. Currently, 111 of Virginia's 119 LDSS actively participate in providing services to older youth. The nine LDSS not participating do not have age appropriate youth or they opt to use other funding sources to provide services to youth. Project LIFE, a private/public partnership between VDSS and United Methodist Family Services (UMFS), has been instrumental in getting youth in, and transitioning out, of foster care involved in trainings, activities, and events that promote permanency and self-sufficiency. The goal of Project LIFE is to support permanency and lifelong connections for youth ages 14-21, while coordinating and enhancing their life skills instruction and development by collaborating with LDSS, private providers and community stakeholders. Five Project LIFE regional Independent Living (IL) Consultants and one director assist VDSS in carrying out the vision, mission and goals of the Chafee Foster Care Independence Act (CFCIA), the principles of the Virginia Children's Services Practice Model and family engagement in collaboration with LDSS and private providers by offering:

- Hands-on training
- Structured, uniform program of services
- Technical assistance
- Best practice development

Project LIFE offered the following training, technical assistance (T/A), and services to LDSS:

- Casey Life Skills Assessment (CLSA)
- National Youth Transition in Database (NYTD)
- Independent Living Program (ILP); Education and Training Vouchers Program (ETV); Transition Living Plan (TLP); Permanency for Youth
- Permanency Pact (a formalized, facilitated process to connect youth in foster care with a supportive adult)

Project LIFE provided training/ TA or coaching to approximately 1070 professionals including local foster care workers and supervisors, IL coordinators, judges, GAL, resource parents (foster care/adoption), and private providers.

During this fiscal year, the Project LIFE team achieved the following:

- Coordinated two teen weekend conferences (permanency and advocacy respectively) with at least 65 youth participants at each. Older youth co-facilitated some of the workshops and activities

- Participated in state work groups and committees representing the needs of older youth (i.e., National Youth and Transition Database (NYTD), Permanent Roundtables, Extending Foster Care to age 21, Permanency Workgroup)
- Provided training T/TA to LDSS on the state's new templates for the transitional living plan (youth ages 14 to 17) and the 90-day transition plan (ages 18 and over).
- Conducted five regional trainings on "Trauma Informed Foster Care" for workers, foster and adoption parents, group home providers and other stakeholders. Project LIFE offered Trauma Informed Foster Care trainings in each of the five regions throughout Virginia. Presented by Mark Freado President of Reclaiming Youth International, and Dr. Erik Laursen of Charterhouse School at UMFS, this training provided adult supporters of youth in foster care an overview of the long-term consequences of adverse childhood experiences and an overview of *The Brain Rules* guiding normal brain development. At the training, participants: (1) learned about the devastating impact traumatic experiences can have on children, altering their physical, emotional, cognitive, and social development; (2) discovered how traumatic events in childhood increase the risk for a host of social, emotional, neuro-endocrinologic and physical health problem; and (3) found out how adults can help children in foster care better understand the traumatic events affecting their lives and to identify and build on their strengths.

During FY 2014, Virginia moved to Performance-based Contracting (PBC) with UMFS with the main focus on providing T/TA to LDSS on IL assessments and transitional living plans on foster youth. As a result, Project LIFE was instrumental assisting LDSS in increasing the percentage of current IL needs assessment from approximately 32% (Source: NYTD data snapshot for Virginia FY 2011) to approximately 50% (Source: NYTD data snapshot for Virginia FY 2013). There was also an increase in transitional living plans (TLP) being conducted on youth. For example, SafeMeasures indicated in June 2013 that 44.5% of youth had current TLP; however in February 2014 that number had increased to 53.20%. VDSS and Project LIFE will continue to work with LDSS to increase their understanding of the importance of conducting and utilizing the IL needs assessment and TLP in preparing youth for adulthood and achieving permanency. VDSS provided the leadership necessary for Project LIFE in working on the following goals:

- Strengthen the capacity of LDSS to more effectively support youth in conducting life skills assessments and transition plans in preparing youth to make successful transitions to adulthood,
- Promote youth's meaningful engagement in case planning and in advocating for themselves; and
- Increase the capacity of public and private service providers to engage in IL best practices with older youth in foster care.

VDSS provided T/TA to LDSS on the FY 2014 ILP/ETV Funding package including using up to 30% of their basic allocation for room and board for young people who left foster care at age 18 but have not turned 21, or who have moved directly from foster care to IL programs. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, and rent payments if youth are at risk of being evicted. Approximately 15% of Virginia's Chafee grant was spent on room and board for eligible youth. In Virginia, youth who are receiving IL services can continue to receive Medicaid coverage until the age of 21 as long as they continue to meet eligibility requirements. Effective January 1, 2014, foster care youth who had an open case in Virginia and were receiving Virginia Medicaid at the age of 18, became eligible for Medicaid up to age 26.

During FY 2014, NTYD IL services were required to be part of a planned program of service to youth that meets their assessed needs for permanency and development of life skills. Formal service planning and review of the service plan by the juvenile and domestic relations court occurs at least annually. Service planning involved multiple parties (i.e. mentors, foster parents, birth parents, relatives, and other individuals) as identified by the youth and as appropriate in the development of the service plan. During this fiscal year, VDSS experienced an increased number of youth receiving IL and post-secondary educational services and increased its ability to reach more youth through partnering with Project LIFE.

The 2012 Virginia General Assembly required the VDSS to establish policy and procedures and furnish a report by December 1, 2012 on its activities to implement provisions of § 63.2-905.2 of the Code of Virginia that requires annual credit checks on children ages 16 and over in foster care. This Code mirrors the federal Child and Family Services Improvement and Innovation Act (CFSIIA) of 2011 which also requires that annual credit checks be conducted on all youth age 16 and older in foster care. Virginia, a state supervised and locally administered child welfare system, has faced barriers in developing a systematic approach with the three national credit reporting agencies (CRA) (Equifax, TransUnion, Experian) for conducting the credit checks on each youth. For FY 2014, Virginia has made some headway in negotiating with each CRA on their service agreement and is in the process of signing two of the three agreements. VDSS will continue to work collaboratively with stakeholders in developing an effective and efficient approach in conducting credit checks on foster care youth ages 16 and over.

### **Education and Training Program**

During FY 2014, VDSS continued to use the allotted ETV funds to service eligible youth across the state. The ETV Program provides federal and state funding to help youth receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Vouchers are available of up to \$5,000 (based on availability of funds) per year per eligible youth for post-secondary education and training. Virginia administers its own ETV Program through the state IL staff. Although the ETV Program is integrated into the overall purpose and framework of the CFCIP/ILP, the program has a separate budget authorization and appropriation from the general program.

VDSS allocated ETV funds to the LDSS that are primarily responsible for serving the youth. All localities are eligible to participate in the ETV Program. However, some localities do not participate due to not having eligible foster care youth. Youth must have a high school diploma or GED to participate in the ETV program. Youth are made aware of program services and eligibility guidelines through social workers, IL coordinators, life skills training and educational workshops, Project LIFE, and marketing efforts of the VDSS Permanency Program staff. For SFY 2013, Virginia was allotted approximately \$541,193 in ETV funds. Over 600 students took advantage of ETV services and of that number approximately 300 were new students. For FFY 2014, ETV grant had been reduced to \$491,330 due to the sequestration. Currently, over 670 students have utilized ETV funds and of that number approximately 335 are new students.

LDSS applying for ETV funds must agree to the following special requirements:

1. Reimbursements for expenses will not exceed the cost of the annual education or training program tuition and related expenses or \$5,000 (whichever is less) per eligible youth per fiscal year;
2. Will track and report on use of ETV funds separately from the Basic ILP allocation.
3. Will use ETV funds to supplement and not supplant any other state or local funds previously expended for the same general purposes; and

4. Will administer these funds in any amount on the behalf of any eligible youth as long as it does not exceed \$5,000 per youth per fiscal year, or the amount awarded to any student does not exceed the “cost of attendance” (whichever is less).

Each year, the LDSS must complete an ETV Application and submit the number of eligible youth on the application to VDSS. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs for the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, giving a basic amount per youth. The funding is then allocated to the LDSS in accordance with the number of eligible youth they serve. Youth in foster care with the guidance of their IL coordinators create a transition plan which is a program requirement. Youth are then able to access ETV funds based on the ETV student application, educational needs and availability of funding. Youth who were adopted from foster care after the age of 16 are also eligible for ETV funds. Due to the state’s significant outreach efforts in partnership with LDSS, Project LIFE and public and private partners, there has been an increase in the number of eligible youth participating in the program each year.

In addition to coordinating the state’s ETV program, the VDSS is involved in several educational initiatives such as supporting the Community College Tuition Grant for foster care youth, the Great Expectations Program, and the Fostering Connections to Success Education workgroup. These core initiatives help to strengthen the state’s postsecondary education assistance program and promote academic achievement and educational stability. A collaborative strategy which includes VDSS, LDSS, Project LIFE, the Department of Education, and local school divisions, families and children can help improve youth educational outcomes. VDSS serves on various education committees which help to educate other professionals about the ETV program and eligibility requirements for foster youth that are served at community colleges and disable youth attending college. As a result, professionals, foster parents and other stakeholders can assist youth in preparing for higher education earlier so they can succeed throughout their educational journey.

A strength of Virginia’s ETV program stems from the strong relationships that state staff has with local workers. ETV regional trainings were conducted with VDSS’s key partner, Project LIFE, which helped serve youth who are in foster care or transitioning out of foster care. The ETV program was strengthened by FCA. The FCA helped VDSS to facilitate discussions with LDSS agencies about educational decisions that can potentially impact youth attending post-secondary institutions.

### **Independent Living Collaborations**

**Project LIFE:** Project LIFE is a partnership with the VDSS. The goal of Project LIFE is to support permanency for older youth in care through the coordination and enhancement of independent living services by collaborating with local departments of social service, private providers and community stakeholders. ([www.vaprojectlife.org](http://www.vaprojectlife.org)).

**Community College Tuition Grant:** Tuition Grant pays for tuition and fees at the Virginia Community Colleges for foster care youth or special needs adoptees that have graduated from high school or obtained their GED and meet eligibility requirements.

**Great Expectations:** Great Expectations helps Virginia’s foster youth gain access to a community college education and transition successfully from the foster care system to living independently. The program helps young people who establish and maintain personal connections and the community support they need to live productive and fulfilling lives. (Website: <http://greatexpectations.vccs.edu/>) This initiative of the Virginia Foundation for Community College Education is in partnership with:

- VDSS and LDSS;

- Workforce Investment Boards; and
- One-stop centers, community colleges, alternative education providers, other public agencies, school to career partnerships, and employers.

The intent of Great Expectations includes:

- Help foster care youth consider higher education;
- Encourage youth transitioning from foster care to continue in an ILP;
- Offer a comprehensive program for foster care youth and alumni ages 18 -24 to help them gain access to a community college education; and
- Create an endowment that will provide long-term, consistent funding for the program when traditional sources are not available.

**National Resource Center for Youth Development (NRCYD):** VDSS continues to collaborate with the NRCYD for training and TA (*e.g., Adult and Youth Partnership*).

**National Resource Center for Permanency and Family Connections (NRCPFC):** Virginia requested and received approval for training and technical assistance from NRCPFC on youth permanency. NRCPFC has assisted the state in developing and implementing an integrated approach to permanency and preparation for adulthood.

**Virginia Workforce Investment Act Youth Services Programs:** Local programs and career centers provide “transitional services to employment” for Virginia’s most vulnerable youth.

**Virginia’s Intercommunity Transition Council (VITC):** VITC is an interagency initiative that ensures effective coordination of transition services for youth and young adults with disabilities in an effort to increase the accessibility, availability and quality of transition for these young people. Among other activities, VITC encourages a seamless movement from school to post-secondary services for all youth regardless of the nature of the disability. VITC members include: DOE, Virginia Department of Rehabilitative Services, Virginia Department of Behavioral Health and Development, Virginia Community College System, Virginia Department of Correctional Education, State Council of Higher Education for Virginia, VDSS, Virginia Department for Blind and Vision Impaired, Virginia Department of Juvenile Justice, Centers for Independent Living, Social Security Administration, Virginia Board for People with Disabilities, Virginia Department of Health, Woodrow Wilson Rehabilitation Center, and Workforce Development Centers.

**Foster Care Alumni of America (FCAA):** The mission of FCAA is to connect the alumni community of youth who are in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care. Virginia’s chapter had a successful “family reunion” for alumni, families and friends. The Chapter is involved in outreach and recruitment efforts.

### **Accomplishments (2009-2014)**

VDSS is responsible for developing policies, procedures and new programs as necessary to increase and improve statewide services to older youth in accordance with the CFCIA and the ETV Program. However, since 2009, has been a shift in practice and philosophy to include a strong emphasis on the need for older youth in care to have permanent connections to responsible adults as well as improved skills to manage adulthood in a successful manner. As a result, VDSS in collaboration with key stakeholders on the federal, state and local levels have been diligently working to:

- ensure that every foster youth has a permanent, life-long connection to a responsible, caring adult upon leaving the foster care system, and
- prepare every youth for self-sufficiency by providing an individualized plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning and other related services to ensure lifelong success.

Over the past five years, Virginia's ILP and services to older youth have increased significantly by enhancing and increasing linkages, coordination and collaborations among the different local and state agencies, organizations, and private providers. Such linkages have allowed for effective and efficient planning around use of such funds; development of shared policies across child-serving agencies; and increased knowledge across systems regarding available services. Examples of such efforts include: 1) co-facilitated trainings with the Virginia Department of Education (DOE) on "Educational Stability for Children in Foster Care" which allowed participants to review the basic procedures for implementing the educational stability mandates in Fostering Connections to Success Act; 2) Great Expectations, an initiative with the Virginia Foundation for Community College Education for foster care youth; and 3) collaboration with the Virginia Departments of Health and Social Services and Richmond City Departments of Health and Social Services and TRAINING 3 in initiating a pilot to enhance planning, program and training activities to support the adoption of evidence-based approaches to teen pregnancy prevention. In addition, VDSS has maintained an IL committee composed primarily of local IL coordinators and/or private providers in each region (Western, Piedmont, Central, Northern and Western) of the state. The purpose of these committees is to share information and develop innovative approaches to enhance the quality of services delivered to youth.

In July 2009, VDSS awarded a contract to United Methodist Family Services (UMFS) to provide IL services statewide to youth in and transitioning out of foster care. This was the first time VDSS outsourced IL services. UMFS' program, entitled Project LIFE (Living Independently, Focusing on Empowerment)'s goal is to coordinate and enhance the provision of IL services to youth. The partnership with UMFS has allowed VDSS to serve a greater number of older youth by establishing regionally based IL Consultants (5 plus a project manager) to help localities meet the goals of CFCIP, the federal requirements for the provision of opportunities to develop adult living skills, and the tenets of the Virginia Practice Model, which emphasizes children's rights to permanency. VDSS has partnered with Project LIFE, National Resource Center for Youth Services (NRCYS) and National Resource Center on Permanency and Family Connections (NRCPPFC) to assist older youth and LDSS staff in receiving the training and technical assistance needed for an integrated approach to youth permanency and preparation for adulthood.

Other accomplishments for VDSS included: 1) developed a chapter in the Child and Family Services Manual, entitled, *Serving Older Youth* which provides guidance to the local workers in working with youth in and transitioning out of care; 2) developed an allocation and expenditure monitoring strategy to ensure all state and federal funds are expended annually; 3) adopted a preferred IL assessment tool (Casey Life Skills Assessment) for youth; 4) developed new templates for the transitional living plan (youth ages 14 to 17) and the 90-day transition plan (ages 18 and over); 5) developed and implemented resuming IL services policy for youth leaving care at age 18; 6) eliminated the goal of IL being assigned to older youth; 7) established its own chapter of National Foster Care Alumni of America, and 8) developed and implemented the federal National Youth in Transition Database (NYTD). Virginia now has a statewide baseline of services provided and accurate numbers of individuals age 14 and over served by IL funding.

#### **4. Virginia's Interstate Compact on the Placement of Children (ICPC)**

Children placed out of the state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original

jurisdictions should placements prove not to be in their best interests or should the need for out-of-state services cease.

The variety of circumstances which makes interstate placement of children necessary and the types of protections needed offer compelling reasons for a mechanism which regulates those placements. An interstate compact – contract among the states that enact it – is one such mechanism. Under a compact, the jurisdictional, administrative, and human rights obligations of all the parties involved in an interstate placement can be protected.

**Children Served.** From May 1, 2010 to May 1, 2014, Virginia has 2,287 active cases and 8,441 closed cases. There are 1,397 active cases and 201 closed cases in the Interstate Compact on Adoption and Medical Assistance (ICAMA) Compact.

**Types of Placements Covered.** The ICPC Compact applies to four types of situations in which children may be sent to other states:

- Adoptions: Placement preliminary to an adoption (independent, private or public adoptions);
- Licensed or approved foster care (placement with related or unrelated caregivers);
- Placement with parents and relatives when a parent or relative is not making the placement as defined in Article VIII (a) “Limitations; and
- Group homes/residential placement of all children, adjudicated delinquents in institutions in other states as defined in Article VI and Regulation No. 4.

**Types of Placements Not Covered.** Not all placements of children in other states are subject to the Compact, nor are all person who place children out of state. The Compact does not include placements made:

- In medical and mental facilities;
- In boarding schools;
- In “any institution primarily educational in character” (see Article II(d)
- By any of the following making a placement with any of the following:
  - Parent
  - Step-parent
  - Grandparent
  - Adult brother or sister
  - Adult uncle or aunt
  - The child’s guardian

**Safeguards Offered by the Compact.** In order to safeguard both the child and the parties involved in the child’s placement, the Interstate Compact:

- Provides the sending agency the opportunity to obtain home studies, licensing verification, or an evaluation of the proposed placement;
- Allows the prospective receiving state to ensure that the placement is not “contrary to the interests of the child” and that its applicable laws and policies have been followed before it approves the placement;
- Guarantees the child legal and financial protection by fixing these responsibilities with the sending agency or individual;
- Ensures that the sending agency does not lose jurisdiction over the child once the child moves to the receiving state.
- Provides the sending agency the opportunity to obtain supervision, services and regular reports on the child’s adjustment and progress in placement.



These basic safeguards are routinely available when the child, the person, or responsible agency and the placement are in a single state or jurisdiction. When the placement involves two states or jurisdictions, however, these safeguards are available only through the Compact.

**The Sending Agency’s Responsibilities:** While the child remains in the out-of-state placement, the sending agency retains legal and financial responsibility for the child. This means that the sending agency has both the authority and the responsibility to determine all matters in relation to the “custody, supervision, care, treatment, and disposition of the child”, just as the sending agency would have “if the child had remained in the agency state.” (See Article V (a))

The sending agency’s responsibilities for the child must continue until it legally terminates the interstate placement:

- By returning the child is returned to the home state
- When the child is legally adopted
- When the child reaches the age of majority or becomes self-supporting, or
- When the child is discharged with appropriate concurrency of the receiving state.

(See Article V (a))

The sending agency, via the sending state’s ICPC office, must notify the receiving state’s Compact Administrator of any change in the child’s status, again using form ICPC-100B. Changes of status may include a termination of the interstate placement or such things as a new placement type of the child in the receiving state or a transfer of legal custody.

#### **Virginia/Tennessee Border Agreement – Non-custodial Children**

The Virginia/Tennessee workgroup continues to meet on a quarterly basis to assess the program, make identified process changes as needed and discuss challenges that may have developed related to individual cases. There were a reported 33 boarder agreement cases from May 1, 2010 to May 1, 2014. Twenty-three (23) placement resources were approved; four (4) placement resources were denied; and six (6) placement resources were withdrawn.

#### **Virginia/Tennessee Border Agreement –Custodial Children**

Due to staff changes in Tennessee and Virginia as well as reorganization and political elections, the discussion related to a border agreement for custodial children has been put on hold. A decision has not been made to resume this discussion at this time.

### **5. Resource Family Development**

In 2008, VDSS created the Resource Family Unit (*RFU*) that is responsible for recruitment, development and support activities for foster, adoptive and kinship caregivers, referred to as “resource families” in the Commonwealth. One program manager and five regional consultants comprise this unit. The overarching goal is to increase the quantity and quality of resource parents to be viable placement options for children in the system of care. In late 2009, regulations were implemented mandating pre- and in-service training as well as implementing dual approval for family assessments (home studies).

The Resource Family Consultants provide technical assistance to local agencies regarding their home approval process and recruitment strategies. In several of the regions there are quarterly meetings held to focus specifically on resource family practice. Through these meetings, the Resource Family Consultants provide technical assistance and training in the areas of targeted and child specific recruitment, the development of strategic recruitment plans and development of recruitment presentations. In other regions, this work is done at the Quarterly Supervisors’ meetings, along with updates and technical assistance related to Permanency and CPS practices. The Resource Family consultants also meet one-on-

one with new local agency staff as requested in order to assure that the agency continues to comply with policy guidelines. The Resource Consultants review monthly data reports that provide agency information regarding family-based placements and kinship placements during agency visits and when assistance is requested. The Consultants develop targeted strategies to assist the agencies that are below the national practice standards.

Within recruitment, there are two key themes: using a data-driven approach to target what kinds of families are needed based on the needs of the children in foster care, and using accurate messaging about foster care as a family support service for birth families. Regarding adoption, recruitment efforts include a sharp focus on older youth, children with special needs, and sibling sets. In all cases, the emphasis is on maintaining children's family and community connections in order to:

- Increase the likelihood that children are kept within their communities, without having to change schools or leave their faith community;
- Make better matches between children and their caregivers, so as to preserve their significant relationships, cultural and racial heritage, and family traditions;
- Decrease separation and loss issues inherent in foster care by focusing on those individuals already known to the child/family rather than defaulting to "stranger" foster care;
- Strengthen the communities from which our children are most often removed by investing in building strong resource families there; and
- Promote longer-term stability and safety for children by ensuring that their supports, services, care providers, and other important adults can be maintained both during placement and after reunification.

In three regions, Permanency Roundtables are being used to focus on the barriers to achieving permanency for a select group of older children in care at one agency at a time. All three regional consultants: CPS, Permanency and Resource Family; participate in the roundtable and brain storm with the local agency staff around ways to move cases forward. This activity is often an opportunity for the Resource Family consultants to provide technical assistance around child-specific recruitment and/or revisiting potential relative placements. Over the next year, Permanency Roundtables are expected to be implemented in all five regions.

Through consultation from the Annie E. Casey Foundation, the Resource Family Consultants received training in this area of family search and engagement. In an effort to increase the number of kinship providers, the Resource Family Consultants continue to offer two levels of training around Diligent Search and Family Engagement on as needed basis. In addition, the Consultants provide technical assistance to local agencies regarding the use of Accurint, the internet search system used to locate relatives and permanent connections for youth.

The Resource Family unit is continuing to work closely with the CRAFFT Coordinators to ensure the resource family training needs within the region are met. Last year, they began team-training the CWS 3103 Mutual Family Assessment course with the regional CRAFFT coordinators. The revised training covers both policy considerations and best practices regarding the mutual family assessment process.

### **Resource Family Collaborations**

**Community Resource, Adoptive and Foster Family Training (CRAFFT).** CRAFFT has been addressing development and support issues for resource families for nearly eight years. It is a collaborative venture between VDSS and Norfolk State University, Virginia Commonwealth University and Radford University. Two Coordinators are housed by each university. CRAFFT Coordinators

provide direct pre-service training to families (*conducted in coordination with LDSS*), as well as provide some support to agencies to build their own training and support capacity. They also offer *Tradition of Caring*, the kinship PRIDE pre-service training. Additionally, CRAFFT Coordinators provide a wide range of in-service training to families on topics responsive to local needs and issues. VDSS is currently facilitating the development of a CRAFFT website which will host regional resource parent training calendars (CRAFFT and LDSS events) and resource materials for resource parents. Initially resources will be publications and website, but the goal is to eventually have video and webinar based training available. A portion of the site will be for staff only access and will allow LDSS resource family trainers access to training materials.

### **Accomplishments (2009-2014)**

#### **Barriers**

Despite an increased focus and a variety of efforts to increase the use of kinship resource family homes in Virginia, the percentage of children placed in relative foster homes has not substantially increased. Major obstacles in regards to the use of relative foster homes include: staff and community biases against “paying” relatives to care for their relative children; lack of LDSS staff and capacity of LDSS staff to adequately assess and support relatives who are approved through the emergency approval process and have children placed in their home prior to receiving any training; and, the lack of a permanency option beyond adoption for these children to readily exit foster care. Additionally, the lack of accurate resource family data in OASIS continues to be very problematic. Because LDSS have had so many other pressing issues to address, resource family data clean-up has not been a priority for VDSS or the LDSS. However, as a result, VDSS cannot definitively say how many resource families there are in the state. No standardized contact information is available for each resource family and it is not possible to evaluate any demographic information. Nor is it possible to determine how many families were approved through the emergency approval process. It will be necessary to address these issues to improve recruitment planning in the future.

#### **Accomplishments**

The Resource Family program has contributed significantly to efforts to improve practice in working with relatives statewide. They have provided technical assistance and promoted the use of Accurant to identify and locate potential relative resources for children at risk of or entering foster care. Use of Accurant is now occurring on a regular basis at the LDSS. VDSS has purchased a statewide license to provide Traditions of Caring, a pre-service curriculum for relative caregivers, as well as PRIDE for prospective resource parents. Additionally, the resource family consultants have been instrumental in helping LDSS to recruit, develop and retain local foster parents who are able to take sibling groups and teenagers. The rate of use of congregate care has decreased dramatically since 2009 and the LDSS continue to work to primarily use resource family placements in order to keep children in their communities. In addition to supporting the LDSS to develop and implement their targeted and child-specific recruitment plans, the resource family consultants train LDSS staff and routinely review resource family records to assist LDSS with approval standards compliance issues. This work has led to increased expertise and quality in the resource family approval process at the LDSS level. Finally, the resource family consultants were actively involved in the Adoption Campaign of 2013, participating in direct recruitment and public awareness activities as well as working closely with adoption contractors and LDSS to facilitate timely referrals and movement towards adoption completion for children in foster care needing adoptive homes.

## **6. Prevention Unit**

The Division of Family Services established the Prevention Unit in 2009 to accomplish the following:

- a. Give clarity to the definition of prevention that provides the framework for a common language to use across the continuum of child welfare services;
- b. Promote prevention services as a “core” program within the VDSS system;
- c. Develop the capacity of our local departments to recognize, promote, and support prevention services;
- d. Build a repertoire of prevention strategies and best practice guidelines that can be used by localities in their delivery of prevention services;
- e. Create a presence for Prevention services in the DSS database so that services can be recorded and outcomes measured;
- f. Coordinate and collaborate with community partners to maximize prevention efforts.

In order to obtain a clearer picture of Prevention Services in Virginia, the Prevention Unit conducted a survey of local departments during the summer of 2011. Ninety six percent of local departments responded to the survey, providing a wealth of information related to what prevention services are being provided, how the services are funded, who provides the services, and how LDSS collaborate with community partners.

The initial focus of the Prevention Unit’s efforts was Early Prevention, that is, those prevention services provided prior to, or in the absence of, a current valid child protective services (CPS) referral. Results of the 2011 Prevention Survey indicated that 94% of responding Virginia localities offered prevention services to families prior to CPS involvement.

A statewide Prevention Committee was formed with the task of developing a program that would reflect what localities are already doing, to develop guidance based on current best practice models and to make changes in OASIS to capture prevention data. Over time the committee expanded to 44 local, regional and state staff and community partners. Regional meetings with local supervisors and community partners were held across the state to solicit input for guidance and other Early Prevention initiatives. Staff also made presentations at regional local director’s meetings.

Additionally, a literature review of best practice models was conducted and other states which have initiated Early Prevention services using evidence informed models were contacted. Based on the information gathered, the committee developed a strength based trauma informed family engagement approach that uses the protective factors as a framework. This approach combines the following evidence informed models:

- **Trauma Informed Practice:** A trauma informed child and family service system is one in which all involved parties recognize and respond to the impact of traumatic stress on children, caregivers and service providers who have contact with the system. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge and skills into their organizational cultures, practices and policies. They act in collaboration with all those who are involved with the child, using the best available evidence, to facilitate and support recovery and resiliency of the child and family.
- **Strength Based Family Engagement:** Family engagement is a cornerstone of Virginia practice. It requires a shift from the belief that LDSS staff alone know best what is best for children and families, towards a practice that allows the family to fully participate in decision-making. The most effective approach to helping families protect their children and meet their needs is to focus on families’ strengths rather than their deficits, and to engage them at every step on the child welfare process.

- **Protective and Risk Factors:** Protective and Risk Factors were developed as a result of research that found that five factors most influence abuse and neglect: 1.) Parental Resilience, 2.) Social Connections, 3.) Knowledge of Parenting and Child Development, 4.) Concrete Support in Times of Need, and 5.) Social Emotional Competence of Children. If these factors are addressed in assessment, planning and service delivery, we are more likely to facilitate changes in families that enhance child well-being, keep children safe and stabilize families.

## **Prevention Collaborations**

### **The Prevention Advisory Committee**

A newly formed Prevention Advisory Committee co-chaired by Craig Patterson of VDSS and a yet-to-be-named LDSS member had its first meeting in March 2014. It is anticipated that the advisory Committee will be comprised of many of the same members as the Prevention (implementation) Committee including state staff, community partners, and representatives from local departments. The Advisory Committee will meet bi-monthly to provide input to VDSS around Guidance and practice issues which arise and contribute to the “re-branding” of the Prevention program.

### **Early Prevention sub-committee**

There are many LDSS who are providing Early Prevention services which are funded through community or local government initiatives. These early prevention programs provide an opportunity to conduct program evaluation and to develop meaningful budget proposals. The LDSS staff engaged in early prevention activities have expressed interest in continuing to work with VDSS to promote early prevention interventions and advocate for the investment of funds. It is anticipated that the Early Prevention sub-committee will be comprised of state staff, community partners, and representatives from local departments. The community partners invited to participate will include: Virginia Sexual and Domestic Violence Action Alliance, Quinn Rivers Agency for Community Action, Healthy Families, Prevent Child Abuse Virginia, Virginia Cooperative Extension, and Child Care Aware of Virginia.

### **Trauma Informed Community Network**

Trauma Informed Community Network (TICN) is a diverse group of professionals in the Greater Richmond area who are dedicated to supporting and advocating for continuous trauma informed care for all children and families within the Child Welfare system in the City of Richmond and surrounding counties. The TICN initiated in the fall of 2012 and is comprised of trauma informed experts from different non-profit, for-profit and government agencies.

TICN professionals have utilized online materials provided by the National Child Traumatic Stress Network on enhancing a Trauma Informed Child Welfare System. The TICN has provided resources, education, and consultation to a variety of child welfare, juvenile justice, and mental health stakeholders to promote the utilization of strengths based trauma informed best practices in their work with children and families.

The TICN will provide the following through projects with local DSS agencies:

- Facilitate the TICN and incorporation of new DSS members
- Organizational assessment: assist with implementation of the Trauma System Readiness Tool, facilitate Focus Groups, and analyze TSRT and Focus Group data then format in narrative report following guidelines from The Chadwick Center for Children & Families)
- Training series that follows the NCTSN Child Welfare Trauma Toolkit
- Facilitation of subcommittees to review TICW Project goals (e.g., development of trauma screening tool, trauma certification of mental health providers, referral directory for trauma

informed practitioners, trauma informed family assessment and home study protocol, and outcome measurement tool)

- Monthly case consultation
- Develop a model to be used by other Departments of Social Services in Virginia to become a Trauma Informed Organization
- Provide information and training to community partners on trauma informed care

### **Accomplishments (2009-2014)**

- Supervisor training was conducted in each region in preparation for guidance training to workers;
- The first 2 sections of guidance were published in September 2012, presenting an overview of early prevention and why it's important, introducing the best practice models for administration, supervision and practice, describing how those models are applied from intake to closure with families, introducing a protocol for foster care diversion and providing a full range of resources for information and training;
- Statewide training to approximately 200 local staff was conducted;
  - Numerous presentations were made to groups whose support and resources impact outcomes in Early Prevention, such as Family and Children's Trust Fund Board, Commission on Youth, Child Welfare Advisory Committee and Prevent Child Abuse Virginia affiliates
- Early Prevention Program was launched on SPARK and the VDSS Website in December 2012
  - Training on the best practice models were conducted at the following conferences: Child Abuse and Neglect Conference, Family Engagement Conference, Statewide CASA, North American Council on Adoptable Children National Conference and Virginia Association of Social Workers
- Early Prevention Screens in OASIS were developed and implemented and training was conducted in the use of these screens in February and March 2013;
- Technical assistance to LDSS on Early Prevention was provided to more than 50 staff
- A third section of guidance, focused on strategies for developing community collaborations for early prevention was written and is ready for publication

### **Barriers**

Although the commitment to support best practice prevention interventions at the local level continues, VDSS has had to re-evaluate priorities for the Prevention Unit over the last year.

- No new funding for LDSS staff positions to provide Early Prevention services has been identified. Further, funding for intervention services for this population has become less available. The third chapter of guidance has not been published as concerns developed about being unable to respond to LDSS requests that the state fund early prevention positions. Because VDSS is unable to provide additional fiscal support to LDSS to assist them to provide the services described in the Prevention guidance, it began to appear unreasonable to continue to promote such practices.
- Limitations of the state-wide child welfare data collection system (OASIS), make it impossible at this time to pull client level information about Reasonable Candidacy. In order to comply with federal reporting requirements, the Prevention Unit has undertaken a major effort to development manual case counts each month. It is anticipated that OASIS will be updated to address this issue in the spring of 2015.

- Serious concerns about the wide-spread practice of diversion- the use of a temporary alternative caregiver as an alternative to removal and entry into foster care- began to surface from a variety of sources. This practice is addressed in Prevention guidance, but the state has provided little direction to the LDSS regarding their obligation (or not) to monitor these arrangements, to provide services to birth and or alternative caregivers, and children in diversion arrangements, and to ensure that meaningful permanency plans for these children are developed. The state has initiated a TA request to work on the development of diversion guidance and has prioritized this work for the Prevention Unit this year.
- Finally, while the work done and guidance developed in regards to the provision of Early Prevention services, particularly through community collaborations, is invaluable, the focus on early prevention precluded a focus on the provision of foster care prevention services. The population of older youth entering foster care through delinquency, truancy or runaway, and relief of custody court actions have the worst permanency outcomes for children exiting foster care. The development of model prevention programs to prevent these youth from unnecessarily entering care needs to be developed.

### Future Plans

- The Prevention Committee has been re-established as the Prevention Advisory Committee (see below)
- The final section in guidance, which presents a process for building the capacity of LDSS to provide Early Prevention through organizational development and collaboration will ultimately be published as one section in a revised Prevention Manual which will address both early prevention and foster care prevention services
- Funding needs are being explored including how to realign current funding sources and identify additional funding sources
- Additional training needs are being identified
- A new Early Prevention Advisory Committee is being formed. It is anticipated that this group will meet on a quarterly basis to continue to nurture and push this work forward.

## **C. Quality Assurance**

### **1. Continuous Quality Improvement (CQI) Unit – Quality Service Review**

The Continuous Quality Improvement (CQI) Unit in DFS is based in a philosophy and practice of quality and process improvement and is accountable to the principles of the Virginia Children's Services Practice Model. It conducts quality reviews of LDSS and will measure child status and system performance indicators to improve outcomes for children and families.

#### **I. Foundational Administrative Structure**

The CQI Unit consists of four Quality Analysts and a Quality Manager. In July 2010 with the support and funding from Casey Family Programs, the CQI Unit began development of a Quality Service Review (QSR) Process. The QSR is a quality standard based on the Virginia Practice Model. The QSR is an action-oriented learning process that provides a way of recognizing what is working or not working, at the point of practice, for children and families receiving services. Practice is assessed in two domains using the QSR, the child and family status including safety and well being and practice performance relating to agency and community partners and their work with families. The QSR process supports the focus on the quality of practice rather than the quality of compliance

A QSR is planned by the CQI Unit staff and the reviews are conducted by Virginia social service professionals working in pairs to interview all of the significant parties in the case. We recruit for reviewers with direct experience with child welfare practice. These local professionals complete a two day new reviewer training class and then are coached and mentored during a review with approved trained mentors. Reviewers are evaluated after each review and our experience indicates that usually after 3 to 4 cases a review will progress to become an independent reviewer. This peer review process is seen as a professional development opportunity by local case workers and supervisors. An additional benefit of using locals LDSS professionals creates the opportunity to build internal capacity for quality in local departments of social services.

## **II. Data Quality Collection**

The QSR Protocol has 22 indicators with detailed definitions and scoring instructions. All QSR reviewers have classroom training and then coaching/mentoring in the field to address consistency in ratings and results. A state CQI staff completes a second level review of the quantitative scores and the qualitative work book for reliability and consistency. The QSR is primarily a qualitative review however we have created cross walks with the Virginia Child Services Practice Model and the QSR indicators. In addition there is a crosswalk with the VDSS Critical Outcomes Report and the QSR indicators. Both of these documents link the case review of a sample of cases with the overall data and status performance for each agency reviewed.

## **III. Case Record Data and Process**

The QSR tool was piloted in November 2010 and in 2011 there were six reviews conducted covering ten local agencies. In 2012 there were seven reviews covering 17 local departments. In 2013 we have conducted four reviews covering nine local departments. Calendar year 2014 will include four reviews between January and May for four local departments of social services. Sites are selected from each of the five regions of the state, and often are recommended by of regional staff. QSR reviews include various sizes of agencies and in rural areas multiple agencies may be included for a QSR. Shared courts and service providers along with geographic boundaries provide for natural merging of smaller agencies into one review.

There is an established standard process of 14 to 16 weeks of advance work with an agency to conduct a review. We have an assigned CQI Lead staff and a local site coordinator for each review. The stages of pre work, review week and post work are all documented in an electronic policy/process manual. This includes all tools, templates, correspondence and support materials developed over the past two years. We have surveyed the local departments after a QSR to assess the process and have evolved and improved steps and tools based on this feedback from our customer group.

There is an established methodology for a stratified sample of CPS Ongoing cases and Permanency cases including foster care and adoption. For foster care we sort cases by 4 age categories from 0 to 21 years and randomly select cases and then sort by caseworker. One case is selected for each caseworker representing various permanency goals. CPS ongoing cases are sorted by case worker and randomly selected identifying the target child in each case.

