# Virginia's Five Year State Plan for Child and Family Services

## Annual Progress and Services Report

**Submitted to the U.S. Department of Health and Human Services**

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**Contents**

# Commonwealth of Virginia

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# Frequent Acronyms

| | |
|---|---|
| APSR | Annual Progress Services Report |
| AREVA | Adoption Resource Exchange of Virginia |
| DBHDS | Virginia Department of Behavioral Health and Developmental Services |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CASA | Court Appointed Special Advocate |
| CBCAP | Community-Based Child Abuse Prevention |
| CFCIP | Chafee Foster Care Independence Program |
| CFSP | Child and Family Services Plan |
| CFSR | Child and Family Services Review |
| CJA | Children's Justice Act |
| CPMT | Community Policy and Management Teams |
| CPS | Child Protective Services |
| CSA | Children's 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 |
| ETV | Education and Training Vouchers |
| FACES | Virginia's Foster, Adoptive, and Kinship Parent Association |
| FACT | Family and Children's Trust Fund |
| FAPT | Family Assessment and Planning Teams |
| FFY | Federal fiscal year |
| HPAC | Health Plan Advisory Committee |
| ICPC | Interstate Compact for the Placement of Children |
| ILP | Independent Living Program |
| LDSS | Local departments of social services |
| MCO | Managed Care Organization |
| NRC | National Recourse Center |
| NYTD | National Youth in Transition Database |
| OASIS | Online Automated Services Information System |
| OCS | Office of Children's Services for At Risk Youth and Families |
| PAC | Permanency Advisory Committee |
| PIP | Program Improvement Plan |
| PRT | Permanency Roundtable |
| PSSF | Promoting Safe and Stable Families |
| QSR | Quality Service Review |
| RFP | Request for Proposals |
| SDM | Structured Decision Making |
| SEC | State Executive Council |
| SFY | State fiscal year |
| VDH | Virginia Department of Health |
| VDSS | Virginia Department of Social Services |

# I: Introduction, Administration, and Vision

The Virginia Child and Family Services Plan (CFSP) is the five-year strategic plan required by the federal government for fiscal years 2015 through 2019. It provides the vision, outcomes and goals for strengthening Virginia's child welfare system. It strives to achieve a more comprehensive and effective service delivery system for children and families that is coordinated, integrated, family-focused and culturally relevant. It focuses on improving outcomes in four critical areas:

- Safety of children;
- Permanency for children;
- Well-being of children and their families; and
- The nature, scope, and adequacy of existing child and family and related social services.

The plan was developed by reviewing accomplishments and needs identified through implementing the 2010-2014 CFSP plan, information gathered from the Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP), and input from a broad range of stakeholders.

The plan includes:

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1);
- Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2):
    - Family Preservation;
    - Family Support;
    - Time-Limited Family Reunification; and
    - Adoption Promotion and Support Services;
- Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV);
- Monthly Caseworker Visit Funds;
- Adoption Incentive Funds; and
- Training activities in support of the CFSP goals and objectives, including training funded by Titles IV-B and IV-E;

The plan is organized in six sections:

I. Introduction, Administration, and Vision;
II. Description of continuum of child and family services;
III. Additional reporting information;
IV. Assessment of Performance;
V. Primary strategies, goals and action steps;
VI. Measures; and
VII. Additional Plans associated with the CFSP

**State Agency Administering the Program**

The Virginia Department of Social Services (VDSS) is the state agency that administers the child welfare program, including all programs under Titles IV-B, IV-E and XX of the Social Security Act. It is part of the larger Virginia Social Services System (VSSS), which is a partnership of three key organizations responsible for the administration, supervision and delivery of social services in Virginia:

- Virginia Department of Social Services;
- Virginia League of Social Services Executives (VLSSE) which represents the 120 local departments of social services (LDSS); and
- Virginia Community Action Partnership, an association of community action programs across the state.

**VDSS Mission**
The mission of the Virginia Social Services System is: People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.

**VDSS Vision**
Its vision is a Commonwealth in which individuals and families have access to adequate, affordable, high-quality human/social services that enable them to be the best they can.

**Organizational structure**
VDSS at the state level includes:

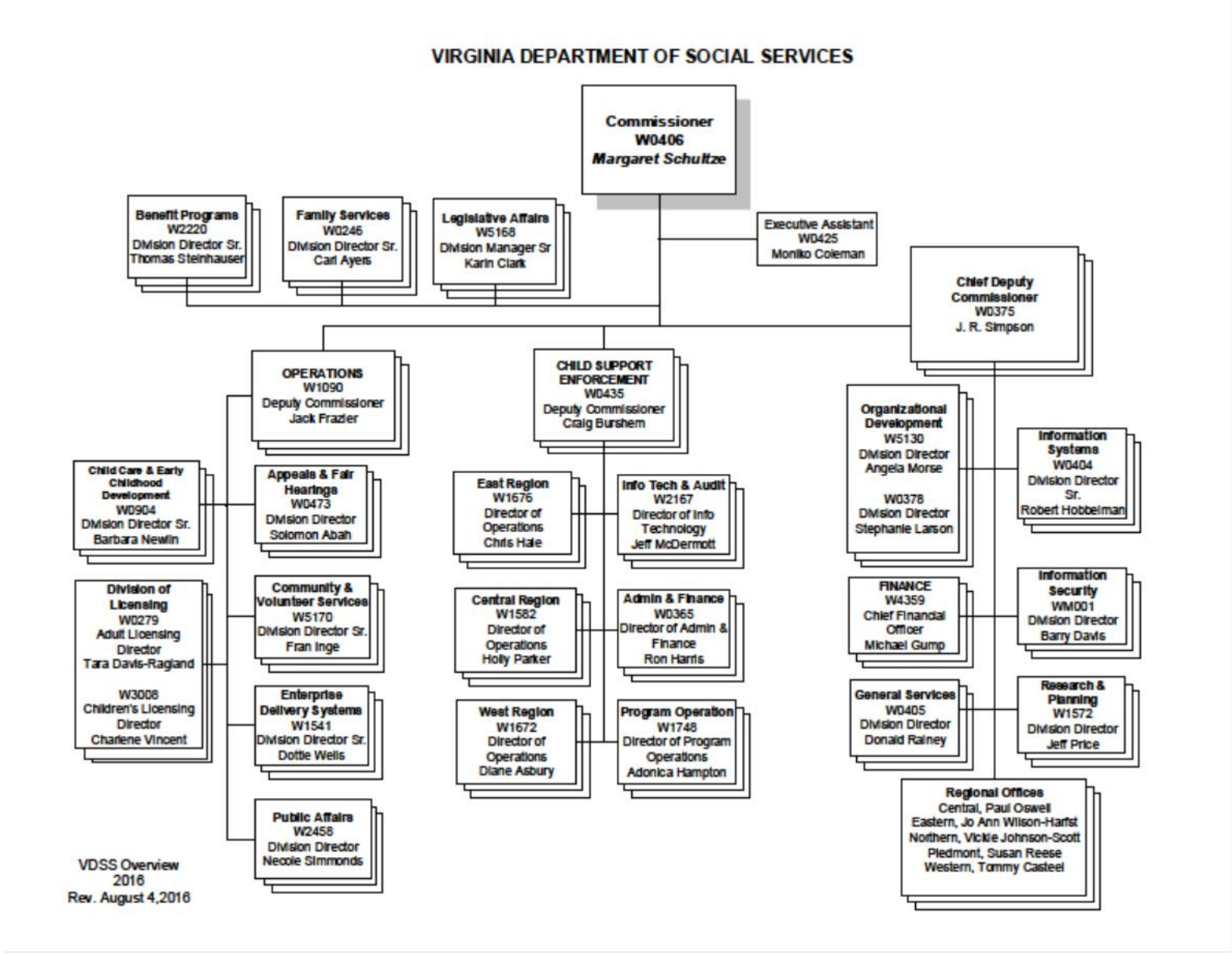
- The State Board of Social Services consisting of members appointed by the Governor. It is responsible for advising the Commissioner, adopting regulations, establishing employee training requirements and performance standards, and investigating institutions licensed by the department.
- VDSS support areas include:
    - Finance and General Services;
    - Human Resources;
    - Information Systems;
    - Legislative Affairs; and
    - Operations.
- VDSS program areas include:
    - Benefits Programs;
    - Child Care and Early Childhood Development;
    - Child Support Enforcement;
    - Enterprise Delivery Systems;
    - Family Services; and
    - Licensing.

There are five regional offices overseeing and supporting community and local organizations, including child welfare services; 22 District Offices for the Division of Child Support Enforcement; and eight Field Offices for the Division of Licensing Programs.

**Division of Family Services**
The Division of Family Services (DFS) promotes safety, permanency and well-being for children, families and individuals in Virginia. It is responsible for providing leadership and developing policies, programs, and practice. DFS leadership is committed to providing guidance, training, technical assistance and support to local agencies. DFS collaborates with state level partners in the following program areas:

- Child protective services (child abuse and neglect);
- Permanency (adoption, foster care, independent living, and interstate/inter-country placement of children);
- Quality assurance and accountability (Continuous Quality Improvement (CQI), title IV-E review, Adoption Assistance Review Team (AART) review);
- Prevention (prevention services and safe and stable family services);and
- Legislation, Regulations, and Guidance