## **IV. Analysis and Dissemination of Quality Data**

The CQI Unit utilizes several software packages to manage and analyze data from a QSR. Each case is scored on a 1 to 6 metric and qualitative data is gathered on each indicator identifying strengths in practice and opportunities for improved practice. We utilize File Maker Pro, Delta Graphics and Excel



software to develop reports, data analysis and illustrative graphs. The CQI Unit web page on SPARK has all reports completed for access to local agencies statewide.

The results of a case review are shared first with the caseworker and supervisor as to strengths of the case, challenges and opportunities for improvement. A community meeting is held Friday morning of review week with agency personnel and community partners to hear the preliminary results of a review. A follow up comprehensive report is provided to the LDSS and then work with the Regional Consultants and analyzed from two perspectives: 1. Strengths and good performance are identified, as well as systems and processes in place to ensure good practices continue. This is also an opportunity to identify best practices in the agency to be shared across regions. 2. Opportunities for improvement are identified through an examination of root causes and strategies for addressing the issues. Gaps in performance are also identified, as well as what factors need to change to add in order to address the gaps and improve performance.

## **V. Feedback to Stakeholders and Decision-Makers and Adjustments of Programs and Processes**

Feedback of results and practice reform after a QSR occurs at two levels the local agency through the development of System Improvement Plans and then on a state level through training and practice initiatives.

### **System Improvement Plan Process**

A System Improvement Plan (SIP) is comprised of a series of action plans to improve practice and outcomes for children and families. There is a dual purpose of the local department SIP: 1) to outline how the LDSS will adjust their services/practice in response to the QSR results in order to improve their outcomes as reported in Critical Outcomes Report and Safe Measures, and 2) to serve as a mechanism for VDSS to report on progress made on both local and state levels to improve outcomes for children and families as outlined in Virginia's federal Program Improvement Plan in response to VA's 2009 CFSR.

Initial results are shared with the caseworker and supervisor of each case reviewed and then overall results are shared with the locality at the end of the QSR week. After the receipt of the final written report, a next steps meeting with the LDSS and Regional Consultants is facilitated by CQI state staff. The SIP process has been defined and templates for action plans and linkages to outcome measures are provided to the local department. The purpose of the meeting is to discuss the results of the QSR, the analysis by the local department, and to identify priorities for practice change and improvement that will impact outcomes for children and families. Outcome of the meeting is two-fold. First, the prioritization and identification of one to three issues that the LDSS can commit to work on that will improve processes and outcome measures. Second, the identification of steps towards solutions and the development of specific action plans for the identified solutions. SIP results are reported on quarterly to the CQI Unit and Regional Consultants

### **State Level Initiatives – Training**

Issues from various QSR are brought to the state level through the CQI Unit, SIP plans by local agencies or individual requests. Current emphasis is on building on family partnership meeting practice to encourage ongoing child and family teams. Special topic training has been developed on "Implementing and Sustaining Child and Family Teams." This workshop includes discussion of engagement concepts and strategies to implement and conduct Child and Family Teaming (CFT). Case examples are used to illustrate key points, while small and large group activities provide opportunities to practice skills and assess individual strengths. Strategies are discussed regarding best practices for managing CFTs, including running meetings, maintaining communication between meetings and ensuring all needed parties are engaged. In addition, supervisors have specific opportunities to assess resources and plan how

to evaluate application of strategies in their agencies. Both Child Welfare Workers and Supervisors are encouraged to attend.

### **Future Issues**

The QSR process as currently designed will take four years to reach all 119 LDSS in the Commonwealth. Responses over the last two years have been strong and favorable to the information obtained in the assessment of casework practice. The QSR protocol operationalizes the Virginia Practice model and sets a standard of quality practice. The question arises as to how we can increase the use of the QSR protocol to assess more cases and provide local supervisors the tools to assess casework practice for this quality standard. Our outcome would be statewide systemic review of the quality of child welfare practice in Virginia.

In the summer of 2013 we will develop a work group to explore the development of a supervisory tool based on the VA QSR protocol to be utilized by local supervisors on a regular and continual basis to assess the quality of practice and assist in the supervision process all to improve outcomes for children and families. Based on models from Indiana and Utah we will facilitate a work group/committee of representative state and local LDSS professionals from various regions. Our tasks will be to produce a model supervisor tool, and then develop the method, timeline and approach for implement of this tool in local departments to include training for supervisors, pilot testing of instrument, data collection of results and implementation. Our goals will be to increase the number of cases reviewed utilizing the QSR protocol and develop local ownership for assessing quality in case practice

### **Quality Service Review Supervisory Tool**

In July 2013 VDSS created a representative work group to explore the issue of expanding the QSR protocol to the supervisor level in each local department of social services. Representatives from five agencies came together along with VDSS CQI Unit, Family Services Training Unit and data management and program manager for family resources. Multiple issues and approaches were identified for the project and the first step was modifying an instrument from Indiana to be Virginia specific. The draft instrument was completed in October 2013 and identification of local agencies to field test the instrument began. Eighteen agencies were identified. A formal process action team will be charted for this project covering some of the following information.

#### ***Supervisory Tool - Objective and Scope:***

This team has been chartered to design and implement a QSR Supervisory tool to be used by all local departments of social services in the CPS ongoing and permanency program areas. The design would be for supervisors to review one case per quarter and four cases per year for each family services worker using the QSR tool and protocol. Analysis of the results will lead to steps and processes for system improvement to improve outcomes for children and families.

#### ***Goal***

- Increase utilization of continuous quality improvement in child welfare practice
- Increase the number of cases reviewed utilizing the QSR protocol
- Use results to improve outcomes for children and families
- Develop and standardize LDSS supervisor skills for assessing quality in case practice

#### ***Process and steps to address this issue by the designated work group***

- Develop and facilitate a work group/committee of representative state and local LDSS professionals from various regions.
- Develop a draft supervisory tool utilizing resources from VA, Utah, Indiana and other states

- Produce a model supervisor tool, process and data system to gather and tabulate results of use of the tool.
- Field test the instrument and process for one quarter and use results to modify tool and process.
- Develop the method and approach for implementation of this tool in local departments to include training for supervisors
- Develop a web or data system to be utilized on a local level to collect result, process analyze and report quarterly on results.
- Develop Policy and Guidance and training to direct this new practice
- Establish technical assistance and ongoing training to support the use of this tool
- Develop budget and establish financial resources to complete project

**Outcome:** An operational systemic review of the quality of child welfare practice in Virginia to improve practice and outcomes for children and families.

A work plan is in place from February 2014 through spring of 2015 for this project. The field test of the instrument will begin in September 2014 and last for 3 months.

### **Accomplishments (2009-2014)**

Family Services began the CQI Unit in 2008 and initiated a system to do case review in local departments of social services using the CFSR instrument. Between 2009 and 2010 the case review method shifted to QSR. Two groups assisted in the development of the QSR process in Virginia with financial the support of Casey Family Programs. Human Systems and Outcomes, Inc. designed the QSR protocol utilizing a design meeting with Virginia professionals resulting in a protocol that is Virginia specific and operationalizes the Virginia Children's Services Practice Model. Beginning in October 2010 the Child Welfare Policy and Practice Group was involved in the training and development of the application and use of the QSR protocol. Training and mentoring was provided for the CQI Unit and local child welfare professionals on the indicators in the QSR Protocol. This creates a method of peer review which is a common standard in quality work. Local professionals see the opportunity to be a QSR Reviewer as a professional development opportunity and a learning opportunity for their own agency in improved quality practice.

Since November 2010, 43 local departments have been reviewed using the QSR Protocol. After a QSR, a local agency develops a System Improvement Plan (SIP) to specifically address challenges that are identified and action plans are created and implemented in order to improve outcomes for children and families. Local agency action plans are then linked to agency outcomes for safety, permanency and well being. Twenty-seven agencies have submitted SIP and posted to the internal web site. Four common themes have evolved through all of these reviews and are addressed through local SIPs. These included 1) Improved assessment and understanding of families presenting and underlying needs and linking the appropriate services to meet these needs, 2) Enhanced family engagement including family involvement in service planning and searching for relatives 3) Improved team formation and functioning by establishing effective and inclusive family team meetings; and 4) development of fatherhood engagement initiatives

The VDSS and the CQI Unit have also focused on the feedback loop of a CQI process by documenting the strategies that agencies are implementing to improve child and family outcomes. The development of new tools and developmental resources to improve work processes have been shared between agencies and are available on the VDSS SPARK page. New initiatives in the past two years at the state level have been implemented to support the work being done by local departments. Two examples of steps taken by VDSS include: 1) a curriculum on improved family engagement practice which is now mandated for new

family service specialists at local department of social services; and 2) training that was developed and offered statewide introducing child and family team meetings; this training created a linkage between the current initiative of family partnership meetings and ongoing teaming (as defined in the QSR teaming indicator).

## **D. Child and Family Well Being Services**

### **Services to address children's educational needs**

The Permanency Program staff continued its collaborative partnership with VDOE staff. In FY 2014, VDSS and VDOE facilitated regional trainings together and trained over 140 representatives from DSS and the school division. These interactive trainings concentrated on the revised joint guidance and tools that were developed in 2012 to ensure educational stability and educational outcomes for school-aged children and youth in foster care.

VDSS conducted regional IL trainings that included educational stability for foster youth as a primary subject matter. Approximately 150 DSS staff members were trained on educational stability. VDSS educational specialist facilitated a workshop on educational stability at an annual conference sponsored by VDOE. VDOE also facilitated educational trainings for their staff. Virginia has worked extensively with the Great Expectations program to improve educational outcomes for foster youth pursuing higher education. The Great Expectations program operates in 17 of the 23 Community Colleges in Virginia. This program helps youth to obtain an associates' degree, vocational training and certifications to increase their independence and the possibility of earning a sustainable family wage.

VDSS and VDOE met several times on improving educational performance and outcomes of children in foster care through improved decision-making based on data. The components of a Memorandum of Understanding on appropriate data sharing have been identified. Specific data elements have been identified and VDOE has implemented an initial data run test using mock data. Specific steps for sharing data have been identified: VDSS will provide the Student Testing Identifier for foster care children to VDOE; VDOE will provide specific educational data to VDSS; VDSS with assistance from VDOE will analyze the data; VDSS and VDOE will disseminate management reports to LDSS and school divisions reporting aggregate data. Aggregated data for LDSS or schools with less than ten children will not be reported to prevent any potential identification of individual children. VDOE is awaiting federal guidance on the Uninterrupted Scholars Act authorizing the sharing of VDOE student educational data on children in foster care, including outcomes and predictors of success, with VDSS prior to implementation. This initiative was included as part of the *Commonwealth of Virginia's Proposal for the Three Branch Institute on Ensuring Well-being for Children and Youth in Foster Care* to the National Governors Association Center for Best Practices in April 2013 and work in this area is currently underway.

### **Health Care Services**

The Virginia Health Plan Advisory Committee (HPAC) advises and makes recommendations to the VDSS and the Virginia Department of Medical Assistance Services (DMAS) on improving health outcomes for children in foster care across the Commonwealth. The committee ensures that children receive appropriate services to meet their health needs, defined as developmental, medical, dental, mental health, and substance abuse needs. The committee provides ongoing oversight and coordination of health care services. It helps articulate the vision, determine effective strategies, make decisions, and follow through to ensure the health needs of children in the foster care system are met.

This section on health care services provides information on progress in and modifications to Virginia's Health Care Oversight and Coordination Plan, including those resulting from the "Because Minds Matter

Summit.” It also provides information on trainings provided to LDSS, community services boards (CSBs), CSA teams, judges, and providers on trauma, systems of care, mental health services, and psychotropic medications. Specific updates to Virginia’s Health Care Oversight and Coordination Plan are attached to this document.

**A. Overview of Transition to Managed Care**

DMAS is transitioning children who are in foster care or receiving adoption assistance and who are eligible for Medicaid to managed care. This report focuses solely on children in foster care. Managed care aims to improve the short and long-term well-being of children in foster care by facilitating continuity of care that is patient-centered and well coordinated. It is the major health care delivery model for Virginia’s children in Medicaid as evidenced by 90% of children enrolled in Virginia Medicaid are in managed care as of December 2013.

<b>Managed Care</b>	<b>422,386</b>	<b>(90%)</b>
<b>Fee-for-Service</b>	<b>44,159</b>	<b>(10%)</b>
<b>Total</b>	<b>466,545</b>	

**Foster Care = 5,404**  
**Adoption Assistance = 7,484**

As of July 1, 2012, managed care is available statewide through six Medicaid Managed Care Organizations (MCOs), although not all six MCOs are available in every area.

In the DMAS contracts with the MCOs, children in foster care are included in the definition of Children with Special Health Care Needs (CSHCN). CSHCN are defined as children under age 21 who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition(s) and may need health and related services of a type or amount over and above those usually expected for the child’s age.

The benefits for children in foster care being enrolled in an MCO and having medical management services and member services include:

- Access to assistance with medical issues (case management)
- Care coordination by dedicated plan staff
- Access to credentialed providers
- 24-hour nurse advice line
- MCO member ID card, handbook, and provider directory
- Member outreach and health education materials
- Toll-free member helpline
- Access to free translation services/language telephone line
- Open communication between MCO and DSS to meet the needs of the child

Some groups of children are excluded from the transition to managed care, including:

- Children who are hospitalized at the time of enrollment.
- Children placed in psychiatric residential care (Level C).
- Children in Medicaid waivers. If the waiver ends, the child will be enrolled in managed care – even if the waiver is reinstated later. At that point, services are split between DMAS and the MCO (waiver services through DMAS and acute care services through the MCO).

**Enrolling children in managed care.**

DMAS and LDSS updated the aid categories of the FC and AA children to ensure correct identification by January 2013. This enabled the LDSS to place these children in the correct aid category. Address fields in MMIS have been reformatted to ensure correct pre-assignments. Parents and service workers are able to communicate directly with the managed care plans and HelpLine staff and that the MCO mail is sent directly to the Resource Parents. Trainings were provided to foster care service workers to provide information about how the plans could be an additional resource for them in coordinating better health care for foster care children.

Timeline for 2013	Managed Care Regions					
	Tidewater		Central Virginia		Northern Virginia	
Enrollment per region as of 01/15/14	AA	FC	AA	FC	AA	FC
	1,594	947	1,703	1,024	1,305	841
MCO effective	Sept 1 <sup>st</sup>		Nov 1 <sup>st</sup>		Dec 1 <sup>st</sup>	

Timeline for 2013	Managed Care Regions							
	Charlottesville		Halifax Lynchburg		Roanoke / Alleghany		Southwest	
Enrollment per region as of 01/15/14	AA	FC	AA	FC	AA	FC	AA	FC
	743	684	420	432	949	747	707	644
MCO effective	March 1 <sup>st</sup>		April 1 <sup>st</sup>		May 1 <sup>st</sup>		June 1 <sup>st</sup>	

**B. Three Branch Policy Institute.** Virginia submitted a proposal for and was awarded participation in the Three Branch Policy Institute by the National Governors Association Center for Best Practices on May 16, 2013. The work includes monitoring psychotropic medications and managing by data. There are representatives from each of the three branches including: Executive Branch: VDSS Commissioner; Legislative Branch: judges who are also Senators and Delegates of the Virginia General Assembly; and Judicial Branch: the director of the CIP. A steering committee meets periodically to work on activities related to implementation of the work plan. Committee members come from the OCS, VDSS, DMAS, DOE, DBHDS, and the Office on Youth, and CIP.

Two outcomes listed below were identified for the work of the Policy Institute (an additional outcome is to improve educational outcomes for school-aged children/youth in foster care).

I. Improve Health Outcomes for Children and Youth in Foster Care	
Goal	Measure

<b>1) Increase children receiving primary health care services through health homes.</b>	a. 100% of children have physical health exams within thirty days of entering foster care.
	b. 100% of children over age 3 have at least annual physical health exams and under age 3 have exams consistent with the EPSDT Periodicity Table, based on American Academy of Pediatrics and Bright Futures guidelines.
	c. 100% of children in foster care have electronic health records.
<b>2) Increase children receiving dental health care services.</b>	a. Increased percentage of children have dental exams within sixty days of entering foster care.
	b. Increased percentage have dental exams at age 3 years and 6 years.
	c. Increased percentage have dental exams every 6 months.

<b>II. Improve Mental Health Outcomes for Children and Youth in Foster Care</b>	
<b>Goal</b>	<b>Measure</b>
<b>1) Increase children screened and assessed for mental health needs.</b>	a. 100% of children screened for mental health needs and referred to qualified mental health providers for full assessments when indicated on screen, within 72 hours of entry into foster care.
	b. 100% of children referred from screening receive comprehensive mental health evaluation, within 30 days by qualified mental health provider.
	c. 100% of children assessed with CANS and referred to qualified mental health provider for full assessment when indicated, within 30 days entry into foster care
	d. 100% of children referred to qualified mental health provider after CANS administration received comprehensive mental health evaluation within 60 days entry into foster care.
	e. 100% of children have CANS reassessment based on needs of child and family and on intensity of services provided, and have comprehensive CANS assessment annually.
	f. 100% of children have comprehensive CANS assessment within 90 days prior to exiting foster care.
<b>2) Increase access to appropriate mental health care services.</b>	a. Increased percentage of children who have moderate or severe behavioral health/emotional needs indicated on CANS receive community mental health services.
	b. Increased percentage of Medicaid providers in communities with identified service gaps.
<b>3) Improve appropriate use of psychotropic medication.</b>	a. Increased percentage of children who receive pediatric medical exams within 30 days prior to starting psychotropic medications.
	b. Increased percentage of children who receive psychiatric diagnostic evaluations within 14 days prior to starting new psychotropic medications.
	c. Increased percentage of children with medication plans implemented.
	d. Decreased percentage of children under age 6 receiving atypical antipsychotic medications.
	e. Decreased percentage of children receiving multiple psychotropic medications.

To help assess changes following implementation of actions in the proposal, OCS provided baseline data on the behavioral and emotional needs of children, age five and older, who have open cases to foster care

services and who had a CANS assessment in state FY 2012. These behavioral and emotional needs either: (i) are causing severe or dangerous problems, and require immediate and intensive action; (ii) are causing problems consistent with diagnosable disorder, and require action or intervention to address need; or (iii) represent significant history or possible need which is not interfering with functioning, and requires monitoring, watchful waiting, or preventive activities. This data will be tracked over time to assess results from actions taken to improve behavioral health outcomes, including improving the appropriate and effective use of psychotropic medications..

2012 baseline data for these 4,597 children ratings from the first CANS assessments shows the following needs:

- 70% had impulsivity/hyperactivity;
- 69% anxiety;
- 66% depression;
- 60% anger control;
- 59% oppositional;
- 48% adjustment to trauma;
- 46% conduct; and
- 12% psychosis.

Virginia’s work plan to achieve these outcomes focuses on two strategies to improve the well-being of children in foster care (a third strategy addresses improving educational outcomes for these children).

<b>Strategy I: Improve Health and Behavioral Health Outcomes.</b>		
<b>Goal 1: Manage by data.</b>		
<b>Actions</b>	<b>Products</b>	<b>Responsibility</b>
<b>1. Improve health and behavioral health outcomes of children in foster care through improved decision-making based on data.</b>	a. Cost estimates on analyzing health, behavioral health, and psychotropic medications data from SAS, External Quality Review Organization, and other appropriate entities.	VDSS, OCS, DMAS
	b. Decisions on scope, organization, and funding to conduct analysis.	DMAS, VDSS, Core Team
	c. Final data elements.	HPAC, Home Team
	d. Baseline data analysis using VDSS, CSA, and Medicaid data.	Contracted organization
	e. Core outcome measures to be tracked.	Home Team
	f. Management reports to LDSS, CSA teams, CSBs.	VDSS, OCS, DBHDS
	g. Data elements in VDSS IT systems not captured.	VDSS



	h. Reports in VDSS Safe Measures.	VDSS
<b>Goal 2: Coordinate health and behavioral health care for children in foster care.</b>		
<b>Actions</b>	<b>Products</b>	<b>Responsibility</b>
<b>1. Coordinate &amp; integrate health &amp; behavioral health care services.</b>	a. Health homes for children in foster care.	VDSS, DMAS, MCOs, VCHI
	b. Electronic health records for children.	DMAS, VDSS

<b>Strategy II: Improve Behavioral Health Outcomes for Children &amp; Youth in Foster Care.</b>		
<b>Goal 1: Increase percentage of children screened and assessed for mental health needs.</b>		
<b>Actions</b>	<b>Products</b>	<b>Responsibility</b>
<b>1. Implement behavioral health screening tool</b> for LDSS workers to use within 72 hours of child's entry into care to identify urgent needs and referral for evaluation, when indicated.	a. Tool.	HPAC
	b. Guidance disseminated.	VDSS
	c. Training provided.	VDSS, CIP
<b>2. Implement CANS</b> as mandatory assessment for all children in foster care.	a. Trauma domain revised	HPAC, OCS
	b. Guidance revised.	VDSS, OCS
	c. Training provided.	VDSS, OCS
<b>Goal 2: Increase behavioral health services available for children in foster care.</b>		
<b>Actions</b>	<b>Products</b>	<b>Responsibility</b>
<b>1. Disseminate guidance and provide training</b> on mental health screening and trauma-informed practice and interventions.	a. Guidance disseminated.	VDSS, HPAC, DBHDS
	b. Training.	DBHDS, CIP
<b>2. Increase availability of behavioral health services and treatments,</b> trauma informed and evidence-based, for children with behavioral health needs.		Core Team, CSA DBHDS
<b>Goal 3: Increase appropriate and effective use of psychotropic medications.</b>		
<b>Actions</b>	<b>Products</b>	<b>Responsibility</b>
<b>1. Monitor psychotropic medications by prescribers.</b>	a. Comparison of policies/practices for fee for service & 6 MCOS to national best practices	DMAS, VDSS

	b. Strategies identified for monitoring psychotropic medications.	Core & Home Teams, HPAC
<b>2. Increase availability of child and adolescent psychiatrists.</b>	a. Current psychiatrists identified across systems.	DBHDS, CSBs DMAS
	b. Strategy developed and implemented to increase number in all geographic locations.	Core & Home Teams, DBHDS, HPAC
<b>3. Increase knowledge of appropriate and effective use of psychotropic medications.</b>	a. Training provided for prescribers, mental health clinicians, health care providers, child welfare staff, family members, caregivers, judges.	Core Team, OCS, DBHDS, CIP

**C. Schedule for initial and follow-up health screenings** that meet reasonable standards medical practice.

The VDSS Permanency Regulation was approved and in effect in 2012, requiring that children in foster care receive:

- A medical evaluation within 72 hours of initial placement if conditions indicate necessary.
- Medical examination no later than 30 days after initial placement (was 60 days).

In addition to the medical requirement, children are required to have a dental examination within six month of entry into care. There is also a requirement for children to receive dental examinations every six month. Medical examinations are provided in accordance with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, *whether or not the child has Medicaid coverage*. These requirements are specified in the draft Foster Care Chapter of the VDSS Child and Family Services Manual.

**Health Screening Tool:** HPAC evaluated a health screening tool for LDSS service workers to use within 72 hours of child’s entry into foster care to identify urgent health needs of child and to refer child for immediate and appropriate medical or behavioral health evaluation. The document summarizes known health information for the foster child and the child’s birth family. The department’s knowledge of the child after entering foster care is dependent upon information provided by the birth family, foster parents, the managed care case manager when applicable, and other health care professionals providing services to the child. The department may provide the information in narrative, chart, and/or list format. Any item not completed indicates the information is not known. The form shall be updated whenever there is new information to ensure information is current. The child’s caregivers shall provide copies of this form or use information from this form to keep health care professionals updated as appropriate. The Child Health Information form is currently part of draft Foster Care guidance that should be published in 2014.

**Functional Assessment:** Virginia’s CANS assessment is the mandatory uniform assessment instrument for all children age 0-18 and their families who receive services funded by the CSA (§ 2.2-5209 Code of Virginia). The local CSA teams use the CANS to help plan, make decisions, and manage services at both an individual and system of care level. It helps:

- Identify the strengths and needs of the child, youth, and family.
- Enhance communication among participants working with the child, youth, and family.

- Identify children and youth who require and are referred for in-depth assessments, including assessments for health and behavioral health needs. It also has a domain for assessing trauma.
- Guide and inform service planning with the child, youth, and family.
- Capture data to track progress on child and family outcomes.
- Identify service gaps and promote resource development.

Children receiving CSA services shall initially receive comprehensive CANS assessment, with reassessments determined based on the needs of the child and family and the intensity of services. A comprehensive assessment is required annually and when the child is discharged from CSA.

The mandated CANS assessment requirement includes Title IV-E children and non-Title IV-E children that receive CSA services. However, for Title IV-E children who do not receive funding for maintenance or services from CSA, the CANS has not been required. The 2012 VDSS Permanency Regulation was revised to require that children in foster care receive an initial foster care assessment within time frames developed by VDSS but shall not exceed 30 calendar days after acceptance of the child in a foster care placement, utilizing assessment tools designated by VDSS. This requirement is specified in the Foster Care Chapter of the VDSS Child and Family Services Manual (Section 5.5). This requirement also allows the CANS to be mandated for all children in foster care. The VDSS Permanency Advisory Committee recommended at two meetings in the past that CANS be mandated for all children in foster care. VDSS is making decisions on incorporating the most appropriate assessment and service plan information into OASIS.

The HPAC Tools and Guidance (TAG) Work Group revised the trauma module of CANS. The Center for Child Trauma Assessment and Service Planning (CCTASP) at Northwestern University Medical School revised the trauma module of CANS with Dr. Lyons and NCTSN for Illinois. They also developed guidelines for using CANS from clinician, supervisor, team, and worker perspectives to do trauma informed assessment, treatment planning and treatment, to make CANS relevant for the family and worker, to engage children and families, and guide services and treatments. TAG will use these tools and the *Use of the CANS in Relation to Complex Trauma: Adaptation and Application of the CANS within the National Child Traumatic Stress Network*. The Foster Care Chapter of the VDSS Child and Family Services Manual will be revised to incorporate the mandated CANS and to make it more relevant once this work is complete.

**D. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home.**

Virginia continues to utilize family engagement, Family Partnership Meetings, the foster care service plan, FAPT, the Individualized Family Services Plan, and utilization management to inform decision-making, service planning, implementation, and monitoring of services identified during screenings and assessments. The LDSS service worker continues to play a central and essential role in managing services for the child or youth in foster care.

Information on a wraparound approach and intensive care coordination was added to Virginia’s health plan and is included in the Foster Care Chapter of the VDSS Child and Family Services Manual. DBHDS, DMAS, and/or OCS provided trainings on these two approaches and implementing systems of care. Funding for Wraparound training, coaching, certification, and capacity building was provided through the PRTF Waiver at DMAS by the University of Maryland Institute for Innovation and Implementation. Staff from Community Services Boards, LDSS, local CSA teams, and juvenile justice attended these trainings. Funding additionally supported the training of 80 community based clinicians to be certified in Trauma Focused Cognitive Behavioral Treatment in order to insure that there are clinician

to whom the LDSS can refer children in need of trauma treatment. Two LDSS in the Richmond area are currently engaged in training their staff to use the trauma toolkit (NCTSN) towards piloting a community wide trauma informed system of care.

**E. How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.**

DMAS focused on MCO network development and expansion to assure access is better than what is currently available in the area the MCO sought to expand into. DMAS determines network adequacy based on specific utilization for the expansion area not later than 90 days prior to the planned implementation date.

The MCO shall be solely responsible for arranging for and administering covered services to enrolled members and must ensure that its delivery system provides available, accessible, and adequate numbers of facilities, locations, and personnel for the provision of covered services. In establishing and maintaining the network, the MCO shall consider all of the following:

- The anticipated Medicaid/FAMIS Plus enrollment;
- The expected utilization of services, taking into consideration the characteristics and health care needs of the anticipated Medicaid/FAMIS Plus population to be served;
- The numbers and types (in terms of training and experience, and specialization) of providers required to furnish the contracted services;
- The numbers of network providers not accepting new Medicaid/FAMIS Plus members;
- The geographic location of providers and members, considering distance, travel time, and the means of transportation ordinarily used by Medicaid/FAMIS Plus members; and
- Whether the location provides physical access for members with disabilities.

**F. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.**

A major difference in Virginia's health plan is that the MCO's will be responsible for ensuring continuity of health care services. The MCO contract with DMAS requires that the MCO shall have a primary care network that includes contracting with all area health departments, major hospitals, CSBs, Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC), the top 50% utilized primary care providers, OB/GYNs and pediatricians in both rural and urban areas.

The MCO's pediatric and adult primary care providers and specialists must be clinically qualified to provide or arrange for the provision of appropriate health care services. The MCO shall submit to DMAS prior to signing the initial contract, upon revision or on request referral guidelines that demonstrate the conditions under which the PCPs will make the arrangements for referrals to specialty care networks.

**G. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.**

HPAC continues to defer to larger efforts in Virginia to implement electronic medical records (EMRs) as described below, rather than create a separate electronic health record for children in foster care.

In the interim until the EMR for children in Medicaid is established, HPAC developed the Child Health Information Form for LDSS service workers to gather known health information on the child and the

child's birth family from health care providers, caregivers, MCOs, and other entities in one place. The worker will then appropriately share this information with caregivers and health care providers.

- Child's General Information (i.e., demographics; physical description, birth information, developmental information, and critical events in the child's life including trauma).
- List of screenings, assessments, and evaluations by qualified professional (e.g., attachment, developmental, hearing, vision, or behavioral health screens; early intervention program or child find assessments; CANS; mental health evaluations; Independent Living Life Skills assessments).
- Child's Health Information, including:
  - Child Current Health Status (i.e., conditions, description including diagnosis, services/treatment)
  - Prior Illness/Disease/Condition that no longer exists (i.e., condition; date or age)
  - Prior Hospitalizations (i.e., purpose, date or age, place)
- Health History of Child's Family for family members related by blood to the child, including condition and relative and explanation:
  - If disease, specify age of onset.
  - If early death, specify cause and age.
  - If mental health issue, specify age, treatment.
  - If substance abuse, specify age started using, treatment, outcomes.
- Current and previous provider names, addresses and phone numbers for the child's routine care and special services, including medical, dental, behavioral health, clinic, urgent care, emergency room, hospitals.
- Current and previous psychotropic medications for child, including name of medication, class if psychotropic, purpose, dose and frequency, and side effects/how managed. Date of refill if needed, or dates used and reason stopped.
- Immunization record attached and other documents.

This form is being included in the Foster Care Chapter of the VDSS Child and Family Services Manual.

Virginia is now able to identify children in foster care or children receiving adoption assistance in the Medicaid Management Information System (MMIS). This will allow the aggregate reporting of data by MCO region on children in foster care. All LDSS have been involved in completing data clean up of the MMIS and the VDSS Application Benefit Delivery Automation Project (ADAPT) computer systems. Two Aid Categories will now be used to identify youth in foster care and youth receiving adoption assistance. For children in foster care, the member screen has the child's physical address and city/county code and the case screen has the LDSS address and the city/county code.

A working group in the Commonwealth consisting of VDH, Division of Consolidated Laboratory Services, the eHHR Program Management Office, and Virginia Information Technologies Agency (VITA) are exploring the new requirements and impacts of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 and the AHRQ partnership with CMS to deliver an EHR format to meet the needs of healthcare providers for children. New EHR format aligns with best practice clinical standards, federal health IT standards, and clinical expertise from healthcare providers. HPAC is inviting Dr. Joseph Grubbs, Enterprise Information Architect, Commonwealth Data Governance to share the requirements and how this will impact children in foster care.

#### **H. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.**

Virginia continues to use the service authorization requirement for any atypical antipsychotic prescribed for a child under the age of six in the fee-for-service population, including children in foster care, implemented by DMAS' Drug Utilization Review Board.

Activities and progress on psychotropic medications include:

- **HPAC's Psychotropic Medications Work Group** continues to meet. It is comprised of: child pediatricians; child and adolescent psychiatrists from a Community Service Board and the Virginia Commonwealth University (VCU); DMAS and VCU pharmacists; psychiatric nurses; mental health professionals; and other DMAS, DBHDS, VDSS, and LDSS staff.
- **HPAC identified national and other state best practices and standards** for monitoring appropriate and effective use of psychotropic medications at both child and systems levels.
- **Some of the most effective practices and strategies** nationally were identified, including:
  - Psychotropic Medication Advisory Committee
  - Practice parameters as resource for physicians and clinicians
  - Approved/preferred medications
  - Prescribing guidelines (e.g., initial and maximum dosing, schedule, monitoring)
  - Tracking use of medications through key measures using Medicaid claims data
  - Prior authorization process
  - Utilization review process
  - Annual reporting of outcomes using Medicaid claims data
  - Educational materials
- **HPAC defined psychotropic medications** based on Texas parameters. The medications are the same as the ones identified in the GAO report, however subcategories have been identified consistent with the pharmaceutical literature. The VCU clinical pharmacist updated the charts used in Texas to reflect 2013 information. Classes include:
  - Stimulants (for treatment of ADHD)
  - Non-Stimulants (for ADHD treatments)
  - Antidepressants, SSRIs
  - Antidepressants, SNRIs
  - Antipsychotics: Second Generation (Atypical)
  - Antipsychotics: First Generation (Typical)
  - Mood Stabilizers
  - Benzodiazepines for anxiety (Virginia added this class to Texas list; it was used in the GAO report)
- **HPAC identified target audiences:**
  - Front line workers (VDSS service worker, FAPT & CSB case managers, clinicians, managed care managers)
  - Caregivers/providers where child lives (foster care parents, treatment foster care and residential treatment providers, etc.)
  - Prescribers of psychotropic medications (child & adolescent psychiatrists, nurse practitioners, primary care providers in public and private sectors)
  - Youth and birth parents
- **HPAC developed draft tool kit**, including:
  - Protocol for effective prescribing of psychotropic medications for children and youth in foster care (adapted from information from the American Academy of Child & Adolescent Psychiatry, the ACYF-CB-IM-12-03 dated April 11, 2012; and the American Bar Association Center on Children and the Law).
  - Checklist for effective use of psychotropic medications.
  - Information on monitoring psychotropic medications at systems level.
  - Psychotropic medication management plan form.

- **VDSS is incorporating information from the protocol and materials** in the Foster Care Chapter of the VDSS Child and Family Services Manual consistent with the role of LDSS service worker.

DBHDS' *Comprehensive State Plan 2012-2018* includes the goal to enhance access to the full comprehensive array of child and adolescent behavioral health services as the goal and standard in every community. Objectives and implementation action steps include: (i) Increase the statewide availability of a consistent array of base child and adolescent mental health services; (ii) Implement a children's behavioral health workforce development initiative; and (iii) Establish quality management and quality assurance mechanisms to improve access and quality to behavioral health services for children and families.

## II. Primary Strategies, Goals and Action Steps

This section delineates the six primary strategies, goals and action steps for the five years of this plan. This plan represents an evolving process that will be enhanced as Virginia continues to learn. For each strategy, the applicable Children's Services System Transformation outcomes, CFSR outcomes and Systemic Factors, and CFSR items that Virginia is striving to achieve are listed.

Virginia completed the second round of the Child and Family Services Review in July 2009. As a result of the review, a Program Improvement Plan (PIP) was developed. There are four Primary Strategies in the PIP that are incorporated into the 5 year plan strategies. Those strategies are:

### 1. Engage Families across the Continuum of Child Welfare

**Goal:** Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions

### 2. Improve Assessment and Service Delivery

**Goal:** Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.

### 3. Reengineer Competency Based Training System

**Goal:** Improve training and supervision in order to serve children and families through high quality, timely, efficient, and effective services

### 4. Managing by Data and Quality Assurance

**Goal:** Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions

Both PIP strategies and non-PIP strategies will be reported in this section. If a PIP strategy was the same as what was indicated in the CFSP, the PIP strategy will take the place of the original strategy. PS in the follow sections stands for Primary Strategy.

## I. Safe children and stable families

These strategies strives to assure the safety of children within their homes, protect children in at risk situations, and ensure they are protected from abuse and neglect in a permanent setting responsive to their well being. It preserves and strengthens intact families who ensure the safety and well-being of their

children. It strives to prevent child maltreatment among families at risk through the provision of supportive family services.

- **Applicable CFSR Outcomes or Systemic Factors:** Safety Outcome 1; Safety Outcome 2; Permanency Outcome 1; Wellbeing Outcome 1; Wellbeing Outcome 3; Systemic Factor: Service Array and Resource Development
- 
- **Applicable CFSR Items:** Item 1, Item 3, Item 4, Item 17, Item 23, Item 32, Item 33, Item 35, Item 36,

### **Goal: Protect children at risk of abuse and neglect**

#### **1. Implement the Structured Decision Making (SDM) Model statewide**

- a) Gain top level administrative commitment and provide organizational structure to support SDM.
- b) Develop and implement a plan to gain support for SDM from local agency directors, supervisors, and direct child welfare staff.
- c) Incorporate SDM philosophy, processes and practices into child welfare policy and guidance manuals.
- d) Incorporate SDM tools into OASIS.
- e) Develop and/or contract for the implementation of a comprehensive training program to support SDM practice.

### **PS 2 Obj. 1. Improve local department staffs' abilities to assess initial safety and risk**

#### **Strategy 1.1 Develop and/or revise and implement tools to improve local staffs' ability to improve response times to CPS reports**

- a) review SDM intake tools to ensure consistency with VA regulations and guidance
- b) develop policy on timeframes for face to face contact with victims
- c) obtain input from CPS policy advisory committee
- d) incorporate intake tools in guidance manual
- e) disseminate manual

#### **Strategy 1.2 Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.**

- a) review SDM safety and risk assessment tools to ensure consistency with VA regulations and guidance
- b) obtain input from the CPS policy advisory committee
- c) incorporate safety and risk assessment tools into guidance
- d) disseminate guidance

#### **Strategy 1.3 Develop and implement statewide training for CPS supervisors and workers on the use of new initial safety and risk tools.**

- a) develop training curriculum
- b) select and train Trainers, to include CPS regional consultants and supervisors
- c) develop statewide training schedule



d) train all CPS supervisors and workers on use of new tools

**Strategy 1.4 Develop OASIS screens to reflect new CPS safety and risk assessments.**

- a) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created
- b) meet with Family Services Managing by Data workgroup to determine requirements
- c) implement new screens

**Strategy 1.5 Quality Service Review will evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes**

**Strategy 1.6 Identify and implement tools for local staff to use in assessing safety, domestic violence, substance abuse, and mental health issues present in relative and other caregiver families.**

**PS 4 Obj. 1. Increase use of data driven decision making in Virginia's child welfare system**

**Strategy 1.4 Develop a new report by locality on face to face contact with victims to be disseminated on a monthly basis**

- a) train regional consultants on face to face contact report
- b) introduce the report as a data management tools for state CPS staff and local departments of social services

**PS 2 Obj. 2. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.**

**Strategy 2.1 ~~Revise CPS guidance manual to provide tools to support on-going assessment, risk reassessment and service planning for children and families' service needs~~**

- ~~a) review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy.~~
- ~~b) obtain input from the Child Protective Services Advisory Committee~~
- ~~c) revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families~~

- a) Obtain input from the Child Protective Services Advisory Committee on enhancing the current services section of the CPS manual
- b) Work with NRC in home services to develop review tool for regional specialist
- c) review 50 in home cases to assess quality and level of service provision statewide (10 per region) in order to determine strengths and weaknesses in policy/guidance/ practice

**Strategy 2.2 Revise Foster Care Guidance to provide specific tools to guide service workers in conducting child and family needs assessment and risk assessment prior to reunification.**

- a) Create workgroup to review tools and recommend tools to be used.
- b) Obtain input from the Permanency Advisory Committee on recommended tools
- c) Incorporate tools into Foster Care Manual

- d) Disseminate guidance

**Strategy 2.3 Create requirements for OASIS screens to reflect new CPS and Foster Care service needs assessment and service plans**

- a) Utilize workgroup to review OASIS screens and make recommendations for screen changes
- b) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created

OBRA and Family Services meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes.

OBRA and Family Services meets with MBD prioritize timing for screen changes in OASIS

2014 update

Work has begun on the Service Requests that were submitted to DIS in 2012. Several workgroups were created to begin the process of working through the requirements for the new service plan screens. Existing groups, the CPS Policy Advisory Committee and the Permanency Advisory Committee, were tapped to provide guidance to the process of designing the new service plan. The screen requirements have been turned over to DIS for design work.

**Goal: Keep children and families together through providing families with the necessary supports to safely raise their children.**

- 1. Prevent families from disrupting and children entering foster care** through providing prevention, support and family preservation services.
  - a) Assess desired outcomes and service delivery in the Promoting Safe and Stable Families Program (*PSSF*).
  - b) Identify and promote best practice service models for prevention, family preservation and support to localities annually and as requested.
  - c) Design and present training annually for localities on the use of the PSSF funding incorporating the principles of the Children Services Transformation and the CFSR outcome measures.
  - d) Disseminate the Child Welfare Funding Package in sufficient time annually for localities to complete a community needs assessment and develop a comprehensive proposal.
  - e) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements.

2014 update

**Item 1a.**

To meet the deadline for submission of the APSR the PSSF Year-End Report uses three quarterly reports (within the period June, 2013- February, 2014) and a summary report that includes total number of children and families served, data on ethnicity, priority services and services delivered using recognized best practice models. At the time of preparation for this APSR report, 84 local departments of social services (LDSS) had submitted complete Year-End Reports. This is 74% percent of the 114 local departments of social services with SFY 2014 approved plans. This is a decrease in total year-end reports that were received in 2014 for the APSR (total received in 2013 was 98 compared to 92 in 2012 and 77 in 2011).

**Item 1b.**

There was significant reporting by localities on parent skills training which focused on different levels of child development and needs. In the table that follows, some of the curricula used by the localities are highlighted below:

<b>Table 1: Curricula Used By Localities and by Service Types</b>	
<b>Curriculum</b>	<b>Description</b>
<b>Healthy Families America Model</b> Petersburg DSS (Family Support)	An evidence based child abuse prevention model that promotes improving child health and well-being; optimal child development and school readiness; strengthening positive parenting skills and behaviors; and reducing personal and situational stresses associated with child maltreatment.
<b>Are We There Yet? – birth to 11</b> <b>Parenting Today’s Teens</b> Spotsylvania DSS (Family Preservation)	Uses multifaceted presentations to reach different learning styles. The key concepts covered include: child development, safety, effective communication, stressors, self-esteem, conflict resolution, problem solving, single and step-parenting, effective discipline techniques, parenting styles and community resources. These classes have a positive and strength based approach and is based on the belief that parents care about their children and need current information and effective tools to face the challenges of parenting in today’s world.
<b>Active Parenting Today</b> <b>Active Parenting of Teens</b> <b>1,2,3,4 Parents</b> <b>I Am Your Child Series</b> Stafford DSS (All service types)	Some of the topics covered are: how parenting is our most important job, instilling courage and self-esteem in our children, understanding our children, teaching our children responsibility and cooperation, and how to be an effective, active parent in today’s society.
<b>Nurturing Program (Family Support and Family Preservation)</b> Fairfax DSS	The Nurturing Parenting Program is an internationally recognized, group-based approach for working simultaneously with parents and their children in reducing dysfunction and building healthy, positive interactions. The program uses curriculum for the following classes: Ages 0-4 (English and Spanish), Ages 5-11 (English and Spanish), Adolescent (English), Ages 0-4 and 5-11 African American Cultural Focus (English) and Teen Parents (English).
<b>Systematic Training for Effective Parenting – STEP &amp; Active Parenting/Padres Activos</b> Arlington DSS	STEP is for young children through teens. Parents in the program report they have learned helpful parenting skills, to help them to better understand their children. Individual parents are assessed using the STEP surveys. These are administered as both pre and post tests. Additionally, a Parent Feedback Form is completed by the facilitator for each parent that completes the program. This is similar to a report card and provides a snapshot of the parent’s participation, engagement and application of material learned.

**Table 1: Curricula Used By Localities and by Service Types**

Curriculum	Description
<p><b>Comenzando Bien (Family Support and Family Preservation) – Loudoun County</b></p>	<p>Comenzando Bien is a prenatal education program for Hispanic women. It takes into account the unique needs of the Hispanic pregnant women and their families. It is culturally and linguistically relevant and appropriate for implementation in a variety of settings.</p> <p>Other Resources:</p> <ol style="list-style-type: none"> <li>1. Nurturing Parenting; Teaching Empathy, Self-Worth and Discipline to School Age Children – by Stephen Bavolek, PhD</li> <li>2. Nurturing Program for Parents and Their infants, Toddlers and Preschoolers – by Stephen Bavolek, PhD</li> <li>3. Crianza Con Carino, Programa Para Padres E Hijos - Stephen Bavolek, PhD</li> <li>4. Parenting Your Out of Control Teen – by Scott Sells, PhD</li> </ol> <p>Lessons were designed to help parents acquire best practice techniques that would improve their overall parenting skills and positive ways of interacting with their children.</p> <hr/> <p>Early Head Start uses the following curricula:</p> <ul style="list-style-type: none"> <li>• Family Preservation Assessment, Ages &amp; Stages/Denver II</li> <li>• Early Intervention (Developmental Assessments and/or Interventions)</li> <li>• Parents as Teachers</li> </ul>
<p><b>Strengthening Families Program (SFP) (Prevention Services through the CSB)</b> Radford City DSS</p>	<p>SFP (Kumpfer &amp; DeMarsh, 1989; Kumper, DeMarsh, &amp; Child, 1989) is an evidence-based 14 week family skills training program that involves the whole family in three classes run on the same night once a week. The parents or caretakers of high-risk youth attend the SFP Parent Training Program in the first hour. At the same time their children attend the SFP ages 6-11 Skills training Program. In the second hour, the families participate together in a SFP Family Skills Training Program.</p>
<p><b>Master Financial Volunteer Education through Virginia Polytechnic Institute and State University (VT)</b> Shenandoah Valley</p>	<p>Topics covered are Financial Management Services/Budgeting; Self-Sufficiency and Life Management Skills; Positive Solutions for Families.</p>

Several localities enhanced services provided to families by focusing on the needs of fathers through support groups, parenting skills and employment training services.

**GRANTS: Family Strengthening & Fatherhood Initiative**

VDSS awarded \$290,442 in contracts during June 1, 2013 – November 30, 2013 to support 11 community-based programs addressing the areas of responsible fatherhood, healthy marriage and relationships, effective parenting, and youth development. The target populations include families with children ages 0-12, families with youth ages 13-19, non custodial parents and custodial parents. Key

focus areas of this funding include strengthening the non - custodial father's everyday emotional and financial role in the family and in the lives of his children; and supporting evidenced-based fatherhood, family preservation and family strengthening projects and programs. Grantees were the following:

1. Capital Youth Empowerment Program (CYEP), Alexandria, VA – “Fathers in Touch” (FIT) program for non-custodial fathers ages 16 and older involved in child abuse and neglect, domestic violence, foster care and child support cases.
2. Center for Child & Family Services (CCFS), Hampton, VA – “Not in the Home but in the Heart” program for fathers, 15 and older, unmarried, married, separated, or divorced with at least one child from newborn to 19 years of age.
3. Chesterfield Community Services Board (CCSB), Chesterfield, VA – “*Within Our Reach*,” is an empirically based program designed to strengthen low-income couple relationships in committed relationships and parenting children under the age of 18.
4. Child Development Resources (CDR), Norge, VA – “*Building Secure Families*” (BSF) program targeting expectant families and those with newborns and families with incarcerated fathers and with children under age 12. *Linkages: Building Strong Connections* that provides one-on-one coaching, parenting education and family support services for incarcerated fathers and their child's birth mother or caregiver.
5. For the Children Partners in Prevention (FTC), Martinsville, VA – Partners in Prevention program involves a network of 40 health and human services groups, with a focus on youth development, responsible fatherhood, marriage and relationship education and marriage mentoring.
6. Highlands Community Services Board (HCSB), Abingdon, VA – Developed a project identified as “Project Dads.” The project targets noncustodial/nonresident fathers and is implemented through the 24/7 Dad curriculum, by offering a 12-session educational program focusing on key fathering characteristics such as, masculinity, discipline and work-family balance.
7. New Jubilee Education & Family Life Center (NJEFLC), Richmond, VA - The project includes “Connections: Relationships and Marriage curriculum” delivered to 100 selected males at Armstrong High School which has a predominately African American student population. It includes 25 weeks of one-hour in class sessions, five weeks each on the topics: Personality, Relationships, Communication, Marriage, and Money & Budgeting.
8. Rubicon, Inc. (RI), Richmond, VA – Developed a program focusing on single and married fathers in its residential and/or outpatient substance use disorder treatment community. The program promotes participation in various kinds of relationship-enhancing activities through increased exposure to healthy lifestyle options, character building, and broadening of cultural and artistic exposure.
9. Henrico County Department of Social Services, Henrico, VA – expanded the existing fatherhood services into the department's child welfare services program, and expanded the services of the existing Fatherhood Support Group to offer an additional group. The goals include:
  - a. Positive engagement of fathers in relationship with their children;
  - b. Development of co-parenting strategies by the fathers; and
  - c. Fathers learning and applying new parenting skills.

10. Newport News Department of Human Services, Newport News, VA – seeks to address the needs of non-custodial fathers and provide them with the knowledge and skills necessary to engage in healthy interaction and increase positive involvement with their children, as well as improving their pro-social fathering skills, attitudes, and behaviors.
11. Virginia Beach Department of Human Services, Virginia Beach, VA - Fathers In Training (FIT) Program assists fathers in exploring and referring them to educational and skills training opportunities that would enable them to become more successful in their efforts to obtain and maintain gainful employment.

<i>Table 2:</i>	
<b>Family Strengthening &amp; Fatherhood Grantees Children and Families Served</b>	
	<i>SFY 2014</i>
Total Children	576
Total Families	356

These father focused contracts concluded on November 30, 2013. Overall PSSF funding was reduced as a result of sequestration; VDSS prioritized the funds made available to the LDSS for the provision of community-based prevention, support and family preservation services. The opportunity for greater awareness of the importance of fathers in the lives of their children continues to be a priority of VDSS. Father focused work continues under the umbrella of the VDSS Engaging Families for Success program.

**Item 1c**

In 2014, state-wide training regarding best practice and effective use of PSSF funds was not provided. However, VDSS staff did provide technical assistance and disseminating best practice information via regular bulletins which were e-mailed to local PSSF contacts and other stakeholders.

**Item 1d**

The new five-year funding cycle for PSSF will begin on June 1, 2014; much of the current year has been spent preparing for the development of the state plan. VDSS staff revised the Community Needs Assessment Guidelines & Funding Application (funding package) for FY 2015 and made it available for stakeholder input. When finalized, the Guidelines and Application were posted on the VDSS public website. A VDSS broadcast was distributed and e-mails were sent to local PSSF contacts and other stakeholders announcing the availability of the funding package.

Technical assistance was provided through three (toll free) conference calls in which an overview of the funding package was presented and questions were answered. Registration was limited; however, 142 organizations, communities, and individuals registered to participate in at least one conference call. In many instances several community partner staff sat together to participate. After each call, registered participants were sent a survey (via Survey Monkey) to garner feedback. Fifty-six persons completed the survey. This number includes those who responded on behalf of other community partner staff who participate in the call together. A majority of respondents (86%) reported that the call met or exceeded their expectations. A few survey respondents desired to have the funding package presented to them in-person.

**Item 1e**

The use of PSSF funds is monitored through review of the LDSS quarterly reports, budget modification requests and fiscal expenditure reports. The LDSS use a fill able Quarterly report form. Data are then

extracted and entered into Survey Monkey by VDSS staff for analysis. The tables below show the children and families served by service type and the ranking of most frequently provided services for FY 2014.

<b>Table 4: Children and Families Served by Service Type</b>		
<b>84 Agencies Reporting</b>		
<b>Service Type</b>	<b>Total Children</b>	<b>Total Families</b>
<b>Preservation</b>	4,737	3,152
<b>Support</b>	6,590	4,743
<b>Reunification</b>	969	561
<b>Adoption (1)</b>	11	9
<b>Total</b>	12,307	8,465
<p>(1) \$1.3M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.</p> <p>Note: Services that are not targeted toward specific individuals or families include community fairs, brochures, information and referral, newsletters, library resource centers, websites, etc. are not included in these counts.</p>		

<b>Table 5: SFY 2014</b>					
<b>Top Five Services Most Often Provided to Families</b>					
<b>(rankings based on a total of 31 possible service codes)</b>					
<b>Service Type</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
<b>Family Preservation</b>	Housing or Other Material Assistance	Counseling and treatment: Individual	Parenting Education	Case Management	Substance Abuse Services

**Table 5: SFY 2014**

**Top Five Services Most Often Provided to Families**  
*(rankings based on a total of 31 possible service codes)*

<b>Service Type</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
<b>Family Support</b>	<i>Housing or Other Material Assistance</i>	<i>Parenting Education</i>	<i>Counseling and treatment: Individual</i>	<i>Parenting Skills Training</i>	<i>Transportation</i>
<b>Reunification</b>	<i>Transportation</i>	<i>Counseling and treatment: Individual</i>	<i>Housing or Other Material Assistance</i>	<i>Substance Abuse Services</i>	<i>Parenting Education</i>

Example of a program accomplishment cited in one of the 2014 year-end reports:

*“This past year, our Family Resource Specialist did presentations to the Guidance Counselors in our local high schools to strengthen our relationship with the high schools and referrals from our school system. We have also reached out to the FAPT team to market our services and parenting classes. We continue to work closely with Culpeper County Health Department (CCHD) and Culpeper Regional Hospital (CRH) Family Birth Center to identify pregnant women and new mothers in our community who could benefit from our services. Our Family Resource Specialist has continued to meet new mothers and introduce our services at their first prenatal appointment at CCHD. Our collaboration with CRH also continues to strengthen. Both the CCHD and the CRH recently renewed their Memorandum of Understanding with us, which will enable us to continue.” (Culpeper)*

Example of a program challenge cited in one of the 2014 year end-report:

*“Not all children are up to date on immunizations or have had a physical exam due to lack of medical insurance. The program is responsible by helping parents to apply for Medicaid and subsequently scheduling needed medical services once insurance has been approved. We have also responded by sending families to medical providers that have a sliding fee. For our families that leave the program, there continues to be limited to no options for affordable childcare for children aged 3. Families are significantly stressed due to this limited availability. Some are faced with losing their employment, housing or not being able to provide basic necessities.” (Loudoun County)*



**Table 6: Children and Families Referred to the PSSF Program**

<i>Measures: Outputs and Outcomes</i>		<i>SFY 2010</i>	<i>SFY 2011</i>	<i>SFY 2012</i>	<i>SFY 2013</i>	<i>SFY 2014</i>
		<i>90 agencies reporting</i>	<i>77 agencies reporting</i>	<i>92 agencies reporting</i>	<i>98 agencies reporting</i>	<i>84 agencies reporting</i>
	<i>Number of families receiving PSSF services</i>	<i>8,572 families 11,417 children</i>	<i>7,807 families 9419 children</i>	<i>10,726 families 18,867 children</i>	<i>10,474 Families 14,185 children</i>	<i>8,465 Families 12,307 children</i>
	<i>Of this number, children who enter foster care will not exceed 5%</i>	<i>181 = 1%</i>	<i>228 = 2%</i>	<i>191=1%</i>	<i>188=1%</i>	
	<i>Number of families whose children are in foster care 15 mos. or less who receive reunification services</i>	<i>1,104 children in 692 families</i>	<i>985 children in 731 families</i>	<i>1,048 children in 699 families</i>	<i>1,141 children in 738 families</i>	<i>969 children in 561 families</i>
	<i>Number of children targeted for Reunification at the end of the year</i>	<i>488</i>	<i>436</i>	<i>512</i>	<i>515</i>	
	<i>Number of children reunited with their birth family during the year</i>	<i>289</i>	<i>218</i>	<i>184</i>	<i>227</i>	
	<i>Number of children placed w/relatives other than the natural parent who was the last custodian</i>	<i>142 ( 1%)</i>	<i>154 (1.6%)</i>	<i>180(1%)</i>	<i>145(1.2%)</i>	<i>147</i>
	<i>Number of children for whom a new abuse complaint was made/baseline = 6.1%</i>	<i>45 (less than 1%)</i>	<i>56 (less than 1%)</i>	<i>118 (less than 1%)</i>	<i>103 (less than 1%)</i>	<i>62 (less than 1%)</i>

**Table 6: Children and Families Referred to the PSSF Program**

<i>Measures: Outputs and Outcomes</i>	<i>SFY 2010</i>	<i>SFY 2011</i>	<i>SFY 2012</i>	<i>SFY 2013</i>	<i>SFY 2014</i>
	<i>90 agencies reporting</i>	<i>77 agencies reporting</i>	<i>92 agencies reporting</i>	<i>98 agencies reporting</i>	<i>84 agencies reporting</i>
<i>Number of families by ethnicity</i>  <i>(*based on the ethnicity report)</i>	<i>50% African American</i>  <i>54% Caucasian</i>  <i>13% Hispanic</i>  <i>3%</i>  <i>Asian or other race</i>	<i>39%</i>  <i>African American</i>  <i>41% Caucasian</i>  <i>13% Hispanic</i>  <i>7%</i>  <i>Asian or other race</i>	<i>34%</i>  <i>African American</i>  <i>49% Caucasian</i>  <i>13% Hispanic</i>  <i>4%</i>  <i>Asian or other race</i>	<i>32%</i>  <i>African American</i>  <i>44% Caucasian</i>  <i>13% Hispanic</i>  <i>11%</i>  <i>Asian or other race</i>	<i>35%</i>  <i>African American</i>  <i>47% Caucasian</i>  <i>13% Hispanic</i>  <i>5%</i>  <i>Asian or other race</i>

Based on locality reports, (Tables 7 – 9) that follows are a composite of the most frequently used services during Fiscal Years 2010, 2011, 2012, 2013, and 2014. The rankings are based on the frequency by which each service was applied to assist a family. Based on the PSSF Service Array 31 allowable services; Assessments, Parenting Education, Housing and Other Material Assistance, and Transportation were most often applied to prevent family crisis and/or to achieve the goal of return home. These findings are consistent with those reported in the statewide assessment for the 2009 CFSP. At that time, VDSS requested LDSS and their local partners (localities) to complete two surveys. The findings are in Virginia’s Five Year Plan for Children and Family Services 2010 – 2014 available at: [http://www.dss.virginia.gov/family/cfs\\_plan.pdf](http://www.dss.virginia.gov/family/cfs_plan.pdf)

Based on the 2009 survey findings, Assessments and Parenting Education are widely used in local agencies; 95% of the respondents indicated they conduct client needs assessments; and that parent education services are available in their locality. The majority of respondents (80%) felt that parenting education programs were community-based and family-centered.

Also based on the 2009 survey findings, localities indicated substantial gaps in the availability of primary services such as Transportation, Housing and Substance Abuse Counseling; that would allow parents to more fully participate in parenting and other family strengthening services. Transportation was a ‘Gap’ and/or ‘Need’ for all VDSS regions.

**Table 7: Family Preservation Summary  
Most Frequently Provided Services**

<b>Year</b>	<b>Ranking</b>							
2014	<b>n/a</b>	<b>#4</b>	<b>#2</b>	<b>#1</b>	<b>n/a</b>	<b>#3</b>	<b>#5</b>	<b>n/a</b>

2013	#5	n/a	n/a	#1	#3	#2	#4	n/a
2012	n/a	#3	#4	#1	#2	#2	n/a	#5
2011	#4	#5	n/a	#1	#3	#2	n/a	n/a
2010	n/a	#5	#4	#1	#3	#2	n/a	#4
<b>Service Code</b>	020	030	050	<b>130</b>	150	211	235	260

<b>Table 8: Family Support Summary Most Frequently Provided Services</b>										
<b>Year</b>	<b>Ranking</b>									
2014	n/a	n/a	#3	n/a	#1	n/a	n/a	n/a	#2	#4
2013	n/a	n/a	n/a	#5	#1	#4	n/a	#3	n/a	n/a
2012	n/a	#3	n/a	n/a	#2	n/a	n/a	n/a	#1	#4
2011	#4	#3	n/a	n/a	#2	n/a	#5	n/a	#1	#5
2010	#5	#4	n/a	#5	#2	n/a	#4	#3	#1	n/a
<b>Service Code</b>	020	030	050	090	130	140	150	180	<b>211</b>	213

<b>Table 9: Time-limited Family Reunification Summary Most Frequently Provided Services</b>										
<b>Year</b>	<b>Ranking</b>									
2014	n/a	n/a	#2	#3	n/a	#5	n/a	#4	#1	
2013	#3	n/a	#3	#2	n/a	#5	#4	n/a	#1	
2012	#5	n/a	#1	#3	n/a	#4	n/a	n/a	#2	
2011	#1	n/a	#3	#2	n/a	#5	n/a	#3	#4	
2010	#1	n/a	#2	#2	#5	#2	n/a	n/a	#1	
<b>Service Code</b>	020	030	050	130	150	211	213	235	<b>260</b>	

### Most Frequently Provided Services

Service Array Code Legend:

020	Assessment	030	Case Management
050	Counseling and Treatment-Individual	090	Educational/School Related Services
130	Housing or Other Material Assistance	140	Information and Referral
150	Intensive In-Home Services	180	Mentoring
211	Parenting Education	213	Parenting Skills Training
235	Substance Abuse Services	260	Transportation

## II. Family, child and youth-driven practice

This strategy fulfills the mission of transforming how services are delivered by giving a stronger voice to children and families in decision-making. The state practice model enables families to actively engage with child welfare staff and other important stakeholders in facilitated meetings to collaborate on the key decisions (*such as placement or moves*) that affect a child's life. Through collaboration, the practice model is achieved according to individual circumstances while empowering families to participate in the process.

- **Applicable Children’s Services System Transformation Outcomes:** Permanency Outcomes: Increase Permanency Discharges, Decrease Time to Permanency Discharge; Family Based Care: Increase Family Based Care, Increase Kinship care; Congregate Care Reduction: Decrease number of youth in congregate care, Decrease time spent in congregate care
- **Applicable CFSR Outcomes or Systemic Factors:** Safety Outcome 2; Permanency Outcome 1; Permanency Outcome 2; Wellbeing Outcome 1; Systemic Factors: Staff and Provider Training, Service Array and Resource Development, Foster and Adoptive Parent Licensing, Recruitment, and Retention
- **Applicable CFSR Items:** Item 3, Item 4, Item 6, Item 7, Item 8, Item 9, Item 10, Item 11, Item 12, Item 14, Item 15, Item 16, Item 18, Item 32, Item 33, Item 34, Item 35, Item 44 & Item 45

**Goal: Engage families in decision making using a strength-based, child-centered, family-focused and culturally competent approach**

**1. Implement a state-endorsed Family Engagement Model**

- a) Develop and implement a plan for providing a consistent statewide approach to family engagement.
  - Enhance and increase the involvement of parents, children, youth, and other significant social network members in service delivery, policy and program development and evaluation.
  - Assess LDSS’ needs, training, intersection with CSA, documentation in OASIS, and evaluation of practice.
  - Develop resources and tools for service providers to more fully engage parents, youth and other significant individuals in planning, implementation and evaluation processes.
- b) Train selected service providers and state/regional staff on strategies for engagement on a regional basis.
- c) Establish a plan for regional staff to provide training and technical assistance to localities on family engagement strategies.
- d) Survey selected programs to determine the level of change in involvement and recommendations for improvements.
- e) Develop and implement recommendations to improve parent, youth and other significant individual’s involvement.

2014 update

Continued efforts have been made by VDSS to support the practice of family engagement. A family engagement newsletter featuring promising local agency practice, tips and training information is published quarterly.

In collaboration with the QA Unit, a presentation for child welfare supervisors on the use of Child and Family Team meetings, a meeting model which promotes continuous family engagement and teaming, has been conducted in all 5 regions. The written description and supporting materials regarding family engagement, voice and choice and teaming have been made widely available to supervisors and staff across the state. The Training Unit provided a Subject Matter Expert (SME) training series on teaming in child welfare practice and incorporated the materials developed by the Family Engagement and QA Program managers. This training was attended by workers and supervisors in all five regions and

additional training sessions were added due to its popularity. This spring, the state-wide automated data system will be updated to add CFT as a type of contact in order to further support implementation.

Additionally, the VDSS Family Engagement unit has begun revising and enhancing a Family Engagement chapter for the Family Services Manual. The previous Family Engagement chapter only included information about FPMs, and the content has been largely incorporated in the Program area chapters. However, as the focus on family engagement has expanded beyond FPM to include working with fathers, working with extended family, casework using engagement strategies, engaging youth, etc there is an opportunity to provide direction and resources to LDSS staff trying to enhance their practice with children, youth and families. A series of stakeholder meetings have been held to get input on content.

**PS 1 Obj. 1. Utilize Family Partnership meetings as a way to involve families, youth, and significant others**

**Strategy 1.1 Develop Family Partnership resources and tool kit for service providers, relevant family service contractors, and LDSS to share with families**

- a) Post local and national sample documents such as brochures, forms, contact information
- b) Post family engagement guidance

**Strategy 1.2 Train LDSS workers and members of the bar on Virginia's Family Engagement Model including Family Partnership meetings, Diligent Family Search and Engagement.**

- a) develop curricula, in conjunction with VISSTA, based on FEM guidance
- b) develop training phases for LDSS and determine which localities will be trained in which phase
- c) schedule training for members of the bar
- d) evaluate trainings

**Strategy 1.3. Revise CPS and Foster Care guidance manuals to support family engagement philosophy and partnership meetings.**

- a) review Family Engagement guidance
- b) review current program guidance to identify key decision points
- c) obtain input from the Permanency Advisory Committee and the Child Protective Services Advisory Committee
- d) coordinate language across CPS and foster care programs and incorporate consistent language in the respective guidance manuals
- e) disseminate guidance in CPS and foster care manuals

**Strategy 1.4. Increase the number of family partnership meetings**

- a) Set the expectation that each locality within the state will implement Family Partnership Meetings at at least one decision point by the end of the calendar year 2010
- b) Review the Family Partnership report to inform technical assistance needs
- c) Provide technical assistance through Regional Consultants

*2014 update*

As of the end of September 2012, 119 of 119 Local Department of Social Services were meeting VDSS' requirement that they have Family Partnership Meetings (FPMs) at critical decision points in child welfare cases. There is still work to do in regards to full implementation. Many small localities continue to struggle to hold FPMs at all 5 decision points. This is primarily due to two issues. First, in smaller agencies where staff "wears multiple hats" there is a very real challenge to identify a neutral facilitator, that is, a staff person who doesn't already have a relationship to the family. Additionally, it is not feasible to have a dedicated FPM facilitator, and therefore, when a meeting needs to be scheduled urgently, a trained facilitator or a neutral facilitator may simply not be available. The second issue is that in these smaller agencies, critical decision points arise very infrequently, which has the effect of limiting the experience and also confidence of staff and FPM facilitators in the process.

Many LDSS staff report that the FPM process both works and permits them to do more meaningful work with their clients. The FPM practice appears to be fully integrated in many LDSS; and staff experience of success with the model insures that it will continue to be how business is done there. However, this experience has not been as common in very small LDSS, where FPMs are required only infrequently. To date, Family Partnership Meetings are required by VDSS, but not by law or regulation. In this state supervised, locally administered state, implementation has been driven by setting expectations, encouragement and support, rather than legislation or fear of consequences.

Across the state, support for FPM implementation has taken the form of focused T/TA provided by regional implementation teams initially and continued by Regional Consultants and Directors. VDSS has provided training for LDSS staff and for FPM facilitators and incentives were used to encourage early implementation and the growth of the practice. Additional support for struggling LDSS has included the development of opportunities for facilitator peer support through Regional FPM Roundtables and FPM Project group meetings will include targeted outreach to smaller agency facilitators.

**Strategy 1.5** CIP to fund facilitation of 20 of family partnership meetings at LDSS

- a) RFA developed in conjunction with CIP and Family Engagement Manager and sent to all local departments
- b) Selected localities will be notified and included in a pilot project for Family Partnership training
- c) Judges from the pilot site localities will be trained on Family Partnership meetings
- d) Develop a process for formally notifying the Court about the outcome of the family partnership meeting.

**2. Enhance the current CPS Differential Response System (DRS) Practice Model to ensure a more family-focused and family-driven approach**

- a) Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track.
- b) Revise and align the CPS policy and guidance manual consistent with strengthened family engagement philosophy, procedures and practices.
- c) Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments.

**3. Collaborate with the Office of Comprehensive Services to support engaging families in service delivery:**

- a) Provide opportunities for LDSS and local CSA staff to receive training about family engagement policy approved by the State Executive Council.
- b) Develop a cross-systems family satisfaction survey.

**Goal: Engage youth at the service, program and policy levels.**

- 1. Increase youth involvement in service planning and developing transitional planning to promote permanency and self-sufficiency.**
  - a) Develop strategies to increase the level of youth involvement in program planning, implementation and evaluation.
  - b) Involve the Virginia Youth Advisory Council (VYAC) and regional councils in the development and improvement of state and local child-serving policies and practices by creating and/or supporting initiatives and partnerships that promote permanency, self-sufficiency, and networking.
  - c) Involve youth in providing input into foster care policy development, conducting life skills and self-advocacy training, and increasing youth's understanding of the concept of achieving permanency.
  - d) Provide training and technical assistance to LDSS in developing appropriate youth-driven service plans that focus on transitional living plans for older youth.

2014 Update

Virginia has made a shift in practice and philosophy to include a strong focus on the need for older youth in care to have permanent connections to responsible adults as well as improved skills to manage adulthood in a successful manner. As a result, VDSS in collaboration with key stakeholders on the federal, state and local levels have been working diligently to:

- ensure that every foster youth has a permanent, life-long connection to a responsible, caring adult upon leaving the foster care system; and
- prepare every youth for self-sufficiency by providing an individualized plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning and other related services to ensure lifelong success.

For FY 2014, VDSS continued to collaborate with Gary Mallon, Executive Director of National Resource Center for Permanency and Family Connections (NRCPPFC) in developing and implementing an integrated approach to youth permanency and preparation for adulthood for Virginia. As a result of the partnership with NRCPPFC, VDSS piloted five regional trainings entitled "Unpacking the NO of Permanency for Older Adolescents" which was designed to increase youth permanency. The session addressed the importance of permanency using an adapted training developed by NRCPPFC which included the following:

- an overview of National and Virginia data on older youth in foster care;
- major policy changes in foster care;
- definition of permanency;
- concept of permanency for youth; and
- strategies on how to change an initial "no" to permanency to "yes."

In addition, Project LIFE, a private/public partnership between VDSS and United Methodist Family Services (UMFS) for the past four years, has been instrumental in getting youth in and transitioning out of foster care involved in trainings, activities, and events that promote permanency and self-sufficiency. The goal of Project LIFE is to support permanency and lifelong connections for youth ages 14-21, while coordinating and enhancing their life skills instruction and development by collaborating with local departments of social services (LDSS), private providers and community stakeholders. Five Project LIFE regional Independent Living (IL) Consultants and one director assist VDSS in carrying out the vision,



mission and goals of the Chafee Foster Care Independence Act (CFCIA) and the principles of the Virginia Children's Services Practice Model in collaboration with LDSS and private providers by offering:

- Hands-on training
- Structured, uniform program of services
- Technical assistance
- Best practice development

Project LIFE offered the following training, technical assistance (T/A), and services to LDSS:

- Casey Life Skills Assessment (CLSA)
- National Youth Transition in Database (NYTD)
- Independent Living Program (ILP); Education and Training Vouchers Program (ETV); Transition Living Plan (TLP); Permanency for Youth
- Permanency Pact (a formalized, facilitated process to connect youth in foster care with a supportive adult)

Reportedly, Project LIFE provided training/ TA or coaching to approximately 1070 professionals including local foster care workers and supervisors, IL coordinators, judges, GAL, resource parents (foster care/adoption), and private providers.

During this fiscal year, the Project LIFE team achieved the following:

- Coordinated two teen weekend conferences (permanency and advocacy respectively) with at least 65 youth participants at each. Older youth co-facilitated some of the workshops and activities
- Participated in state work groups and committees representing the needs of older youth (i.e., National Youth and Transition Database (NYTD), Permanent Roundtables, Extending Foster Care to age 21, Permanency Workgroup)
- Provided training/TA to LDSS on the state's new templates for the transitional living plan (youth ages 14 to 17) and the 90-day transition plan (ages 18 and over)
- Conducted five regional trainings on "Trauma Informed Foster Care" for workers, foster and adoption parents, group home providers and other stakeholders. Presented by Mark Freado President of Reclaiming Youth International, and Dr. Erik Laursen of Charterhouse School at UMFS, this training provided adult supporters of youth in foster care an overview of the long-term consequences of adverse childhood experiences and an overview of The Brain Rules guiding normal brain development. At the training, participants: (1) learned about the devastating impact traumatic experiences can have on children, altering their physical, emotional, cognitive, and social development; (2) discovered how traumatic events in childhood increase the risk for a host of social, emotional, neuro-endocrinologic and physical health problem; and (3) found out how adults can help children in foster care better understand the traumatic events affecting their lives and to identify and build on their strengths.

VDSS is committed to assisting LDSS in providing necessary services to eligible youth on a statewide, regional and local basis as well as having youth's voice and involvement in his/her own service planning, foster care policy, NYTD workgroup and other state committees. In October 2013, National Resource Center for Permanency and Family Connection (NRCPPF) provided technical assistance to VDSS and Project LIFE in planning a teen conference focusing on youth permanency, and in March 2014 the teen conference focused on youth advocacy.

### **III. Achieving Permanency**



This strategy ties directly to the Children's Services Practice Model. We believe that all children and youth need and deserve a permanent family. It is VDSS' responsibility to promote and preserve kinship, sibling and community connections for each child. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or subsidized custody.

- **Applicable Children's Services System Transformation Outcomes:**  
Permanency Outcomes: Increase Permanency Discharges, Decrease Time to Permanency Discharge; Family Based Care: Increase Family Based Care, Increase Kinship care
  
- **Applicable CFSR Outcomes or Systemic Factors:** Permanency Outcome 1; Permanency Outcome 2; Wellbeing Outcome 1; Systemic Factors: Staff and Provider Training; Service Array Resource Development; Foster and Adoptive Parent Licensing, Recruitment, and Retention
  
- **Applicable CFSR Items:** Item 7, Item 8, Item 9, Item 10, Item 12, Item 14, Item 15, Item 17, Item 32, Item 33, Item 34, Item 35, Item 44, Item 45

**Goal: Find and support permanent families and/or life-long connections with a responsible, caring adult for every youth in foster care.**

**1. Evaluate and recommend changes in the processes and procedures to achieve legal permanency for children in foster care that are consistent with research and best practices related to stability and permanent families.**

- a) Assess OASIS data on achieving permanency for children under the current permanency goals allowed under Virginia law.
- b) Review, as indicated, other states' permanency goals and data to assess how Virginia could improve its legal permanency options for children in foster care.
- c) Using the Process Improvement Team model, make recommendations to the Division Director for improving the processes, procedures and how the legal permanency options available for children in care are used.

**2. Increase kinship care services for families involved with the child welfare system.**

- a) Explore multiple options for supporting kinship care relationships (*including subsidized custody*) for children at risk of entering or in the foster care system.
- b) Explore the use of Subsidized Custody as another permanency option for children who are in foster care and placed with a relative foster parent in accordance with the Title IV-E requirements of The Fostering Connections to Success and Increasing Adoptions Act, 2008.
- c) Establish the decision process, plan and timeline regarding the option of a Subsidized Custody (*guardianship*) goal in foster care by July 2009.
- d) Support state collaborations that focus on increasing awareness and training of kin (*relatives*) as valuable resources in creating permanency options for children who cannot live with their birth parents.
- e) Provide ongoing support and involvement of staff in local and regional initiatives to train and support kinship care providers.

**PS 1 Obj. 4. Implement Subsidized Custody as a permanency option for children in foster care**

**Strategy 4.1. Develop guidance in foster care manual for subsidized custody as one of two options for the foster care permanency goal of placement with relatives**

- a) workgroup formed
- b) determine what sections of foster care manual will be amended
- c) determine definition of relative
- d) clarify the process of ruling out reunification and adoption as not appropriate for the child
- e) clarify how the VEMAT will apply to relative subsidy payments
- f) develop tools for assessing families and children as appropriate for subsidized custody
- g) create guidance regarding all siblings qualifying for a subsidy
- h) develop post-custody review procedures
- i) Provide process for continued Medicaid eligibility when a family with custody moves to another state
- j) Collaborate with Office of Comprehensive Services to amend CSA guidance to include requirements for subsidized custody consistent with guidance in the foster care manual.
- k) PAC to review guidance

2014 update

Custody Assistance has not been implemented in Virginia.