Child welfare programs are state-supervised and locally-administered by 120 LDSS. The VDSS and DFS organizational charts are presented on the following pages..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W0406
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W0246
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Division Director Sr.
Barbara Newlin
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East Region
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Division Director
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Information Systems
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W5170
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W1582
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Admin & Finance
W0365
Director of Admin & Finance
Ron Harris
FINANCE
W4359
Chief Financial Officer
Michael Gump
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WM001
Division Director
Barry Davis
Enterprise Delivery Systems
W1541
Division Director Sr.
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W1672
Director of Operations
Diane Asbury
Program Operation
W1748
Director of Program Operations
Adonica Hampton
General Services
W0405
Division Director
Donald Rainey
Research & Planning
W1572
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Public Affairs
W2458
Division Director
Necole Simmonds
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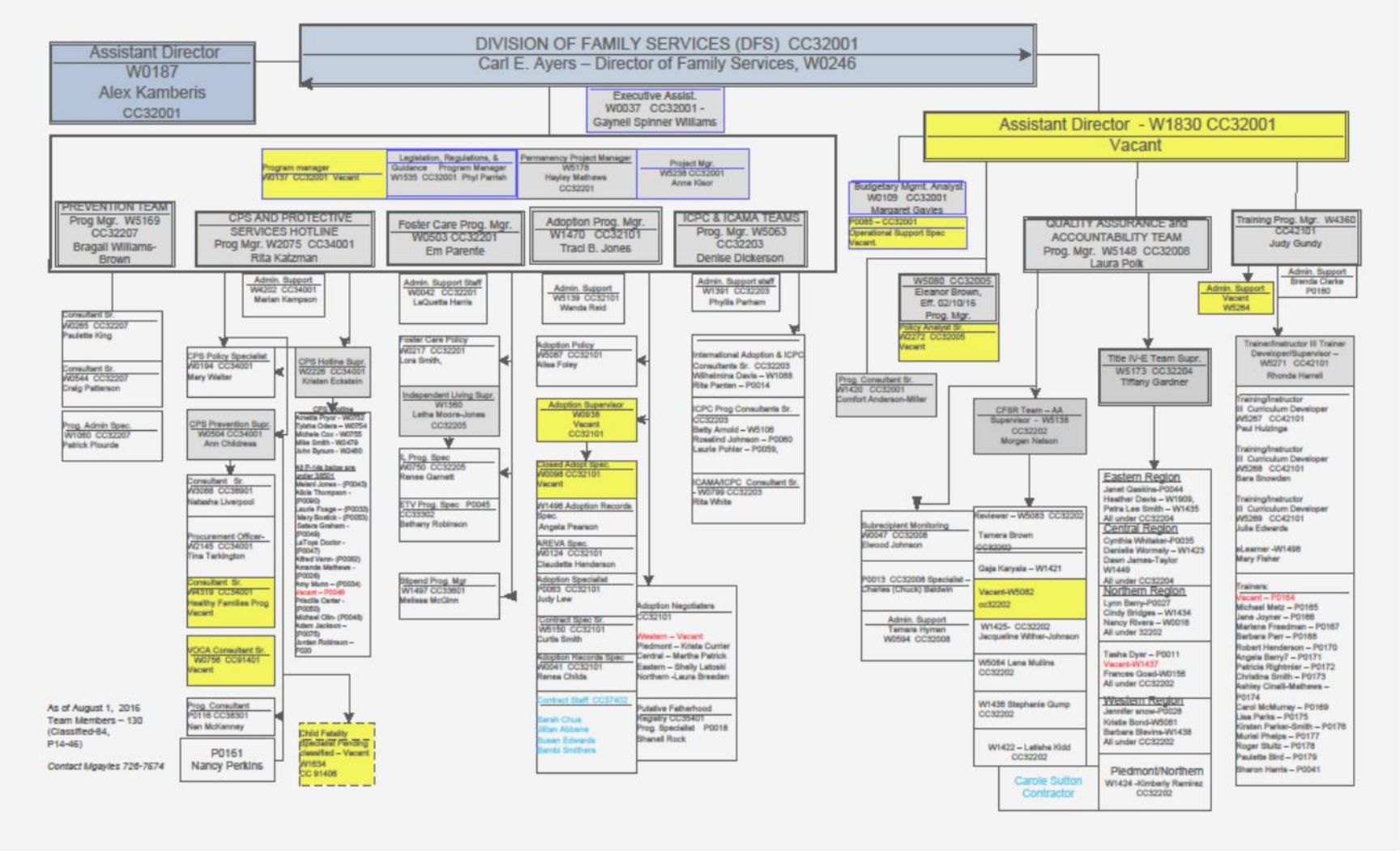
Eastern, Jo Ann Wilson-Harfst
Northern, Vickie Johnson-Scott
Piedmont, Susan Reese
Western, Tommy Casteel
VDSS Overview
2016
Rev. August 4,2016


Assistant Director
W0187
Alex Kamberis
CC32001
DIVISION OF FAMILY SERVICES (DFS) CC32001
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Executive Assist.
W0037 CC32001 -
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Assistant Director - W1830 CC32001
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CC32207
Bragall Williams-Brown
CPS AND PROTECTIVE SERVICES HOTLINE
Prog Mgr. W2075 CC34001
Rita Katzman
Foster Care Prog. Mgr.
W0503 CC32201
Em Parente
Adoption Prog. Mgr.
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Traci B. Jones
ICPC & ICAMA TEAMS
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QUALITY ASSURANCE and ACCOUNTABILITY TEAM
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Vacant
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Supervisor – W5138
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Heather Davis – W1909,
Petra Lee Smith – W1435
All under CC32204
Central Region
Cynthia Whitaker-P0035
Danielle Wormely – W1423
Dawn James-Taylor
W1449
All under CC32204
Northern Region
Lynn Berry-P0027
Cindy Bridges – W1434
Nancy Rivera – W0016
All under 32202
Western Region
Jennifer snow-P0028
Kristie Bond-W5081
Barbara Blevins-W1438
All under CC32202
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Contractor
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Training/Instructor III Curriculum Developer W5267 CC42101
Paul Hulzinga
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Training/Instructor III Curriculum Developer W5269 CC42101
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Jane Joyner – P0166
Marlene Freedman – P0167
Barbara Parr – P0168
Robert Henderson – P0170
Angela Berry? – P0171
Patricia Rightmier – P0172
Christina Smith – P0173
Ashley Cinelli-Mathews – P0174
Carol McMurray – P0169
Lisa Parks – P0175
Kirsten Parker-Smith – P0176
Muriel Phelps – P0177
Roger Stultz – P0178
Paulette Bird – P0179
Sharon Harris – P0041
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Permanency Project Manager
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Ann Childress
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Kristen Eckstein
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W5088 CC38901
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Procurement Officer-
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Tina Terkington
Consultant Sr.
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VOCA Consultant Sr.
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P0118 CC38301
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P0161
Nancy Perkins
Child Fatality Specialist Pending classified – Vacant
W1654
CC 91408
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W0750 CC32205
Renee Garnett
ETV Prog. Spec P0045
CC33302
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Stipend Prog. Mgr
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Melissa McGinn
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CC32101
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W0098 CC32101
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W1496 Adoption Records Spec.
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W0041 CC32101
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Jillian Abbene
Susan Edwards
Bambi Smithers
Adoption Negotiators
CC32101
Western – Vacant
Piedmont – Krista Currier
Central – Martha Patrick
Eastern – Shelly Latoski
Northern -Laura Breeden
Putative Fatherhood
Regality CC35401
Prog. Specialist P0018
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ICPC Prog Consultants Sr.
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W1420 CC32001
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Subrecipient Monitoring
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Gaje Karyala – W1421
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W1425- CC32202
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W5084 Lena Mullins
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Policy Analyst Sr.
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Operational Support Spec
Vacant.
As of August 1, 2016
Team Members – 130
(Classified-84,
P14-46)
Contact Mgayles 726-7674

**Collaborations**
Because of the local administration of child welfare services, the biggest collaborators with the state are the LDSS. VDSS, through the Children's Services System Transformation, began the process of strengthening supports to local departments in 2007. Those supports include clear guidance, opportunity for training, and timely response and technical assistance. VDSS partners with the VLSSE which is made up of representatives from LDSS and was formed to foster collegial relationships among its members and collaboration among agencies and governments in the formulation, implementation, and advocacy of legislation and policies which promote the public welfare.

In addition to collaborations with local departments, there are many existing stakeholder groups that meet regularly and provide feedback. One of the main stakeholder groups is the Child Welfare Advisory Committee (CWAC). This committee has representatives from LDSS, other state agencies that serve the child welfare population, representatives from private child placing agencies and non-profit organizations, foster and adoptive families, and the Court Improvement Program (CIP). It was formed as the original stakeholder group for the first round of the CFSR, but has continued as the main advisory group to the division director for Family Services. The CWAC has reviewed the goals and provided feedback that is incorporated into this report.

There are several advisory groups that also provide feedback to child welfare programs. The Permanency Advisory Committee (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. PAC is charged with assisting VDSS in aligning policies and guidance to promote a seamless best practice continuum, improve coordination and integration and provide consistency across the various LDSS' in the Commonwealth.

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.

The Court Appointed Special Advocate/Children's Justice Act (CASA/CJA) Advisory Committee, which serves as a Citizen Review Panel, is a subcommittee of the Criminal Justice Services Board and advises that board on the CASA program and the administration of the CJA in Virginia. The Advisory Committee to CASA and CJA Programs has served as a citizen review panel since 1999 and its primary focus is evaluation and recommendations concerning Child Protective Services (CPS) regulations, policies, and practices. The CASA/CJA Advisory Committee assisted VDSS on several aspects of the CPS program and collaborates with the creation of strategic plans.

VDSS also partners with the Office of Children's Services (OCS), the Department of Education (DOE), the Department of Medical Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS), and the CIP. Work with OCS includes clarification of guidance on use of funds, creation of Systems of Care and Intensive Care Coordination. Collaboration with DOE has focused on revision of joint guidance and tools to ensure educational stability and educational outcomes for school-aged children and youth in foster care. VDSS and DMAS have worked together to ensure a smooth roll out of a transition of foster and adoption assistance children to Managed Care Organizations (MCO). Work with DBHDS has included training for local workers on trauma-informed care and meeting the mental health and developmental services needs of foster youth transitioning into adulthood. VDSS works with CIP through several projects. CIP has partnered with DFS to support trainings

connected to the CFSR PIP, notice and right to be heard for foster parents, the new court timeframes, and other permanency issues. VDSS representatives are invited to present at CIP meetings to share information. CIP and VDSS have worked together to create an interface between case management systems to help track data. CIP has been involved with work around creation of a new service plan.

NewFound Families: Foster, Adoption, and Kinship Association is supported by 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 foster and adoptive family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home." NewFound Families 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 including dealing with difficult child-rearing situations and the expansion of Medicaid for former foster youth to the age of 26.

The Pamunkey tribe became Virginia's first federally recognized tribe on January 28, 2016. VDSS reached out to Robert Gray, Chief of the Pamunkey Tribal Government, in the first six months of 2016 to establish initial contact. While the Pamunkey are new to federal recognition and do not currently have child members of the Tribe, VDSS is dedicated to providing all relevant information and resources available to the tribes 203 members, and to strengthening collaboration with them. Additional information about Virginia's collaboration with the tribes is described in Section III.G. Collaboration with Tribes.

These stakeholder groups, including LDSS, receive or have access to data related to child welfare outcomes. Information about the CFSP, the CFSR, and PIPs has been shared on a regular basis through meetings and requests for input. These groups continue to be involved in the implementation of the goals, objectives, and interventions, and in the monitoring and reporting of progress.

# II. 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, prevention services, and quality assurance.

## A. Child Safety Services

**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 SFY 2014-15, there were 33,020 completed reports of suspected child abuse and neglect involving 49,868 children. There were 6,592 children in founded reports and 33,809 children in the Family Assessment Track. In SFY 2014 -2015, 48 children died as a result of abuse and neglect.

*NOTE: The Virginia APSR 2015 reported incorrect information for the above description of Children Served. The information should be amended as follows. In SFY 2013-14, there were 32,907 completed reports of suspected child abuse and neglect involving 50,136 children. There were 6,792 children in founded reports and 33,736 children in the Family Assessment Track. In SFY 2013-14, 47 children died as a result of abuse and neglect.*

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 120 LDSS. LDSS staffs are 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 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. Family Assessments account for 67% of all CPS responses throughout the state.