**Strategy 4.2. Identify OASIS updates**

- a) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created
- b) meet with Managing by Data workgroup to determine requirements

**Strategy 4.3 Examine and amend CPS guidance to determine revisions required to support subsidized custody.**

- a) With CPS policy person, draft guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child
- b) review guidance with CPS policy advisory team
- c) disseminate guidance

**Strategy 4.4 Develop training for workers on the appropriate use of Subsidized Custody as an option under the goal of Placement with Relatives**

- a) Provide Subsidized Custody policy and procedures to VISSTA to incorporate into new worker policy training for both CPS and Foster Care workers
- b) Provide Foster Care Guidance Transmittal Training including Subsidized Custody procedures to local social worker coordinators and staff
- c) Work with NRC to plan and conduct skills training on assessment and preparation of relatives for taking custody of kin for local staff
- d) Provide Child Welfare Training committee a training curriculum, consistent with the NRC skill training on assessment and preparation of relatives, to incorporate into the array of competency based courses

**Strategy 4.5 Educate judges and attorneys on subsidized custody in collaboration with Court Improvement Office.**

- a) provide Foster Care guidance on Subsidized Custody to support development by CIP of curriculum to train judges

- b) meet with CIP staff to discuss CIP training schedule and determine options for training judges
- c) provide training in conjunction with CIP

**Strategy 4.6 Develop evaluation plan in conjunction with VDSS research department**

- a) Identify variables to be tracked
- b) Determine methods of evaluation (i.e. surveys, interviews, etc)
- c) set baselines

**3. Evaluate and implement best-practice models that are consistent with the Family Engagement Model.**

- a) Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections.
- b) Research the benefits and challenges of statewide implementation of: concurrent planning and using the Child and Adolescent Needs and Strengths Assessment (*CANS*) tool for every child in foster care.
- c) Obtain National Resource Center technical assistance to access lessons learned by other states and to assess the benefits of, and processes for, implementing multiple best practices.
- d) Convene ad hoc workgroups involving key stakeholders to assist in the analysis (*including evaluating current needs and the status of these practice models in Virginia and other states*) and to provide input on formal recommendations for implementation.
- e) Develop plans and implement additional best-practice models as indicated.

**4. Develop a wider array of options for local department use of respite funding to support connections with relatives and siblings for children in foster care with a community-based focus.**

- a) Establish and convene a respite advisory team in each region, to include local departments, respite care providers, and key members of local communities;
- b) Utilize regional respite advisory teams to determine the needs for, current uses of, and barriers to use of respite care program funding;
- c) Explore respite programming options beyond those that current exist (utilizing resources from the Collaboration to AdoptUsKids), particularly those that would encourage collaborations among local departments and the faith community, business community, civic groups, and/or other key stakeholders;
- d) Include expanded respite options in the FY2012 applications for respite care program funding

2014 Update

Virginia's regulations for resource family approval now include specific approval processes for those families wishing to provide respite care only so as to increase the likelihood for approval of relatives to provide respite care. Guidance provides information and resources for locating and approving relatives (for full or respite only approval). Applications for respite care program funding encouraged use of funds to promote visits among siblings and connections with relatives. Regional consultants continue to work with local agencies to implement opportunities for resource families who do not have current placements to serve as respite providers for youth in congregate care settings to promote lifelong relationships. Respite funding can also be used to promote group experiences (group respite) such as sibling weekends, girls' retreats, youth empowerment weekends, etc. Few LDSS take advantage of this option, but VDSS continues to offer it for those which do.

**Goal: Recruit, develop and support resource families**

The continuum of work with resource families includes recruitment, development, and support such families, which include foster, adoptive, and kinship parents. Research has shown that children experience better outcomes, with fewer disruptions and greater family retention, when agencies actively pursue resource family development.

**1. Increase the availability of viable resource families through diligent recruitment (including kin), thorough development, and targeted training and support.**

- a) Develop a framework for and engage service providers in best practice across the recruitment, development and support continuum.
- b) Implement dual approval for resource families and increase options for formal and informal kinship care.
- c) Increase local skills and capacity for locating extended family and non-relative significant relationships for children and youth in system of care.
- d) Provide direct pre-service training to families, utilizing the PRIDE Model, and increase local utilization of this model or comparable pre-service that is competency-based.
- e) Provide direct in-service training to families, using PRIDE and other in-service curricula, with a focus on topics related to engaging families.
- f) Increase provider (*family*) approval regulations to reach greater consistency in the provision of pre-service and in-service (*e.g., mandate the number of hours required*).

2014 update

The Resource Family Consultants have continued to provide technical assistance to local agencies regarding their home approval process and recruitment strategies. In several of the regions there are quarterly meetings held to focus specifically on resource family practice. Through these meetings, the Resource Family Consultants provide technical assistance and training in the areas of targeted and child specific recruitment, the development of strategic recruitment plans and development of recruitment presentations. In other regions, this work is done at the Quarterly Supervisors' meetings, along with updates and technical assistance related to Permanency and CPS practices. In some cases, the Resource Family consultant has met one-on-one with new local agency staff in order to assure that the agency continues to comply with policy guidelines.

In three regions, Permanency Roundtables are being used to focus on the barriers to achieving permanency for a select group of older children in care at one agency at a time. All three regional consultants, CPS, Permanency and Resource Family, participate in the roundtable and brain storm with the local agency staff around ways to move cases forward. This activity is often an opportunity for the Resource Family consultants to provide technical assistance around child-specific recruitment and/or revisiting potential relative placements. Over the next year, Permanency Roundtables are expected to be implemented in all five regions.

Through consultation from the Annie E. Casey Foundation, the Resource Family Consultants received training in this area of family search and engagement. In an effort to increase the number of kinship providers, the Resource Family Consultants continue to offer two levels of training around Diligent Search and Family Engagement on as needed basis. In addition, the Consultants provide technical assistance to local agencies regarding the use of Accurint, the internet search system used to locate relatives and permanent connections for youth.

The Resource Family Consultants continue to review monthly data reports that provide agency information regarding family-based placements and kinship placements during agency visits and when assistance is requested. The consultants develop targeted strategies to assist the agencies that are below the national practice standards. For Foster Care Month, the consultants will make presentations, support

local agency public awareness campaign efforts through technical assistance, and provide grocery totes and VDSS appreciation certificates to local agencies to be distributed to their resource parents.

The Resource Family unit is continuing to work closely with the CRAFFT Coordinators to ensure the resource family staff training needs within the region are met. The regional Resource Family Consultants team-train the CWS 3103 Mutual Family Assessment course with the regional CRAFFT coordinators. The training covers both policy considerations and best practices regarding the mutual family assessment process.

- 2. Engage youth in child-specific recruitment efforts to achieve permanency, as appropriate.**
  - a) Develop resources and provide training to service providers regarding child-specific recruitment.
  - b) Provide training and technical assistance to service providers to better engage youth in understanding the options and planning for permanency.
  - c) Develop tools, strategies and guidelines for preparing youth for child-specific recruitment.

### **Goal: Increase timely and sustained adoptions**

- 1. Increase timeliness of adoptions of children discharged from foster care.**
  - a) Implement case practice strategies (~~Concurrent Planning and Family Team Meetings~~) statewide that support decision making and action related to achieving the goal of adoption.
  - b) Support other case management strategies that increase the number of and timeliness of adoptions (e.g., concurrent planning; permanency roundtables).
  - ~~e) Promote and support interjurisdictional adoptions among local agencies and between local departments and child placing agencies through request for proposals and/or memorandum of agreement.~~
- ~~**2. Increase the number of youth, aged nine and older, who achieve the goal of adoption.**~~
  - ~~a) Provide training and other supports for youth in foster care to explore the option of adoption as a lifelong event.~~
  - ~~b) Establish a youth adoption project that will identify youth with TPR and promote adoption and/or other permanent options for these youth.~~
- 3. Increase the number of youth adopted with the goal of adoption but not placed in pre-adoptive homes.**
  - a) Contract with public and private child placing agencies to focus on achieving finalized adoptions of a specified group of eligible children and youth.
  - b) Work with the contractors to set specific milestones to achieve and a set number of adoptions to finalize each year.
  - c) Work with the faith-based community to explore holding additional rally's for children waiting for adoption.

#### 2014 update:

The Department continued contracting with licensed and public private adoption agencies (13 agencies) to assist local agencies with adoption services. In SFY 2013, these contracts were renewed for a subsequent year. The contractors focused on specific outcomes related to finalizing adoptions of children

who had a goal of adoption, Termination of Parental Rights and were not placed in an adoptive home. Recipients of awards were asked to develop partner relationships with LDSS who had specific children whose adoptions were stagnant due to lack of placements. More emphasis was placed on the contractual agency assuming responsibility for achieving clear finalized adoption –related milestones (e.g., completed home study; matching the child with a family). The Adoption Through Collaborative Partnerships (ATCP) contacts were based on the data that showed the real need for adoption services was to children of all ages who were clear for adoption but not in adoptive homes. As a result, the goal to increase the number of youth aged nine and older has been deleted and a new goal reflecting the ATCP has been included. The ATCP is reported on in the **Permanency - Adoption Services** section of this report.

Interjurisdictional adoptions remained a problematic area for Virginia although some gains were made through ATCP. With the better defined goals of these contracts, contractors were more assertive in identifying families for children and working across jurisdictions. In addition, the new requirements that social workers are required to register waiting children in AREVA before accessing and printing the court-required adoption progress report has helped get more children on the AREVA list. Working with the adoption contractors to continue developing relationships with the LDSS who need help achieving adoptions is seen as a much better approach to increasing these interjurisdictional adoptions.

**4. Sustain adoptions through the provision of post adoption services for children adopted from foster care and for children adopted from other countries.**

- a) Maintain the Adoption Preservation System with added components to provide services for children adopted through inter-country adoptions.

2014 update:

Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services (AFP) system. AFP began serving adoptive families in June 2000. Through United Methodist Family Services, the AFP serves families who have adopted domestically and may also serve families that have adopted internationally. The AFP provides post legal adoption services to address presenting issues and concerns of the adoptive family.

Shown in Table 1 below are the numbers of children and families served by the AFP Program from July 1 through December 31, 2013. Included in the table are countries of origin for children, and numbers and percentages of families served by AFP who adopted internationally:

<b>Families Served in 2013-14</b>			
<b>July to Sept 2013</b>		<b>Oct to Dec 2013</b>	
<b>Country</b>	<b># Children</b>	<b>Country</b>	<b># Children</b>
Russia	19	Russia	16
China	9	China	7
Kazakhstan	6	Kazakhstan	6
Guatemala	7	Ethiopia	5
Ukraine	5	Guatemala	4
Ethiopia	5	Ukraine	4
Bulgaria	2	Bulgaria	2

<b>Families Served in 2013-14</b>			
<b>July to Sept 2013</b>		<b>Oct to Dec 2013</b>	
<b>Country</b>	<b># Children</b>	<b>Country</b>	<b># Children</b>
Columbia	1	Korea	2
Ecuador	1	Antigua, Guatemala	1
India	1	Columbia	1
West Africa	1	Ecuador	1
Korea	2	Hungary	1
Malawi	1	Malawi	1
Philippines	1	Philippines	1
Uganda	1	Uganda	1
Hungary	1	West Africa	1
		Not reported	1
<b>Children</b>	<b>63</b>		<b>55</b>
<b>Families</b>	<b>56</b>		<b>50</b>
	<b>24.90% of 253 families served</b>		<b>20.33% of 246 families served</b>

Of the total 253 adoptive families served during the first quarter, 56 adopted internationally. During the second quarter, 50 families adopted 55 children internationally. These families represent 20.33% of total families served in this calendar year.

Table below represents information as report by VDSS ICPC

7/1/2012 – 9/30/2012		10/1/2012 – 12/30/2012		1/1/13 – 3/31/13		4/1/13 – 6/30/13	
Country	# Children	Country	# Children	Country	# Children	Country	# Children
Korea	5	China	1	Uganda	3	Uganda	1
Philippines	1	Bangladesh	1	China	1	Korea	1
Pakistan	1	Congo	1	Korea	3	Japan	1
China	3	Korea	2	Pakistan	1		
Morocco	1	Philippines	2				
Ethiopia	1	Hong Kong	1				
		Jamaica	1				
		Belize	1				

**PS 1 Obj. 2. Increase timeliness and discharges to permanency**

**Strategy 2.1. Target children who have the goal of adoption, with TPR who are not in adoptive placements to achieve permanence.**

- a) Generate list of children with TPR who are not in a pre-adoptive placement
- b) Send the list of children to LDSS to find out if there is any progress towards adoption
- c) Revise the list of children and share with contractors
- d) Meet with contractors to inform them about changes to the renewal process
- e) Revise current adoption contracts so that contractors will be required to increase the number of children and families served by 25% over previous year
- f) revise current adoption contracts so that contractors use child specific targeted recruitment
- g) Hold regional meetings to inform local departments about contract changes & negotiate agreements with contractors

**Strategy 2.2 Revise current contractor reports**

- a) process measures incorporated into reports
- b) reformat reports to include all contacts with child and family
- c) create roles and responsibilities agreement form for LDSS and contractors

**Strategy 2.3 Provide training on child specific, targeted recruitment**

- a) gather input from LDSS and contractors on training needs
- b) review quarterly reports to determine training needs
- c) contract for training

**Strategy 2.4 Analyze information gathered during contract year**

- a) compile and review data from contractor reports
- b) solicit and discuss feedback from contractors about what is working, barriers, etc
- c) solicit and discuss feedback from participating LDSS

**Strategy 2.5 Using data gathered from quarterly reports, revise upcoming RFP for new adoption contracts**

- a) highlight positive approaches from contractors and share with others
- b) working with advisory committee make decisions about how to achieve desired outcomes for children awaiting adoption and design RFP accordingly

**PS 1 Obj. 3. Collaborate with CIP to promote child welfare outcomes**

**Strategy 3.1 Reevaluate the Adoption Progress Report in collaboration with CIP for LDSS to better utilize the report**

- a) Create a collaborative work group to review the report and make any necessary changes
- b) incorporate revised report into guidance
- c) Train staff on use of the report
- d) Train court personnel on use of the report

**IV. Comprehensive child welfare training program**

This strategy strives to develop a consistent training program, built with state and local partners, as an engine for supporting all of the Transformation building blocks and for spreading the practice model among all of the system's stakeholders.



- **Applicable CFSR Outcomes or Systemic Factors:** Systemic Factors: Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention
- **Applicable CFSR Items:** Item 32, Item 33, Item 34, Item 44, Item 45

**Goal: Develop and maintain trained and skilled professionals and resource families who work in alignment with the state practice model.**

**PS 3 Obj. 1. Establish training requirements for front-line and supervisory staff that align with child welfare competencies**

**Strategy 1.1 Establish sets of core competencies for child welfare supervisors**

- a) Identify a point person(s) to lead establishment of core competencies for child welfare supervisors
- b) Develop a process for establishment of competencies
- c) Identify a group of LDSS supervisors and managers to participate in process
- d) Collect and summarize feedback
- e) Present core competencies to Steering Committee for approval

**Strategy 1.2. Establish sets of core competencies for child welfare staff**

- a) Identify a point person(s) to lead establishment of core competencies for child welfare staff
- b) Develop a process for establishment of competencies
- c) Identify a group of LDSS supervisors managers to participate in process
- d) Collect and summarize feedback
- e) Present core competencies to Steering Committee for approval

**Strategy 1.3 Guide the revision of existing curricula to reflect core competencies.**

- a) ~~Modify VCU VISSTA contract language to include the development of curricula that will reflect core competencies~~
- b) ~~Collaborate with VCU VISSTA around the integration of core competencies into curricula through the Steering Committee~~

- a) VDSS curriculum developers will develop curriculum that reflects the core competencies

**Strategy 1.4 Establish training requirements for child welfare workers and supervisors to reflect core curriculum**

- a) Develop a process to reevaluate training requirements through the Steering Committee once core curriculum is finalized
- b) Develop recommendations for new training requirements
- c) Present recommendations to Steering Committee for approval

**Strategy 1.5 Establish standards for completion time frames for required initial in-service training**

- a) Develop a process to reevaluate standards for timeliness of completion for initial in-service training through the Steering Committee once core competencies are finalized

- b) Develop recommendations for timeframes
- c) Present recommendations for timeframes to Steering Committee for approval

**Strategy 1.6. Establish annual in-service training requirements for child welfare supervisors and front-line workers**

- a) Develop a process to establish annual in-service training requirement for child welfare supervisors and front-line workers through the Steering Committee once core competencies are finalized
- b) Develop recommendations for annual in-service training requirements
- c) Present recommendations for annual in-service training requirements to Steering Committee for approval

**PS 3 Obj. 2. Ensure ongoing training opportunities for experienced staff**

**Strategy 2.1. Develop VCU-VISSTA and ATC capacity to engage, develop, and evaluate subject matter experts as both trainers and workshop curriculum developers through training and consultation with IHS**

- a) Conduct assessments of each Area Training Center to evaluate strengths, knowledge and understanding of a competency based system, relationship with LDSS, and relationship with host agency
- b) Assess VCU-VISSTA capacity through consultation with IHS and ongoing collaboration with VDSS
- c) Modify VCU-VISSTA and ATC contract language to reflect expanded roles with LDSS and expectations regarding workshop development

**Strategy 2.2 Establish process to provide ongoing training that is based on staff and supervisors' assessed needs**

- a) Develop process through the Steering Committee for ATCs and VCU-VISSTA to work together to develop and deliver trainer-developed workshops
- b) Pilot process through the development and delivery of one trainer-developed workshop in each ATC region
- c) Evaluate pilot findings and refine process through Steering Committee if necessary

**PS 3 Obj. 3. Assess and evaluate training system**

**Strategy 3.1 Explore better utilization of existing participant evaluation tool through the current Learning Management System**

- a) Assess current functionality around participant evaluation through the Knowledge Center
- b) Develop a process to better utilize participant evaluation
- c) Submit recommendations for improvement of the function to the Steering Committee

**Strategy 3.2 Establish evaluation process for trainers**

- a) Assess existing processes for evaluating trainers
- b) Develop strategies to improve evaluation process for trainers as needed
- c) Submit recommendations for trainer evaluation process to Steering Committee

**Strategy 3.3. Establish a training needs assessment process to inform training delivery and system development and management**

- a) develop ATC capacity to support needs assessment process and analysis
- b) develop learning management system functionality to support needs assessment information management
- c) develop needs assessment protocol

**Strategy 3.4. Establish a process to promote transfer of learning for training participants**

- a) Modify FY2011 contract language with VCU-VISSTA
- b) Develop a process for integration of existing curricula through the Steering Committee

**PS 3 Obj. 4. Ensure delivery of state-approved pre-service and in-service training for resource, foster, and adoptive parents**

**Strategy 4.1. Conduct annual needs assessment of current pre-service and in-service training needs**

- a) Create work group made up of LDSS, CRAFFT, and VDSS to develop needs assessment
- b) CRAFFT to administer needs assessments with LDSS

**Strategy 4.2. Create regional pre-service and in-service training plans for resource families based on needs assessment data**

**Strategy 4.3. Establish a Steering Committee subcommittee to address resource family training**

- a) review models of resource parent competencies
- b) develop Virginia universe of competencies
- c) make recommendations to Steering Committee

**Strategy 4.1. Revise format and structure for the needs assessment of current pre-service and in-service training needs**

**Strategy 4.2. Conduct annual needs assessment of current pre-service and in-service training needs**

**Strategy 4.3. Identify outcomes for resource parents to measure skills and knowledge gained and impact of training on behaviors**

- a) review and refine resource parent training evaluation
- b) compile results of training evaluation regionally and statewide and distribute to resource and regional consultants

**4.4 Create regional pre-service and in-service training plans for resource families based on needs assessment data**

2014 update

All areas under this section were directly related to the CFSR PIP and have been completed.

## **V. Strengthening community services and supports**

All of these strategies contribute to developing an accessible array of community-based services across the Commonwealth. This strategy addresses the nature, scope, and adequacy of existing child and family and related services. This approach, which includes wraparound services when indicated, reduces the need for more intensive levels of service such as residential care – and shortens length of stay when placement is required. It contributes to the well-being of children and families.

- **Applicable Children’s Services System Transformation Outcomes:**
  
- **Applicable CFSR Outcomes or Systemic Factors:** Safety Outcome 2; Permanency Outcome 1; Wellbeing Outcome 1; Well Being Outcome 2; Well Being Outcome 3; Systemic Factors: Staff and Provider Training, Service Array and Resource Development
  
- **Applicable CFSR Items:** Item 3, Item 4, Item 10, Item 17, Item 21, Item 22, Item 23, Item 32, Item 33, Item 35, Item 36,

**Goal: Expand community services and supports that are child-centered, family-focused and culturally relevant.**

1. **Expand services to prevent and treat child abuse and neglect** through supporting and advocating for interdisciplinary resources.
  - a) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices.
  - b) Utilize child abuse and neglect treatment funds for support services to child victims.
  
2. **Expand services that allow children to remain safely in their own homes**
  - a) Evaluate the recent survey on service array from local departments of social services where 52% responded that services to allow children to remain safely at home were available in their communities.
  - b) Convene a group of LDSS staff to further examine the problem and identify areas of the State where these services are not available.
  - c) Request assistance from the National Resource Center on In-Home Services.
  - d) Develop and implement a plan to improve services that allow children to remain safely in their own homes in underserved areas of the State.
  
3. **Help meet the educational and health needs for all children in, or at risk of foster care through developing and implementing a comprehensive plan for improving LDSS staff understanding and skills related to advocacy and effective practice.**
  - a) Implement the health-related advisory group’s ongoing recommendations to ensure the health (*physical, emotional and mental health*) needs of children in foster care are being addressed in a timely manner.
  - b) Increase LDSS workers ability to enhance the educational success of children in, and at risk of, foster care through training for LDSS workers on educational advocacy through Virginia resources.

2014 update

VDSS and VDOE met several times on improving educational performance and outcomes of children in foster care through improved decision-making based on data. The components of a Memorandum of Understanding on appropriate data sharing have been identified. Specific data elements have been identified and VDOE has implemented an initial data run test using mock data. Specific steps for sharing data have been identified: VDSS will provide the Student Testing Identifier for foster care children to VDOE; VDOE will provide specific educational data to VDSS; VDSS with assistance from VDOE will analyze the data; VDSS and VDOE will disseminate management reports to LDSS and school divisions reporting aggregate data. Aggregated data for LDSS or schools with less than ten children will not be reported to prevent any potential identification of individual children. VDOE is awaiting federal guidance on the Uninterrupted Scholars Act authorizing the sharing of VDOE student educational data on children in foster care, including outcomes and predictors of success, with VDSS prior to implementation. This initiative was included as part of the *Commonwealth of Virginia's Proposal for the Three Branch Institute on Ensuring Well-being for Children and Youth in Foster Care* to the National Governors Association Center for Best Practices in April 2013 and work in this area is currently underway.

**4. Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency.**

- a) Implement the Ansell Casey Life Skills Assessment statewide to assess youth's independent living (*IL*) skill needs.
- b) Select a contractor to accomplish the deliverables of the Best Value Acquisition (*BVA*), including, but not limited to:
- c) Establishing 5 regional *IL* specialists and regional youth councils;
- d) Training on the Ansell Casey Life Skills Assessment; and
- e) Training youth to develop or enhance their life, leadership, and advocacy skills.
- f) Establish an effective statewide educational program through local, regional and state partnerships and linkages to assist youth in completing secondary education and enrollment assistance and support for post-secondary education.

2014 Update

During FY 2014, Virginia moved to Performance-based Contracting (PBC) with UMFS with the main focus on providing training/TA to LDSS on *IL* assessments and transitional living plans for foster youth. As a result, Project LIFE was instrumental in assisting LDSS in increasing the percentage of current *IL* needs assessment from approximately 32 percent (%) to approximately 50% (Source: NYTD data snapshot for Virginia FY2011 and 2013). There was also an increase in transitional living plans (TLP) being conducted on youth. For example, SafeMeasures indicated in June 2013 that 44.5% of youth had current TLP; however in February 2014 that number had increased to 53.20%. VDSS and Project LIFE will continue to work with LDSS to increase their understanding of the importance of conducting and utilizing the *IL* needs assessment and TLP in preparing youth for adulthood and achieving permanency. VDSS provided the leadership necessary for Project LIFE in working on the following goals:

- Strengthen the capacity of LDSS to more effectively support youth in conducting life skills assessments and transition plans in preparing youth to make successful transitions to adulthood,
- Promote youth's meaningful engagement in case planning and in advocating for themselves; and
- Increase the capacity of public and private service providers to engage in *IL* best practices with older youth in foster care.

Project LIFE, held a statewide youth conference on permanency in October 2013. During the conference, adopted youth and youth in foster care shared their experiences and developed their ideas, facilitated by

NRCPPFC, into two tip sheets for child welfare workers: *Ten Things that Youth Want Child Welfare Professionals to Know: Engaging Youth in Foster Care*, and 2) *Ten Things that Youth Want Child Welfare Professionals to Know: Talking to Youth in Foster Care about Permanency*. These resources received national attention when they were placed in the newsletters by NRCPPFC and North America Council on Adoptable Children (NACAC).

Additionally, Project LIFE recently created a new part-time position, Youth Network Coordinator, and hired a former foster youth who is currently attending college. This position is responsible for engaging youth using a variety of technologies and or face-to-face meetings, to provide appropriate strategies and activities that support, guide, and educate current and former foster care youth to advocate and lead change.

During FY 14, Virginia continued to expand its statewide educational program through local, regional and state partnerships and linkages to assist youth in completing secondary education and enrollment assistance and support for post-secondary education. In addition to coordinating the state's ETV program, VDSS is involved in several educational initiatives such as supporting the Community College Tuition Grant and the Great Expectations Program for foster children, and the Fostering Connections to Success Education workgroup. These core initiatives help to strengthen the state's postsecondary education assistance program and promote academic achievement and educational stability. VDSS staff also serves on various education committees which help to educate other professionals about the ETV program and eligibility requirements for foster youth that are served at community colleges and disable youth attending college. As a result, professionals, foster parents and other stakeholders can assist youth in preparing for higher education earlier so they can succeed throughout their educational journey.

**Goal: Partner with stakeholders to strengthen and expand the continuum of community based services.**

**1. Collaborate with CSA's Community Service Development Steering Committee and its workgroups on:**

- a) Managing the array of community services through designing and using existing resources and tools to help localities:
  - Assess trends in how services are changing over time, compare services utilization with peer communities with similar demographics, and prioritize service gaps (*using CSA management team reports, Critical Services Gap Survey, vendor reports, and Comprehensive Community Based Service Array Guide*).
  - Gather family input on improving services and measuring program progress through family satisfaction surveys.
  - Create services through a new tool for estimating program costs, workload volumes, and alternative revenue models and guidance on how to quantify gaps in local service arrays, being developed by the Casey Strategic Consulting Group.
- b) Engaging providers through developing:
  - Toolkit on how to recruit and sustain non-traditional providers;
  - Public/private partnerships, including a Model Memorandum of Understanding (*MOU*) to facilitate multi-locality or regional procurement of services;
  - Model contract that includes family engagement and outcomes;
  - Model process for expedited provider authorization for licensing new programs; and
  - Vendor evaluation tool.
- c) Using tools for utilization management and review:
  - Using the CSA Model Utilization Management Plan;

- Developing a model utilization review process, using data from CANS, the CSA data set, OASIS, SafeMeasures, and other relevant systems; and
  - Incorporating the family and youth voice into these processes.
- 2. Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well being.**
- a) Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives.
  - b) Develop and provide education materials to inform key stakeholders on effective strategies (*e.g., mandated reporters and the general public on child abuse and neglect; kinship care providers; judges*).

**Goal: Provide culturally relevant and diverse services in collaboration with families and children to meet their needs.**

- 1. Address the disproportional representation of youth of color and the system’s responsiveness to cultural diversity.**
- a) Establish a workgroup to identify issues and make recommendations.
  - b) Develop and implement a plan to provide culturally relevant and diverse services.
  - c) Track and disseminate information on best practices, resources and approaches to delivering culturally relevant and diverse services to LDSS.

## **VI. Continuous quality improvement**

Using the right data to manage performance is a key driver of the Transformation. Virginia is developing and implementing a consistent process statewide for capturing and using data to support decision-making, improve practice quality, and promote accountability. Virginia is defining outcomes based on the Transformation goal of developing lifelong family connections for children within their own community, and then creating measures to track progress.

- **Applicable CFSR Outcomes or Systemic Factors:** Systemic Factors: Statewide Information System; Quality Assurance System, Staff and Provider Training
- **Applicable CFSR Items:** Item 24, Item 30, Item 31, Item 32, Item 33

**Goal: Promote a seamless continuum of policy and guidance across the child welfare programs.**

- 1. Align policies and guidance in child protective, foster care and adoption services to provide consistency and improve coordination and integration across programs on a regular basis.**
- a) Examine other states’ approaches.
  - b) Solicit input from committees comprised of key stakeholders.
  - c) Develop consensus on definitions, structure and format for policies, guidance and procedures.
  - d) Revise the manuals to provide consistency, integration and linkages across programs and to incorporate the state practice model.
  - e) Routinely update and revise materials as needed.

**Goal: Use data to inform management, guide policy decisions, improve practice, measure effectiveness and promote accountability.**

**1. Create a robust reporting system for the Division of Family Services**

- a) Continue to produce and disseminate reports created by OBRA that provide outcome and process data to LDSS. Increase the use of longitudinal data in Virginia's child welfare system:
  - Continue membership to Chapin Hall's Multi-state Foster Care Data Archive; and
  - Routinely share analyses completed by the Outcome Based Reporting and Analysis Unit with state and local stakeholders.
- b) Implement SafeMeasures in all 119 LDSS, regional offices and the VDSS home office. Seek funding to extend subscription annually starting 2010.
- c) Create an automated data system for ad hoc requests by 2012.

**PS 4 Obj. 1. Increase use of data driven decision making in Virginia's child welfare system**

**Strategy 1.1 Conduct Translating Outcomes to Practice (TOP) meetings quarterly.**

- a) Routinely examine data to determine both best practices and opportunities for improvement across program areas.
- b) Provide data to program staff/process improvement teams as they develop and implement process improvement plans.
- c) Monitor outcomes to determine if process improvement plans are moving the outcomes.

**Strategy 1.2 Utilize available reporting tools in all 119 LDSS, regional offices, and the VDSS home office.**

- a) Train and monitor the use of SafeMeasures
- b) Expand the use and awareness of the Virginia Child Welfare Outcomes Reporting Utility (VCWOR)

2014 update

This strategy is ongoing. SafeMeasures usage continues to remain at around 3,000 users in any given month. Local department and state staff continue to utilize SafeMeasures as a supervisory tool and for reporting. The most common reports pulled are Independent Living Skills Assessment Timeliness, Transitional Living Plan Status, TPR status, Referral Time Open, Foster Care Monthly Worker Visits, SDM Intake Tool Completion, and Timeliness of First Attempted or Completed Contact. Currently, VDSS is in the process of training all Family Services workers, supervisors, program managers, and staff on SafeMeasures. Training on the use of SafeMeasures and data priorities has occurred across the state in three of the five regions: Eastern, Central, and Western. The two remaining regions, Piedmont and Northern Virginia, have trainings scheduled.

**Strategy 1.3 Improve programmatic performance by monitoring process and outcome data.**

- a) Develop a method of tracking children at risk of aging out of foster care that will focus on children with long term permanency goals, TPR without placement in pre-adoptive homes, and children in congregate settings for more than 180 days.
- b) Develop a report that monitors participation in Family Partnership Meeting
- c) Develop and disseminate to regional staff reports on case worker visits with children, parents, foster parents, sibling visits, and child and family visits



**Strategy 1.5 Develop a method to track recurrence in Family Assessment cases.**

- 2. Develop and implement the National Youth in Transition Database (NYTD) to collect and report required data on independent living services for youth in and transitioning out of foster care.**
  - a) Work collaboratively with OASIS staff to ensure that required data elements are in the system.
  - b) Provide training to LDSS on the database.
  - c) Develop initiatives to help youth in foster care and those aging out to understand and participate in the NYTD.

2014 Update

Virginia implemented the National Youth in Transition Database (NYTD) on October 1, 2010 as required by the federal government. During federal fiscal year (FFY) 2013, a total of 1,849 youth were eligible to receive independent living services. Local workers documented IL services provided to youth age 14 and older in OASIS. A total of 14 types of services were reported in the areas of: employment, education, independence preparation, interpersonal development/health, and financial assistance. According to the FFY13 NYTD Data Snapshot for Virginia, 43% percent of this population received at least one service, 34% received 3 to 4 services, and 23% received 5 or more services.

During FY 2014, NYTD IL services were required to be part of a planned program of service to youth that meets their assessed needs for permanency and development of life skills. Formal service planning and review of the service plan by the juvenile and domestic relations court occurs at least annually. Service planning involved multiple parties (i.e. mentors, foster parents, birth parents, relatives, and other individuals) as identified by the youth and as appropriate in the development of the service plan. During this fiscal year, VDSS experienced an increased number of youth receiving IL assessments, academic support and career preparation. Also, VDSS provided seven regional trainings for LDSS workers on NYTD along with other IL related topics.

On June 26-27, 2013, the Children's Bureau (CB) with the Administration for Children and Families (ACF) in collaboration with Virginia conducted a NYTD site visit. The purpose of the CB site visits is to begin documenting how states are collecting and managing NYTD data in order to assess multiple states capacity for reporting accurate data consistent with the requirements specified in the NYTD regulation. Also, the CB uses site visits as a method to test strategies that might later prove effective in evaluating data collection and reporting through a formal NYTD Assessment Review.

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In September 2013, CB provided Virginia with a written report which documented their observations of the site visit. CB noted two areas which hold potential as “promising practices” in support of high quality collection and reporting of NYTD data:

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The federal team also identified six specific observations where “action is needed” to ensure that Virginia is accurately collecting and reporting information on NYTD data elements. Most of these items were related to mapping in OASIS. Additionally, there were areas where “action is recommended” by the CB to improve NYTD data quality or improve the state’s overall effort to implement, analyze and use data. Some of the concerns identified in the report were not a surprise for the state (i.e., OASIS mapping). VDSS is in the process of developing a work plan to address these issues and concerns outlined by CB in order to collect and report accurate NYTD data.

In addition, Virginia along with the five other states that participated in the past NYTD Site Visits was invited by the CB to attend the peer-to-peer NYTD Meeting held March 12-13, 2014 in Washington, D.C. The National Resource Center for Youth Development (NRCYD) facilitated this two-day event. The purpose of this meeting was to foster support in addressing the common implementation challenges observed across the state site visits. VDSS team consisted of the state IL coordinator, newly hired state IL program specialist, a local foster care/adoption supervisor, and a youth. As requested by CB, the team provided a brief presentation on Virginia’s child welfare system, IL services, and NYTD program and data.

During FY 2014, many of VDSS original key players with NYTD resigned due to other employment opportunities including: the state NYTD project coordinator, research analyst who analyzed NYTD data and prepared beliefs, and two IT staff. This was a tremendous lost for the program, however Virginia is working hard to build the NYTD team and overcome some of the challenges with gathering accurate data and meeting compliance with federal requirements.

- 3. Develop a comprehensive quality assurance system that measures child status and system performance indicators.**
  - a) Establish a mechanism and process with accountability and feedback loop to review each LDSS agency
  - b) Establish protocol and process for Quality Improvement Unit to work with regional consultants to establish system improvement plans by July 2009.
  - c) Develop a report template to be used by regional consultants and LDSS to track system improvement goals by July 2009.
  - d) Develop a process to gather and report on child status and system performance indicators by July 2010.

**PS 4 Obj. 2. Develop a comprehensive quality assurance system that measures child status and system performance indicators.**

**Strategy 2.1 Develop and implement QSR as Virginia’s quality assurance system.**

- a) Finalize work plan for 2010
- b) Communicate & educate stakeholders on the plan
- c) Develop and pilot instrument Fall of 2010
- d) Make modifications and finalize the instrument
- e) Train reviewers in January 2011 and June 2011

f) Conduct 5 reviews in 2011 beginning in February

**Strategy 2.2 Implement a System Improvement Plan (SIP) to be used after the Child Welfare Quality Review (CWQR) by regional consultants and LDSS to track continuous progress towards performance outcomes.**

- a) Regional consultants conduct feedback meeting with LDSS after a CWQR focused on outcomes.
- b) SIP developed by LDSS, distributed and monitored by regional consultants based on outcome measures.
- c) VDSS compiles semi annually SIPs and status and distributes to LDSS and stakeholders.
- d) Develop link with System Improvement Plan process in order to help inform training priorities

2014 update

Currently, there are 27 local departments of social services that have completed SIPs and are reporting on their progress and tools developed. In response to the trends identified in the practice performance indicators in the QSRs, all of the SIPs are addressing issues relating to teaming and family engagement. Assessment and Understanding is also an area being addressed in some SIPs, specifically surrounding comprehensive family assessments and the development of supervisory and assessment tools to assess and monitor the provision of services.

Many of the SIPs have identified certain Critical Outcome measures to monitor for impact as a result of the plans. Some of these measures are to: increase percentage of discharge to permanency, decrease percentage of children in foster care for 24+ months, increase percentage of kinship placements, decrease percentage of youth in congregate care placements and decrease percentage of youth entering foster care. Each locality submits quarterly progress reports to their regional consultants and the CQI Unit in order to document steps taken to address their identified issue and to update their progress of improvement in practice and outcomes. A summary of issues identified and proposed action steps are noted in the table below.

<b>System Improvement Plan Contents</b>	
<b>Identified Issue</b>	<b>Identified Action Steps</b>
<b>Enhance Family Engagement</b>	<ul style="list-style-type: none"> <li>• Engage families in the permanency planning process</li> <li>• Create/refine agency internal best practices policy &amp; procedures</li> <li>• Educate community (private providers, schools, etc.) on family engagement</li> <li>• Family Engagement Training for staff and community</li> <li>• Utilize Diligent Search form and Family Contact Letter</li> <li>• Improve meaningful monthly family contacts</li> <li>• Develop Visitation tool and Face-to-Face Contact sheet</li> </ul>

<b>Improving Team Formation &amp; Functioning by establishing effective family team meetings</b>	<ul style="list-style-type: none"> <li>• Develop and implement FPM Policy and Performance Plan</li> <li>• Implement Family Partnership Meetings</li> <li>• Training for staff on how to conduct effective team meetings</li> <li>• Increase Family Partnership Team Meetings &amp; trained facilitators</li> <li>• Conduct quarterly family team staffing</li> <li>• Educate community (private providers, schools, courts, etc.) on Family Partnership Meetings</li> <li>• Develop &amp; utilize tools for team meeting attendance &amp; information</li> </ul>
<b>Assessment &amp; Understanding</b>	<ul style="list-style-type: none"> <li>• Staff training on Trauma Informed Practice</li> <li>• Develop Assessment training on functioning of caretakers</li> <li>• Ensure all staff are trained using SDM Tools</li> <li>• Utilize Social History Templates for Children and Parents</li> <li>• Identify Independent Living Services per the needs of the child</li> <li>• Utilize Supervision Notes Templates when staffing cases</li> <li>• Complete Genogram for each family</li> <li>• Create system for documenting and using family assessment tools</li> </ul>
<b>Fatherhood Initiatives</b>	<ul style="list-style-type: none"> <li>• Develop fatherhood engagement initiatives</li> <li>• Increase fatherhood case involvement</li> <li>• Increase documentation of daily contacts with father</li> <li>• Conduct staff training on fatherhood involvement</li> <li>• Implement Fatherhood Initiative – Innovators For Success</li> </ul>

**Strategy 2.3 Develop a report on child status and system performance indicators from the QSR.**

2014 update

With the development of the new QSR protocol and process and the revised SIP we began an annual report process beginning in August 2012. This report links critical outcome measures with aggregate measures from the QSR and the work of system improvement plans. This report addresses the feedback loop at the state and local level to inform practice and outcome improvements in child welfare. Here are some highlights from the August 2013 Report

**Methodology & Approach for a QSR**

Each review involves the selection of a random sample of cases from Child Protective Services ongoing and Permanency cases in a local department of social services. These cases are reviewed through detailed interviews by trained reviewers with input from key case contributors. The interviewees for each case may include the case worker, foster parent, focus child and his/her family members, attorneys, therapeutic supports, school personnel, service providers and other persons associated with helping the family.

Specifically, each case review is conducted by two person review teams of Virginia professionals who have a working knowledge of Virginia’s Children Services Practice Model and the QSR protocol. Reviewers have two days of classroom training on the protocol and then training continues through mentoring and coaching during an actual QSR. . In this sample of 67 cases there were a total of 477 interviews conducted. The average number of interviews per case was 7.3 interviews and a range of 4 to 11 interviews per case across the sample.

### **Characteristics of Children in this Report**

Sample cases for a QSR are selected randomly from CPS ongoing and Permanency cases using five categories for age. Additional sampling methodology includes a variance of permanency goals and insuring that a caseworker has only one case in the sample. This report covers a random sample of 164 cases. Characteristics of this sample include:

- 26 CPS ongoing cases (39%) and 41 cases (61%) were children in foster care or adoptive placements.
- 57% were male and 43% were female
- 55% White/Caucasian and 36% were Black/ African American, 6% Biracial, 1% Asian and 1% Multi Racial.

Information was collected on the reason the case was opened for the focus child and the family issues and each case had multiple issues. The largest categories for children's issues included neglect, physical abuse and delinquency and Child in Need of Services (CHINS) cases. The largest category of family issues included substance abuse, neglect, domestic violence, lack of housing and mental health issues.

There were multiple family challenges in cases and the largest frequencies included substance abuse and addiction, incarceration or unlawful behavior, poverty, domestic violence, serious mental illness and adverse effects of poverty which includes homelessness and extraordinary care burdens.

### • **Overview of Results**

The twenty indicators assessed using the QSR protocol are organized here as to the areas in which there is strong practice and areas in which there are opportunities to improve practice statewide.

#### **Areas of Strength – Child and Family Status Indicators**

- Safety – Exposure to Threats of Harm
- Safety – Risk to Self/Other
- Living Arrangement
- Child Emotional Well-Being
- Physical Health
- Learning/Academic Status
- Stability in Home & School

#### **Areas of Strength – Practice Performance Indicators**

- Engagement of Child & Substitute Caretakers
- Voice and Choice of Child & Substitute Caretakers
- Cultural Awareness and Responsiveness
- Assessment and Understanding of Child & Substitute Caretakers
- Resource Availability

#### **Opportunities for Growth – Child and Family Status Indicators**

- Permanency
- Pathway to Independence
- Parent and Caretaker Functioning or Mothers & Fathers

#### **Opportunities for Growth – Practice Performance Indicators**

- Engagement & Voice and Choice for Mothers, Fathers and Family Members
- Teaming – Formation and Functioning
- Assessment and Understanding for Mothers, Fathers and Family Members

- Long Term View, Planning for Transitions & Life Adjustments and Safe Case Closure
- Intervention Adequacy
- Maintaining Quality Connections
- Tracking and Adjustment

- **QSR Results – Implications for Practice**

The report identifies strengths for children in areas of safety, stability, academic status, and well-being. Additional strengths were indicated for children and substitute caretakers who were engaged and have a voice in the decisions being made in the case. Comprehensive assessments identify the needs of children and substitute caretakers and systems are responding to those assessments by implementing identified interventions and supports. The results indicate that resources are available to meet the needs of families and children.

Identified themes among three QSR indicators presented opportunities to improve practice. First, there is a need for engagement of mothers and fathers throughout the service planning process, including assessments and maintaining connections between siblings and parents when children are removed from their care. Second an opportunity exists to strengthen the formation and functioning of the family team. Finally effective planning for safe case closure along with a common long term view of the case was indicated as an opportunity.

- **Engagement of Mothers and Fathers**

Results indicate that, in some cases, parents have not consistently been engaged and included in case planning; they reported feeling as though they did not have a voice in the decisions made for their children and families. In some cases, fathers are noticeably absent or on the periphery of the cases reviewed and are not fully engaged. Mothers and fathers are often not fully assessed for their underlying needs which impact the delivery of services, outcomes for children, and permanency.

For children in foster care, maintaining connections with their mothers, fathers, siblings and other relatives was often not sufficient to maintain emotional support for the child. The lack of engagement with parents can negatively impact client progress and successes. When families are engaged in planning and service delivery, then child and family status outcomes can be improved and cases can progress to permanency. Engaging families is a basic factor in the Virginia Child Services Practice Model.

- **Teaming**

Teaming is about meeting on a regular basis with the identified child, family, family supports, and service providers and working towards common goals of permanency to accomplish safe case closure. With quality teamwork and good communication among the team members occurring, a clear, long term view for the child is formed and thus, the planning for safe case closure and permanency is better, faster, and more successful.

Results indicate that while some cases had Family Partnership Meetings, there is an overall lack of ongoing teaming in case planning. Results show service providers, in some cases, having different information about the case, working in silos and often working toward different case goals. Gaps in communication among team members impacted the functioning of the team and the provision of appropriate services to the children and families. When teaming occurs on a regular basis and information is shared with the appropriate service providers and family, then all parties can be fully engaged and improved outcomes will result for the child and family.

- **Planning for Safe Case Closure**



The focus of the Planning for Safe Case Closure indicator is placed on the planning process; not on any one document, since the child and family have numerous plans related to different programs and service providers. Planning is an ongoing team based process for specifying and organizing intervention strategies and directing resources toward accomplishment of defined outcomes set forth in the long term view for the child and family. Results indicated that there were some cases that had individualized plans in motion for the child and family, that included strategies and interventions specific to their needs. The review indicates that in some cases there were no plans or cases that lacked a clear plan for permanency and case closure. When families are engaged and participating in planning, then they can be successful in meeting their near-term needs and long-term goals for permanency.

➤ **Summary**

These three indicators and additional focus on mothers and fathers will impact outcomes for children and families. By enhancing core practices in areas of engagement, teaming, and assessment and understanding overall, other areas such as permanency, long-term view, and planning for safe case closure can be impacted. These issues above are the significant opportunities identified through the QSR in this review period. The next step in the QSR is the System Improvement Plan and many local agencies are addressing these issues in that next step.

## **CONTINUOUS QUALITY IMPROVEMENT – Feedback Loop**

The Virginia Department of Social Services is interested in the strategies that agencies are implementing to improve child and family outcomes. The development of new tools and developmental resources to improve work processes have been shared by agencies and are available on the VDSS SPARK page. New initiatives, at the state level, have been implemented to support the work being done by local departments. Two examples of steps taken by VDSS include: 1) a curriculum on improved family engagement practice which is now mandated for new family service specialists at local department of social services; and 2) training that was developed and offered statewide introducing child and family team meetings; this training created a linkage between the current initiative of family partnership meetings and ongoing teaming (as defined in the QSR teaming indicator).

➤ **Engagement Initiative – Family Engagement Training**

The Division of Family Services, in collaboration with the Local Programs Family Services Training Unit, is addressing the practice improvement opportunities identified with family engagement. Training is being provided statewide on [Engaging Families and Building Trust-Based Relationships](#) (CWS 4020). This is a mandated training course for new CPS and Permanency staff. Some training objectives are:

- To explore characteristics of family culture and information in policies and practices that supports the engagement process with families.
- To practice specific engagement and trust building skills of exploring, focusing, and guiding
- To learn and practice solution-focused questions to surface family member's strengths, needs, culture, and solution patterns.
- To identify ways to formulate, evaluate and refine options with families.
- To learn to how to define and identify essential underlying needs that are often a description of the underlying conditions.
- To learn how to develop a working agreement with families and to utilize this agreement, core conditions and core helping skills to build a trusting relationship with families.

➤ **Teaming Initiative – A Continuum of Practice**

Program Managers in the Division of Family Services have collaborated to address the opportunities for teaming, by building on the strengths of the establishment of Family Partnership Meetings (FPM). The

Family Partnership Meetings is one practice strategy to engage families; this team meeting is held at certain decision points over the course of a case. The teaming standard, for the QSR indicators, is for there to be ongoing communication and meetings with the family and service providers in order to share a commonality of purpose in the delivery of services and planning for the child and family.

The Virginia Department of Social Services is proposing the use of regular Child and Family Team meetings as a continuation of the work of FPMs. This meeting would include the youth, parents, extended family and all service providers. It would provide a mechanism by which a regular review of services and progress would be shared among all the individuals involved in the case and where the family's needs and preferences could routinely inform decision making.

The Family Services Training Unit was able to support the offering of this child and family team training, in all five regions of the state, as a special topics training in June and July of 2013. The training was entitled Implementing & Sustaining Child & Family Teaming (SME-004) and the purpose of the training was to clarify the purpose of both types of team meetings as well as when each is meeting is appropriate to be utilized. Additional information was further discussed on how to implement and facilitate the meetings. Information distributed in the training, as well as a resources and a tool kit, will be developed and available on the agency SPARK page to support this practice improvement.

### **III. Additional Reporting Information**

#### **A. Monthly caseworker visits**

LDSS have improved their percentage of monthly worker visits in part as an artifact of reducing the number of children in foster care. Instituting Family Partnership Meetings as a statewide initiative has also contributed to children's placement in their home community and decreased travel time for workers. Workers have been able to increase visitation despite receiving very few additional resources and are consistently meeting the compliance expectation that 90% of children in foster care are visited face to face each month. The expectation that more than 50% of these visits take place in the child's residence is also being consistently met. The quality of these visits has been an on-going emphasis as well and the Quality Services review team reviews worker contacts in their scheduled agency visits.

Federal Title IV-B funds to support worker visits have been used to pay for the purchase of laptops computers as a time-saving measure, allowing for quicker documentation and downloading of the visit information in to OASIS; transcribers; and travel costs for increased visitation.

The state continues to publish a monthly visit report as part of the "Critical Outcomes Report" available to all LDSS staff through SafeMeasures. The report provides monthly updates on worker visits and allows users to "drill down" to the worker level to identify where improvements in visits need to be made to reach and surpass federal goals.

#### **B. National Youth in Transition Database**

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### C. Timely home studies

The effort continues to reduce the home study time for requests coming into Virginia and for those going out of Virginia. Nationally the experience has been the same – while there has been a decrease in time for relative and parental placement studies, for those states like Virginia, who require foster care certification for all relatives except parents, the length of time has not decreased significantly.

**Placement Requests Into Virginia  
May 1, 2010 to May 1, 2014**

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	811	12			8
Relative	88				5
Foster Home	2226	20	2	2	32
Adoptive	882	221	1	34	13
Group Home	2			1	1
Residential	1268	11	22	249	21
Institutional Care (Article VI)					
Child Care Institution					
Other	3				
<b>Total</b>	<b>5280</b>	<b>264</b>	<b>28</b>	<b>286</b>	<b>80</b>

Sex of Children	Male		Female		Unknown	
	2871		2182		4	
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	887	1119	921	1346	755	6
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	2541	1552	46	31	16	871
Hispanic	Yes	No	Unable to determine	Declined		
	371	3641	1042	101		
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision			0-30	31-60	61-90	Over 90
			2065	705	559	1372

**Adoption Assistance Subsidy: 170**

**Total Number of Agreements Into Virginia Terminated**

<b>Adoption Finalized</b>	1200	<b>Total: 6408</b>
<b>Age of Majority/Emancipation</b>	440	
<b>Legal custody returned to parents (concurrence)</b>	148	
<b>Legal custody to relative (concurrence)</b>	205	
<b>Treatment complete</b>	378	
<b>Sending state jurisdiction terminated (concurrence)</b>	9	
<b>Unilateral termination</b>	47	
<b>Child returned to sending state</b>	969	
<b>Child moved to another state</b>	49	
<b>Proposed placement request withdrawn</b>	302	
<b>Approved resource will not be used for placement</b>	460	
<b>Other</b>	2201	

**Number of children returned to Virginia: 926**

**Placement Requests Out of Virginia**

**April 1, 2013 to April 30, 2014**

<b>Type of Placement</b>	<b>Public Agency</b>	<b>Private Agency</b>	<b>Court</b>	<b>Individual</b>	<b>None</b>
Parent(s)	782		6		9
Relative	134		2		4
Foster Home	1722	11	2		27
Adoptive	175	242	1	41	7
Group Home	1				
Residential	216	2	15	319	4
Institutional Care (Article VI)					
Child Care Institution					
Other	2		2		
<b>Total</b>	<b>3032</b>	<b>255</b>	<b>28</b>	<b>360</b>	<b>51</b>

<b>Sex of Children</b>	<b>Male</b>		<b>Female</b>		<b>Unknown</b>	
	1425		1315		1	
<b>Ages of Children</b>	<b>Under 1</b>	<b>1-5</b>	<b>6-10</b>	<b>11-15</b>	<b>16-18</b>	<b>19-21</b>
	457	647	535	674	409	1
<b>Ethnic Group</b>	<b>White</b>	<b>African American</b>	<b>Asian</b>	<b>American Indian</b>	<b>Hawaiian/Pacific Islander</b>	<b>Unable to determine</b>
	1466	758	30	5	7	475
<b>Hispanic</b>	<b>Yes</b>	<b>No</b>	<b>Unable to determine</b>			
	198	2125	418			

# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>Over 90</b>
	728	350	376	1376

**Adoption Assistance Subsidy: 66**

**Total Number of Agreements Out of Virginia Terminated**

<b>Adoption Finalized</b>	520	<b>Total: 3974</b>
<b>Age of Majority/Emancipation</b>	279	
<b>Legal custody returned to parents (concurrence)</b>	132	
<b>Legal custody to relative (concurrence)</b>	234	
<b>Treatment complete</b>	132	
<b>Sending state jurisdiction terminated (concurrence)</b>	4	
<b>Unilateral termination</b>	45	
<b>Child returned to sending state</b>	265	
<b>Child moved to another state</b>	16	
<b>Proposed placement request withdrawn</b>	362	
<b>Approved resource will not be used for placement</b>	304	
<b>Other</b>	1681	

**Number of children returned to Sending state: 370**

2. ICPC elements will be evaluated and recommendations made.

The report writing program continues to have problems. As previously state, the ARRIS system is outdated and as such is not at the top of the priority list for enhancements. The Program Manager has identified and discussed the issues with the Information Technology Department and some issues that were identified have been resolved.

3. National information system.

In the Spring of 2013, the AAICPC received a \$1,250,000 grant to pilot the implementation of real-time, on-line data exchange for States to share records and other information to support permanent placements of foster care children in homes across state lines.

After a meeting with the Virginia Department of Information Technology and General Services, it was decided that Virginia would not apply for the pilot project. Virginia's Information Technology resources are currently being used for the Benefits Programs modernization project and updating the child welfare system and therefore, there could be no guarantee that the department would be able to dedicate the number of manpower and program hours that may be needed for the pilot.

**D. Inter-country adoptions**

The data and service information is from United Methodist Family Services, the private contractor that manages the statewide Adoptive Family Preservation Program for Virginia's adopted families. This program is funded through the Title IV-B, Subpart II funds. Below is the report from the contractor according to the data and analysis by their subcontractor evaluator Policy Works Inc.

**AFP Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served – April 2014**

**Families with International Adoptions:**

- No disruptions/dissolutions

<b>Five-year profile</b>		<b>One-year profile</b>	
Families with international adoptions served since 3/1/09		Families with international adoptions served since 3/1/13	
Total families: 107 (unduplicated counts) Total children: 121		Total families: 68 (unduplicated counts) Total children: 75	
Breakout of all cases closed:		Breakout of all cases closed	
<b>Reason for Case Closure</b>	<b>Count</b>	<b>Reason for Case Closure</b>	<b>Count</b>
Disruption/Dissolution	0	Disruption/Dissolution	0
Child out of home (no dissolution)	6	Child out of home (no dissolution)	4
Family moved	3	Family moved	1
No longer need services	31	No longer need services	16
No contact for 60 days	25	No contact for 60 days	11
	65		31

**All Families Served:**

- In past 4 years (since 3/09), 12 disruptions/dissolutions
- In past 1 year (since 3/13), 2 disruptions.

<b>Five-year profile</b>		<b>One-year profile</b>	
All families served since 3/1/09		All families served since 3/1/13	
Total served: 569 (unduplicated count)		Total served: 302 (unduplicated count)	
<ul style="list-style-type: none"> <li>▪ Total 12 families whose cases were closed due to dissolution/disruption</li> </ul>		<ul style="list-style-type: none"> <li>▪ Total 2 families whose cases were closed due to dissolution/disruption</li> </ul>	
- 9 Foster Parent Adoptions		- 2 Foster Parent Adoptions	
- 3 Matched			
Breakout of all cases closed:		Breakout of all cases closed	
<b>Reason for Case Closure</b>	<b>Count</b>	<b>Reason for Case Closure</b>	<b>Count</b>
Disruption/Dissolution	12	Disruption/Dissolution	2
Child out of home (no dissolution)	45	Child out of home (no dissolution)	9
Family moved	19	Family moved	4
No longer need services	166	No longer need services	58
No contact for 60 days	107	No contact for 60 days	37
	349		110

Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services (AFP) system. AFP began serving adoptive families in June 2000. Through United Methodist Family Services, the AFP serves families who have adopted domestically and may also serve families that have adopted internationally. The AFP provides post legal adoption services to address presenting issues and concerns of the adoptive family.

Shown in Table 1 below are the numbers of children and families served by the AFP Program from July 1 through December 31, 2013. Included in the table are countries of origin for children, and numbers and percentages of families served by AFP who adopted internationally:

<b>Families Served in 2013-14</b>			
<b>July to Sept 2013</b>		<b>Oct to Dec 2013</b>	
<b>Country</b>	<b># Children</b>	<b>Country</b>	<b># Children</b>
Russia	19	Russia	16
China	9	China	7
Kazakhstan	6	Kazakhstan	6
Guatemala	7	Ethiopia	5
Ukraine	5	Guatemala	4
Ethiopia	5	Ukraine	4
Bulgaria	2	Bulgaria	2
Columbia	1	Korea	2
Ecuador	1	Antigua, Guatemala	1
India	1	Columbia	1
West Africa	1	Ecuador	1
Korea	2	Hungary	1
Malawi	1	Malawi	1
Philippines	1	Philippines	1
Uganda	1	Uganda	1
Hungary	1	West Africa	1
		Not reported	1
<b>Children</b>	<b>63</b>		<b>55</b>
<b>Families</b>	<b>56</b>		<b>50</b>
	<b>24.90% of 253 families served</b>		<b>20.33% of 246 families served</b>

Of the total 253 adoptive families served during the first quarter, 56 adopted internationally. During the second quarter, 50 families adopted 55 children internationally. These families represent 20.33% of total families served in this calendar year.

Table below represents information as report by VDSS ICPC

7/1/2012 – 9/30/2012		10/1/2012 – 12/30/2012		1/1/13 – 3/31/13		4/1/13 – 6/30/13	
Country	# Children	Country	# Children	Country	# Children	Country	# Children
Korea	5	China	1	Uganda	3	Uganda	1

Philippines	1	Bangladesh	1	China	1	Korea	1
Pakistan	1	Congo	1	Korea	3	Japan	1
China	3	Korea	2	Pakistan	1		
Morocco	1	Philippines	2				
Ethiopia	1	Hong Kong	1				
		Jamaica	1				
		Belize	1				

### **E. Licensing waivers**

The Resource, Foster, and Adoptive Family Home Approval Standards became effective September 2, 2009. The guidance to support the implementation of these regulations was disseminated to the field in June 2010. The regulations allow variances from a standard on a case by case basis and the variance must not jeopardize the safety and proper care of the child or violate federal or state laws or local ordinances. Virginia state code as well as federal law limits variances to relative foster families. A local department of social services is required to submit the request for a variance to the regional Resource Family Consultant for review and approval. Any long term variances granted must be reviewed on an annual basis by the Department. This year, the Resource Family Consultants have approved 91 variances for relative foster families. The vast majority of these (89) were to allow a longer period of time to meet the initial pre-service training requirements. Two were to allow an exception to the sleeping arrangement rules in order to allow a child to be placed with a relative who did not have sufficient bedrooms at the time of placement.

### **F. Juvenile Justice Transfers**

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For FY 2013, 70 children left foster care due to a commitment to corrections.

Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance. When the child's commitment to corrections terminates, Virginia Code specifies that for youth under 18 who were previously in foster care, they are to be returned to foster care unless another arrangement has been made (e.g., return to the parent).

### **G. Collaboration with tribes**

While Virginia does not have any federally recognized tribes and reservations, there are state recognized tribes and since 2011 the number has increased from eight to eleven. Based on OASIS data, on December 31, 2013, there were nineteen children in care identified as American Indian or Alaskan native.

In response to ACYF-CB-PI-13-05 Virginia revised its foster care guidance to meet the requirements to establish and maintain procedures to work in collaboration with a Tribe for the transfer of responsibility and care of a child of Indian heritage to a Tribe or Tribal IV-E agency. The draft guidance was included in the June 2013 report on Virginia's PIP for the IV-E plan and is being reported on in the final APSR for the 2009-2014 State Plan.

In addition to following all Indian Child Welfare Act (ICWA) requirements, contacts have been updated to include the newly recognized tribes and will work to build relationships and connections with the tribes. LDSS who have tribes in their service areas are familiar with and have relationships with many of the leaders of those tribes but relationships need to be strengthened statewide. Virginia foster care policy strongly encourages LDSS to contact the Virginia tribe and work with them to address the needs of these children. New Worker Foster Care Policy Training, provided on a regular basis in each region of the

Commonwealth, reviews requirements as part of the curriculum. In addition, foster care and adoption consultants are available in each of the Commonwealth's regions to provide additional guidance to LDSS when and if a child of American Indian heritage enters foster care.

## **H. Child Maltreatment Deaths**

### ***Sources of Information***

The Virginia Department of Social Services currently uses data from child deaths investigated by local departments of social services and determined to be founded when reporting the number of child maltreatment-related deaths to NCANDS. This data comes from information reported and documented into OASIS (Online Automated Services Information System) by local CPS workers in local departments of social services. The reported death must first meet the criteria to be determined valid. The validity criteria are specified in regulation 22 VAC 40-705-50 B:

- The alleged victim child or children are under the age of 18 at the time of the complaint and/or report
- The alleged abuser is the alleged victim child's parent or other caretaker
- The local department receiving the complaint or report is a local department of jurisdiction; and
- The circumstances described allege suspected child abuse and/or neglect as defined in §63.2-100 of the Code of Virginia.

In determining if the report is founded or unfounded, the evidence must meet the standard of preponderance of the evidence.

Use of information from the State's vital statistics department, child death review teams, law enforcement agencies and medical examiner's offices

In Virginia, the regional child death review teams are composed of a multidisciplinary group including CPS, law enforcement, the medical examiner, public health, the Commonwealth Attorney, etc.; however, the only cases being reviewed are those that were investigated by local departments of social services. The main reason that the State does not use information from the State's vital statistics department, law enforcement agencies and medical examiner's offices when reporting child maltreatment fatality data to NCANDS, is because the persons who investigate these cases have very different roles, laws and policies governing these investigations. While the various investigators work together and clearly overlap, they do not duplicate each other's roles and tasks. The numbers will likely be different because the reporting entities have different tasks and responsibilities. The Department of Social Services is the only entity in Virginia charged by statute with determining whether or not a child was abused or neglect by a caretaker. The roles and tasks of the various entities are described below.

### **Virginia Department of Health, Office of the Chief Medical Examiner**

- Reports all deaths that occurred in a Virginia jurisdiction, regardless of residence of the decedent. Does not typically investigate or report on deaths to Virginia residents occurring outside of Virginia.
- Investigates infant and child deaths that are sudden, unexpected, violent, traumatic, suspicious for sudden infant death syndrome, suddenly while in apparent good health, etc.
- Medico-legal death investigation to determine cause and manner of death, not whether or not child abuse or neglect occurred:
  - Cause of death: a medical diagnosis about the disease, abnormality, injury, or poison that set the lethal chain of events in motion.
  - Manner of death: depending on circumstances, could be homicide, suicide, natural, accident, or undetermined.



- Homicide occurs when the injury reveals intent on the part of person who injured the decedent.
- Some injury patterns clearly linked to child abuse and neglect: in infants and toddlers, abusive or inflicted head trauma, blunt force trauma to abdomen, or failure to thrive directly related to caretaker neglect.
- Others injuries are accidental because the injury was not inflicted on the child in an intentional way; e.g., a child drowning in a bathtub or dying in a fire; a child unintentionally forgotten in an automobile. In these cases, the caretaker may be deemed neglectful by a department of social services, but it does not mean they intentionally inflicted the injuries on the dead child.
- **Task:** To determine how a person died and the intention behind the fatal injury if manner of death was unnatural.

### **Virginia Department of Health, Division of Health Statistics**

- Part of Vital Records system.
- Reports deaths occurring in Virginia and including Virginia residents and non-residents. Also reports on death events, which includes all deaths to Virginia residents where Virginia was notified of the death, regardless of where they died.
- Uses ICD-10 coding system, which is established and maintained by the World Health Organization. ICD-10 means *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. Although mostly overlapping with how the Office of the Chief Medical Examiner signs a case out, this coding system is not exactly the same as the schema used by the Office of the Chief Medical Examiner.
- **Task:** To report deaths, but uses a national reporting and coding schema that differs from the other reporting entities.

### **Virginia Department of Social Service, Child Protective Services**

- Cases are identified only when reported to the state hotline or a local department of social services as suspicious for child abuse or neglect.
- Complaint must be valid. (See above for validity criteria)
- Investigates the death to determine if abuse and/or neglect occurred and who abused and/or neglected the child;
- Makes a finding of either founded or unfounded using preponderance of the evidence as the standard of evidence;
- The only entity in Virginia legally charged with determining whether or not a child was abused or neglect by a caretaker.
- **Task:** To determine whether a child was abused or neglected.

### **Law Enforcement/Commonwealth's Attorney**

- Law enforcement uses *Code of Virginia* framework to investigate whether or not a crime was committed: murder, manslaughter, felony child abuse, felony child neglect, etc. Works with our state prosecutors, called Commonwealth's Attorneys, to investigate, develop evidence, etc.
- Differences in how they might determine whether or not a crime occurred. E.g., a gunshot wound death where a person who killed another person when "playing" with a gun, pointing it at the decedent in play, pulling the trigger because they didn't think it was loaded, etc. would typically be called a homicide by the Office of the Chief Medical Examiner (because they person playing with the gun knew it was a lethal weapon and pointed it at another anyway) while a criminal investigation would result in an accidental death outcome; and the department of social services

would likely consider it a founded case of neglect due to a lack of supervision. Likewise, if a child drowned in a swimming pool, social services might decide the child was neglected by inadequate supervision, but law enforcement could decide no crime was committed because there was no criminal intent.

- **Task:** To determine whether a crime was committed.

### ***Expansion of sources of information***

The Department of Social Services is exploring the extent to which the numbers of child deaths reported and investigated by other sources are in agreement taking into account our various roles and tasks. The Code of Virginia, §63.2-1503 D requires that departments of social services upon receipt of a complaint regarding the death of a child to report immediately to the attorney for the Commonwealth and the local law enforcement agency and make available to them all records. The Code of Virginia, §63.2-1503 E requires that when abuse or neglect is suspected in any case involving the death of a child, the local department of social services report the case immediately to the regional medical examiner and to the local law enforcement agency. All cases that are investigated by the Office of the Chief Medical Examiner are made available to the Office of Vital Records.

Assuming that there will likely be some discrepancies in cases of reported deaths, the Department of Social Services is working with the Office of the Chief Medical Examiner to determine the extent of agreement or overlap in reported cases of child fatalities for SFY 2014 involving children ages 0 to four. This group of children is being targeted because these are the children who are at the greatest risk of child death due to their vulnerability. If the Department finds that cases are being missed, we will ascertain how, where, and why the numbers differ and develop a plan to gain greater consistency. We suspect that the areas of discrepancy will be in cases determined to be homicides, accidents and in cases involving non-caretakers. Furthermore, we suspect that the types of deaths will involve abandoned infants and family annihilation.

In addition, the State Child Fatality Review Team and Virginia's regional child fatality review teams review child death cases by a multidisciplinary group including social services, law enforcement, and the medical examiner. These teams are also in a position to identify cases that may have been screened out by CPS or never reported.

## **I. Populations at Risk for Maltreatment**

The Virginia Department of Social Services (VDSS) is working to advance policies, programs and practices to enhance the safety and well-being of our youngest and most vulnerable child population involved in the public child welfare system - the population of children zero to four. This is also the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment.

Over the past five years, approximately 83% of the founded cases of child maltreatment related to fatalities were of children less than four years of age and approximately 55% were children under the age of one. This is consistent with national data that finds young children to be the most vulnerable. In addition, when the unfounded reports are filtered in, 46 (89%) of the 52 unfounded reports involved a child under the age of one in SFY 2011; 54(77%) of the 70 in SFY 2012; and 54 (82%) of the 66 in SFY 2013. In all three years, approximately 70% of those cases were related to sleep environments. This means the actual surface the child slept on, with whom the child was sleeping with, or how the child was sleeping.

The State Child Fatality Team spent more than three years reviewing infant deaths occurring when the infant was supposed to be sleeping, including deaths attributed to Sudden Infant Death Syndrome (SIDS),

Sudden Unexpected Infant Death (SUID), and asphyxia; as well as undetermined deaths that were potentially related to the sleep environment. In 2009, the year the Team examined, 119 infants died unexpectedly in a sleep environment, approximately one infant death every three days. After natural disease, sleep-related death is the leading cause of infant death in Virginia, a loss of life nearly ten times the number of infants who died as a result of abusive head trauma and almost thirty times the number of infants who died in motor vehicle collisions. The Team has released its most recent report, *Sleep-Related Infant Deaths in Virginia*. The full report, which is available at <http://www.vdh.virginia.gov/medExam/childfatality-reports.htm>

The Team concluded that 95% of these deaths were preventable and 90% were related to an unsafe sleep environment.

- More than 70% of the infants in this review were exposed to secondhand smoke. Half of the mothers smoked while pregnant with the infant who died.
- More than half of the infants who died were co-sleeping with at least one other person. Of those infants who were co-sleeping, almost a quarter had at least one co-sleeper who had used alcohol or drugs.
- One in five mothers used alcohol or drugs while pregnant with the infant who died.
- Consistent with national data findings, Black male infants four months of age and younger at most at risk of sleep-related death. Black infants died at a rate more than twice that of White infants. Male infants died at a rate more than 1.5 times that of female infants. Three out of four infants who died were four months of age or younger.
- Infants in Virginia's Western and Tidewater communities were at highest risk. Infants died in the Western region at a rate of 219.9 per 100,000 and in Tidewater, a rate of 155.2 per 100,000. These rates far surpass the state rate of 111.3 per 100,000.
- Fewer than half of the infants were placed on their backs for sleep. More than half were found on their stomachs.
- Ninety-eight percent of infants had been seen by a pediatrician since birth. Seventy-two percent had seen a pediatrician in the 30 days preceding their death.
- Three-quarters of the families in this review had a crib, bassinette or portable crib available. About one quarter of the infants were sleeping in one of these locations at the time of their death.
- At least one caregiver was impaired by alcohol or drugs in almost one quarter of the cases in this review.

Some of the recommendations from the study for this special population include:

- Include safe sleep information into existing child welfare policy when observing and assessing home environments;
- Integrating information about safe sleep with assessments and educational materials for SNAP and Medicaid recipients;
- Develop an on-line training module specifically for health care providers working with infants and young children about the importance of safe sleep environments and emphasizing assessment for abuse and neglect;
- Establish an interagency workgroup to look at the issue of substance exposed newborns and the lack of referrals to the community Services Boards;
- Develop specialized materials for CPS workers when investigating suspected abuse or neglect of very young children in terms of nutrition, safety, bonding, and failure to thrive; and
- Partner with the Virginia Department of Health in implementing a campaign about safe sleep environments.

For safety assessments, Virginia applies the Structured Decision Making Safety Assessment instrument and the Family Risk Assessment instrument. These tools are mandated in both Family Assessment

Response and Investigation Response. The Family Risk Assessment tool is a research-based tool developed by the Children's Research Center. Additionally, VDSS is in the early stages of exploring a change in the timeline for response when an infant is alleged to have been maltreated, regardless of which response track the family receives.

One of the primary services that are being provided is home visiting services. VDSS administers \$3,785,501 in funding for the Healthy Families Program. Healthy Families targets first time parents and works with families until the child reaches the age of four. It is a program grounded in research and evidence-based practice with families and children designed to improve pregnancy outcomes and children health, promote positive parenting practices, promote child development, and prevent child abuse and neglect. Healthy Families Programs help parents provide a safe, supportive home environment, gain a better understanding of their child's development, access health care and other support services, use positive forms of discipline, and nurture the bond with their child, thereby reducing the risk factors linked to child maltreatment.

The Virginia Home Visiting Consortium operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts and to increase the efficiency and effectiveness of home visiting services. The Consortium is coordinated by the Virginia Department of Health (VDH) and members include representatives of home visiting programs funded through the Departments of Social Services; Health; Medical Assistance Services; Behavioral Health and Developmental Services; Education and non-profit partners. The Consortium sponsors a home visiting website and training through a VDH contract with James Madison University. The Consortium also addresses issues such as data collection, centralized intake, and professional development. VDH administers the federal Maternal, Infant and Early Childhood Home Visiting federal grants and the Home Visiting Consortium provides input and support to MIECHV. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and VDSS administers the Head Start Collaboration Grant. Increasing the quality of child care providers is another major initiative to enhance the safety and well-being of this most vulnerable population.

## **J. Services for Children under the Age of Five**

As of January 1, 2014, there were 1,073 children ages 5 and under in placements which were not permanent; that is, they were not in a pre-adoptive placement waiting termination of parental rights or on trial home visits. Forty six percent of these children are female and fifty four percent are male. The majority of the children, fifty four percent, are white. Thirty one percent are black and twelve percent are mixed race.

Services for these youth include the following:

- For those with the goal of adoption and where TPR has been ordered, these children are identified as available for adoption through the ATCP adoption project
- Family engagement and family partnership meetings are used to involve relatives in the caretaking of these children. When possible, these children are placed with relatives.
- For those children with the goal of reunification, visits with parents are to be scheduled weekly if not more often.
- Concurrent planning practices and placement with a resource family (i.e., a family that will take the child and support both reunification and adoption).
- Placement with siblings.

All of these services respond to the need to keep the family together as much as possible; to build on the attachment needs of the young child to their parent (when reunification is likely); and to identify and

place the child in an adoptive home (or make the home an adoptive home) as quickly as possible once reunification has been ruled out.

VDSS offers several trainings that deal with children's issues from a developmental perspective and discuss this age group specifically. Those classes are: CWS1021 Effects of Abuse & Neglect on Child & Adolescent Development; CWS1031 Separation and Loss Issues in Human Services Practice; CWS3041 Working with Children in Placement; DVS1031 Domestic Violence and Its Impact on Children; CWS5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training – eLearning. There are two courses offered to foster parents, Nurturing Parents and PRIDE, which provide training specific to this age group.

## **K. Program Improvement Plan updates**

Virginia is currently working on two Program Improvement Plans (PIP). The AFCARS PIP was initially submitted in August 2012 after having the AFCARS review in June 2010. Virginia is still waiting on official approval of that PIP but has already been working on the recommended changes that came from the review. There were many technical and mapping fixes that were immediately addressed to bring the AFCARS submission into compliance. A workgroup was created with representatives from state and local dss as well as representatives from the VDSS Division of Information Systems to address other areas that continue to need attention. Several suggestions have been implemented in OASIS including adding new values to pick lists; implementing the diagnosed disabilities screen and updating the foster care funding screen. The workgroup will eventually work on creating a new adoption subsidy screen; however this has been delayed due to the creation of the new service plan screens and potential IV-E automation. An additional edit has been put into development that will help ensure there is a closer match between the foster care file and the adoption file for the AFCARS submissions. This edit should force a worker to properly discharge a child from foster care by reason of adoption. The edit is scheduled to be released with the 3.13 version of OASIS. Until official recognition of the PIP has occurred there will be no timeframe for completion however, Virginia continues to be proactive in making changes that will provide better data.

April 26, 2013, Virginia received notice that our IV-E plan had been approved and that the PIP received in December, 2012 was also approved. The PIP includes: updates to Virginia's automated service plan; revisions in State Code and DSS policy in timeframes and purposes of case reviews and permanency hearings; changes in Code to allow for fair hearings for covered individuals; revisions to licensing regulations to include regular reviews of the amounts paid for foster care maintenance and adoption assistance; and modifications to State police to comply with requests for child abuse and neglect registry checks received from another state.

Virginia has submitted three PIP updates with another quarterly report scheduled for April 2014. Progress has been made on this PIP including submission of a draft of the redesigned service plan, a new focus on Reasonable Candidacy including a refresher training for local workers, a change in the timing of court hearings from 75 days to 60 days, creation of guidance around fair hearings, and inclusion of background checks for all adults in the home in foster care guidance. There are a few significant remaining activities, including implementing the new service plan screens in OASIS and ensuring judges are asking about best interest of a child when placed out of state.