Under Virginia law, an abused or neglected child is one under the age of 18 whose parents or other person responsible for his care causes or threatens to cause a non-accidental physical or mental injury, create a high risk of death, disfigurement or impairment of bodily or mental functions, fails to provide the care, guidance and protection the child requires for healthy growth and development, abandons the child, or commits or allows to be committed any act of sexual exploitation or any sexual act on a child; including Sex Trafficking. Virginia law now specifically includes Sex Trafficking in the definition of "child abuse and neglect", along with revised CPS guidance, work with the new Director of Virginia's Court Improvement Program, and a new training course CWSE4000: Identifying Sex Trafficking in Child Welfare:

**Child Prevention and Treatment Services**

Local departments of social services provide and/or arrange for services to families. These 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.

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 provide home visiting services to new parents who are at-risk of child maltreatment in 74 communities across the state. Funding for the Healthy Families Programs has increased from $4,285,501 in SFY 2015-16 to $9,035,501 in SFY 2016-17. New contracts will be

awarded to 32 sites based on a formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each service area. 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.

**Child Abuse and Neglect Prevention 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.

For SFY 2016, a total of 21 programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) ($500,000), federal Child Abuse Prevention and Treatment Act (CAPTA) ($150,000), and state funds from the Virginia Family Violence Prevention Program ($500,000), totaling $1,150,000.00 in combined funding to support evidenced-informed and evidenced-based programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The prevention programs are varied in scope so that they may address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, and public awareness efforts.

Twenty-one contracts were awarded representing the following geographic areas (two programs serve more than one region):

- **Eastern** - six programs serving: the counties of, Franklin, Gloucester, Isle of Wight, York, James City, Prince George, South Hampton, Windsor and the cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth and Williamsburg.
- **Western** - five programs serving: the counties of Floyd, Giles, Lee, Montgomery, Pulaski, Scott and Washington and Wise; and the cities of Bristol, Norton and Radford.
- **Northern** - five programs serving: the counties of Arlington, Caroline, Clarke, Fairfax, Frederick, King George, Loudoun, Prince William, Spotsylvania, Stafford and Warren; and the cities of Alexandria, Falls Church, Fredericksburg, Manassas, Manassas Park, and Winchester.
- **Central** - three programs serving: the counties of Charles City, Hopewell, New Kent
- **Piedmont** - two programs serving: the county of Albemarle and the cities of Charlottesville and Roanoke.
- **Statewide** - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

CBCAP funds are distributed through a competitive Request for Proposals (RFP) process to distribute CBCAP, CAPTA and VFVPP funds cumulatively. Funding must be directed statewide or locally based primary and/or secondary child abuse and neglect prevention services. The Child Abuse and Neglect Prevention Program Request for Proposals (RFP) was released on January 23, 2015. Twenty one contracts totaling $1,150,000.00 were awarded in SFY 2016 and will be renewed for SFY2017. Contracts will become effective on July 1, 2016.

**Child Abuse Prevention Play:** VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 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, PCAV, and VDSS. PCAV receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and PCAV jointly provide training on child sexual abuse to each touring cast. In SFY 2015, approximately 48,000 children participated in one of the 145 performances of the child sexual abuse prevention play "Hugs & Kisses". In the fall of 2015, there were 65 performances held in 43 schools reaching approximately 20,464 children. Additional performances are being scheduled this spring.

**Victims of Crime Act Services (VOCA):** VDSS administers the child abuse victim portion of these funds through an interagency agreement with the Department of Criminal Justice Services. The source of these funds is fines levied for conviction of federal crimes and the level varies from year to year. The goal of the program is to provide direct services to victims of child abuse and neglect. Funds must be used for direct services to victims of child abuse and neglect or to adults who were sexually abused as children. The intention of the VOCA grant program is to support and enhance the crime victim services provided by community agencies. Current funded programs offer direct services that include shelter programs for children, counseling/therapy services, sexual assault programs, and court advocacy. Programs provide collaborative efforts of multiple agencies and are located across Virginia, including rural areas where services are limited.

Thirty-six contracts were renewed for the SFY2016 in the amount of $1,916,519. The funded programs provide expedited direct treatment services to child victims of abuse in the following geographic areas.

- **Piedmont** – areas served: the counties of Pittsylvania, Augusta, Alleghany, Bedford, Campbell, Amherst, Nelson, Appomattox, Rockbridge, Halifax, Albemarle, Louisa, Fluvanna, Roanoke, Greene, Buckingham, Madison, and Orange; and the cities of Staunton, Waynesboro, Lexington, Buena Vista, Danville Covington, Lynchburg, and Charlottesville. (Total 6)
- **Central** – areas served: the counties of Chesterfield, Hanover, and Henrico; and the cities of Colonial Heights, Hopewell, Richmond, and Petersburg. (Total 6)
- **Northern** – areas served: the counties of Prince William, Spotsylvania, Stafford, Caroline, Arlington, Warren, Loudoun, King George, Fairfax and Rockingham; and the cities of Fredericksburg, Harrisonburg, and Alexandria. (Total 10)
- **Eastern**- areas served: the counties of Prince George, York, James City, and the cities of Suffolk, Norfolk, Williamsburg, Newport News, Hampton, Virginia Beach, Chesapeake, Portsmouth, and Franklin. (Total 8)
- **Western** – areas served: the counties of Lee, Scott, Montgomery, Pulaski, Buchanan, Wythe, Floyd, Giles, Bland, Wise, Tazewell, and Washington; and the cities of Norton, Bristol, and Radford. (Total 7)

The SFY2017 VOCA RFP was released on April 1, 2016; a total of $1.7 million is available for funding under the current RFP. These proposals will be reviewed utilizing a multidisciplinary review committee on June 6-7, 2016. Recommendations for funding will be made and the selected programs will be funded effective July 1, 2016.

**Child Advocacy Centers:** There are currently 15 Child Advocacy Centers (CACs) located in Virginia whose purpose is to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. CACs provide comprehensive services to victims of child abuse and neglect throughout investigation, intervention, treatment, and prosecution of reported incidents. The CAC model is a child-friendly, community-oriented and facility-based program in which professionals from core disciplines discuss and recommend appropriate comprehensive services.

CAC services include forensic interviews of child victims, case review, and recommendation for services from a multidisciplinary team, victim advocacy, and support for the victim and non-offending parent, medical assessment, mental health services, and legal expertise. CACs are incorporated, private, non-profit organizations or government-based agencies, or components of such organizations or agencies.

Fifteen contracts were awarded to local CAC programs in FY 2016 representing the following geographic areas:

- **Piedmont** – four programs serving the counties of Albemarle, Franklin, Roanoke, Augusta; and the cities of Roanoke, Salem, Staunton, and Waynesboro.
- **Central** – one program serving the counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George; and the cities of Richmond, Colonial Heights, Hopewell, and Petersburg.
- **Northern** – six programs serving the counties of Arlington, Fairfax, Rockingham, and Loudoun; and the cities of Harrisonburg, Winchester, and Alexandria.
- **Eastern** – one program serving the cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, and Virginia Beach.
- **Western** – three programs serving the counties of Lee, Montgomery, Pulaski, Washington and Scott; and the cities of Radford, Norton, and Bristol.

The State funds in the amount of $931,000 to support CACs and the Child Advocacy Center of Virginia (CACVA) were awarded based on a formula proposed by CACVA and approved by the General Assembly and the governor. The formula used subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. In July 2016, CAC programs will receive an increase in state funding to $1,231,000. In addition, local CAC programs will receive a total of $1,425,000 in Victims of Crime Act (VOCA) funds based on the state funding formula. The increase in funding will enhance the current CAC programs and support expansion of the CAC model in Virginia. 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.

**Assessment of Strengths and Gaps in Services**

**Strengths:** Program staff routinely utilizes SafeMeasures® Reports to gather data. There are currently no specific reports that identify services being offered to the client or family; however, there are reports which gather the following basic data:

- The number of cases open and case type (Prevention, CPS On-going, etc.);
- Length of time open;
- Compliance with requirement for one face to face contact during a month;
- Completion of initial service plan within 30 days of case opening;
- Service plan revisions every 90 days; and,
- The number of Family Partnership Meetings (FPMs) and purpose for the meeting.

**Gaps:** CPS staff continues to monitor timeliness of data entry, merging of duplicate clients, timeliness of first response, and the timeliness of closing investigations.

**Service Coordination and Collaboration**

In Virginia, child welfare funds align and support the overall goals for the delivery and improvement of child welfare services including CAPTA, PSSF, CBCAP, VOCA, Child Care and domestic violence. The following is a description of the major collaborations involving Child Protective Services:

**Family and Children's Trust Fund (FACT), Child Protective Services Committee:** FACT 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 PCAV on child abuse prevention initiatives including the statewide child abuse prevention conference.

**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. VDH administers the federal Maternal, Infant, and Early Childhood Home Visiting federal grants and the Home Visiting Consortium provides input and support to the grant. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and the Head Start Collaboration Grant. 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, professional development and public awareness. During 2013 – 2014, the Consortium developed a comprehensive sustainability work plan to identify strategies to provide statewide leadership to scale-up services in Virginia. In February 2015, the Consortium hired an Executive Director to manage the organizational change from an informal to a more formal organization. In September 2015, in response to a recommendation from the Commonwealth Council on Childhood Success, the Consortium created a Five Year Expansion Plan. The Governor included additional funds in his budget for home visiting and the General Assembly approved a substantial part of this increase for the state's 2017 – 2018 biennium budget.

**The Virginia Statewide Parent Education Coalition (VSPEC):** VSPEC consists of state and community stakeholders and service providers working together to identify gaps in parent education and to strengthen existing services. 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 PCAV 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, Virginia Department of Criminal Justice Services. 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/CASA Advisory Committee develops a three-year plan in coordination with child welfare and the Child and Family Services Review.

**Child Abuse Prevention Month/Conference:** The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 1,500 packets were printed and distributed for April 2016. 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/2015-prevention-month-packet/ for wider distribution. A Child Abuse Prevention Conference is held annually in April to recognize Child Abuse Prevention Month. The conference traditionally involves over 300 participants. Registration fees, CBCAP, CAPTA, and a grant from FACT helped to support this conference.

**Virginia Department of Education (DOE):** VDSS has a Memorandum of Understanding (MOU) with the DOE regarding the mandatory reporting and investigation of child abuse and neglect complaints involving school personnel as the reporters and alleged abusers. The MOU has been updated and revised and a model protocol for use by LDSS and local school divisions has also been revised and updated.

**Virginia Commonwealth University (VCU) Partnership for People With Disabilities:** The Child Abuse and Neglect Collaborative involving VDSS, DOE, VCU, and the Department of Criminal Justice Services has been operating for over ten years focusing on children with disabilities and their risk of being abused or neglected. The training has taken a number of different forms and is currently being delivered as a web-based training available statewide.

**Child Protective Services Advisory Committee:** This committee is composed of local CPS supervisors and workers from across the State. The group meets quarterly and provides input into the CAPTA Plan, legislative proposals, regulatory review, policy and guidance, and overall program direction.

**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 to reduce the number of preventable child deaths in Virginia. The Team has completed its review of children who have died from unsafe sleep practices and the final report was issued in March 2014. The Team's current review is focusing on children who have died from poisoning. 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.