## **L. Continuation of operations planning**

### Division of Family Services Continuity of Operations Plan

*As of 5/30/14*

The Virginia Department of Social Services' Division of Family Services is responsible for developing policies, programs and procedures to guide local social service agencies in providing direct services to Virginia's citizens in need of social services assistance. The Division provides administrative direction through comprehensive planning, policy oversight, program monitoring and technical assistance to regional offices, local agencies, and private vendors.

The Division of Family Services participates in the DSS overall emergency/disaster plan development. This process is ongoing and our plan is changing as each division within the agency develops, evaluates and refines its plans to be incorporated into the overall Department and Commonwealth plans. In the Commonwealth's plan, VDSS has responsibility for sheltering individuals displaced during a disaster when the local capacity is exceeded and state level shelters are needed. Division of Family Services staff will participate in the establishment and manning of shelters as necessary in the immediate aftermath of a disaster. In addition to its role in sheltering victims, the Division of Family Services must plan for recovery of its normal functions in the event of an emergency or disaster and the continuity of services during that process where possible.

The division submitted its formal COOP plan in December 2012 and it was incorporated into VDSS's larger agency COOP plan.

### **I. Primary Functions of the Division of Family Services to be Recovered**

1. Establishment of off-site capacity for the Child Protective Services and Adult Protective Services (CPS/APS) 24-Hour Hotline. During normal time there is a rotation of 4 workers per shift. This is a state hotline that is used to report abuse and neglect. Information from the report is immediately sent to the local departments of social services for investigation.
2. Establishment of a system for gathering and providing information on children in foster care. A provision in the placement agreement provides the hotline phone number and requires foster parents to call and report their location and contact information if they are required to evacuate during an emergency. In addition, there are social services workers at shelter locations identifying foster care and other clients and forwarding that information to DSS.
3. Maintaining communication with local agencies and ensuring the continuation of services. The OASIS child welfare information system is a "Priority 1" for recovery during an emergency. If this system goes down the Virginia Information Technology Agency (VITA) is to have it up and running within 24-hours.
4. Through DSS regional consultants, Family Services maintains a line of communication with local department of social services. In the state structure, regional offices are in direct contact with local departments. VDSS will contact regional consultants and regional directors to assist with communication.
5. Ensuring the safety of the Commonwealth's adoption records. Currently, records are stored in a secured room within the home office. In addition, copies of records are maintained off-site.

### **II. Secondary Functions to be Recovered**

Once the primary functions have been addressed the Division of Family Services must ensure its capacity to meet its state and federal requirements including reporting and grants management. DSS' disaster

recovery plans include maintaining or recovering the numerous information systems that support the agency's programs. Such systems that need to be operational for the central, regional and local social service agencies are OASIS and ARRIS. Plans for the protection and recovery of information systems and finance systems are developed by those divisions and are part of the overall agency plan.

### **III. Notification of Key Personnel**

In the event of an emergency, the Commissioner of Social Services or his designee will contact the Division of Family Services' primary or secondary contact who will be responsible for notifying program managers and staff.

Primary Contact: Division Director

Paul McWhinney:      Work: 804-726-7590  
                             Home: (434) 989-1275  
                             E-mail: paul.mcwhinney@dss.virginia.gov

Secondary Contact: Assistant Division Director

Alex Kamberis:      Work: 804-726-7084  
                             Home: 804-594-7276  
                             E-mail: alex.kamberis@dss.virginia.gov

Family Services COOP coordinator:

Phyl Parrish      Work: 804-726-7926  
                             Home: 804-320-5121  
                             E-mail: phyl.parrish@dss.virginia.gov

Family Services back up COOP coordinator:

Deborah Eves      Work: 804-726-7506  
                             Home: 804-270-2365  
                             Email: deborah.eves@dss.virginia.gov

Each program manager, division director, assistant director, and COOP coordinators will maintain off-site lists of contacts and descriptions of their unit's job functions. Staff will be notified if the emergency requires the relocation or closure of the DSS home office. DFS conducted its annual tabletop exercise in 2013 by testing the phone tree calling system. This test was different than the previous year in that staff was not alerted to the exercise beforehand. The exercise was successfully completed in less than an hour. There were some instances where program managers were unavailable but supervisory staff were able to complete the test. The VDSS COOP coordinator assisted the division in updating the Business Impact Analysis for each unit within the Division.

DFS staff with appropriate skills may be called upon to assist in areas outside of their normal job duties and geographic locations. Regional Offices will maintain lists of contact information for the local departments of social services and will stay apprised of the local department's plans including alternate emergency locations and will relay that information to the Director of Family Services and program managers.

All management staff, regional consultants and some program specialists must have laptop computers or home computers that enable them to communicate and access necessary systems through dial-up or internet connections. Workers are advised upon hiring that they are required to report for work in the event of any disaster or emergency.

#### **IV. Implementation of Plans for Relocation**

In the event of the destruction of DSS' physical plant, some child welfare functions could be operated from nearby locations including local departments of social services or regional offices. Relocation of the entire DSS would fall under the Commonwealth's plan and the Division of Family Services staff would cooperate and help ensure a smooth transition. In the DSS Continuity of Operations Plan (COOP) each central office facility has one alternate location selected where operations can be relocated depending on the nature of the emergency.

In the event of destruction of a local department of social services physical structure, many localities have formed agreements with neighboring localities to make temporary facilities available for staff for essential activities. They also use other facilities within their own jurisdictions when needed such as the sheriff's departments and the health departments. They use the Red Cross and the schools for shelters. Local departments of social services are part of local government and follow the COOP guidelines for localities per the Virginia Department of Emergency Management.

#### **Continued Communication with Local Staff**

Virginia's child welfare services are carried out in a state supervised and locally administered system, with regional offices serving in the capacity of liaison between the state and local departments. Additionally, local departments, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. It is recommended that all local agencies have at least one laptop computer configured for dial-up access. Regional staff is the primary connection between the local departments of social services and the Home Office and both state and regional staff works to keep the flow of communication ongoing. In order to maintain communication with caseworkers and staff on the local level, the regional staff will be the primary point of contact between state and local staff in an emergency situation. The regional staff has an established relationship with the local departments and will be knowledgeable of their emergency plans. It is essential that local agencies maintain close communication with their Regional Specialists during system outages. This will enable the regional offices to contact other regional and state staff to enlist support from available staff statewide. Regional staff will be in touch with local agency staff in their regions and will be responsible for forwarding home office broadcasts and communications to key local agency personnel when those agencies are unable to access the VDSS system.

Primary responsibility for the recovery of key automated systems is with the Division of Information Systems (DIS). The Email servers as well as the OASIS system are Priority 1 and are to be recovered within 24 hours. In Virginia, applications such as OASIS are within the responsibility of DSS. Information system infrastructure is the responsibility of the Virginia Information Technology Agency (VITA) through a contract with Northrop Grumman. The VITA Customer Care Center (VCCC) provides 24/7 support. The Director of Family Services will work with DIS and ensure the division provides programmatic or other support as requested, to recover these functions.

#### **Contact with clients**

The Active Foster Care Report will be maintained in an Excel file on external hardware ("jump drive") which will be in the possession of both the Foster Care Program Manager and the Title IV-E specialists. Placement agreements contain a provision requiring foster parents to contact the Hotline in the event they must evacuate an area due to an emergency situation. The Hotline will collect contact information for



these families and this information will be entered into the OASIS system as well as forwarded to Regional Consultants who will alert the agency with custody as well as the agency in the location in which the family is currently residing. Families will be given contact information for the local department of social services. Social Services staff will be at the state run shelters and will collect similar information from individuals who are being sheltered. This will be added to the list of families forced to new locations by the crisis.

The regional offices serve as operation centers for service referrals and information throughout the state. VDSS staff will be available by a centralized toll- free number for the community to contact for child welfare related service needs referral information for services, and to notify the state office of displaced clients. The toll-free number will be given to the media and disseminated to local departments of social services. Virginia also operates “211” Information and Referral hotline that is available for locating services and assistance.

### **Hotline Contingency Plan**

The CPS/APS telephone system is operated by the CISCO Automatic Call Distribution system. This system may be inoperative during inclement weather conditions and/or disasters; therefore a plan has been devised to continue services to the public and mandated reporters. VDSS staff is currently exploring using an alternative telephone system that would alleviate some of the issues the current system has. A decision has not been made about changing systems at this time. Twenty-four hour technical assistance for the hotline is provided through VITA/NG VCCC. The contact number for DSS to use is: 1-866-637-8482. Specific instructions for the family services’ hotline have been updated in the online application for the VCCC, to assist in their technical issue response.

### **Response to the need to respond to new allegations of abuse/neglect during a disaster**

Virginia’s child welfare services are carried out in a state supervised and locally administered system. Local departments, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. As mentioned above, there are procedures in place around the relocation of foster children due to a disaster. If during the emergency/disaster situation child abuse or neglect is reported, it will be handled by the locality where the alleged abuse/neglect occurred.

### **V. Continued Review and Revision of Plan**

In addition to the above-mentioned procedures, the Division of Family Services is continuing to work with the Disaster Coordinator for the Department to develop more specific procedural guidance for child welfare programs. As a result, the plan will be modified to ensure compliance with state emergency procedures and the needs of other divisions within the Department and with the Continuity of Operations Plans of the Commonwealth of Virginia. Updates to the COOP plan as related to child welfare programs and services will be made available to regional and state staff as necessary. State and local staff will continue to work together to find ways to ensure continuation of services.

## VI. Outcomes, Goals and Measures

Virginia has integrated the outcomes, goals and measures of two important initiatives into Virginia’s Five Year State Plan for Children and Family Services:

- Virginia’s Children’s Services System Transformation; and
- The Federal Child and Family Services Review (*CFSR*).

The charts below list the goals Virginia is tracking for the Virginia Children’s Services System Transformation and some of the CFSR outcomes. For each goal, the quantitative measure, national comparative, and Virginia’s goal, baseline and trend data will be provided, as available. The last column highlights whether this goal is an area of strength or needs improvement based on Virginia’s performance.

<b>A. Safety of Children</b>							
<b>Children are, first and foremost, protected from abuse and neglect</b>							
CFSR Indicator/ Transformation Outcome	Safety Goal	Measure	National	Virginia			
				Goal	Baseline	Trend	Strength/ Need
<b>SafeMeasures Critical Outcome</b>	<b>1) Increase the number of children remaining safely in their own homes.</b>	Reduce rate of child abuse and neglect per 100,000 children		Below 3.0 in June 2009		2.86 (SFY 2012)  2.7 (FY 2012ab)	strength
<b><u>CFSR Safety Indicator 1: More children do not experience repeat</u></b>	<b>2) Increase the percentage of children who do not have repeat incidents of abuse and neglect.</b>	Increase percent of all children who were victims of substantiated or indicated abuse or neglect	94.6% or higher	94.6% or higher	97.98%	97.98% (2011)  97.70% (SFY 12)	strength

abuse and neglect		allegation during the first 6 months of the fiscal year who <u>were not</u> victims of another substantiated or indicated abuse or neglect allegation within 6 months following that incident				97.3% (FY 2012ab)	
<b><u>CFSR Safety Indicator 2: More children in foster care do not experience repeat abuse and neglect</u></b>	<b>3) Increase the percentage of children who are not abused or neglected in foster care.</b>	Increase percent of all children served in foster care during the fiscal year who were not victims of a substantiated or indicated maltreatment by a foster parent or facility staff member during fiscal year	99.67% or higher	99.67% or higher	99.84%	99.84% (2011) 99.92% (SFY 12) 99.84% (FY 12ab)	strength
<b><u>CFSR Item 1 – Timeliness of initiating investigations of reports of child maltreatment</u></b>	<b>4) Children are seen in a timely manner.</b>	How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?	90%	90%		87.4% contact made on time (SFY 2012) 87.78% (SFY 2013)	ANI
<b><u>CFSR Item 3 – Services to family to protect child(ren) in the home and prevent removal or reentry into foster care</u></b>	<b>5) Services are in place to prevent removal from the home or reentry into foster care</b>	How effective is the agency in providing services, when appropriate to prevent removal of children from their homes?		82.0%	73.2%	95.3% (from case reviews conducted for PIP)	strength

<b>CFSR Item 4 – Risk assessment and safety management</b>	<b>6) Risk and safety assessments are in place</b>	How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes.		76.4%	70.1%	92.8% (from case reviews conducted for PIP)	strength
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## B. Children Achieving Permanency

### Children have permanency and stability in their living situations

CFSR Indicator/ Transformation Outcome	Permanency Goal	Measure	National	Virginia			
				Goal	Baseline	Trend	Strength/ Need
<b>SafeMeasures Critical Outcome</b>	<b>1) Decrease the number of children in out of home care</b>	Reduce rate of children in foster care per 1,000 children	Declined from 7.5 in 2000 to 7.0 in 2006		3.05 (2011)	3.6 (SFY 2012) 3.77 (SFY 2013)	strength
<b><u>Transformation Outcome:</u> More children in foster care achieve permanency</b>	<b>2) Increase percentage of all children in foster care who achieve permanency.</b>	Increase percentage of all children in foster care who are discharged to reunification, adoption, or custody transfer to relatives		81.00% or higher	73.77% (2011)	72.92% (SFY 2012) (VCWOR) 75.6% ( Jan 2014)	ANI

(SafeMeasures Critical Outcome)						SafeMeasures)	
<b>Transformation Outcome:</b> Children achieve permanency with shorter length of stays.  (SafeMeasures Critical Outcome)	<b>3) Decrease the amount of time it takes for a child to achieve permanency</b>	Decrease the time to permanency for all children who are reunified, transferred to a relative, or adopted.			25.02 months (2011)	26.05 months (SFY 2012)  19.97 months (SFY 2013)	strength
<b>Transformation Outcome:</b> More children are placed in relative foster homes  (SafeMeasures Critical Outcome)	<b>4) Increase placements of children in kinship care (relative foster family)</b>	Increase percentage of all children currently placed in relative foster family			6.16% (2011)	6.47% (SFY 2012)  5.76% (SFY 2013)	ANI
		Increase percentage of all children whose first placement was in relative foster family			4.0% (2011)	4.03% (SFY 2012)  3.11% (SFY 2013)	ANI
<b>Transformation Outcome:</b> More children are placed in family based care  (SafeMeasures Critical Outcome)	<b>5) Increase placements of children in family based care</b>	Increase percentage of all children currently placed in relative or non relative foster care ( <i>therapeutic foster care included</i> ), non-finalized adoptive homes, or trial home visits.		85.00% or higher	82.64% (2011)	80.69% (SFY 2012)  83.24% (SFY 2013)	ANI

		Increase percentage of all children whose first placement was in relative or non relative foster care ( <i>therapeutic foster care included</i> ), non-finalized adoptive homes, or trial home visits		85.00% or higher	80.7% (2011)	82.95% (SFY 2012) 83.24% (SFY 2013)	ANI
<b>CFSR Permanency Composite 1: Timeliness and Permanency of Reunification</b>	<b>6) Children have permanency and stability in their living situations.</b>	From State Data Profile: Component A: Timeliness of Reunification and Component B: Permanency of Reunification	122.6	121.3	117.9 (2008b09a)	110.2 (2009ab) 120.2 (2010ab) 123.0 (2011ab) 108.1 (2013ab)	ANI
<b>CFSR Permanency Composite 2: Timeliness of Adoptions</b>	<b>7) Children are adopted in a timely manner.</b>	From State Data Profile Component A: Timeliness of Adoptions of Children Discharged From Foster Care  Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.  Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.	106.4	78.2	75.1(2007 B08a)	73.5 (2009ab) 83.7 (2010ab) 93.5 (2011ab) 114.9 (2013ab)	Strength

<p><b><u>CFSR</u></b></p> <p><b>Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time</b></p>	<p><b>8) Children exit care to a permanent situation</b></p>	<p>From State Data Profile;</p> <p>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</p> <p>Component B: Growing up in foster care</p>	<p>121.7</p>	<p>105.4</p>	<p>102.5 (2007b08a)</p>	<p>107.9 (2009ab)</p> <p>108.4 (2010ab)</p> <p>111.0 (2011ab)</p> <p>118.7 (2013ab)</p>	<p>ANI</p>
<p><b><u>CFSR Item 7:</u></b></p> <p><b>Permanency goal for child</b></p>	<p><b>9) The child's permanency goal is appropriate and established in a timely manner.</b></p>	<p>How effective is the agency in determining the appropriate permanency goal for children on a timely basis when they enter foster care?</p>		<p>65%</p>	<p>76.7%</p>	<p>80% (case reviews for PIP)</p>	<p>strength</p>
<p><b><u>CFSR Item 10:</u></b></p> <p><b>Other planned permanent living arrangement</b></p>	<p><b>10) Alternative goals are appropriate for the child and services are provided</b></p>	<p>How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relative, and providing services consistent with the goal</p>		<p>63.2%</p>	<p>46.7%</p>	<p>76.4% (case review for PIP)</p>	<p>strength</p>

<b>Transformation Outcome: Fewer children are placed in congregate care</b> <i>(SafeMeasures Critical Outcome)</i>	<b>11) Reduce placements of children in congregate care</b>	Decrease percentage of all children currently placed in congregate care		16% or fewer	15.10% (2011)	13.48% (SFY 2012) 15.3% (SFY 2013)	strength
		Decrease percentage of all children whose first placement was in congregate care		15% or fewer	18.5% (2011)	16.62% (SFY 2012) 16.54% (SFY 2013)	ANI
		Decrease average number of months children spent in congregate care		TBD	33.42 months (2011)	30.74 months (SFY 2012) 26.35 months	

### C. Child and Family Well Being

#### Families have enhanced capacity to provide for their children's needs

CFSR Indicator/ Transformation Outcome	Well Being Goal	Measure	National	Virginia			
				Goal	Baseline	Trend	Strength/ Need



<b><u>CFSR Item 17:</u> Needs and services of child, parents, and foster parents</b>	<b>1) Services are provided to children, parents, and foster parents</b>	How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?		67.6%	60.9%	72.4% (case reviews for PIP)	strength
<b><u>CFSR Item 18:</u> Child and family involvement in case planning</b>	<b>2) Children and family are involved in case planning</b>	How effective is the agency in involving parents and children in the case planning process?		77.2%	70.7%	74.7% (case reviews for PIP)	strength
<b><u>CFSR Item 19:</u> Caseworker visits with child</b>	<b>3) Caseworkers visit children monthly face to face with the majority of the visits in the child's residence and those visits are quality visits</b>	How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?		75%	68.6%	81.7% (case reviews for PIP)	strength

<p><b><u>CFSR Item 20:</u></b> <b>Caseworker visits with parents</b></p>	<p><b>4) Caseworkers visit parents monthly face to face and those visits are quality visits</b></p>	<p>How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?</p>		<p>59.4%</p>	<p>51.5%</p>	<p>61.4% (case reviews for PIP)</p>	<p>strength</p>
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# **Virginia State Plan for the Child Abuse Prevention and Treatment Act (CAPTA)**

## **Commonwealth of Virginia Department of Social Services Division of Family Services**

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## CAPTA Update for 2014

1. Describe substantive changes, if any, to State law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the State's eligibility for the CAPTA State grant (section 106(b)(1)(C)(i)). The State must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

Effective July 1, 2014, the *Code of Virginia* will reflect several Code changes that will not impact the Commonwealth's compliance with CAPTA as reauthorized on December 20, 2010. The *Code of Virginia*, § 63.2-1505 will be revised to reflect that anyone conducting child sexual abuse investigations must have completed the required training approved by the State Board of Social Services or work under the direct supervision of someone who has completed the approved training. In addition, § 63.2-1505 will be amended to extend the timeframe to make a determination in CPS investigations that are being conducted with law enforcement an additional 45 days, not to exceed 90 days.

Effective July 1, 2014, the *Code of Virginia* will reflect changes to § 63.2-1503 by formalizing the process for CPS to report certain child abuse and neglect reports to local law enforcement and to the local attorney for the Commonwealth by providing a standardized method to document CPS notification to law enforcement.

Effective July 1, 2014, the *Code of Virginia* will reflect changes to § 63.2-1511 by expanding the scope of interagency agreements between local departments of social services and local school divisions to establish protocols for investigating child abuse reports against school personnel to include sexual abuse reports that require coordination to facilitate the investigation.

2. Describe any significant changes from the State's previously approved CAPTA plan in how the State proposes to use funds to support the 14 program areas (section 106(b)(1)(C)(ii)).

The majority of the previously approved CAPTA plan remains in effect. New initiatives are incorporated into the attached plan in *italic*.

- Describe how CAPTA state grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan (section 108(e) of CAPTA).

In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, Title IV-B, and the Community-Based Child Abuse Prevention (CBCAP) program. CAPTA state grant funds were used, alone or in combination with Title IV-B, CBCAP, TANF, State General Funds, and other child welfare programs in three major areas: Safe Children and Stable Families; Family, Child and Youth Driven Practice, and Strengthening Community Services and Supports. The plan identifies areas of work that have been completed, items being currently worked on, as well as ongoing activities.

## **CAPTA Virginia State Plan 2014 submission**

The Child Abuse Prevention and Treatment Act (CAPTA) was reauthorized in 2010, Public Law 111-321. States are required to prepare and submit a State plan that will remain in effect for the duration of the state's participation in the grant program. The Plan must be prepared and submitted annually describing how the funds provided under CAPTA were used to address the purpose and achieve the objectives of the grant program (section 108(e)). In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, Title IV-B, and the goals and strategies outlined in Virginia's Program Improvement Plan (PIP).

Using the format from Virginia's CFSP, the CAPTA Plan will highlight activities in two areas from the new five year plan as well as other strategies that address the purpose and objectives of the CPATA program areas. The strategies are:

1. Engage Family, Child and Youth-Driven Practice

**Goal:** Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused, and Culturally Competent Approach

2. Managing by Data and Quality Assurance

**Goal:** Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions

Strategies will be updated yearly or as activity occurs.

### **I. Safe Children and Stable Families**

These strategies strive to assure the safety of children within their homes, protect children in at risk situations, and ensure they are protected from abuse and neglect in a permanent setting responsive to their well being. It preserves and strengthens intact families who ensure the safety and well-being of their children. It strives to prevent child maltreatment among families at risk through the provision of supportive family services.

➤ **Applicable CAPTA program areas described in section 106(a):** 1. The intake, assessment, screening and investigation of reports of child abuse and neglect; 2. Improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; 3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; 4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response; 5. Develop and update systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange; 7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protections system, including improvements in the recruitment and retention of caseworkers; 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect; 14. Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies.

## **Goal: Protect Children At Risk of Abuse and Neglect**

### **1. Improve local department staffs' abilities to assess initial safety and risk**

- a) Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011 **Completed**
- b) Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification **Completed**
- c) Clarify and disseminate revised policy/guidance manual, as needed **Completed**
- d) Work with the Quality Service Review Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes **Ongoing**
- e) Develop new intake measures into Safe Measures to determine how well Idss are implementing the new intake tools. **Completed**
- f) Provide refresher training, as needed **Ongoing**
- g) *Review and evaluate statewide and by locality the number and percentage of cases being screened out.*
- h) *Develop and implement a method to review a sample of these cases to determine level of agreement.*
- i) *Develop and implement a plan to make any needed changes to policy regarding intake and definitions of abuse and neglect.*
- j) *Provide training for local staff on any changes made*

### **2014 Update**

State staff is continuing to work with localities to support and sustain the practice change around intake, safety and risk assessments and the use of structured decision making tools. Support groups for supervisors and additional training sessions were held quarterly for supervisors to review the case monitoring tools and discuss outstanding issues. New reports have been generated by locality, region, and Statewide from Safe Measures to assist the State in evaluating the current practice in the use of the intake, safety and risk assessment tools. Reports are now also available to evaluate local agency response times to reports of suspected child abuse and neglect, face to face contact with victims, first meaningful contacts, and compliance with the statute in making determinations within the 45 to 60 day timeframes. Regional CPS consultants are working with individual localities to help them improve in all of these identified areas and providing additional training as needed.

Enhancements made in OASIS to identify screened out reports has been piloted and will be available by December 2014. The study of screened out reports will be initiated in the coming year.

### **2. Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.**

- a) Obtain input from the CPS Policy Advisory Committee, the Office of Family Violence, and the Department of Behavioral Health and Developmental Services to ensure that the tools are assessing issues of domestic violence, mental health and substance abuse **Completed**
- b) Revise, if needed and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual **Completed**
- c) Disseminate guidance and make necessary changes to OASIS **Completed**
- d) *Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on domestic violence to include a definition of domestic violence, revised*

*screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, and service provision.*  
e) *Train child welfare workers on the domestic violence protocol*

### **2014 Update**

The tools that were revised in 2012 do not seem sufficient to meet the needs of CPS workers in managing cases dealing with the co-occurrence of domestic violence and child abuse. The CPS Unit has been collaborating with the Office on Family Violence to develop a stand-alone guidance chapter on domestic violence to be used by CPS workers, and other child welfare workers when working with families where domestic violence is suspected or occurring. Draft guidance materials have been developed and will be vetted with domestic violence advocates, local CPS and foster care workers, the CPS Policy Advisory Committee and with the Family & Children's Trust Fund Child Abuse Citizen Review Panel prior to finalizing the policy/guidance.

### **3. Evaluate local staffs' ability to improve response times to CPS reports**

- a) Develop and review reports in Safe Measures to assess how well staff are responding to reports of suspected child abuse and neglect as a result of the new policy/guidance that was implemented in July 2011. **Completed**
- b) Develop a report in Safe Measures to assess how well staff are adhering to the new policy on timeframes for face to face contact with victims **Completed**
- c) Review the reports generated through Safe Measures with CPS regional consultants and develop a plan to work with those individual localities having problems in responding to reports in a timely manner **Completed**
- d) Clarify and disseminate policy/guidance manual, as needed **Completed**
- e) Provide consultation to Idss, as needed. **Ongoing**
- f) *CPS Regional consultants will review reports in Safe Measures monthly to monitor timeliness of all responses made by local agency staff*
- g) *CPS Regional consultants will identify individual localities having problems in responding to reports in a timely manner and work with local agency to develop and implement a plan to improve practice*

### **2014 Update**

Reviewing and evaluating local agency response times to CPS reports is an ongoing concern. CPS regional consultants monitor local agency response time reports closely and work with local agencies to improve responses as needed. The specific reports include Referral Time Open; Timeliness of First Attempted Contact; and Timeliness of Contact with Victim. These will be the main data points monitored on a regular basis by VDSS in the coming year .

### **4. Develop strategies to support and sustain the practice change for CPS supervisors and workers on the use of the new intake, safety and risk assessment model.**

- a) Hold focus groups and/or survey local CPS supervisors to assess their continued needs **Completed**
- b) Develop tools for supervisors to use with workers to support the use of the structured decision making tools in casework practice. **Completed**
- c) Hold peer support groups for supervisors to practice using this tool and conduct peer reviews of cases. **Ongoing**
- d) Schedule and conduct refresher training as needed. **Ongoing**

- e) *Develop an E-Learning course for all CPS staff on the use of structured decision-making tools used to assess safety and risk.*

#### **2014 Update**

CPS regional consultants continue to hold refresher training for local CPS workers who continue to struggle with assessing safety and risk. This work is ongoing especially when there are new supervisors and/or workers. Specialized training took place in August 2013 in the Western Region of the state for not only CPS workers, but for law enforcement and attorneys for the Commonwealth as well as other community partners so that they have a better understanding of policies, practices and assessment tools used by Idss. Another session is being planned for the fall of 2014.

#### **5. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.**

- a) Review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy. **Completed**
- b) Obtain input from the CPS Policy Advisory Committee **Completed**
- c) Request assistance from the In-Home NRC to review current policy/guidance manual and recommend changes. **Completed**
- d) *Revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families by providing tools to support on-going assessment, risk reassessment and service planning for children and families' service needs* **d**
- e) *Disseminate the revised policy/guidance manual.*

#### **2014 Update**

State CPS staff reviewed the SDM family strengths and needs assessment tools and risk reassessment tools to ensure consistency with Virginia policies and regulations and worked with the National Resource Center for In-Home Services to complete a case review to assess the quantity and quality of services being provided. This year the Department worked on developing draft policy/guidance for the field. The draft policy has been shared with the CPS Policy Advisory Committee and changes have been made to incorporate their comments and concerns. Statewide training is being planned for the spring of 2015 and the revised policy/guidance will be disseminated by June 2015.

#### **6. Develop and implement statewide training for CPS supervisors and workers on the use of new assessment of family strengths and needs, service plans and risk re-assessment tools**

- a) Develop training curriculum **Draft Completed**
- b) *Select and train Trainers, to include CPS regional consultants, State trainers, and supervisors*
- c) *Develop statewide training schedule*
- d) *Train all CPS supervisors and workers on use of new policy/guidance*

#### **2014 Update**

A draft training curriculum has been developed. The training curriculum is currently being piloted in three of the five regions of the state and changes are being made accordingly. In the fall of 2014 a training schedule will be developed and a pool of trainers will be identified and trained. Statewide training is being planned for the spring of 2015 to include approximately 25 to 30, two-day training sessions involving approximately 750 workers and supervisors.



## **7. Create requirements for OASIS screens to reflect new CPS service needs assessment and service plans**

- a) Utilize workgroup to review OASIS screens and make recommendations for screen changes **Completed**
- b) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created **Completed**
- c) OBRA and Family Services will meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes. **Completed**
- d) OBRA and Family Services will meet with MBD prioritize timing for screen changes in OASIS **Completed**
- e) *Workgroup will review screen mock-ups and make recommendations for improved functionality*
- f) *Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users.*

### **2014 Update**

While the Outcome Based Reporting and Analysis Unit no longer exists, a workgroup has been established to review OASIS screens and make recommendations for screen changes to compliment the revised policy/guidance. New screens have been developed and the final requirements are almost complete. It is expected that IT modifications will be completed by the spring of 2015.

## **8. Revise policy/guidance on conducting investigations in Out of Family Setting**

- a) Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision or clarification. **Completed**
- b) Request assistance from the NRC on CPS to review materials and make recommendations for changes
- c) Solicit input from the Out of Family Advisory Committee to the State Board of Social Services **Completed**
- d) Revise policy/guidance manual and disseminate **Completed**
- e) *Develop sample letters for informing parties about the outcome of the investigation for use by local CPS workers*

### **2014 Update**

The regulation governing the investigation of Out of Family reports has received final approval. The minor changes in the regulation were incorporated in the revision of the CPS policy manual that was approved by the Commissioner.

## **9. Develop and implement statewide training for CPS supervisors and workers on the revised policy on investigating CPS reports in Out-of-Family Settings**

- a) Develop training curriculum **Completed**
- b) Select and train trainers, to include CPS regional consultants and supervisors **Completed**
- c) Develop statewide training schedule **Completed**
- d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

### 2014 Update

The revised CPS policy includes revisions due to the publication of the final regulation governing the investigation of CPS reports in out of family settings. These changes are incorporated into the CPS policy manual. Each CPS regional consultant reviewed these changes with the CPS supervisors in each region during regularly scheduled meetings.

#### **10. Review/enhance current policies and protocols on the handling of child deaths**

- a) Work with the subcommittee of the State Board of Social Services to study the increase of child deaths to gain a better understanding of the factors surrounding those deaths **Ongoing**
- b) Review cases of children who have been known to the child welfare system over the past several years to determine what lessons may be learned to prevent child deaths **Completed**
- c) Request assistance from the In-Home NRC to assist in this review and make recommendations **Completed**
- d) Explore the regional child fatality team operating in the Eastern Region and develop a plan to replicate it in the other four regions of the State. **Completed**
- d) Review recommendations with subcommittee of the State Board of Social Services and the State Child Fatality Team and develop a plan to implement new practices, as appropriate **Completed**
- e) Work with the Office of the Chief Medical Examiner (OCME) to implement five regional child fatality review teams **Completed**
- f) Provide technical assistance and consultation to teams in reviewing cases, making recommendations, and data collection **Ongoing**
- g) Prepare an annual report compiling findings and recommendations from the teams **Ongoing**
- h) Work with the Office of the Chief Medical Examiner to plan and co-sponsor a conference for regional child fatality team members **Completed**
- i) *Work with the OCME to assist the regional teams in accurately completing the national data tool*

### 2014 Update

The State Board of Social Services established a Child Fatality Committee to study the increase of child deaths in order to gain a better understanding of the factors surrounding these deaths. One of the recommendations of the Committee and the Board was the development and implementation of five regional child fatality review teams. In collaboration with the Virginia Department of Health (VDH), Office of the Chief Medical Examiner (OCME) and VDSS, each of the five regions within the VDSS system now has an operating Regional Child Fatality Review Team in place. A final report outlining the deaths reviewed for SFY 2010 – 1011 was completed in June 2013. Each team identified a number of recommendations and actions that they would work on in the coming year as well as some statewide recommendations and actions. Regional teams have been encouraged to address child death cases where there has been prior contact with more depth and breadth and the VDSS, in conjunction with the OCME, has developed specific questions to assist the Teams. In December 2013, an interim report was prepared outlining the status of the work being done on each of the recommendations. A final report was presented to the State Board of Social Services in April.

During the past year, these five teams have reviewed all child deaths that were investigated by local departments of social services from July 1, 2011 throughout June 30, 2012. A total of 110 cases were scheduled to be reviewed. Each team has been entering data on each case into the National Center for the Review and Prevention of Child Death database. The tool is somewhat complicated and accurate and timely completion of the tool has been a challenge for the Teams. This will be the first year that data will

be pulled from the national database to review the findings, identify trends and develop recommendations by region and statewide. Regional team reports are expected to be drafted by June and a final statewide report developed by October 2014. This report will be posted on the Department's website and shared with the Citizen Review Panels and others stakeholders. .

VDSS continues to work closely with the OCME to provide technical assistance and support to the regional teams as they continue to recruit critical team members and to identify risk factors, trends and make recommendations for prevention.

**11. Examine the current trends in CPS appeals to determine if ldss' are clearly interpreting CPS policies and procedures, providing consistent information to appellants, and adequately documenting their case decisions.**

- a) Establish a committee of representatives from the League of Social Services Executives, State Board members, and other Department staff to identify and review the trends to determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in-home or out-of-family setting, and locality. **Completed**
- b) Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate **Quarterly updates**
- c) Review and revise Appeal Handbooks, if needed
- d) Develop training materials and/or provide consultation to ldss to support their practice in this area **Completed**
- e) Identify and review all state CPS appeals to document trends and determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in home or out of family setting and locality **Ongoing**
- f) *Develop a CPS appeals manual for local social services workers, and review and revise, as needed*
- g) *Provide feedback to the VDSS training division on areas that need to be more closely addressed in CPS new worker training and refresher courses*

**2014 Update:**

State CPS staff continues to review all state level CPS appeal cases each month as submitted by the Division of Appeals and Fair Hearings. The purpose of this review is to identify strengths in the child protective service investigative findings being sustained, identify areas needing improvement in cases that were overturned, and to identify any trends that lead to a policy or guidance change and/ or training opportunity. This information has been helpful to local agency staff and there has been a decline in overturned appeals over the past year. Areas of concern are still being identified and the quarterly review process will continue. A detailed summary of the case and appeal decision is completed for each appeal and shared with the appropriate regional consultant. The quarterly feedback will also be used to develop necessary training for local staff.

A workshop on the appeals process which included information on areas identified from quarterly reviews was presented at the League of Social Services Executives Conference in November 2013 to assist local directors and program managers in understanding the strengths and weaknesses being identified. This forum allowed for a question and answer session among state staff and local agency directors to promote positive relationships and ensure understanding of everyone's needs which is essential in continuing to address the concerns being documented through the state appeals review process.

## **12. Enhance the effectiveness and efficiency of the State Child Abuse and Neglect Hotline**

- a) Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available **Completed**
- b) Train the Hotline staff on the new intake, safety and risk assessment tools to ensure a family-focused, and strength-based approach to responding to calls of suspected child abuse and neglect **Completed**
- c) Ensure that the Hotline phone number is published in all directories across the Commonwealth. **Completed**
- d) Establish emergency procedures and protocols for the State Hotline **Completed**
- e) *Develop and provide training to Hotline staff pertaining to family focused, strength based approach and proper use of safety and risk assessment tools for intake purposes*
- f) Review and revise the Hotline policy and procedures manual **Ongoing**
- g) *Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters*
- h) *Implement an online mandated reporting for the CPS program.*
- i) *Install an updated, more versatile telephone system which will allow the State Hotline to progress with the trends and better meet the needs of the local agencies and the state of Virginia.*
- j) *Explore the feasibility of a dedicated law enforcement telephone line.*

### **2014 Update:**

A number of actions continue to be taken to enhance the effectiveness and efficiency of the State Child Abuse and Neglect Hotline. The State Hotline has put several new procedures in place to improve the efficiency and address confidentiality. Stricter guidelines have been implemented to ensure confidentiality when releasing information regarding a child or family in the state automated system.

In May the State Hotline implemented a new phone system which has improved the level of availability, accountability and improved customer service. A dedicated phone line for use by local law enforcement is expected to be implemented by July.

The Hotline is currently developing an online 'live' on call scheduling tool for local agencies to use which will reduce the number of changes in scheduling and enhance the efficiency of the State Hotline. The State Hotline will continue to update the procedures and protocols manual for all staff as needed. The Hotline staff will continue to receive ongoing training as needs are identified and one on one supervision to improve accountability.

Research on the feasibility of an on-line reporting tool for mandated reporters has been initiated and steps to develop the tool are in progress. This tool will allow mandated reporters to report suspected child abuse and neglect via the internet using an online form submission to the State Hotline. The Hotline supervisor has been working with the Department's IT section to overlay the electronic form with OASIS so that the information can be sent directly to the local department for response. A Service Request has been submitted with an estimated time frame of the fall of 2014.

## **13. Develop a method to track recurrence in Family Assessment cases**

- a) Develop a method of tracking recurrence in Family Assessment cases. **Completed**
- b) Develop a report that monitors repeat reports of cases that received a Family Assessment response. **Completed**
- c) Disseminate reports to Idss, CPS regional consultants to review and make recommendations for program changes, if needed. **Completed**
- d) Provide consultation to Idss, revise policy/guidance manual, if needed. **Ongoing**

## **2014 Update**

In January 2013 the Department revised CPS guidance/policy in the area of Differential Response and making the track assignment. One major change in the policy was to require an investigation, the more traditional CPS response, if there were more than two Family Assessments, the differential response in Virginia, within the past year. A report is being created in Safe Measures to track the recurrence of Family Assessment reports. This report will identify all clients who had been involved in another family assessment within the past two years. The local agency, regional and state staff can use this report to identify trends and areas for improvement.

### **14. Develop, facilitate, and conduct training for mandated reporters**

- a) Update the online training curriculum for mandated reporters incorporating the changes made by the 2012 Virginia General Assembly including additional people as mandated reporters, increased penalties for failure to report especially in cases of rape, sodomy, and object penetration, and other pertinent requirements **Completed**
- b) Review and revise all printed materials including brochures and the Mandated Reporter Booklet to reflect the Code changes **Completed**
- c) Develop and implement a plan to inform persons required to report suspected cases of child abuse and neglect of these responsibilities **Completed**
- d) *Revise and update online training for educators*
- e) *Revise and update on line training for all mandated reporters*
- f) *Revise and publish print materials targeting mandated reporters*

## **2014 Update**

The online training for public school employees has been revised and updated. VDSS is working with the Department of Education to conduct user testing of the revised curriculum. When the final revisions are completed, the updated course will be available on the Department's website. The general online training for mandated reporters has also been updated and is now available on the Department's website. The Department updated CPS related information for medical provider training. The Department also provided updated CPS information for a handbook for juvenile judges in Virginia. The mandated reporter booklet was redesigned and reprinted. It is available to mandated reporters by ordering from the Department. The booklet is also available on the Department's website, <http://www.dss.virginia.gov/>. Other print materials including a general brochure about the CPS program for teachers are being reviewed and revised. When completed, the brochures will be available in print and on the Department's website.

### **15. Revise CPS regulations and policy/guidance manual to reflect changes related to the reporting of substance exposed infants**

- a) Review and revise CPS regulation 22 VAC40-705 to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
- b) Review and revise CPS policy/guidance manual to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
- c) Provide training to local CPS supervisors and workers on the changes **Completed**
- d) Work with health care providers and substance abuse treatment providers to inform them of the changes **Completed**
- e) Revise brochure for health care providers on the reporting of substance exposed newborns **Completed**
- f) *Establish a workgroup to review current policy/guidance around the handling of substance exposed infants and develop and implement changes as needed.*

### **2014 Update**

The *Code of Virginia*, § 63.2-1509 relating to the reporting of substance exposed newborns was amended in July 2012. While the overall changes have brought the Commonwealth in stronger compliance with CAPTA in terms of including Fetal Alcohol Spectrum Disorder instead of Fetal Alcohol Syndrome, there continues to be questions regarding the reporting requirements and time frames.

### ***16. Conduct periodic reviews of CPS regulations***

- a) Conduct a comprehensive review of the CPS regulations to include the incorporation of 22 VAC 40-700 and 22 VAC 40-720 into 22 VAC 40-705. **Completed**
- b) Solicit input from the CPS Policy Advisory Committee, League of Social Services Executives, and the Citizen Review Panels. **Completed**
- c) Develop proposed regulations incorporating relevant statutory and needed practice changes to be presented and approved by the State Board of Social Services **Completed**
- d) *Draft final proposed regulations*
- e) *Obtain approval of the final regulations from the Office of the Attorney General, State Board of Social Services, Department of Planning and Budget, Secretary of Health and Human Resources and the Governor.*
- f) *Implement changes in the CPS policy/guidance manual*
- g) *Train local staff on the changes*

### **2014 Update**

The periodic review of 22VAC40-705 is in the proposed state of the regulatory process. The proposed changes to this regulation were reviewed and completed on November 18, 2013 by the Office of the Attorney General then reviewed and completed on January 30, 2014 by the Department of Planning and Budget. The proposed regulatory changes are currently under review by the Secretary of Health and Resources. Once the Secretary approves the proposed regulations, they will be reviewed by the Governor, and then submitted to the Office of the Registrar for a 60 day public comment period in the Virginia Register. The proposed regulation will then be revised accordingly, presented to the State Board of Social Services for final action and final comment.

### ***17. Provide guidance to CPS workers on how and when to use diversion practices***

- a) *Seek consultation from the Office of the Attorney General on the authority of local departments of social services to use diversion as a prevention of foster care service*
- b) *Request technical assistance and consultation from the National Resource Centers to develop guidance for the field*
- c) *Develop clear guidelines for inclusion in the CPS policy/guidance manual*
- d) *Train staff on the role of the local department and the policies and procedures governing this practice.*
- e) *Identify an effective means to track and analyze diversion data through OASIS*

### **2014 Update**

Over the past three to five years, VDSS has strongly encouraged family participation in case planning and the involvement of extended family in the care and protection of children. VDSS recognizes and values the importance of developing best practice strategies to prevent or eliminate the need for foster care placement by engaging identified relatives and/or non-relatives who can provide short term or long term care for children and youth to prevent abuse and neglect and/or entry into foster care. While local agencies have embraced the use of diversion, practice varies widely from community to community. Local agencies have different approaches to safety assessments of a relative's home, the types and duration of services provided to the family, post diversion agency supervision and case management, the

transfer of legal custody/guardianship, and other requirements. In the past year, VDSS has become increasingly concerned about problematic practice and barriers to good practice in diversion which have come to our attention through constituent complaints, agency reviews, and advocacy group communications. VDSS has requested technical assistance from the National Resource Centers in developing clear and consistent best practice guidance to local departments of social services (ldss) concerning diversion. Issues to be addressed include defining the role of ldss, birth parent and relatives in the development of a diversion plan, appropriate assessment of relative caregivers; finding, preparing and supporting relatives; and helping families to assess their options and collaborate in the decision making process.

## II. Family, Child and Youth-Driven Practice

This strategy fulfills the mission of transforming how services are delivered by giving a stronger voice to children and families in decision-making. The state practice model enables families to actively engage with child welfare staff and other important stakeholders in facilitated meetings to collaborate on the key decisions (*such as placement or moves*) that affect a child's life. Through collaboration, the practice model is achieved according to individual circumstances while empowering families to participate in the process.

➤ **Applicable CAPTA program areas as described in section 106(a):**  
6. Developing, strengthening, and facilitating training including – training regarding research-based strategies, including the use of differential response, to promote collaboration with families; 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

### **Goal: Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused and Culturally Competent Approach**

#### **1. Develop and implement a plan for sustaining and supporting a consistent statewide approach to family engagement and kinship care**

- a) Train selected service providers and state/regional staff on strategies for engagement on a regional basis. **Completed**
- b) Implement a plan for regional staff to provide training and technical assistance to ldss on family engagement strategies **Completed**
- c) Survey selected programs to determine the level of change in involvement and recommendations for improvements. **Completed**
- d) Explore the use of CAPTA funds to ldss to support Family Partnership meetings **Completed**
- e) *CPS Regional consultants will utilize reports on Family Partnership Meetings (FPM) found in Safe Measures to monitor their use and identify trends.*
- f) *Regional consultants will provide consultation to ldss when identified as not using FPM*
- g) *Develop Subject Matter Expert training sessions across the state aimed at the role of CPS workers in locating and finding relatives*

### **2014 Update**

VDSS has trained selected service providers and state regional staff on strategies for family engagement and kinship care. Family Partnership Meetings (FPM) are being held in all decision points including cases that have been determined to be at very high or high risk when services are being provided and at the point of an emergency removal. CAPTA funds are no longer being used to support FPM as an incentive. Statewide, there were 3,247 High/Very High Risk FPMs and 950 Emergency Removal FPMs from held from January 2012 through March 2013.

### **2. Examine and amend CPS guidance to determine revisions required to support connections to relatives**

- a) Review guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child  
**Completed**
- b) Support state collaborations that focus on increasing awareness and training of kin (*relatives*) as valuable resources in creating permanency options for children who cannot live with their birth parents. **Completed**
- c) Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections by providing the use of Accurint, a web-based search engine that will be available statewide. **Completed**
- d) *Implement in OASIS the ability to document the notification to relatives in order to collect data*

### **2014 Update**

The CPS policy/guidance manual was amended to better support connections to relatives. Revisions included the requirement to identify and notify relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child. This requirement was also included in the proposed changes to the CPS regulations. In an effort to increase local capacity for locating absent parents, siblings, other relatives and significant others, the use of Accurint, a web-based search engine was made available to staff statewide. CAPTA funds assist in the support of Accurint.

### **3. Enhance the current CPS Differential Response System (DRS) Practice Model to ensure a more family-focused and family-driven approach**

- a) Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track. **Completed**
- b) Revise and align the CPS policy and guidance manual consistent with family engagement philosophy, procedures, and practice. **Completed**
- c) Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments.  
**Completed**
- d) Revise the Family Assessment Track brochure to reflect changes in policy/guidance and practice. **Completed**

### **2014 Update**

Last year, the Department of Social Services (VDSS) concentrated efforts on the improvement of the differential response system within CPS. Differential response was implemented statewide in 2002; however, few changes had been made to the policy/guidance manual since its implementation. In 2013, the CPS policy/guidance manual was revised with regards to making the initial track decision and the criteria used to designate a report as an investigation or a family assessment. One significant change was to require an investigation after two family assessments had been completed within the past year. Further revision to the family assessment policy/guidance included a recommendation, not a requirement, for



local departments of social services to use announced visits and family interviews when possible in alternative response cases. Definitions were provided for protective capacities that should be assessed during the CPS response regardless of the assigned track. State staff developed and implemented training for CPS supervisors and workers throughout the state which provided policy and skills instruction for these revisions with a strong emphasis on using family engagement skills and practices in all CPS responses. Twenty-five one-day sessions were held between January and May 2013 throughout the state. The Family Assessment Track informing brochure was been revised to reflect the changes in policy/guidance and practice. The brochure was redesigned to include more relevant photographs and text that support family engagement skills and practice when conducting a family assessment in response to a CPS report. This brochure is available in print and on the Department's website.

**4. Work collaboratively with the Prevention Unit to promote the early prevention guidance for local departments of social services around kinship care diversion and early prevention strategies**

- a) Serve on Prevention Committee to develop guidance manual on kinship care diversion and early prevention strategies **Ongoing**
- b) Collaborate on the development of a common service plan for use by local agency staff **Ongoing**
- c) Develop and conduct training for local dss staff as needed

**2014 Update**

Due to staff vacancies, the Prevention Committee has not been operational this year. The guidance was released to the field but changes are needed. It is expected that additional work will resume in this area in the coming year and the first meeting of the new committee was held on March 26, 2014.

**III. Strengthening Community Services and Supports**

These strategies contribute to developing an accessible array of community-based services across the Commonwealth. This strategy addresses the nature, scope, and adequacy of existing child and family and related services. This approach, which includes wraparound services when indicated, reduces the need for more intensive levels of service such as residential care – and shortens length of stay when placement is required. It contributes to the well-being of children and families.

➤ **Applicable CAPTA program areas as described in section 106(a):**  
3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect; 10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response; 13. Supporting and enhancing interagency collaboration among public health agencies in the child protective service system, and agencies carrying out private community-based programs – to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

**Goal: Expand Community Services and Supports that are Child-Centered, Family-Focused and Culturally Relevant.**

1. **Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.**
  - a) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. **Ongoing**
  - b) Utilize child abuse and neglect treatment funds for support services to child victims. **Ongoing**
  - c) Develop Request for Proposals, select and negotiate contracts, monitor grantees and evaluate performance for programs such as Healthy Families, parent support groups, parent education programs, Child Advocacy Centers, Court Appointed Special Advocates (CASA), etc. **Ongoing**

### **2014 Update**

Expanding community services and supports that are child-centered, family-focused and culturally relevant is another area where CAPTA funds have been used as well as CBCAP, Promoting Safe and Stable Families (PSSF), Victims of Crime Act (VOCA), TANF and State funds.

For SFY 2013- 14, a total of 27 programs supporting child abuse and neglect prevention were funded with CBCAP funds (\$600,000), CAPTA (\$150,000), and state funds from the Virginia Family Violence Prevention Program (\$500,000) totally \$1,250,000 in federal and State funds to support evidenced-informed and evidenced –based programs and practices. These services include home visiting, parent support groups, and parent education programs. T

The Virginia General Assembly appropriates funding for the Healthy Families program. These funds are currently awarded for SFY 2013 -14 to 32 local Healthy Families sites serving 74 communities in Virginia to provide home visiting services to new parents who are at-risk of child maltreatment. Funding for Healthy Families Programs had been reduced since 2010 to the SFY 2013 level of \$3,235,501; however, the SFY 2014 funding amount was increased by \$550,000 to \$3,785,501. Contracts will be renewed and re-negotiated for SFY 2015 when the appropriation amount is determined. The Healthy Families’ goals include: improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. The statewide organization, Prevent Child Abuse Virginia (PCAV), also receives funding through the Healthy Families Initiative to provide technical assistance, quality assurance, training and evaluation for the Healthy Families sites.

A total of 39 programs, utilizing \$1,892,820 in federal VOCA funds, support child abuse and neglect treatment services for child victims. A number of Court Appointed Special Advocate (CASA) programs are also funded through VOCA. There are currently 14 Child Advocacy Centers (CAC) across the state receiving State funds in the amount of \$931,000 to support child abuse treatment services as well. CAPTA funds support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees.

2. **Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well being.**
  - a) Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives such as the Governor’s Advisory Board on Child Abuse and Neglect; the Children’s Justice Act/CASA Advisory Committee; and the State Child Fatality Team. **Ongoing**
  - b) Develop and provide educational materials to inform key stakeholders on effective strategies (*e.g., mandated reporters and the general public on child abuse and neglect; kinship care providers; judges*). **Ongoing**

- c) Participate in the Statewide Home Visiting Consortium that operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts around home visiting programs. **Ongoing**
- d) Evaluate and renew contracts for performances of sexual abuse prevention play to be presented to school-aged children statewide **Ongoing**
- e) Evaluate and renew contract with James Madison University for the publication of the Virginia Child Protection Newsletter **Ongoing**
- f) Participate on the Virginia Interagency Coordinating Council to collaborate on the implementation of Part C of IDEA including public awareness efforts, child find, data collection and training. **Ongoing**
- g) Participate on the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative to evaluate the current training and develop and implement training sessions for the coming year. **Ongoing**
- h) Continue to collaborate with the Department of Criminal Justice Services in the Child First forensic training program by providing scholarships for local CPS workers and supervisors to participate in the training. **Ongoing**
- i) *Review and revise the Memorandum of Understanding with the Department of Education regarding the reporting and investigation of child abuse and neglect complaints involving school personnel.*

### **2014 Update**

CAPTA funds were used to support other contracts and training opportunities. For SFY 2013-14 approximately 54,420 children participated in one of the 159 performances of the child sexual abuse prevention play "Hugs & Kisses". In the fall of 2013, 48 performances were held in 35 schools reaching approximately 16,269 children. VDSS works with Theatre IV, a Division of The Virginia Repertory Theatre, and Prevent Child Abuse Virginia for the implementation of this program.

Approximately 500 people attended the 2014 Virginia Child Abuse Prevention Conference "*Prevent Child Abuse and Neglect: Look. Listen. Respond.*" The conference was sponsored by the VDSS and Prevent Child Abuse Virginia and co-sponsored by The Family and Children's Trust Fund (FACT) of Virginia, the Virginia Statewide Parent Education Coalition and the Virginia Coalition for Child Abuse Prevention. Commissioner Margaret Ross Schultze delivered the welcome and introduced keynote speaker Tonier Cain (National Speaker, Author, and Team Leader – National Center on Trauma Informed Care). Ms. Cain's address was "*Trauma and Recovery*". The FACT Child Welfare Awards were presented to seven individuals who have made outstanding contributions to the field of child abuse and neglect from across Virginia. Bart Klika (Professor, School of Social Work, University of Montana) delivered the luncheon keynote address "*Moving Upstream to Prevent Adverse Childhood Experiences (ACEs)*". Twenty-four workshops and twenty exhibitors were featured. Included in the workshop offerings were: "*CWLA National Blueprint: Family, Community and Organizational Collaboration*" with presenters Julie Collins and Andrea Bartolo from the CWLA; "*The Co-Occurrence of Animal Abuse and Family Violence: Strategies and Policies for Keeping Families Safe*" with presenter Allie Phillips from the National District Attorneys Association; and "*Once the Shutter Snaps: The Continued Victimization from Child Sex Abuse Images*" with presenter Shelley Allwang of the National Center for Missing and Exploited Children. The Child Welfare Information Gateway was one of the exhibitors. Feedback has been very positive, particularly for the keynote speakers. Registration fees, CBCAP, CAPTA, and a grant from The Family and Children's Trust Fund helped to support this conference.

VDSS continues to collaborate with the VA Department of Criminal Justice Services (DCJS) and Child Advocacy Centers of VA (CACVA) to deliver the ChildFirst forensic training program supported by the use of CAPTA and Children's Justice Act funds. CAPTA funds are used to provide scholarships for local

CPS workers and supervisors to participate in this five-day intensive forensic interviewing training program. Three sessions involving approximately 60 workers will be funded this grant year. Two sessions were held to date, October 21-25, 2013, and March 10-14, 2014. A third training session will be offered in July 2014.

A general review of all print materials related to the CPS program was conducted in 2013. This resulted in the revision and redesign of Family Assessment and Investigation brochures in English and several other languages; Appeals and Fair Hearing brochure in English and Spanish and Mandated Reporter booklet available in English. All materials are available in print and at the Department's website, <http://www.dss.virginia.gov/>. The online training for public school employees has been revised and updated. VDSS is working with the Department of Education to conduct user testing of the revised curriculum. When the final revisions are completed, the updated course will be available on the Department's website. The general online training for mandated reporters has also been updated and is now available on the Department's website. The Department updated CPS related information for medical provider training. The Department also provided updated CPS information for a handbook for juvenile judges in Virginia. The next CPS materials for revision include Out of Family Investigation, Recognizing and Reporting Child Abuse and Neglect for Educators and the general CPS brochure. Other print materials including a general brochure about the CPS program for teachers are being reviewed and revised. When completed, the brochures will be available in print and on the Department's website.

CAPTA funds were also used to support the training on child abuse and neglect for children with disabilities sponsored by the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative involving VDSS, DCJS, DOE, and Virginia Commonwealth University. The development and piloting of a web-based training delivery system was completed by December 2013. Revisions to the curriculum based on pilot experiences will be made and the training will be implemented in the fall of 2014.

The revisions to the Memorandum of Understanding with the Department of Education (DOE) regarding the reporting and investigation of child abuse reports are in progress. Staffing changes at DOE and legislative changes are affecting the effort. The MOU is expected to be completed by December 2014. Also include in this effort is the revision to the existing recommended protocols for interagency agreements between local departments of social services and local school divisions.

VDSS has a contract with James Madison University for the publication of the *Virginia Child Protection Newsletter* which provides the latest research and resources on selected topics. CAPTA funds are used to support this contract. The circulation of the newsletter is approximately 12,000 people. In SFY 2013, the following publications were released: Volume 95 - *Evidence-Based Treatments for Childhood Trauma*; Volume 96 - *Risk of Maltreatment for Children with Autism Spectrum Disorder*; and Volume 97 - *Evidence-Based Parent Education Programs*. The topics for the three newsletters for SFY 2014 are Volume 98 - *Early Intervention and Prevention*; Volume 99 - *Infant and Early Childhood Mental Health*; and Volume 100 - *Model Court Programs & Maltreated Children in the Juvenile Justice System*. VCPN is also on the web at: <http://psychweb.cisat.jmu.edu/graysojh>.

## **CAPTA Annual State Data Report**

### **Juvenile Justice Transfers**

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For SFY 2013, 70 children left foster care due to a commitment to corrections.

Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance. When the child's commitment to corrections terminates, Virginia Code specifies

that for youth under 18 who were previously in foster care, they are to be returned to foster care unless another arrangement has been made (e.g., return to the parent).

### **Information on Child Protective Workforce**

**Education, qualifications, and training requirements established by the State:** VDSS does not currently collect demographic information, education, qualifications, or training requirements on local department workers. Virginia is a state supervised, locally administered system for social services. Because localities are responsible for hiring CPS workers, there are no education, qualification, and training requirements established by the State. The state's human resources department has occupational title descriptions for social work professionals that can be modified by local departments including Social Worker Program Manager, Social Work Supervisor, and Social Worker I-IV. Each title description includes the level of supervision suggested for each level and upon completion of a training program or other requirements the person may be redefined to a higher level social worker. There is an educational and experience section of the title description that states: "Minimum of a Bachelor's degree in a Human Services field or minimum of a Bachelor's degree in any field with a minimum of two years of appropriate and related experience in a Human Services area as mandated in Section 22VAC40-670-20 of the Administrative Code of Virginia and implemented by the Virginia Board of Social Services. Possession of a BSW or MSW degree and a Commonwealth of Virginia Social Worker license are desirable."

**CPS case loads:** Using 2012 NCANDS data, there were 396 Investigative CPS workers in Virginia. There were 33,343 completed reports which average out to 84 reports per worker. Virginia is comprised of 120 local departments that range in size. The Division of Family Services has created a report to record active caseloads of all local department child welfare workers and another report that records referrals. The attachment Active Caseload SFY 2014 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Qtr.xlsx (CPS referrals and cases tab) lists the number of cases, the number of workers, and the caseload for both ongoing cases and referrals. This report counts any worker that was assigned to a child at any given so the count may be inflated.

**CPS required training:** All CPS workers in the state are mandated to complete skills and policy training within the first year of employment. Since 1996 Virginia has had regulations addressing CPS training.

22 VAC 40-705-180 mandates uniform training requirements for CPS workers and supervisors:

*"The department shall implement a uniform training plan for child protective services workers. The plan shall establish minimum standards for all child protective services workers in the Commonwealth of Virginia."*

22 VAC 40-705-180 (B) requires CPS workers to complete training within their first year.

*"Workers shall complete skills and policy training specific to child abuse and neglect investigations within the first year of their employment."*

Changes were made to the training requirements for CPS workers, managers, and supervisors. All Child Protective Services staff hired after March 1, 2013 who are designated to respond to reports of child abuse and neglect; manage or supervise CPS, shall complete the following on-line courses as soon as possible after their hire date, but no longer than the first three weeks of employment.

- CWS1002: Exploring Child Welfare
- CWS1500: Navigating the Child Welfare Automated Information System: OASIS
- CWS5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training.

The following instructor led course is required within the first three month of employment.

- CWS2000: Child Protective Services New Worker Policy/Guidance Training with OASIS

The following instructor led courses are required to be completed no later than within the first 12 months of employment.

- CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development
- CWS1041: Legal Principles in Child Welfare Practice
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWS1305: The Helping Interview
- CWS2011: Intake Assessment and Investigation
- CWS2021: Sexual Abuse
- CWS2031: Sexual Abuse Investigation
- CWS4020: Engaging Families and Building Trust-Based Relationships

The following instructor led courses are required to be completed no later than within the first 24 months of employment.

- CWS1031: Separation and Loss Issues in Human Services Practice
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and Its Impact on Children
- CWS2141: Out of Family Investigation (if conducting designated out of family investigations pursuant to 22 VAC 40-730-130.
- CWS5305: ADVANCED Interviewing : Motivating Families for Change

In addition to the courses listed above, all Child Protective Services supervisors hired after March 1, 2013 are required to attend the Family Services CORE Supervisor Training Series – SUP5702, SOP5703, and SUP5704. These courses must be completed within the first two years of employment as a supervisor.

Effective March 1, 2013, all CPS service workers and supervisors are required to attend a minimum of 24 contact hours of continuing education/training annually. Continuing education/training activities to be credited toward the 24 hours should be pre-approved by the LDSS supervisor or person managing the CPS program. Continuing education/training activities may include, but are not limited to, organized learning activities from accredited university or college academic courses, continuing education programs, workshops, seminars and conferences. Documentation of continuing education/training activities is the responsibility of the LDSS.

## **Virginia Child Welfare Staff and Provider Training**

Child welfare training for local agency staff that originates from the Virginia Department of Social Services (VDSS) is developed either within the Division of Family Services (DFS) or the Division of Training and Development (DTD) or is initiated at the local department of social services (LDSS).

Training that comes out of DFS is largely guidance/policy/regulations driven and is conducted for the most part by VDSS staff from the Home or Regional Office. Training for local agency approved providers is primarily provided by a contract with several universities and is based on the Pride curriculum.

### **A. VDSS Division of Training & Development**

The training developed by the DTD Family Services Programs is the legacy training system that started some years ago as the “comprehensive, competency-based child welfare in-service training program” based on a model use in Ohio. Established Supervisor and Caseworker Core Competencies have guided the development of several documents to inform agency directors, supervisors, and caseworkers on how to best integrate training and maximize learning in order to improve child welfare services. The DTD Family Services Programs training is tasked with providing initial in-service training, based on these core competencies, for newer staff as well as training for supervisors and experienced workers.

Recent guidance (policy) in both Child Protection and Permanency has established new mandates for an initial in-service training program for CPS, Foster Care and Adoption workers and for all new supervisors and those with less than two years of experience. DTD also provides subject matter expert (SME) trainings based on assessed needs of local staff. The assessments are an ongoing process that is run in conjunction with the evaluation system as well as being a bi-annual assessment survey topic.

#### **DTD Family Services Programs Process to Promote Transfer of Learning**

The VDSS DTD does not believe that training is a standalone event. Trainings are viewed as a collaborative effort to meet the emerging needs of our valued workforce. Research shows that activities completed before, during, and after training can help a participant better understand the content of the training and apply it on the job much more effectively.

DTD Family Services Programs has included a supervisory tool as a way to facilitate discussion on the content of each course including specific topics covered, a description of transfer of learning from the classroom back to the agency, and suggestions for continuing the learning process in the local agency to increase the knowledge, skills and abilities of caseworkers.

A committee of Regional Consultants and local child welfare supervisors was formed to develop a process and course specific supervisory tools to integrate transfer of learning activities. As a way to collaborate more effectively with LDSS supervisors, we have developed a process to promote transfer of learning for workers to provide direct feedback and support from the classroom to the agency supervisor to further enhance the skill-building and learning achieved through child welfare training. The following three types of transfer of learning activities were implemented into all child welfare training:

- a) Individual Action or Learning Plans - at end of each child welfare training session each participant is ask to complete their Individual Action/Learning Plans. These course specific plans are a tool to document the learner’s self-assessed strengths in mastering new materials and identify possible issues to follow-up on in the field, along with identified support and resources to enhance their learning
- b) Field Practice Activities in New Worker Policy Training – following the end of the second day of training, participants are given letters to their supervisors with suggested field practice activities to be implemented during the two weeks between the sessions of the training. The supervisor must guide the worker and sign off on the trainees completed activities and they are processed with the group during the return to the classroom
- c) Transfer of Learning Supervisory Tool – Supervisor Training Follow-up Guides are emailed to the trainee’s supervisor following each training session to provide specific information on the content of the training and to provide field activities to enhance the learning and skill development of the worker

The DTD Family Services Programs provided 282 classes for July, 2012 – May, 2013 with a total attendance of 3167.

<b>VDSS Classroom Child Welfare Mandated Courses (Completions from July 1, 2013 - March 27, 2014)</b>	
<b>Content Title</b>	<b>Completions</b>
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	168
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice	108
VDSS - CWS1041: Legal Principles in Child Welfare Practice	118
VDSS - CWS1061: Family Centered Assessment in Child Welfare	177
VDSS - CWS1071: Family Centered Case Planning	177
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	198
VDSS - CWS2000: Child Protective Services New Worker Policy Training with OASIS	269
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services	141
VDSS - CWS2021: Sexual Abuse	142
VDSS - CWS2031: Sexual Abuse Investigation	117
VDSS - CWS2141: Out of Family Investigations	52
VDSS - CWS3000: Foster Care New Worker Policy Training With OASIS	145
VDSS - CWS3010: Adoptions New Worker Policy Training With OASIS	73
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships	69
VDSS - CWS3041: Working With Children in Placement	48
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections	30
VDSS - CWS3071: Concurrent Permanency Planning	62
VDSS - CWS3081: Promoting Family Reunification	69
VDSS - CWS3101: Introduction to the PRIDE Model	16
VDSS - CWS3103: PRIDE Family Assessment	32
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships	203
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	133
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	187
VDSS - DVS1001: Understanding Domestic Violence	143
VDSS - DVS1031: Domestic Violence and its Impact on Children	128
VDSS - SUP5701: Fundamentals of Supervising Family Services Staff	90
VDSS - SUP5702: Management of Communication, Conflict & Change	59
VDSS - SUP5703: Supporting and Enhancing Staff Performance	50



VDSS - SUP5704: Collaboration and Teamwork	71
<b>Total</b>	<b>3275</b>

<b>VDSS Mandated Child Welfare Deliveries (July 1, 2013 - March 27, 2014)</b>	
Class	Deliveries
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	12
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice	12
VDSS - CWS1041: Legal Principles in Child Welfare Practice	5
VDSS - CWS1061: Family Centered Assessment in Child Welfare	15
VDSS - CWS1071: Family Centered Case Planning	14
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	14
VDSS - CWS2000: Child Protective Services New Worker Policy Training with OASIS	20
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services	13
VDSS - CWS2021: Sexual Abuse	14
VDSS - CWS2031: Sexual Abuse Investigation	11
VDSS - CWS2141: Out of Family Investigations	6
VDSS - CWS3000: Foster Care New Worker Policy Training With OASIS	13
VDSS - CWS3010: Adoptions New Worker Policy Training With OASIS	9
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships	10
VDSS - CWS3041: Working With Children in Placement	8
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections	6
VDSS - CWS3071: Concurrent Permanency Planning	9
VDSS - CWS3081: Promoting Family Reunification	11
VDSS - CWS3101: Introduction to the PRIDE Model	4
VDSS - CWS3103: PRIDE Family Assessment	6
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships	16
VDSS - CWS4030: Virginia Family Partnership Meeting Facilitator Training	18
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	14
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	12
VDSS - DVS1001: Understanding Domestic Violence	13
VDSS - DVS1031: Domestic Violence and its Impact on Children	11
VDSS - SUP5701: Fundamentals of Supervising Family Services Staff	9
VDSS - SUP5702: Management of Communication, Conflict & Change	7
VDSS - SUP5703: Supporting and Enhancing Staff Performance	8
VDSS - SUP5704: Collaboration and Teamwork	8
<b>Total</b>	<b>328</b>

<b>VDSS Online Child Welfare Mandated Courses (Completions from July 1, 2013 - March 27, 2014)</b>	
Content Title	Completions
VDSS - CWS1002: Exploring Child Welfare	338
VDSS - CWS1500: Navigating the Child Welfare Automated System: OASIS	206

VDSS - CWS5692: Recognizing and Reporting Child Abuse and Neglect - Mandatory Reporter Training	332
<b>Total</b>	<b>876</b>

Attachment A addresses course listings. The Title IV-E reimbursement rates that have been established are also listed. Virginia’s Child Welfare CORE and Mandated training course descriptions are provided for more content specific information on the training available to caseworkers and supervisors in Virginia.

**B. DFS Training**

The following are courses provided mostly by the Division of Family Services Home Office and Regional Staff. Included are statewide numbers of attendees. These represent classes that have been held since July 1, 2012. *Training initiated by the Division of Family Services is produced and conducted by state agency staff and not cost allocated to Title IV-E funds.* Numbers in attendance are for July 2012 – May 2013.

**FAMSC0007 Family Assessments in CPS, Revisited**

Description: This training combines new CPS guidance and practice skills which will enhance assessment practices in responding to all CPS reports with an emphasis on family assessments. Learning objectives include an opportunity to learn • the purpose, philosophy, and defining characteristics of Virginia’s differential response system, and how it supports principles of strengths-based, family-centered, and collaborative child welfare practice; • the criteria to use when screening referrals to determine the appropriate track response; • the importance in family assessments and investigations establishing rapport with family members from the first telephone or face to face contact; • strategies for engaging and empowering families to collaborate in family assessments; and • how to engage parents to jointly assess factors that increase risk to their children and to develop and strengthen their protective capacities and parenting skills.  
Statewide attendance 396

**VDSS – FAM1020: Introduction to Quality Service Review**

Introduction to the Quality Service Review (QSR) Protocol and process to review child welfare cases with indicators in two domains, child and family status and practice performance. Training participants will be able to: (1) Learn an overview of the Quality Service Review (QSR) Process (2) Utilize the QSR Protocol and apply it to a child welfare case study and (3) Apply concepts to simulations provided during training.  
Statewide Attendance 25

**VDSS – FAMWorkshop12-004:QSR New Reviewer Training**

This training is intended for those interested in becoming QSR Reviewers for the state. Learning Objectives 1. Learn an overview of the Quality Service Review (QSR) Process 2. To be able to utilize the QSR Protocol and apply it to a case study 3. Apply concepts to simulations provided during training. This training is for those who express an interest in becoming a QSR Reviewer.  
Statewide Attendance 25

**VDSS – FAM1050: VEMAT Changes for October 2012**

This course is required to be completed in person for local agency or CSA staff who are designated as Virginia Enhanced Maintenance Assessment Tool (VEMAT) Raters. Other Permanency staff may attend as space is available. The course will cover changes to the VEMAT, changes to the rates and several changes to guidance. The course will also include discussion of strategies to develop a high degree of objectivity and consistency in the administration of the Tool.  
Statewide Attendance 419

**VDSS – FAM1017: VEMAT Rater Training**

This course is required for local agency or CSA staff who have been designated as Virginia Enhanced Maintenance Assessment Tool (VEMAT) Raters. The course will cover the use and characteristics of the tool. The course will also include discussion of eliminating bias in the completion of the tool and strategies to bring consistency to its use. Statewide Attendance 19

**VDSS FAMSC0008-Unpacking the NO of Permanency for Older Adolescents**

Family and life-long connections are crucial in achieving successful outcomes for youth in foster care. Unpacking the “NO” of Permanency for Older Adolescents Training addresses the importance of permanency using an adapted training developed by the National Resource Center for Permanency and Family Connections. This training will provide an overview of National and Virginia data on older youth in foster care, major policy changes in foster care, definition of permanency, the concept of permanency for youth, and strategies on how to change an initial “no” to permanency to “yes.” At the end of the training the participant will understand what permanency and permanent connections are and why they are important, understand how adolescent development relates to permanency, know how to talk to youth about permanency, and understand the importance of having youth involvement in permanency planning. Statewide Attendance 32

**VDSS- FAMSC0007- Family Assessment Revisited**

This course was trained statewide for child protective services staff and supervisors. This one day training combined new CPS guidance and practice skills and enhanced assessment practices in responding to all CPS reports with an emphasis on family assessments. Learning objectives included an opportunity to learn the purpose, philosophy, and defining characteristics of Virginia's differential response system, and how it supports principles of strengths-based, family-centered, and collaborative child welfare practice; the criteria to use when screening referrals to determine the appropriate track response; the importance in family assessments and investigations establishing rapport with family members from the first telephone or face to face contact; strategies for engaging and empowering families to collaborate in family assessments; and how to engage parents to jointly assess factors that increase risk to their children and to develop and strengthen their protective capacities and parenting skills. Statewide attendance: 268

**VDSS: FAMC1000-Introduction to Early Prevention Guidance**

Course description This course presents best practice guidelines for the provision of Early Prevention Services, i.e., those prevention services provided prior to, or in the absence of a valid CPS referral. The training emphasizes the strength-based approach to engaging families and service planning as well as introducing protective factors in family assessments, trauma-informed case management, and guidelines for working with foster care diversion cases Statewide Attendance 191

**VDSS-FAMWkshp 12-007 Independent Living Services**

Independent Living Program Requirements and Services, National Youth in Transition Database (NYTD), to include: -History, purpose, and requirements of NYTD, -Results from the Department’s research on the served and survey populations for federal fiscal year 2011; -Virginia NYTD implementation for the follow-up survey; and –Using NYTD data for program planning and evaluation. Education and Training Voucher Requirements, and Fostering Connections to Success & Increasing Adoptions Act of 2008 – Educational Provision. OASIS NYTD Training – Navigating the OASIS screens to ensure NYTD data are collected uniformly. Statewide Attendance 124

In addition to the courses above VDSS contractor United Methodist Family Services (UMFS) coordinated five regional trainings on “Trauma Informed Foster Care” for workers, foster and adoption parents, group home providers and other stakeholders. Participants learned about the devastating impact traumatic experiences can have on children, altering their physical, emotional, cognitive, and social development. Also, the training suggested ways adults can help children in foster care better understand the traumatic events affecting their lives and to identify and build on their strengths.

The Independent Living Educational Specialist completed eight regional training events (192 people) on the educational requirements of children in foster care. Some of these trainings were done with the workgroup co-lead from Department of Education and some were done independently.

### **C. LDSS Training Initiatives (IV-E “Pass Through”)**

Sixty LDSSs submitted plans to provide child welfare training under this category for SFY2013. These plans described the type of training to be provided (i.e., new worker or on-going training for staff/resource parents) as well as the topic area to be covered and the over-all plan for training.

Approval of LDSS training plans is contingent upon the plan’s compliance with federal guidelines regarding allowable expenses. Total funding approved for SFY 2013 for this category of training was \$2,074,916. This amount includes funding for purchase of services such as travel, hotel accommodations, conference fees, training supplies and/or curriculum, training equipment, contractual services for the purpose of administering training, etc. It does not include the salary and related costs incurred by LDSS staff providing training. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate. Approved training at the enhanced rate was \$1,984,201 and approved training at the administrative rate was \$90,715.

Fifty-nine LDSSs have submitted plans to provide local agency initiated training for SFY2015. Approved training at the enhanced rate or 75 percent, subject to the penetration rate is projected (subject to final approval) to be \$1,756,450. Approved training at the 50 percent rate, subject to the penetration rate is projected to be \$215,135. The majority of the courses will be submitted to the federal Administration for Children and Families for approval at the beginning of the year. Courses that come to the attention of the state after initial submission will also be sent for approval before funds are utilized.

Administrative costs such as the salary of a LDSS employed training staff are part of VDSS’ Random Moment Sampling (RMS) process. (Administrative functions, excluding salaries and related expenses, relating to trainings that are eligible for Title IV-E will be charged at the federal financial participation (FFP) rate of 50 percent with the application of the penetration rate. LDSS provide the appropriate match.)

### **D. Employee Educational Award Program (EEAP)**

LDSS can establish an EEAP that is eligible for reimbursement through Title IV-E. The EEAP provides limited financial support (tuition and reimbursement of fees and travel to class) to employees who are interested in pursuing a Master of Social Work (MSW) or those who are completing their final year of a Bachelor of Social Work (BSW) degree. Employees may enroll as full-time or part-time students in an accredited social work program. To be eligible for this educational assistance, an employee must be a current child welfare employee or an employee who wishes to pursue employment in the area of child welfare. Employees who receive an educational award must make a commitment to work in a designated child welfare program position in the LDSS for a period of time equal to the period for which financial assistance is granted. The work commitment is counted from the completion or termination of the educational program. Employees who fail to fulfill their employment commitment are required to pay back the amount of the assistance received.