**Regional Child Fatality Review:** The review of child deaths reported to CPS is accomplished by a multi-agency, multi-disciplinary process that routinely and systematically examines circumstances surrounding reported deaths of children. The purpose of the review is to enable VDSS, LDSS, and local community agencies to identify important issues related to child protection and to take appropriate action to improve the collective efforts to prevent child fatalities. Virginia's child fatality review teams utilize the National Maternal Child Health (MCH) Center for Child Death Review data tool to collect comprehensive information and document the circumstances involved in the death, investigative actions, services provided or needed, key risk factors, and actions recommended and /or taken by the review team. Child death data is collected and analyzed on an annual basis and reported to community stakeholders, the State Board of Social Services, LDSS, and the general public.

**Continuous Quality Improvement (CQI)**

CQI in CPS involves being able to identify, gather, describe, and analyze data on strengths and gaps in services. This information is then used to inform policy and practice. CPS utilizes several processes for this purpose.

**SafeMeasures® (SM) Reports:** SM is instrumental in providing valuable data to VDSS and LDSS. There are currently no specific reports that identify services being offered to the client or family; however, there are reports which gather the following basic data:

- The number of cases open and case type (Prevention, CPS On-going, etc.);
- Length of time open;
- Compliance with requirement for one face to face contact during a month;
- Completion of initial service plan within 30 days of case opening;
- Service plan revisions every 90 days; and/or,
- The number of FPMs and purpose for the meeting.

Several new reports to assess if the Family Strength and Needs Assessment (FSNA) and the Risk Re-Assessment tools are being completed as instructed are under development and are targeted to be available by July 1, 2016. This information is used to inform guidance and training.

**CPS Policy Advisory Committee:** The Child Protective Services Policy Advisory Committee advises the CPS program on policies and guidance to improve CPS delivery in Virginia in a comprehensive way to ensure safety, permanency, and well-being for children served by the child welfare system. This committee meets quarterly and members include LDSS and VDSS staff primarily from the CPS program.

**Feedback to Stakeholders:**
There are a number of ways that feedback is provided to stakeholders. Primary stakeholders for CPS are the CPS workers and supervisors in LDSS. The CPS Policy Advisory Committee meets quarterly and information is shared with this group during these meetings as well as in-between meetings. Their input is solicited on all potential changes to regulations, policies, and guidance. Another important way that feedback is solicited from local CPS workers and supervisors is through the five regional local supervisors' meetings that are held quarterly in each region. The CPS regional consultants share information and solicit input regularly.

The three Citizen Review Panels (CRPs) are extremely helpful in gaining input and providing information. These groups are composed of diverse points of view and meet at least quarterly. Feedback from the CRPs is critical in vetting new or revised regulations, policies, and practices.

## B. Permanency Services

VDSS' permanency efforts are implemented through the Promoting Safe and Stable Families Program, the Foster Care Services, Independent Living, and Adoptions Programs. 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 services (FPS)*:** 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.

**Eligibility for Services under FPS**

Families who may receive FPS are those with children ages birth through 17 years who are at imminent risk of out of home placement into the social services, mental health, developmental disabilities, substance abuse, or juvenile justice systems. The populations of children for whom these services shall be made available include those alleged or found to be abused, neglected, or dependent; emotionally or behaviorally disturbed; undisciplined or delinquent; and/or have medical needs, that with assistance, could be managed in the home.

- ***Family support services (FSS)*:** These services are primarily community-based preventive activities designed to promote the safety and well-being of children and families; promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families; and strengthen parental relationships and promote healthy marriages.

**Eligibility for Services under FSS**
There are no eligibility requirements to receive FSS other than a VDSS approved plan/renewal application.

- ***Time-limited family reunification services (TLRS)*:** 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 counseling; substance abuse treatment services; mental health services; temporary child care; and therapeutic services for families, including crisis nurseries; transportation to services; peer-to-peer mentoring and support groups for parents/ primary caregivers; and for services and activities to facilitate access to and visitation of children in foster care by parents and siblings.

**Eligibility for Services under TLFRS**
Families who may receive TLFRS are those who have one or more children (ages birth through 17 years) that have been removed from the child's home and placed in a foster family home or a child care institution. Services are provided to the family in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15- month period that begins on the date that the child is considered to have entered foster care.

- ***Adoption promotion and support services (APSS)*:** 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.

**Eligibility for Services under APSS**
Families who adopt or express interest in adopting children out of the foster care system, and families who adopt and the adoption is at risk of disruption are eligible.

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

| Service Array | |
|---|---|
| Adoption Promotion/Support | Intensive In-Home Services |

| Services | |
|---|---|
| Assessment | Juvenile Delinquency/Violence Prevention Services |
| Case Management | Leadership and Social Skills Training |
| Community Education and Information | Mentoring |
| Counseling and Treatment: Individual | Nutrition Related Services |
| Counseling: Therapy Groups | Parent-Family Resource Center |
| Day Care Assistance | Parenting Education |
| Developmental/Child Enrichment Day Care | Programs for Fathers (Fatherhood) |
| Domestic Violence Prevention | Parenting Skills Training |
| Early Intervention (Developmental Assessments and/or Interventions) | Respite Care |
| Educational/ School Related Services | Self Help Groups (Anger Control, SA, DV) |
| Financial Management Services | Substance Abuse Services |
| Health Related Education & Awareness | Socialization and Recreation |
| Housing or Other Material Assistance | Teen Pregnancy Prevention |
| Information and Referral | Transportation |

**Children and Families Served.** The following table shows the number of children and families that received services by service type in FY2016:

| Estimated Children and Families Served by Service Type for the most recent 12-Month Period<br>120 of 128 Agencies reporting<br>March 2015 to February 2016 | | |
|---|---|---|
| Service Type | Total Children | Total Families |
| Preservation | 6,701 | 4,569 |
| Support | 9,522 | 6,858 |
| Reunification | 1,388 | 901 |
| *Adoption | 20 | 16 |
| Total | 17,631 | 12,344 |
| | | |
| *$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. | | |

| Estimated Children and Families to be Served by Service Type for a Twelve Month Period<br>Estimated # of Localities Reporting 128<br>March 2015 to February 2016 | | |
|---|---|---|
| **Service Type** | **Total Children** | **Total Families** |

| | | |
|---|---|---|
| Preservation | 7,295 | 4,974 |
| Support | 10,365 | 7,465 |
| Reunification | 1,510 | 982 |
| *Adoption | 15 | 17 |
| Total | 19,186 | 13,437 |
| | | |
| *$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. | | |

Many children and families receiving PSSF funds are assessed by the local Family Assessment and Planning Team (FAPT). These teams facilitate family participation, assess the strengths and needs of children and their families, and develop individual family services plans. Of the estimated 13,224 children reported as served using PSSF funds for fiscal year 2015, an estimated 732 new founded dispositions were reported by LDSS. Of this number, an estimated 428 children entered foster care as reported by LDSS. Fiscal year 2016 data for new founded dispositions and number of children who entered foster care will be reported in the next APSR.

**Funding process:** Title IV-B Subpart 2 funds for this program are allocated to communities for control and expenditure. The CSA Community Policy and Management Teams (CPMT) 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. The PSSF Program is not an entitlement program and localities must meet program requirements. A minimum of 20% of each locality's total annual PSSF allocation must be spent under each of the four program components. Localities may be eligible for a waiver of these percentages with adequate justification. Localities are not required to spend a minimum of 20% for adoption promotion and support since the state applies 25% of title IV-B Subpart 2 funds 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 2016, of the 120 LDSS, 115 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 115 LDSS served 128 localities.

Applications for 2017 PSSF funding were submitted in April 2016, with approval of 131 localities out the total 133 in Virginia. This is an increase of 16 communities from SFY 2016. As in prior years slightly over one million PSSF funds are allocated for adoption initiatives at the home office level; however some localities provide local adoption services. Other services include:

- Family Preservation:
- Family Support:
- Time-limited Family Reunification:
- Adoption Promotion and Support:

**Program Monitoring & Outputs:** The PSSF state office staff conducts 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.

Quarterly and year-end 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 a new founded disposition of abuse or neglect was determined; and,
- Families served by ethnicity.

**2. Foster Care Services**

**Children served.** On January 1, 2016, there were 4,700 children between the ages of zero and 17 in foster care. This represents a decrease of 1.4% (69) in the overall number of children in care at the same point in time last year (4,769).

Virginia continues to support an increase in our reliance on foster family homes. On January 1, 2015 there were 3,304 foster care children (65.6%) in foster homes. On January 1, 2016, the percentage of all children and youth in non-relative foster home placements was 63.7% (3,297 children.) The percentage of children placed in relative homes increased slightly from 4.67% to 5.68%. There were an additional 197 (3.8%) placed in pre-adoptive homes on January1, 2016.

After several years of declining congregate care populations and reducing the percentage of clients in congregate care by about 50% from FFY 2005 to FFY 2011, Virginia experienced a small increase (9%) in the number of clients in congregate care for FFY 2012. The percentage of foster care children in congregate care then held steady for a number of years decreasing again slightly this year, from to 16.1% (810) to 15% (775).

The percent of clients discharged to permanency during calendar year 2014 increased slightly to 78.2% from 77% in calendar year 2013. In 2015, the percentage decreased again slightly to 77%. Virginia continues to focus on reducing the number of children waiting to be adopted, but has expanded the focus of ongoing efforts to increasing permanency outcomes which also include reunification and custody transfer to relatives.

**Foster Care Unit:** 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 and 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 (§ 63.2-905) 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 with 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 exit 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 these 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 120 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. 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.

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 one agency at a time. The regional Permanency and Resource Family consultants facilitate the roundtable and brain storm with the local department staff around ways to move cases forward. This activity is often an opportunity for the Permanency consultants to encourage practice which supports family engagement and relative involvement. During 2015, efforts were made to increase capacity for Permanency Roundtables to be implemented in all five regions through the support of Casey Family Programs. In addition to providing additional training to the five regional office Permanency Roundtable teams, some LDSS were provided with training and technical assistance to develop their own agency team. The regional consultants have continued to support these LDSS teams. However, turnover of staff in the regional office and in the LDSS has hampered efforts to grow capacity. Although Permanency Roundtables have continued to be conducted in the original three regions where the practice was well established, the practice has still not taken hold in the additional two regions.

Foster care guidance has been updated to require that concurrent planning be used for every foster care case beginning July 1, 2015. Permanency consultants and state staff have provided additional support to the LDSS as this policy becomes effective. Additionally, the VDSS Training unit substantially revised the mandated Concurrent Planning training course available to LDSS staff. In Virginia, concurrent planning practice requires that a Family Partnership Meeting (FPM) be held prior to the development of the written foster care plan for any Court Review or Permanency planning hearing. OASIS has been updated to facilitate the selection of 'concurrent planning" as the purpose of a FPM and a proposed report has been developed in SafeMeasures® which will permit monitoring of this activity.

Changes to the foster care case plan document in OASIS, which are currently being developed, will result in increased focus on concurrent planning and permanency in the information which is provided to the court. Those revisions are expected to be released in early 2017. The release will be supported through training which addresses not only the format and requirements of the revised foster care plan, but also the better practice expectations the plan will document.

As required by the 2014 General Assembly, VDSS developed a report for the General Assembly which addressed the outcomes for children aging out of care in Virginia in comparison to their peers and the adequacy of the services currently being provided to this population. As part of this process, focus groups for older youth in and who had aged out of foster care were held. These youth were asked to provide input on the report and to assist VDSS in naming Virginia's extension of foster care program. Significant and insightful quotes were taken from these meetings and included in the report. The name "Fostering Futures" was ultimately chosen and used in the 2016 General Assembly process.

For the 2016 General Assembly, VDSS again presented a plan for implementing the extension of foster care provision of the Fostering Connections Act. The plan included needed code and regulatory changes, drafts of amendments to the title IV-E plan, fiscal impacts and impacts on families and children. Although the accompanying bill, which would have made the necessary code changes, was not passed, ultimately the required funds were included in the state budget with accompanying language providing the authorization for VDSS to implement the Fostering Futures program beginning July 1, 2016. VDSS is developing guidance to be released in June 2016 which will assist the LDSS to implement Fostering

Futures for each youth in foster care who turns 18 on or after July 1, 2016. VDSS plans to reintroduce the proposal to make Code changes to support the implementation of Fostering Futures during the 2017 General Assembly session.

Preventing Sex Trafficking and Strengthening Families Act (HR 4980)

In September 2014, the Preventing Sex Trafficking and Strengthening Families Act was signed into law as P.L. 113-183. The law requires state child welfare agencies to develop and implement procedures to identify, document, and determine appropriate services for certain children and youth who have been victims of sex trafficking or at risk of being victimized.

VDSS has taken several steps since then to implement the provisions of the law. VDSS has updated its case management system to identify and document children and youth who have been victims of sex trafficking prior to entering, while in, or while on the run from foster care. Revisions to the Foster Care chapter of guidance, which were effective in July 2015, included substantial improvements to directions regarding what the LDSS should do when a child or youth runs away from foster care. The VDSS Training Unit developed an on-line training to educate LDSS family service workers; private provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private provider foster parents; and other community partner agency staff on sex trafficking and appropriate services that can be offered to children and youth who have been victimized as well as those who are at risk of victimization. Finally, VDSS representatives serve on a joint committee with DCJS and Housing and Community Development to develop and address strategies across state agencies related to increasing awareness, available services, and training.

In September 2015, VDSS provided direction through Broadcast 9386 to the LDSS regarding the change from 14 to 16 in the allowable age of the child regarding when a "non-permanency" foster care goal of Another Planned Permanent Arrangement (APPLA) or Permanent Foster Care (PFC) can be established. The Broadcast was followed by direct outreach by the regional permanency consultants to those LDSS which had previously established one of these goals for children or youth younger than 16. Compliance with this requirement is monitored by the title IV-E review team during the ongoing review process.

The law also allows foster parents and caregivers more discretion to apply the "reasonable and prudent parent" standards towards children and youth in foster care. This will allow them to participate in normal activities that are appropriate for foster youth such as sleepovers, sporting activities, social or other extra-curricular events. The Foster Care chapter of guidance will be revised to include direction to the LDSS around implementing "increasing normalcy" for children and youth in foster care. Publication of the revised guidance is planned for October 2016. VDSS is also in the process of developing a plan to provide relevant training for foster parents to make informed decisions and for LDSS staff as they support the foster families. VDSS has held focus groups for agency and community stakeholders and youth to understand the positive impact and challenges related to the implementation of the prudent parent standard and encourage suggestions regarding guidance and training. VDSS is currently researching the option of providing liability insurance to public agency foster parents. The Code of Virginia already permits VDSS to do so; but no funding has been made available, nor has the best procedure for doing so been determined.

In order to meet the requirements regarding the provision of information about youth rights to youth, VDSS has revised the signature page of the current Transition to Independent Living Plan to include education, health, visitation, and court participation rights. VDSS sought youth input into how best to ensure that youth receive and make use of this information and are empowered to advocate for themselves especially in regards to their permanency plans. As of March 2016, the revised transition document must be submitted to court with the foster care plan including the youth's signed acknowledgement that they have received a copy of their rights and these have been explained to them.

These and other aspects of the Sex Trafficking Act were addressed through legislation which was passed into law during the 2016 General Assembly session. House Bill (HB) 600 added sex trafficking to the definition of "child abuse and neglect"; required the involvement of a child age 14 and older in the development of his/her foster care plan; changed the age at which a child can have the goal of PFC or APPLA; added a definition of sibling; added the reasonable and prudent parent standard; changed the ages from 16 to 14 when annual credit checks are required; added a new section requiring essential documents be provided to a child aging out of foster care; and, established the authority for VDSS to set out training requirements for workers and supervisors related to children who were victims of sex trafficking.

Foster care guidance specifically addressing the requirements of the Preventing Sex Trafficking and Strengthening Families Act for youth in foster care 14 and older has been drafted and will be published in June 2016 in advance of the implementation of the Fostering Futures program. The remaining items will be addressed in a foster care guidance release anticipated for fall 2016.

**Foster Care Collaborations**

Foster care services cut across other programs and child-serving agencies, including foster care prevention, Adoption, OCS, Department of Behavioral Health and Developmental Services (DBHDS), Department of Juvenile Justice (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:

**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 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 LDSS representatives reflecting various regions, department 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 2016, PAC was instrumental in providing input towards the implementation of the "prudent parent standard." Members have reviewed and provided input on the draft foster care guidance and regarding the plan for addressing a "culture change" as a requirement for successful implementation. Additionally, PAC stakeholders were invited to provide suggestions and input into the development of Virginia's first Reunification Month campaign (during the month of June 2016.)

**Office of Children's 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. OCS and VDSS have published several critical joint broadcasts regarding use of title IV-E and CSA funds relative to the provision of services to older youth in foster care. These broadcasts have clarified practice expectations regarding the provision of independent living services, requirements for independent living arrangements with youth over 18, use of CSA funding to provide supportive independent living services to the population, and the prohibition regarding the use of APPLA and permanent foster care goals for children younger than 16. OCS and VDSS also continue to work closely towards the release of the revised Child and Adolescent Strengths and Needs (CANS) assessment instrument, anticipated in July 2016. The tool will be used for all children in foster care and has been revised to include reports

identifying treatment progress for the planned caregiver as well as the child. The revised instrument also includes enhanced questions for use in screening for trauma. VDSS is providing introductory material to the CANS training thanking OCS for their partnership and pointing out the enhanced value of the revised instrument to LDSS.

SFY 2016 has seen a continuation of work by OCS in the area of establishing Systems of Care (SOC) 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 uses an evidence-based model of family engagement and service coordination to facilitate the development 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, in SFY 2014 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 clinicians 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.

**Court Improvement Program (CIP)**: VDSS continues to work in partnership with the CIP in Virginia to insure that title IV-E requirements are adequately documented in court proceedings. CIP staff are involved in the on-going efforts of the CWAC and the CWAC permanency sub-committee. CIP also collaborates with VDSS around the full implementation of concurrent planning in foster care cases. CIP staff worked collaboratively with VDSS around the development of the petition and court order forms necessary for full implementation of Fostering Futures, and will provide training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. VDSS and CIP continue to work towards a data exchange between the court record system and OASIS which will permit the uploading of court findings and hearing outcomes directly into OASIS.

**Department of Education (DOE):** While the majority of the collaboration between DOE and VDSS is directed at improving the educational stability and attainment outcomes of older youth in foster care, educational stability and attainment for all children in foster care is also addressed. In FFY 2016, VDSS and DOE trained over 150 staff members from LDSS and local schools through regional trainings including dialogue between the DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth. VDSS and DOE are also working with DJJ to discuss school enrollment issues and strategies for foster care youth re-entering the community following a commitment to DJJ.

VDSS mandated the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data. Additionally, the education screens in OASIS were updated so that information regarding educational stability can be printed and submitted to court along with the foster care plan, increasing awareness of the importance of educational stability and accountability regarding practice in this area.

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is committed to revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. However, with the enactment of the Every Student Succeeds Act (ESSA) in December 2015, the workgroup has been largely focused on understanding how Virginia's current practice and policies will be impacted. The group will move forward in FY 2017 with providing joint guidance, as needed, for ESSA. Best practices and issues that were discussed in the educational trainings will be incorporated into any guidance documents developed.

**Department of Medical Assistance Services (DMAS):** In FFY 2014, 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. Approximately 80% of children in foster care are now enrolled in Medicaid Managed Care. The remaining 20% are those children placed in congregate care settings, those who have just entered foster care, or those who are moving from one region to another. Medicaid managed care improves 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. Foster and adoptive parents 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. DMAS is able to provide data to VDSS regarding the provision of medical care to foster care children, including information about whether children are receiving their required medical and dental exams. 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.

DMAS is also working with VDSS to better understand strengths and concerns regarding the provision of medical care for children in foster care. In order to gather baseline data, DMAS has commissioned a study regarding the care of children in foster care provided through Medicaid in Virginia. The study will address a variety of variables including timeliness of medical and dental exams; prevalence of sick child visits; incidence of diagnoses (medical and psychiatric); and, prescription of psychotropic medication. The results of the study are expected to be available in June 2016. VDSS and DMAS will then use the study findings to leverage managed care providers to incorporate outreach, risk identification and oversight strategies where problems are noted.

DMAS has requested assistance with getting contact information updated by the LDSS in the Medicaid Management Information System (MMIS) more quickly. Children in foster care have more frequent address changes than children in the general public and when changes are not communicated in a timely manner to DMAS there can be delays in communication between DMAS and the foster parent. There can also be issues when a new foster parent contacts DMAS requesting assistance. VDSS is involving LDSS stakeholders in the development of strategies to address this issue.

**Health Plan Advisory Committee (HPAC):** The work of HPAC was formally rolled into the efforts of the Three Branch Grant over the last year. That work is now being incorporated into the Child Welfare Advisory Committee (CWAC) through the development of the Permanency subcommittee. The group has formally incorporated the goal of reducing unnecessary prescription of psychotropic medication to children in foster care through raising awareness regarding the importance of assessing for and treating trauma, as well as raising awareness regarding the overuse of psychotropic medication among the foster care population. As the DMAS study is completed, additional work towards informing the MCO's oversight policies will be incorporated. A Richmond area child psychiatrist with an interest in the topic has been recruited to work with the committee on this endeavor. The group has additionally committed to review data regarding the timeliness of routine medical and dental exams

**Assessment of Strengths and Gaps in Services**

**Strengths**: The overall number of children in foster care in Virginia has been 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 ensuring 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. FPMs were implemented statewide and provide a valuable mechanism for partnering with parents and extended family around decision-making.

Permanency for older youth has been a particular area of focus. The foster care goal of independent living was eliminated in order to ensure that agencies actively pursued permanent families for older children in care in every case. Transitional meetings are being used to engage extended family and additional resources prior to the youth turning 18 or 21. While the establishment of Fostering Futures is a significant accomplishment for Virginia and will provide additional support for those youth aging out of foster care, VDSS continues to be committed to reducing the number of youth aging out.