To receive available funding, LDSS must submit an annual application for approval by VDSS including the LDSS requirements and protocols for how the EEAP is administered, managed and monitored by the

LDSS. No employee may be funded by the EEAP Program until VDSS approves the LDSS policy document which must clearly address all federal requirements.

Total anticipated expenditures for the EEAP approved for SFY 2015 is \$176,000 with five LDSS applications. Because the only allowable costs to be paid under this training program are federally approved items such as tuition and fees, there are no administrative costs allowed for this program. LDSS provide the appropriate match. For SFY 2014 six LDSS submitted applications for a total amount of \$169,535. Title IV-E EEAP will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

### **E. Resource Family Training**

The purpose of this training is to enhance the knowledge, skills, and abilities of current and prospective resource, foster, and adoptive families in order for them to meet the needs of Title IV-E children. Training is comprised of two major components: pre-service training and in-service training.

Pre-service training provides resource, foster, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. In FY 2010, Agency-Approved Provider Regulations (22VAC40-211) were approved that require specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. PRIDE is made available to LDSS who wish to use this as their training curriculum. LDSS that do not use PRIDE are able to purchase or develop an alternative curriculum and submit a copy to VDSS for approval.

In-service training is for current resource, foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. Families are surveyed no less than annually to determine training needs and the determination is practiced uniformly and fairly across families and involves the family in the determination of training needs.

Total program costs approved for SFY 2013 for resource, foster and adoptive family training is \$1,417,959. Of that amount \$1,355,243 is approved at the enhanced rate and \$62,715 is approved at the administrative training rate. This amount includes only funding for purchase of services such as travel, hotel accommodations, conference fees, training supplies and/or curriculum, training equipment, contractual services for the purpose of administering training, etc. It does not include salaries and related expenses of LDSS staff that provide training. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

Administrative costs such as the salary of a LDSS employed training staff are part of the RMS process. Administrative functions relating to training that are eligible for Title IV-E will be charged at the FFP 50 percent rate with the application of the penetration rate. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate. Other resource, foster, and adoptive parent training will be charged at the regular rate with the application of the penetration rate. LDSS will provide appropriate matching funds. Expenses related to this program not allowable under Title IV-E will be borne by the LDSS.

The Resource Family Consultants continue to provide formal training to agency staff around diligent search, family engagement, working with relatives, adoption matching, support of resource families, and other topics on an as needed basis. For example, VA Beach LDSS requested that their entire child welfare staff be trained on Diligent Search and Family Engagement. This is a training that is no longer being routinely offered, but can be provided by the Resource Family Consultants upon request. It was

also offered twice in the Western Region this year. A more advanced version of this course called, “Family Engagement... next steps” has also been delivered upon request. “Support is everyone’s job” is a training for all LDSS staff addressing the ways that resource parents can be supported through routine contact with the agency. This course has been offered multiple times in several regions this year.

Two of the five Resource Family consultants have received specialized training in fatherhood programs and father engagement. They have offered several trainings to LDSS staff who are planning to implement fatherhood programs this year.

Additionally, the Resource Family Consultants routinely train LDSS staff around Guidance revisions. This year they team-taught with the Permanency Consultants around new Permanency Guidance and changes to VEMAT as well training on minor changes to Resource Family Guidance.

The majority of the Resource Family Consultants’ work with the LDSS staff is done 1:1 in the form of technical assistance, particularly in regards to new resource family staff and issues/ questions regarding Guidance and regulations regarding resource family approval. Additionally, the Resource Family Consultants provide individualized assistance to LDSS around developing their own resource parent recruitment plans.

CRAFFT (Community Resource, Adoption and Foster Family Training program) promotes the safety, permanency and well-being of children through the training of LDSS foster, adoptive, and resource parents (collectively referred to as resource parents) to meet the needs of children in Virginia’s child welfare system. CRAFFT’s goal is to increase the knowledge and skills of resource parents through the development and delivery of standardized, competency- based, pre-and in-service training, as required by VDSS. The standardized curriculum used are the PRIDE training curriculum and A Tradition of Caring (Kinship PRIDE). CRAFFT delivers statewide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each local department of social services. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or A Tradition of Caring training. CRAFFT staff can serve as the PRIDE co-trainer with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT Coordinators also conduct the following activities:

- Develop and deliver additional in-service training for resource families, based on input from families as well as the local agencies and VDSS;
- Develop and maintain a regional training plan, updated as needed, based on the results of the needs assessment demonstrated in LDSS’ local training plans;
- Work closely with the Regional Resource Family consultants and training, meetings, conference calls, and activities related to the implementation of a family engagement model, permanency roundtable process and LDSS recruitment needs as available;
- Collaborate with the Regional Resource Family Consultants around the delivery of the newly revised Mutual Family Assessment course (CWS 3103) which covers both assessment skills and a review of resource family approval policy and is team-taught;
- Collaborate with LDSS and Virginia Foster, Adoptive and Kinship Parents Association (FACES) to promote membership, participate in the annual FACES conference/training, and develop relationships with regional FACES board members and FACES staff; and,
- Conduct regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding resource parent development and support; inform agencies of current state or program initiatives related to resource parent training; and allow agencies to collaborate, exchange resources and share challenges and solutions.

During the 2013 fiscal year, the CRAFFT program was successful in providing eight (8) pre-services series, using the PRIDE curriculum. Each PRIDE pre-service series is comprised of 9 weeks and a total of 27 hours of resource parent applicant training. In addition to the pre-service series, the CRAFFT coordinators facilitated twenty-four (24) PRIDE-pre-service sessions. These sessions were held for family members that were unable to attend a session in a series or for agencies that needed assistance with facilitating a particular session but not the entire series. Approximately, two hundred and fifteen (215) resource family individuals attended the PRIDE pre-service training provided by the CRAFFT Coordinators. An additional four (4) pre-service series and twelve (12) pre-service sessions are scheduled between May and June 2013. During the 2013 fiscal year, the CRAFFT Coordinators also began preparing to use an additional pre-service curriculum “A Tradition of Caring”. The new curriculum is designed exclusively for kinship families.

The CRAFFT Coordinators also facilitated a total of thirty-five (35) in-service sessions for four hundred and sixteen (416) resource family members between July 1, 2012 and April 30, 2013. The topics for the in-service sessions varied from Lifebooks to Parenting with Love and Logic, each session ranged from two to six hours. An additional twenty-five (25) in-service sessions are scheduled between May and June 2013.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to local department of social services to help them increase their capacity for offering training more frequently. The CRAFFT Coordinators provided six (6) of the 2-day Introduction to PRIDE course for LDSS. They revised the 2-day Mutual Family Assessment course and provided it three (3) times. Additionally, the Coordinators developed a 1-day course to introduce and prepare LDSS kinship trainers/assessors to facilitate “A Tradition of Caring” pre-service curriculum for kinship families and it was offered once. The CRAFFT Coordinators also facilitated seven (7) roundtable meetings for LDSS workers to network and exchange ideas for training resource families. Between May and June 2013, the Mutual Family Assessment course is scheduled three (3) times, Introduction to PRIDE is scheduled once, and the roundtable meetings are scheduled four (4) times.

The CRAFFT Program employs six staff (five regional CRAFFT Coordinators throughout the state, and a Program Manager who oversees the program) based at three universities in Virginia (Norfolk State University, Radford University and Virginia Commonwealth University) with whom VDSS has a Memoranda of Agreement (MOA) for the provision of statewide competency-based training. The total of the CRAFFT contract budgets is \$563,119. All CRAFFT coordinator activities are directly related to the development and delivery of federally approved training.

Attachment A

**DTD Family Services Programs**

**On-line Courses**

Prerequisites for all mandated Child Welfare (CW) training will be a series of eLearning (on-line) courses that range from a broad overview to fairly specific information about casework documentation and mandated reporter status. These include:

***CWS1002: Exploring Child Welfare – On-line***

***(Pre-requisite for CWS2000, CWS3000, CWS3010)***

Target Audience: Child Welfare workers with less than twelve months experience working in a local DSS agency; experienced workers who have not had formal training in Child Welfare. This self-paced online course will introduce you to the basic concepts and skills necessary to ensure the safety, permanency, and well-being of children.

**Topics Include:** Historical evolution of Child Welfare; Examination of key Child Welfare Federal legislation; Basic assumptions and guiding principles of Virginia practice; Ethics and values clarification; Cultural awareness; Roles, rights, and responsibilities of the worker, child, parents, and the community.

Fund: IV-E IV-E rate: 75%

***CWS1500 Navigating the Child Welfare Automated System: OASIS – On-line***

***(Pre-requisite for CWS2000, CWS3000, CWS3010)***



Local staff will be able to explore the OASIS tutorial through an eLearning experience that will guide them through actual practice with the major uses of the OASIS system. Practical information on the Help section will provide valuable resources for the new worker unfamiliar with the child welfare automated system.

Fund: IV-E IV-E rate: 75%

***CWS5692 Recognizing & Reporting Child Abuse and Neglect – On-line Mandatory Reporter Training (Pre-requisite for CWS2000, CWS3000, CWS3010)***

Fund: IV-E IV-E rate: 75%

**DTD Family Services Programs  
Instructor Led Courses**

***CWS1021 Effects of Abuse and Neglect on Child and Adolescent Development - 2 days***

After exploring the parameters of normal child development, learn to identify abnormal development and practice assessing whether it appears to be situational, congenital, or the consequence of maltreatment.

**Topics include:** Child development across the cognitive, emotional, moral, physical, and social domains; Development across the age-stages that comprise childhood and adolescence; Current theories related to attachment and resiliency; Ethnically-sensitive child welfare practice.

Fund: IV-E IV-E rate: 75%

***CWS1031 Separation and Loss in Human Service Practice - 2 days***

Understand the dynamics of separation and loss in children and families. Examine the stages of grief and the effects of stress and trauma on children, birth parents, and foster parents.

**Topics Include:** Parent/child attachment and foundations of a healthy relationship; Feelings commonly associated with separation; Stages of grief - how it manifests in children and impacts birth parents' actions; Impact of loss on children and families in placements; Post-traumatic stress disorder and its impact; Crisis intervention theory; Strategies to minimize impact of trauma on children and families.

Fund: IV-E IV-E rate: 75%

***CWS1041 Legal Principles in Child Welfare Practice - 2 days***

An overview of the court structure in Virginia is provided to enhance trainees' understanding of the goals, outcomes, requirements, and burdens of proof at each stage of the civil and criminal court process.

**Topics include:** Explore the meaning of "reasonable efforts"; roles and responsibilities of key players in the court process; how to document a case for court; how a case record may be used for court and the legal requirements for case documentation; types and purposes of frequently used court orders; analyze and organize information to support the elements of relevant statutes.

Fund: IV-E IV-E rate: 50%

***CWS1051: Crisis Intervention – 2 days***

Target Audience: Human services workers and supervisors. CPS Required if Assessed Need. Learn about the dynamics of crisis and the principles, goals, and steps of intervention for working with various populations in crisis.

**Topics Include:** Crisis assessment; Effective strategies for defusing crisis; Restoring or improving coping strategies; Worker safety in crisis; The crisis of suicide.

Fund: IV-E IV-E rate: 50%

***CWS1061: Family Centered Assessment in Child Welfare - 2 days***

Provides an overview of the fundamental assessments skills used in all phases of the child welfare practice continuum (CPS, Foster Care, Adoption and Home Studies) and provides trainees a solid foundation for using critical thinking skills and avoiding bias in their assessments. The course focuses on using family centered assessment skills to build effective helping relationships and gain relevant accurate information as the basis for making correct and timely decisions.

**Topics include:** Seven stage critical thinking process; Common assessment factors in child welfare cases related to safety, permanency, and well being; Interviewing strategies that engage families and reveal pertinent information; Assessment and reassessment of safety and risk; Making sense of extensive information and focusing on what is relevant; Understanding the influence of the family's culture; Avoiding bias the assessment process; Helpful interview and assessment tools.

Fund: IV-E IV-E rate: 75%

### ***CWS1071: Family Centered Case Planning - 2 days***

Case planning is a collaborative effort between families, caseworkers, and other providers. It helps identify, organize, and monitor activities and services to families needed to achieve and document case outcomes. This foundational course discusses how these formal "action plans" are based on family assessments that identify high need areas and help determine service objectives. Learn how the planning process is dynamic and occurs throughout the life of a case.

**Topics Include:** Define case planning and list in order the steps in effective case planning; Strategies to engage families in the case planning process; Issues of culture, motivation, and change impact the development of the case plan; Interview strategies to engage families; Engage and involve fathers in the case planning process; Identify the goals of case planning; Correctly formulate objectives and activities to address the case plan goal; Fundamental concepts regarding concurrent planning; Regular case reviews to monitor progress and modify case assessment, goals, objectives, and activities as needed; Interview strategies to help clients stay invested in the change process; Home visits to provide casework services; Factors to consider for appropriate case closures.

Fund: IV-E IV-E rate: 75%

### ***CWS1305: The Helping Interview – 2 days***

Target Audience: Local staff with less than two years experience in child welfare or child welfare workers who will be enrolling in CWS5305: This course provides a condensed introduction to basic communication and particular helping skills that facilitate interviewing for assessment and problem-solving with adult clients.

**Topics Include:** Understanding the helping relationship and how it develops through interviews with clients; Improve understanding of the interview process and its phases; Strategies to facilitate communication; increase competence in basic interviewing skills that improve the quality of interviews, assessment, and problem-solving. Specific techniques to facilitate interviewing adults are attending and joining skills for building rapport; developing and demonstrating empathy; active listening; selective use of verbal and non-verbal communication skills; managing conflict and resistance; acknowledging culture and its influence on the interview encounter; identifying and capitalizing upon client strengths in assessment and problem-solving.

Fund: IV-E IV-E rate: 75%

### ***CWS2000: CPS New Worker Policy Training With OASIS – 4 days***

Target Audience: Local staff new to Child Protective Services program in Virginia. Learn the policy requirements of the CPS program in Virginia. Become knowledgeable about the laws, regulations, and policy that guide CPS practice at the local level. Practice documenting the policy requirements in OASIS.

**Topics Include:** Purpose and basic assumptions of CPS; Definitions of child abuse and neglect in Virginia; How to receive and respond to a report of child abuse or neglect; How to conduct a family assessment or investigation; Requirements for informing all parties while maintaining confidentiality;

Best practice and policy requirements for provision of ongoing services in an open CPS case; How to assist the alleged abuser through the appeals process; How to document all policy requirements in OASIS.

Fund: State IV-E rate: N/A

***CWS2011: Intake Assessment and Investigation in Child Protective Services - 3 days***

Learn practical skills and techniques for interviewing children and their families in child abuse and neglect assessments and investigations. Learn the best practices to be used throughout the process of Child Protective Services including intake, assessment, and investigation.

**Topics Include:** Interpersonal, family, and environmental factors that increase the risk of abuse and/or neglect; How to gather pertinent information to assess risk, safety, and service needs; How to interview children, non-offending caretakers, and the alleged offending caretaker in assessments and investigations; How to assess information gathered to make safety plans; How to assess information gathered to make informed case decisions and identify service needs.

Fund: State IV-E rate: N/A

**CWS2021: Sexual Abuse – 2 days**

Target Audience: Child Welfare workers who require an overview of child sexual abuse. CPS Mandatory. Understand the dynamics and scope of child sexual abuse. Examine attitudes toward sexual abuse and the implications for best practice interventions.

**Topics Include:** Virginia's definitions of child sexual abuse and the extent of the problem; Consequences of sexual abuse from a developmental perspective; Profiles, characteristics, and treatment needs of the abuser and the non-offending caregiver; Circumstances that make children vulnerable to sexual abuse and inhibit disclosure; Dynamics of sexual abuse and intervention strategies to promote safety and well-being in children and families.

Fund: State IV-E rate: N/A

**CWS2031: Sexual Abuse Investigation – 3 days**

Target Audience: Child Welfare workers and supervisors responsible for investigating child sexual abuse complaints. CPS Mandatory. Explore the critical issues that impact the investigation of child sexual abuse. Practice the essential skills necessary when interviewing the victim, non-offending caretaker, and alleged offender.

**Topics Include:** Forensic investigation – goals, roles, and preparation; Developmental issues to consider for the child interview; The child interview process; Interviewing teens, credibility, and evidence collection; Interviewing and engaging the non-offending caretaker; Interviewing the offender; Focusing on safety; and Legal issues.

Fund: State IV-E rate: N/A

**CWS2141: Out-of-Family Investigations – 2 days**

Target Audience: Child Protective Services workers and supervisors who conduct out-of-family investigations. Mandatory for CPS Staff designated to perform Out of Family Investigations. Gain an understanding of the policy requirements and special challenges and dynamics of out of family investigations. Increase skill level in interviewing strategies to assess and intervene effectively in out of family situations. Learn how to inform and collaborate with all appropriate parties.

**Topics Include:** Risk factors related to the out-of-family caregiver; Collaborating with regulatory agencies, facility administrators, and family members; Working with legal representatives; Strategies for supporting the family; Policy unique to out-of-family investigations.

Fund: State IV-E rate: N/A

**CWS3000: Foster Care New Worker Policy Training with OASIS – 4 days**

Target Audience: Local staff new to the Foster Care program in Virginia. Learn the requirements of the Foster Care program in Virginia. Become knowledgeable about the laws, regulations, and policy that guide Foster Care practice at the local level. Practice documenting the policy requirements in OASIS.

**Topics Include:** Purpose and guiding principles of Foster Care services; Legal requirements for Foster Care, Foster Care prevention, and family preservation; How children enter care, safeguards, and placement authorities and options; Requirements for opening a case and completing all required referrals; Assessment and service planning, and choosing the Permanency Goal; Reassessments, reviews, and redeterminations; Policy and practice related to closing the case; Funding maintenance and service provision; How to document all policy requirements in OASIS.

Fund: IV-E IV-E rate: 75%

### **CWS3010: Adoption New Worker Policy Training with OASIS – 3 days**

Target Audience: Local staff new to the Adoption program in Virginia. Learn the policy requirements of the agency placement Adoption program in Virginia. Become knowledgeable about the laws, regulations, and policy that guide Adoption practice at the local level. Practice documenting the policy requirements in OASIS.

**Topics include:** Purpose and guiding principles of providing agency placement Adoptions in Virginia; Provisions of pre and post-placement, and post-Adoption services; How to register and update information in the Adoption Resource Exchange of Virginia (AREVA) Policies and funding sources related to provision of Adoption subsidies; Best practice, as well as policy requirements, for conducting adoptive home studies; How to respond to appeals regarding the adoptive home approval process; and how to document all policy requirements in OASIS.

Fund: IV-E IV-E rate: 75%

### **CWS3021: Promoting Birth and Foster Parent Partnerships – 2 days**

The relationship between foster parents and birth families can have a significant impact in the overall course of placement. When the relationship is respectful, non-judgmental, and supportive, all parents are able to do a better job in meeting the children's needs. Creating a team approach with planned contact between birth and foster parents have shown that children return home sooner, have more stable placements, experience better emotional development and are more successful in school. This course will specifically deal with one of the core principles of family engagement - promoting meaningful partnerships between foster and birth families as partners in promoting safety, well being and permanency for children.

**Topics include:** Benefits and challenges of working with the child's family; Roles and responsibilities of birth parents, foster parents, and social workers in promoting partnerships; Ways to work with the child's family and/or support on-going communication between the birth family and foster family; Minimize the challenges of working with the child's family; Conduct an Ice-breaker Meeting with all interested stakeholders; Engage fathers in the permanency planning process; Visit Coaching techniques and strategies; Importance of Shared Parenting in assisting the family; Supervisory Issues to support the partnerships.

Fund: IV-E IV-E rate: 75%

### **CWS3041: Working With Children in Placement – 2 days**

Target Audience: Child Welfare workers and supervisors. Learn practical skills and techniques for working with children in placement. Experience an interactive and resource-filled curriculum that includes videos, children's books, storytelling, and life books.

**Topics Include:** Assessing children's needs; Preparing children for placement; Talking about the past; Coping with emotions and grief; Managing behavior and preventing disruptions; Developing a planned and purposeful visitation plan; Conducting placement family meetings.

Fund: IV-E IV-E rate: 75%

**CWS3042: Orientation to the ICPC - 1 day**

Target Audience: Local agency child welfare supervisors, workers and other local agency staff who are likely to prepare ICPC documents and materials for placing children in out of state placement or those child welfare workers who may be requested to facilitate and supervise the placement of a child from out of state. This course provides the basic knowledge of the Interstate Compact on the Placement of Children (ICPC), including requirements and practices. The ICPC procedures are to assure that children placed across state lines receive the same protections and support services as children placed within the state. Training on the Compact will help to assure that the requirements established by law do not become barriers for children whose needs can best be served through interstate placement.

**Topics Include:** History of the ICPC; Philosophy, legal base, and placement authority; Placing a child out of state: Responsibilities and expectations; Receiving a child from another state: Responsibilities and expectations; unusual circumstances in the ICPC process.

Fund: IV-E IV-E rate: 75%

**CWS3061: Permanency Planning for Teens-Creating Life Long Connections – 2 days**

Target Audience: Foster Care and Adoption workers and those individuals involved in the permanency planning process. Learn how to help teens identify and establish emotional connections and build the family support necessary for navigating the difficult transition into adulthood.

**Topics Include:** Developmental issues and the need for permanency for teens; Impact of the Child Welfare system and barriers to permanency; The concept of resiliency and resiliency led practice to assist youth in care; The key elements of loyalty, loss, self-esteem, behavior management, and self-determination as the foundation of permanency; Ways to involve teens in identifying their own permanency resources; The role of youth-specific recruitment in making permanent connections; Strategies for preparing teens for family living and supporting permanency.

Fund: IV-E IV-E rate: 75%

**CWS3071: Concurrent Permanency Planning – 2 days**

Target Audience: All Child Welfare caseworkers, supervisors, and administrators who provide direct services to families and/or develop policy that guides casework practice. Concurrent planning is an approach that seeks to eliminate delays in attaining permanent family placements for children in foster care. Concurrent Planning is a process of working towards reunification with parents while at the same time establishing an alternative plan for permanent placement. Concurrent rather than sequential planning efforts are made to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family. CWS3071 teaches practical skills and techniques for implementing concurrent planning.

**Topics Include:** Impact of ASFA and Fostering Connections Act on permanency for children in foster care; Components of effective concurrent planning – six essential processes; Three-Stage Case planning process for early and targeted family change; Finding, engaging and supporting relatives and kinship care providers; Use of Family Partnership Meetings to enhance collaboration among parents, resource/foster parents, service providers and those within the child welfare and legal systems; Use of the Permanency Planning Indicator in the assessment process; Engaging parents in the decision-making process and practicing full disclosure interviewing; Identifying and addressing parental ambivalence; Frequent and constructive use of parent-child visitation; Involvement of resource and kinship parents in working directly with the biological parents; Documenting the concurrent plan in the case record.

Fund: IV-E IV-E rate: 75%

**CWS3081: Promoting Family Reunification – 1 day**

Target Audience: Foster Care workers, Child Welfare workers, and others involved in the permanency planning process. For children in foster care, reunification with birth parents or prior custodians is often

the primary permanency goal and the most likely reason a child will leave placement. This course will examine the planned process of reconnecting children in out-of-home care with their families or prior custodians by means of a variety of services and supports to the children, their families, their foster families, and other service providers.

**Topics Include:** Family-focused practice; Principles of reunification; Impact of separation and loss; Maintaining connectedness; Planned visitation; Partnership and collaboration; Role of foster parents, birth parents, or prior custodians in the casework process, service delivery, case planning; Safety assessment.

Fund: IV-E IV-E rate: 75%

### ***CWS4020: Engaging Families and Building Trust-based Relationships – 2 days***

**Target Audience:** All child welfare workers and their supervisors currently working with children and families, especially those involved in Family Partnership Meetings should attend this course. Family engagement is the foundation of good child welfare casework practice that promotes the safety, permanency, and well-being of children and families. It is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes.

**Topics Include:** Explore characteristics of family culture and information in policies and practices that support the engagement process with families; Develop a working agreement with families; Connect personal experiences with change and the experiences families have in order to better engage with family members and assess in a non-judgmental manner; Identify and address primary and secondary losses resulting from change and help families transition from their discomfort zone to practicing the desired behavior; Understand the various types of resistance often encountered in working with families and learn specific techniques to work with resistance; Practice specific engagement and trust building skills of exploring, focusing, and guiding to help the worker and the child and family gain insight into their current situation; Learn and practice solution-focused questions to surface family member's strengths, needs, culture, and solution patterns; Define and practice the use of self-disclosure, normalization, and universalization to help to normalize feelings and experiences; Identify ways to formulate, evaluate and refine options with families; Define and identify essential underlying needs that are often a description of the underlying conditions and source of the behavioral expressions of problems that a family may be encountering; Evaluate the use of Core Conditions and Engagement Skills used by workers with family members; Define and practice the steps of the working agreement and how these steps are used to build a partnership relationship with the family; Develop a plan to practice the strategic use of the working agreement, core conditions and core helping skills to build a trusting relationship with families.

Fund: IV-E IV-E rate: 75%

### ***CWS4030: Family Partnership Meeting Facilitator Training – 3 days***

**Target Audience:** Locally identified department of social services staff, child welfare supervisors and administrators as well as intensive care coordinators. This course will prepare experienced child welfare professionals to serve as family partnership meeting facilitators using the principles and process of the Virginia Practice Model. This course will be presented as four-day classroom training. Participants will attend three consecutive days of training, practice facilitation skills and/or develop implementation plans in their localities for approximately one month, and return on the final training day to discuss progress, receive feedback and complete the training content. Successful completion of CWS4020: Engaging Families and Building Trust-based Relationships is a prerequisite.

**Topics Include:** Review of Virginia's Practice Model and FPM values; Role of the family partnership facilitator and skills to promote effective meetings; Family engagement techniques; Meeting preparation; Stages of the solution-focused Family Partnership Meeting; Security issues and accommodation of special needs; Responsibilities of the facilitator following the meeting; Local implementation considerations to include training of family partnership meeting participants; continued professional development.

Fund: IV-E IV-E rate: 75%

### ***CWS5011: Case Documentation – 2 days***

Target Audience: Child Welfare workers and supervisors. In day one, trainees learn writing skills that support case documentation in all social services areas. In day two, trainees build upon skills learned in day one to enhance their ability to document casework activity, Assessment, decision-making, and planning in Child Welfare cases.

**Topics Include:** Purpose, goal, and strategy: Focusing on your reader's needs; How to review your work from your reader's perspective; How to recognize bias, passive voice, and the difference between fact and opinion; An overview of the writing manual, The Elements of Style; Child Welfare case narrative: How much is too much?; The elements of a Child Welfare assessment; Service planning in Child Welfare the SMART way; Tips for correspondence and intake.

Fund: IV-E IV-E rate: 75%

***CWS5305: Advanced Interviewing: Motivating Families for Change – 2 days***

Target Audience: Child Welfare workers and supervisors across all program areas. Strongly recommended that supervisors attend prior to social work staff. This course will assist workers to engage families in a mutually beneficial partnership and assess a family's readiness for change. Workers will learn two client engagement models and the recommended strategies for sustaining motivation and commitment to change.

**Topics Include:** Engagement and the Strengths Perspective; The Stages of Change; Motivational Interviewing Techniques; Solution-Focused Interviewing Techniques.

Fund: IV-E IV-E rate: 75%

***CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare – 2 days***

Target Audience: Child Welfare workers and supervisors in Child Protective Services and/or permanency programs. Learn practical techniques for conducting fair and accurate assessment of safety and risk, utilizing protective capacities to promote child safety and reduce risk in child protection and permanency plans.

**Topics Include:** Definitions of safety, risk, assessment, and protective capacity and how to distinguish between risk and safety; Assess and monitor safety at decision points across the service continuum throughout life of case; Interventions based on level of risk and identified protective capacities; Identify the minimum sufficient level of care for children and explore the least drastic/restrictive alternatives to address concerns of safety and risk; Solution-based model to increase family and caregiver involvement in the creation of assessments, safety plans, and service plans.

Fund: IV-E IV-E rate: 75%

***DVS1001: Understanding Domestic Violence – 2 days***

Target Audience: Caseworkers and supervisors in all service programs. This course provides a basic knowledge of domestic violence and establishes the most effective means through which intervention may be initiated in instances of domestic abuse.

**Topics Include:** Impact of domestic violence on the family structure and the community at large; Causation theories and dynamics of domestic violence; Safety issues for the worker and assessing safety of the victim and the victim's children; How to assess the lethality of the domestic violence situation; Resources available in the community, including legal resources.

Fund: IV-E IV-E rate: 75%

***DVS1031: Domestic Violence and its Impact on Children – 1 day***

Target Audience: Workers and supervisors in all service programs, particularly those in Child Welfare. CPS Required if Assessed Need. Learn core principles of domestic violence intervention techniques and discuss assessment skills necessary to determine risk for all family members. Review community resources that collaboratively address family violence and protect family members.

**Topics Include:** The impact of domestic violence on children's healthy development; Essential procedures and techniques for interviewing children in violent homes; Development of effective

intervention and safety plans; Appropriate community referrals and proper monitoring techniques; Virginia law and legal options.  
Fund: IV-E IV-E rate: 75%

### **DTD Family Services Programs Mandated CORE Supervisor Series**

The CORE Supervisor Series is intended for new supervisors with less than two years of supervisory experience or supervisors needing refresher training. This new supervisor series expands the original CWS5701 three-day course and the only training that was available for supervisors. It is two consecutive days per month for a period of four months and includes transfer of learning field practice activities assigned in between sessions that will further enhance learning. In order to fully maximize the training experience, supervisor's need to enroll in the entire series and commit to these training dates. With that said, supervisors who have to miss a session due to an emergency can pick it up in another region or at another time. The intent is for the supervisors to be able to network regionally and gain valuable support from each other as they attend this training series together!

#### ***SUP5701: Fundamentals of Supervising Family Services Staff – 2 Days***

This course emphasizes the crucial role played by family service supervisors. Supervisors will increase their understanding of the demands of their role, and be introduced to basic tools and strategies to help them supervise direct practice caseworkers. The fundamental principles for casework supervision of Parallel Process, Strengths-Based, Mission-Focused, Culturally Competent and Evidence-Based practices are introduced. Attention is also given to the unique attributes of adult learners, how to promote a learning environment that will enhance caseworkers training experiences, how to identify staff's learning needs, stages in the coaching process as well as identify common pressures and stresses that supervisors often face.

Fund: IV-E IV-E rate: 50%

#### ***SUP5702: Management of Communication, Conflict & Change – 2 Days***

This course introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Change by examining the importance of good communication in family service practice. Strategies for improving communication and ensuring that intended messages are received, the conflict cycle and management of resolving conflict that is frequently caused by poor communication or lack of communication are addressed. Change is a force that is both necessary and unavoidable in the social services field. The types of change that impact organizations and ways to assist staff implement change will be discussed with a review of strategies for change management by emphasizing the interrelated relationship between these three concepts.

Fund: IV-E IV-E rate: 50%

#### ***SUP5703: Supporting and Enhancing Staff Performance – 2 Days***

This course is intended to help new supervisors develop competent, confident, and committed staff that can perform the tasks assigned to them and support the agency mission/goal. Supervisors are introduced to the concepts of managing by data, performance assessment, performance evaluation, and performance improvement of the individual staff in their unit. In addition, the characteristics of effective leaders and managers will be examined as well as how the two are distinguished. Supervisors will learn about four styles of leadership: Participatory, Transformational, Transactional, and Strengths-Based and several leadership tools that can be used in their units or assessing their own leadership qualities and potential.

Fund: IV-E IV-E rate: 50%

#### ***SUP5704: Collaboration and Teamwork – 2 Days***



This course applies many of the concepts learned throughout the previous supervisor modules with an emphasis on collaboration with others and the successful functioning of the unit. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Characteristics of units that function effectively are also presented. Supervisors are given tools to assess the level of performance of their unit and are presented with an opportunity to develop a plan to improve their unit's functioning. Finally, strategies are introduced to help the supervisor build a unit that is successful in achieving the agency mission and vision through successful collaboration and teamwork.

Fund: IV-E IV-E rate: 50%

### **DTD Family Services Programs Subject Matter Expert (SME) Workshops**

New guidance was issued requiring all child welfare workers with more than two years experience to attend a minimum of 24 hours of training per year after completing initial in-service training mandates. Training for experienced workers will be developed and delivered by practice experienced subject matter experts (SME) engaged and supervised by the training system in response to regionally assessed needs of staff. Continuing education activities may also include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, seminars and conferences. Documentation of continuing education activities is the responsibility of the local department of social services and should be pre-approved by the child welfare supervisor or person managing the caseworkers program.

The Bi-Annual VDSS Child Welfare Training Needs Assessment Survey conducted by DTD in June 2012 culminated in three one day continuing education workshops and one "HOT TOPIC" being developed and offered for experienced workers and supervisors. The survey asked LDSS child welfare staff to rank order 10 caseworker specialized competencies according to highest priority for their desired learning needs. The following were the highest ranked competencies and identified hot topics statewide and were used to develop the four SME workshop topics to be offered in each of the five regions in FY13:

#### ***SME001: Building Litigation Proof Cases: Protecting Parental Rights Through Diligent Casework Statewide Attendance: 239***

This workshop is designed to ensure that experienced child welfare professionals understand the legal rights of parents, children, non-custodial parents, incarcerated parents, grandparents, and substitute caregivers in child welfare cases. Learners will discover how deficiencies in casework processes, improper caseworker conduct, and lack of adherence to policies and standards can increase the risk of liability for the caseworker and the agency. This course will also demonstrate how inappropriate language used in verbal communication and written documents can increase risk of liability for the agency. Attendees will learn how to present and explain case information to family members, defense attorneys, and community agencies in a manner that preserves the rights of family members and protects caseworker and agency from liability.

About the trainer: Rachel Allen's experience in family law dates back to her earliest work with the Woehrle & Franklin law firm where she handled custody and child support cases, and represented children as guardian ad litem in abuse/neglect proceedings. Ms. Allen has previously served as the Deputy City Attorney for the City of Hampton and is currently the Associate City Attorney for the City of Virginia Beach. In each position, she has been responsible for representing and advising the Department of Human Services, including child protective services, foster care and adult protective services units. Additionally, Ms. Allen is an adjunct professor in the law program at Regent University.

\*This SME Workshop was so popular we will be offering it again in all five regions in FY14.

Fund: IV-E IV-E rate: 75%

***SME002: Kids Deserve a Permanent Home***

***Statewide Attendance: 148***

This workshop is designed to ensure experienced child welfare professionals are competent in their ability and knowledge to reunite children in placement with their families and to provide services to prevent placement disruption and re-entry of children into out-of-home care. Learners will discover how best practice in casework, combined with community resources, result in permanency.

**About the trainer:** Betty McCrary's experience in social work dates back to her earliest work with McVitty House, Inc. Dr. McCrary currently serves the community as a Licensed Professional Counselor, Licensed Marriage and Family Therapist, and Certified Family Mediator for the Supreme Court of Virginia. She previously served as a social worker, a Social Work Supervisor and Director of Roanoke County Department of Social Services. In each position, she has been responsible for representing and advising families in setting and obtaining goals for their children. Additionally, she serves in the following capacities: Military and Family Life Consultant for MHN, American Association for Counseling and Development, Virginia Counselors Association, Board of Directors, Conflict Resolution Center, Blue Ridge Behavioral Health Child and Family Services Advisory Committee, Board of Directors, Roanoke County Police Foundation, and on the Roanoke County Dept of Social Services Advisory Board.

Fund: IV-E IV-E rate: 75%

***SME003: Helping Children Find the Words***

***Statewide Attendance: 164***

This workshop is designed to provide experienced social workers with advanced knowledge regarding investigative interviews of alleged victims and siblings in CPS cases. Social Workers will gain an understanding of child development and the impact of the interview, memory, suggestibility, and testifying in court. Techniques to help children feel safe, comfortable, and supported during investigative interviews will be discussed; as well as steps to reduce trauma. We will also explore the benefits and liabilities of using interview aids such as drawings and anatomical dolls.

**About the trainer:** Wendy Holland, MSCJ is trained in Forensic Interviewing by APRI and Corner House. She has 13 years of experience interviewing alleged victim children and their siblings in child maltreatment investigations. Furthermore, she is an Expert Witness on Physical and Sexual Abuse in Virginia Beach and Chesapeake.

Fund: State IV-E rate: N/A%

***SME004: Implementing and Sustaining child and Family Teaming***

***Statewide Attendance: 198***

This workshop includes discussion of engagement concepts and strategies to implement and conduct Child and Family Teaming (CFT). Case examples are used to illustrate key points, while small and large group activities provide opportunities to practice skills and assess individual strengths. Strategies are discussed regarding best practices for managing CFTs, including running meetings, maintaining communication between meetings and ensuring all needed parties are engaged. In addition, supervisors have specific opportunities to assess resources and plan how to evaluate application of strategies in their agencies. **Both Child Welfare Workers and Supervisors are encouraged to attend.**

**Child Welfare Workers Learning Outcomes:**

- Recognize and articulate the benefits of engaging the family and the whole service provision team;
- Know and explain the differences and similarities between a family partnership meeting and child and family teaming;

- Describe effective methods of practice that promote engagement and teaming to achieve commonly held goals;
- Determine an initial plan to address issues identified as personal or systemic barriers to effective teaming.

**Supervisors Learning Outcomes:**

- Set clear expectations for engagement and maintenance of a family focused service delivery team (CFTs).
- Explain how the formation and functioning of these teams will be evaluated through supervision practices and providing formative oral and written feedback to team participants.

**About the trainer:** Ms Betty Jo Zarris holds a Masters of Social Work degree from Virginia Commonwealth University and has more than forty years experience in a variety of local and state level positions including social worker, Social Work Supervisor, and Regional consultant in the Central Region. As the VDSS Assistant Director of the Family Services Division, Ms Zarris played a lead role in the implementation of the Children's Services Transformation. Since her retirement, in January 2012, she has worked with Children's Research Center (CRC) and several local departments. She participated as a volunteer mentor in numerous Quality Service Reviews (QSRs) and her interest in Teaming has grown out of those reviews.

Fund: IV-E IV-E rate: 75%