Practice improvements were also seen in a number of other areas. For example, foster care visits are routinely exceeding the target monthly standard of 95% completion. Additionally, significant progress has been made towards the integration of assessment and service planning in the statewide automated child welfare data system.

Finally, VDSS has re-established the Child Welfare Stipend program in Virginia. It is anticipated that within four years, this program will be graduating a combined total of 40 BSW and MSW students each year who will be seeking employment in a foster care position with a LDSS. This program is anticipated to address one of the most significant barriers to quality practice- the lack of a well-trained and committed workforce.

**Gaps:** Although the degree of cooperation between OCS and VDSS is currently very positive, LDSS and communities continue to struggle to consistently interpret guidance and use available funding to support best practice. Virginia's CSA funding structure is intended to support child-centered, and 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.

Finally, the automated child welfare data system, OASIS, in Virginia is outdated, no longer meeting the needs of the field, and very challenging to modify given its aged software. In order to institutionalize practice improvements, it is necessary that every aspect of the infrastructure support improvements. The OASIS database continues to be challenging to the implementation of practice changes throughout the state.

To address this Gap, VDSS issued a RFI and received demonstrations from 14 vendors on potential solutions in August 2015. Based on those demonstrations and conversations with vendors, Virginia is in the final stages of awarding a contract to a vendor to develop requirements for replacement of our OASIS system. We have received PAPD approval from the federal government and expect to have these requirements completed by May 31, 2017.

**Continuous Quality Improvement (CQI)**
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. SafeMeasures® reports permit tracking of percent of required caseworker visits completed, use of relative (kinship) foster home placements, use of congregate care placements, and compliance with guidance around use of Family Partnership meetings. There is an increasing amount of data available to evaluate timeliness to permanency. A variety of practice strategies have been implemented to improve permanency outcomes; data will be utilized to assess progress in this area.

Finally, the revisions to the foster care service plan in OASIS will permit the collection and analysis of a range of well-being and educational measures which are not currently accessible on a statewide basis. As the data is entered by the LDSS, it will be used to identify unmet needs of the foster care population and to measure the success of interventions over time.

VDSS is interested in receiving additional information about options for providing liability insurance to foster and adoptive families, strategies for addressing disproportionality in foster care entry, and strategies for improving outcome for older youth entering foster care through delinquency or status offense cases (truancy or runaway).

**Feedback to Stakeholders**
There are a number of ways that feedback is provided to stakeholders. The PAC meets quarterly and information is shared with this group during these meetings. Input is solicited on all potential changes to regulations, policies, and guidance. Another important way that feedback is solicited from local workers and supervisors is through the five regional local supervisor's meetings that are held quarterly in each region. The Permanency regional consultants share information and solicit input from local workers. Foster Care information is also presented at the bi-monthly CWAC and CWAC Permanency subcommittee meetings, where a wide-range of stakeholders are able to provide input.

**3. Independent Living Program**
**Children served.** According to FFY 2015 data entered in OASIS by the LDSS, a total of 1,720 youth ages 14 and over, received at least one independent living (IL) service. As of January 1, 2016 there were 2,299 youth ages 13 and over in care and for January 1, 2015 there were 2,323. There were approximately 24 youth fewer than the previous year in care. Youth were served in all five regions of the state. In FY 2016, 110 of 120 LDSS submitted funding applications to VDSS to develop programs in order to provide IL services to this population. The 10 LDSS not participating did not have age appropriate youth or they opt to use other funding sources to provide services to youth.

**Service Description**
Chafee Foster Care Independence Program (CFCIP), also known as the Independent Living Program (ILP), is a component of Virginia's foster care program. VDSS developed a section in the Child and Family Services Manual entitled *Achieving Permanency for Older Youth* which provides guidance to the local workers in working with youth in and transitioning out of care and reinforces the need for all children and youth to learn life skills and engage in age or developmentally-appropriate IL activities. 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/ILP funding.

In addition, as controversy regarding LGBTQ rights continues in some states, on May 10, 2016 Virginia's Attorney General affirmed that the commonwealth's existing non-discrimination protections on the basis of sex are correctly interpreted to include discrimination on the bases of sexual orientation and gender identity. VDSS Standards of Care and Training published in the division's Child and Family Services Manual for foster families, continue to apply for the families of youth in, and transitioning out of, care. These standards include but are not limited to:

- The provider shall provide care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status.
- The provider shall ensure that he can be responsive to the special mental health or medical needs of the child.
- The provider shall establish rules that encourage desired behavior and discourage undesired behavior. The provider shall not use corporal punishment or give permission to others to do so and shall sign an agreement to this effect.

VDSS staff is responsible for developing policies, procedures, and new programs as necessary to increase services to older youth statewide in accordance with the CFCIP and the Education and Training Vouchers (ETV) Program. The state uses objective criteria to determine eligibility for benefits and services under these programs, and ensuring fair and equitable treatment.

VDSS allocates its CFCIP/ILP funds in two primary spending categories; the basic allocations to LDSS and the funding of Project Life, a service provided by a private contractor (United Methodist Family Services). 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. 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 interdependence. These services are paid for (Chafee funds) or provided by VDSS, LDSS, and Project LIFE.

VDSS does not have a trust fund for foster care youth as allowed under the Social Security Act Section 477 (a)(1)(5). However, according to LDSS IL Quarterly Reports, the three main areas of expenditures of the basic allocations for FY 2016 were:

- IL Room and Board Expenditures-household items for apartment/dorm room (e.g. dishes, pots, and pans), furniture (e.g., bed, table), supplies, security deposits, apartment application fee, emergency shelter;
- IL Non-Room and Board Expenditures-graduation related expenses (e.g., senior fees, cap, and gown); school related expenses (e.g., textbooks, supplies, computer and accessories, tutoring, school registration, sport activity and fees, summer school, school trips, SAT/ACT fees); GED exams, mentoring, driver's education course/school, services/purchases not covered by Medicaid (e.g., eye glasses, prescriptions, dental work), work uniforms/supplies; career attire, ID Card from DMV; luggage; job readiness training; vocational training; transportation expenses (e.g., bus tickets/gas cards for school/work, car repairs, learner's permit); incentives (e.g., participation in NYTD Survey and IL trainings), substance abuse intake assessment; and,
- IL General-life skills trainings, IL workshops and conferences, refreshments and drinks at IL youth meetings/activities, training supplies, incentives

In 2014, VDSS awarded a five-year contract to United Methodist Family Services (UMFS) to provide IL services statewide to youth in and transitioning out of foster care. Project LIFE (Living Independently, Focusing on Empowerment) is a partnership of UMFS with and funded by VDSS. UMFS is an independent 501(c)(3) corporation in the Commonwealth of Virginia. UMFS is an Equal Opportunity

Agency. No one is denied care, assistance or employment on the basis of race, religion, national origin, color, disability, gender, veteran/military status, sexual orientation, ancestry or marital status.

The goal of Project LIFE is to coordinate and enhance the provision of IL and permanency services to youth statewide. The partnership with UMFS has helped VDSS and LDSS meet the goals of CFCIP/ILP, 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. Permanence should be a goal for every child in foster care regardless of age. While efforts toward permanency may be delayed or encounter challenges, it is essential that VDSS has an integrated approach to achieve permanency while offering comprehensive preparation for adulthood for all children and youth. Due to the current needs of Virginia the three main components of Project LIFE's contract are: 1) Youth Development and Engagement; 2) National Youth in Transition Database (NYTD); and, 3) Training and Technical Assistance for LDSS workers.

In addition to Project Life, LDSS continue to work closely with the local Children Services Act (CSA) teams that are responsible for overseeing the planning of, and approving state funds for, additional services for youth not covered by the CFCIP/ILP 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. Currently in Virginia, 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 receive IL services until age 21, provided they are participating and making progress in an educational, vocational, or treatment program. This population continues to receive support from a foster care worker and is eligible for Medicaid through age 26. Youth that age out of foster care at age 18, regardless of whether or not they choose to receive IL services, may be eligible for Medicaid through age 26. The majority of LDSS collaborate with community-based organizations and agencies to provide support and services to youth to assist them to prepare for self-sufficiency in adulthood (i.e., local health departments, Workforce Innovation and Opportunity Act (WIOA) programs, Virginia Cooperative Extension offices, Behavioral Health and Development Services, Great Expectations Program).

One exciting initiative for Virginia that was approved by the Governor and the 2016 General Assembly is the extension of foster care services to age 21. This program, named the Fostering Futures program, will go into effect on July 1, 2016. It is expected to provide much needed support and assistance for participants as they transition into adulthood. Work is currently underway to develop guidance for the Fostering Futures program and training will take place in June 2016.

For FY 2016, VDSS provided seven regional trainings on the ILP and services, ETV Program, and National Youth in Transition Database (NYTD), Credit Checks and Educational Stability for youth in care to over 200 LDSS workers. In addition, Project LIFE (public/private partnership with VDSS) provided training, coaching, informational presentations/technical assistance (TA) on IL services, ETV, NYTD, Permanency, Casey Life Skills Assessment (CLSA), and Transition Plans to a total of 1073 LDSS workers, private service providers and stakeholders.

VDSS provides training and technical assistance to LDSS to use 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. This information is also in the FY 2017 IL and ETV funding package. 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. Affordable housing continues to be a need for this vulnerable population. There are limited housing options and support for at-risk youth statewide. Chafee funding and IL services are also available for youth between ages 18 and 21 who discontinued receiving IL services and then requested the

resumption of IL services within 60 days; as well as for those youth who were in foster care immediately before being committed to DJJ, turn 18 while in the custody of DJJ and are then released before age 21.

Virginia's LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for foster youth based on needs, local demographics, and available resources. LDSS are expected to coordinate services with local private agencies and community organizations engaged in activities relevant to the needs of older youth in foster care. However, not all LDSS have the staff and resources to provide the services needed in order to establish permanent connections, to help youth develop adult living skills, and to track older youth as required by NYTD. VDSS realized the state and LDSS could benefit from additional support from a contractor on best practices and services to older youth in the achievement of five goals:

- Develop a network composed of youth in and transitioning out of foster care who are equipped with appropriate skills that allow them to serve on panels and committees that impact them;
- Increase the number of foster youth, age 14-21, participating in IL activities and training opportunities to successfully prepare them for adulthood;
- Collaborate with VDSS and LDSS staff to improve Virginia's compliance with the federal NYTD requirements;
- Increase the number of LDSS receiving training, resources, and tools to assist foster youth in achieving permanency and preparing for adulthood; and,
- Increase accessibility of services that enable youth to be self-sufficient and to achieve permanent connections.

For FY 2016, Project LIFE met and exceeded the benchmarks of the contract goals:

| Contract Goals | Benchmark (# of participants) | Actual (# of participants as April 2016) |
|---|---|---|
| Develop a statewide foster youth network (i.e., youth and alumni will be identified as interested in advocacy work) | 65 youth | 144 youth |
| Implement strategies and training for youth and workers that promote positive youth development and youth engagement | 60 | 66 |
| Prepare youth to serve on panels and committees for foster care policy development, conducting life skills and self-advocacy training, and increasing youth's understanding and embracement of the concept of achieving permanency | 25 | 32 |
| Plan and implement training opportunities for youth in foster care, and those aging out to develop or enhance their life, leadership, and advocacy | 125 | 164 |
| Deliver training to youth on the importance of good credit reports (ages 18 and over) | 55 | 100 |
| Provide training and technical assistance to LDSS staff on the purpose, importance, and requirements of NYTD | 125 | 164 |
| Train youth ages 14 and over on NYTD | 51 | 125 |
| Provide life skills training for eligible youth | 150 | 175 |

| | | |
|---|---|---|
| between the ages of 14-21 in each region that supports permanency and teaches self-sufficiency through skill development | | |
| Conduct regional learning events for youth focusing on community engagement | 75 | 110 |
| Provide training, technical assistance, resources, and tools to LDSS in partnership with VDSS and other stakeholders/partners | 150 | 1073 |

As required by the IL contract, two statewide conferences were coordinated by Project LIFE during FY 2016. Approximately 50 youth participated in the conferences, along with Project LIFE staff and volunteers comprised of workers from public and private agencies and foster care alumni (ages 21-24).

The spring youth conference was held in Chesapeake, VA in coordination with the National Foster Parent Association conference which was being held in Norfolk, VA. State staff led a workshop discussion with youth on the "reasonable and prudent parent standard" and the youth rights sections covered in The *Preventing Sex Trafficking and Strengthening Families Act (H.R. 4980).* Youth at the conference were asked their thoughts on giving foster parents more authority to determine activities in which they can participate. Youth were candid in their responses stating that there are times when their workers are not available and approval is unnecessarily delayed, sometimes causing the youth to miss registration deadlines. One youth stated how important it is for workers to consider the relationship and level of trust between the youth and foster parent when implementing the prudent parent standard.

Youth also weighed in on specific rights that should be considered as it relates to education, health, court participation, sibling visitation, credit reports and important documents. Youth provided insight on how caseworkers can ensure that they receive a written copy of their rights and what youth need to do to make sure their rights are being met. Feedback was captured in all areas; however, some noteworthy comments are below:

- Discuss changes to a different school with the youth before the change occurs;
- Make more effort to inform the youth of his/her family's medical history if it is available;
- Ensure that youth speak to their guardians ad litem outside of court;
- Allow unsupervised sibling visits when it's appropriate;
- Explain the results of the youth's credit report to the youth; and,
- Provide documentation of immigration records, if applicable.

Feedback from the youth on the prudent parent standard and youth rights were considered for the next release of the Foster Care Guidance, and the Virginia's IL transition plan document was updated to include youth's rights. The youth's rights have been included on the signature page of the transition plan as of March 2016 and both are submitted to court as required by the *Preventing Sex Trafficking and Strengthening Families Act.*

The fall youth conference was held in Bristol, VA. This conference focused on creating lifelong connections. There were workshops and /or activities on permanency, mentoring, youth-adult partnerships, networking, team building, social media, importance of good credit, and NYTD. Foster care youth/alumni co-facilitated some of the workshops/activities with the adult presenters.

Youth engagement is one powerful way to ensure that the youth's voice is incorporated in service planning, policy, and legislation. It is the youth who knows their own lives, capacities and desires. Their perspective makes them valuable partners in efforts to improve foster care outcomes.VDSS is committed to having youth voice and engagement. For instance, Project LIFE hired two former foster care youth as

Youth Network Coordinators. The coordinators traveled across the state to meet with young people and get them involved in the youth network and discuss issues that impact them in the foster care system. Project LIFE uses conference calls, Facebook, etc. to stay connected with the youth.

In February, a group of youth in foster care and foster care alumni spent the day at the 2016 General Assembly advocating and speaking out on important issues related to their experiences in foster care. A representative from Voices for Virginia's Children created the "listening session" event as a way for young people in foster care to advocate on behalf of the "Fostering Futures" bill, which extends foster care to age 21 in Virginia.

Project LIFE and Great Expectations worked together to recruit about a dozen youth and young adults throughout Virginia who had a desire to speak out on issues that affect young people in the foster care system. The day began with a meet-and-greet where youth were able to mingle with key stakeholders, including cabinet secretaries, deputy secretaries, executive directors, and program managers. The group then had the opportunity to attend a General Assembly session in the gallery where they were recognized as a group of young advocates. Following the session, youth and key delegates attended a special meeting where youth had the chance to speak out on challenges they have experienced in foster care, including topics related to housing, education, normalcy, and visits with biological family. The day proved to be extremely beneficial and empowering for the young people and inspiring for the legislators, delegates, and program staff who attended.

Also, the state IL staff attended a community presentation on youth homelessness by Virginia Commonwealth University (VCU) School of Social Work and Advocates for Richmond Youth, a youth-led action research team addressing youth homelessness in the Richmond area. VCU School of Social Work, and three youth (one a former foster youth) presented their research findings and recommendations to prevent and protect homeless youth.

During FY 2016, VDSS offered or coordinated in collaboration with key stakeholders the following trainings, activities and/or meetings:

- VDSS and the Department of Education (DOE) Project Hope trained over 150 staff members from LDSS and local school divisions. The training focused on the Fostering Connections Act Education Stability, best interest determination (BID), the immediate enrollment process, and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. These trainings also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth.

- State staff are working with the VDSS Training Division to develop an eLearning course on Foster Connections-Educational Stability which will be available in the Knowledge Center for LDSS workers.

- State staff are working with the VDSS Training Division to develop a course on Transition Planning for LDSS workers.

- State staff held a meeting with several key stakeholders to increase VDSS' awareness of available resources and services, and to facilitate networking to encourage promising practices in working with foster care youth with disabilities. The workgroup was composed of representatives from the following agencies: Department of Aging and Rehabilitative Services (DARS), Virginia Department of Education (DOE), Department of Medical Assistance Services (DMAS), Department of Behavioral Health and Development Services (DBHDS), Virginia Board of People

with Disabilities (VBPD), Virginia Housing Development Authority (VHDA), Supplemental Nutrition Assistance Program (SNAP), Virginia Department of Licensing, and disAbility Resource Center. VDSS is in the process of updating the document, *Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care* and received additional information on services and programs from the members of the workgroup. This document will be used as a tool for LDSS staff.

- IL staff and DOE staff collaborated on an educational document that provides information on the role of a LDSS representative when a foster youth leaving Juvenile Justice Services (commitment/detention) must re-enroll in the public school. In addition, DOE planned and implemented a state-wide tour for LDSS staff to encourage workers to visit their local detention centers and get to know the staff. As a result, LDSS have a better understanding of the experiences of young people entering detention and better able to convey to the youth's parents the type of education and services provided in the local detention center.

- A steering committee was formalized with representation from the VDSS Foster Care, Family Engagement & Resource Family, Licensing, and Training units, and the Department of Behavioral Health and Developmental Services to continue collaborative efforts in Virginia for implementing normalcy for children in foster care. The committee reviewed the normalcy work plan and discussed future training needs for foster parents and ways to market training. The committee decided that members would be added from organizations that represent foster parents and older youth in foster care, as well as recruiting foster parents and older youth members. The committee also decided to get ongoing input from stakeholders through the Permanency Advisory Committee (PAC), Child Welfare Advisory Committee (CWAC) and the Virginia League of Social Services Executives (VLSSE).

  A focus on "normalcy" ensures that youth in foster care have the same opportunities to participate in extra-curricular, enrichment, cultural and social activities as do their peers who are not in the foster care system. Examples of these types of activities include sleep-overs at friends' homes, school field trips, having a cell phone, participation in school clubs or extracurricular activities, etc. The Reasonable and Prudent Parent Standard, a specific component of the *Preventing Sex Trafficking and Strengthening Families Act* (Public Law 113-183) requires that foster parents and caregivers, rather than the local department service worker, make day-to-day decisions about a child's participation in activities based on the child's age, maturity, mental and physical development in order to facilitate normalcy.

**National Youth in Transition Database (NYTD)**
According to FFY 2015 data entered in OASIS by the LDSS, a total of 1,720 youth ages 14 and over, received at least one IL service. This number represents 74% of the total population.

LDSS workers documented IL services provided to youth 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. 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. For FY 2016,Virginia improved NYTD data collections by having NYTD data in SafeMeasures® (pulled from OASIS) so VDSS and LDSS will be able to track the delivery of IL services and NYTD surveys reported in real time. According to SafeMeasures® for FFY 2015, LDSS purchased or provided a total of 6506 services from a menu of 14 service categories. The three services most often provided were IL needs assessment, academic support, and budget/fiscal management.

NYTD data can be used to improve service delivery and practice. For example, VDSS Office of Research and Planning analyzed FFY 2014 NYTD data and some of the key findings included:

1. The proportion of IL eligible clients who received services has been on a downward trend since its high in FFY 2012 when 98.9% of clients received at least one IL service. Between FFY 2011 and FFY 2014, the number of clients served increased less than one percent (0.4%) and the total IL eligible population decreased 2.8 percent.
2. Although the IL needs assessment was provided to 41.4 percent (n = 788) of eligible clients, most (58.6%, n =1,115) did not receive this required annual assessment.
3. The three services most often provided were IL needs assessment (47.1%, n = 788), academic support (46.6%, n = 780), and budget/fiscal management (35.5%, n = 510)

VDSS used the data about the IL needs assessment to develop strategies that would increase the number of youth receiving the IL needs assessment. VDSS offered training and technical assistance on IL needs assessment to LDSS. This support helped to increase the number of eligible youth who received the assessment. Additionally, Foster Care guidance has been revised to emphasize the importance of basing the youth's transition plan on an annual IL needs assessment.

For FY 2017, ILP staff will continue to collaborate with VDSS Office of Research and Planning, and other internal and external partners to analyze the NYTD data and provide research briefs to share with youth, LDSS, and other stakeholders. NYTD data has been shared with LDSS, youth, Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH), and other stakeholders.

In addition, the two statewide youth conferences coordinated by Project LIFE in FY 2016, provided a session on NYTD. A NYTD subcommittee was formed which comprised of youth in the youth network and other adults interested in NYTD. The subcommittee developed a logo for Virginia's NYTD and is working on a NYTD brochure for youth.

**Fostering Connections to Success and Increasing Adoptions Act**

In accordance with options in the Fostering Connections Act of 2008, Virginia continues to develop or refine guidance addressing youth engagement, educational stability and attendance, health, transition planning for young adults aging out, and how VDSS and LDSS will support youth who are adopted after reaching 16 years of age. The Fostering Connections Act also promotes increased permanency and improved outcomes for children in the foster care system. For the fourth year in a row, the extension of foster care to 21option came before the 2016 General Assembly. Fortunately, the Governor and the General Assembly approved the extension of foster care services to age 21. This program named Fostering Futures, will go into effect in Virginia on July 1, 2016. It is expected to provide much needed support and assistance for participants as they transition into adulthood. VDSS is in the process of preparing foster care guidance, training, forms and tools to implement the Fostering Futures program.

For the past several years, Virginia has experienced 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 has 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 a transition plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning and other related services.

Over the next three years, VDSS and other key stakeholders will continue to work with youth to address topics concerning youth voice, strengths-based perspective, family/sibling visitations, permanency, social life, support in transitioning from foster care, emotional support, access to medication, and access to financial literacy resources.

**Credit Checks for Foster Youth**

The federal Child and Family Services Improvement and Innovation Act (CFSIIA) of 2011 and § 63.2-905.2 of the Code of Virginia require that annual credit checks be conducted on all youth age 16 and older in foster care. VDSS signed service agreements with the three Credit Reporting Agencies (CRA) (Equifax, TransUnion, Experian), and became the "head designate" with administrative rights to the systems which permits VDSS to run batch reports for youth in the custody of the LDSS. Once VDSS receives the credit reports, they are sent to the LDSS via intra-agency "pouch."

To establish a baseline, VDSS ran credit checks with the three CRA on 888 youth statewide, ages 16 and 17 during the summer of 2015. Most youth in the general population do not have credit reports because minor children do not have the legal capacity to sign a contract or apply for credit on their own. Among these youth, approximately 5% had activity on their credit report. VDSS shared these results with the appropriate LDSS to begin working with the affected youth to resolve their credit issues.

As of September 29, 2015, the Preventing Sex Trafficking and Strengthening Families Act of 2014 mandated free annual credit checks for foster youth beginning at age 14 and over. As of July 1, 2016, § 63.2-905.2 of the Code of Virginia will reflect age 14 instead of 16 as the age for mandated credit checks. The credit checks are to be conducted for each foster youth through the three nationwide CRA. When there is information on the credit report, the Preventing Sex Trafficking Act requires that states help youth interpret their reports, resolve credit problems that turn up on their credit reports, including negotiating debt incurred, and work with the credit bureaus to remove credit information from the youth's reports.

Effective October 1, 2015, VDSS began running credit checks in the month following the foster youth's birthday to identify cases of identity theft and misuse of personal information. The reports are provided to the LDSS which allows the local agencies to identify problems and provide assistance in correcting any identity theft or other fraudulent use of the youth's identity by others. A Credit Check Guidebook and Sample Letters of Dispute forms for use by LDSS were developed by the state IL staff and can be accessed on VDSS' internal website.

**Education and Training Vouchers (ETV) Program**

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 of up to $5,000 are available (based on availability of funds) per year, per eligible youth. VDSS continues to use the allotted federal ETV funds to support eligible youth across the state. Youth must have a high school diploma or GED to participate in the ETV program. 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 allocates ETV funds to the LDSS which are then 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.

Each year, the LDSS must complete an ETV Application and submit the number of eligible youth. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs within the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, resulting in the base amount per youth. The funding is then

allocated to the LDSS in accordance with the number of eligible youth they anticipate serving. LDSS applying for ETV funds must agree to the following special requirements:

- The LDSS will track and report on use of ETV funds separately from the Basic ILP allocation.
- The LDSS will use ETV funds to supplement and not supplant any other state or local funds previously expended for the same general purposes.
- The LDSS 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).

Youth in foster care with the guidance of their IL coordinators/workers 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. Youth are made aware of program services and eligibility guidelines through social workers, IL coordinators, life skills training and educational workshops, Project LIFE, and the Great Expectations Program.

For FY 2016, VDSS served approximately 240 youth which is significantly less than previous years. In addition, VDSS returned ETV funds to the federal government in the amount of $126,889. For FY 2017, State IL staff including the ETV Specialist developed a work plan and strategies to ensure ETV funds are expended and used for eligible youth (i.e., collaborate with the regional permanency consultants to bring awareness about the ETV Program to local supervisors and workers, develop marketing material, provide more training and technical assistance to LDSS, strengthen partnerships with key stakeholders, etc.). VDSS will continue to monitor quarterly reports submitted by LDSS to ensure there are no duplicated ETV awards and funds are used appropriately.

**Service Coordination**

In addition to coordinating the state's IL and ETV programs and managing the IL services provider contract, VDSS is involved in several educational initiatives such as supporting the Great Expectations Program and the Fostering Connections to Success Education Stability workgroup. These core initiatives help to strengthen the state's postsecondary education assistance program and promote academic achievement and educational stability. Virginia continues to support its partnership with the Great Expectations Program. This nonprofit organization is unique to Virginia and works strictly with foster youth attending community college. Great Expectations is primarily funded through donations and fund-raising efforts of the program which is now operating in 18 of Virginia's 23 community colleges. This program provides educational supports to foster youth and former foster youth that will help them earn an associates' degree, a vocational certificate, or a GED. These supports include: assistance in applying for college admission and financial aid; personalized counseling; career exploration and coaching; student and adult mentors; life skills training; individualized tutoring; internet base resource center (Greatexpectations.vccs.edu); and emergency and incentive funds for students.

A collaborative strategy which includes VDSS, LDSS, Project LIFE, Great Expectations, families, and children will help improve youth educational outcomes. VDSS representatives and Project LIFE staff serve on the Great Expectations advisory boards which help to inform other professionals about the ETV program and eligibility requirements for foster youth who are served at community college and youth with disabilities attending college. As a result, professionals, foster parents, and other stakeholders can assist youth in preparing for higher education so they can succeed throughout their educational journey. The ETV program has been strengthened by the Fostering Connections Act because it helps VDSS to facilitate discussions with LDSS about educational decisions that can potentially impact youth attending postsecondary education.

VDSS staff continued the partnership with the DOE, local school divisions, and other key stakeholders to collaboratively promote educational stability in the Commonwealth of Virginia. During FY 2016, VDSS conducted seven regional IL trainings that included educational stability for foster youth as a primary area of focus. Approximately 150 LDSS representatives attended these regional trainings. The IL Program Specialist also facilitated training on educational stability at the annual Project Hope conference sponsored by the Virginia State Coordinator for Project Hope Virginia to provide information about youth protected by the McKinney-Vento Homeless Assistance Act. The local educators and LDSS workers who participated in the conference learned how to assist young people in Virginia who are attending public school and are determined homeless under this federal act. Youth who are in foster care are afforded an opportunity under this Act to remain in their same school when they enter foster care or experience a placement change.

Effective January 1, 2014, foster care youth who had an open case and were receiving Virginia Medicaid at the age of 18, became eligible for Medicaid up to age 26. During FY 2016, VDSS continued to coordinate with DMAS and LDSS to implement provisions of the Affordable Care Act (ACA). Virginia's efforts to enroll former foster youth include mailing out letters, utilizing social media (intra-agency and public websites), and working with the state foster parents association. Also, VDSS is collaborating with key stakeholders (i.e., Project LIFE, Great Expectations) to develop strategies to reach eligible former foster care youth for Medicaid. All youth who turn 18 while in foster care are to be automatically evaluated for the Medicaid to 26 category by the LDSS eligibility staff and switched over to that category. These youth should then maintain their eligibility to age 26. There continue to be difficulties in reaching youth who previously aged out of foster care get them enrolled.

The Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH) was established to focus on youth homelessness in Virginia. The Partnership's overarching mission is to coordinate state resources more effectively in order to support stable housing, permanent connections, education or employment and social well-being of young people ages 14-24 that are homeless or at risk of being homeless.

Because former foster care youth are at particular risk of being homeless, this population is a special focus for the group, along with former clients of DJJ, and youth who experienced homelessness with their families as a Virginia public education student. Along with VDSS, this partnership is composed of several state agencies: Virginia Department of Housing and Community Development, DBHDS, DOE, Foundation of Community Colleges, CIP, OCS, Virginia Commonwealth University, community stakeholders (i.e., Virginia Poverty Law Center, Voices for Children, UMFS), and representatives from the Governor's office. For FY 2015, the Partnership developed an inventory of available housing programs, current strategies addressing homelessness, and potential funding sources. The partnership also identified issues, barriers, and recommendations for better serving Virginia's homeless and at-risk youth. This work resulted in the IPPEYH strategic plan for addressing youth homelessness over the next three years. For FY 2016, the group developed the plan including metrics which will assist in evaluating the success of the Partnership's efforts over time and cultivating of a relationship with a youth advocacy group to ensure that youth voice is incorporated into the work of the Partnership going forward. Also, four subcommittees were identified to address the goals and objectives of the strategic plan. They are:

1) Statutory & Regulations Framework;
2) Data;
3) Housing; and,
4) Quality of Services and Funding Streams.

Despite substantial declines in teen births in the United States, teen pregnancy continues to be an issue in Virginia. Many of the foster youth with babies face many challenges in regard to housing, school, employment and securing quality daycare. Some of the LDSS have partnered with the local health departments to provide workshops, information and programs on pregnancy prevention, sexually

transmitted diseases, healthy relationships, etc. For FY 2017, VDSS will explore with the Virginia Department of Health possible resources and programs to support the LDSS in working with this population.

VDSS will continue to work with LDSS, Project LIFE, and other stakeholders to ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities. Also, staff will continue to work with the state Adult Services Program to develop a statewide protocol for foster youth with disabilities transitioning out of foster care.

For FY 2017, VDSS will be working with the Capacity Building Center for States on enhancing processes related to older youth engagement.

**Independent Living Collaborations:**
**Project LIFE**: Project LIFE is a private/public 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).

**Community College Tuition Grant:** The 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 to 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.

**Virginia Workforce Investment Act Youth Services Programs:** Local programs and career centers provide transitional services related 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 for Aging and Rehabilitative Services; DBHDS; Virginia Community College System; Virginia Department of Correctional Education; State Council of Higher Education for Virginia; VDSS; Virginia Department for the Blind and Vision Impaired; DJJ; Centers for Independent Living; Social Security Administration; Virginia Board for People with Disabilities; VDH; 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.

**Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH):** Representatives from various state and local agencies collaborating to address the needs of youth who are at extreme risk of becoming homeless.

**Job Corps:** Funded by Congress for the first time in 1964 and it is presently the nation's largest career technical program. Youth in the Job Corps receive housing, medical treatment, and career planning to help them sustain in the program and earn a family sustaining wage.

**Continuous Quality Improvement (CQI)**
NTYD IL services are required to be part of a planned program of service to youth that meets their assessed needs for permanency and development of life skills. LDSS workers documented IL services provided to youth age 14 and older in OASIS. Virginia's goals are to: collect and manage NYTD data for reporting accurate data consistent with the requirements specified in the federal NYTD regulation; and to utilize strategies that prove effective in evaluating data collection and reporting. In coordination with youth, LDSS, and internal and external partners, VDSS will continue to improve collecting and reporting processes, analyze the data, look at trends, and make changes to guidance and policy to improve services statewide for youth in and transitioning out of foster care. ILP staff will focus on improving the process for providing feedback to stakeholders and decision-makers on NYTD data. For FY 2016, Virginia was able to get NYTD reports into SafeMeasures® (data pulled from OASIS) so LDSS and VDSS could review this data regularly to improve services and performance outcomes.

**ILP Improvement Efforts**
For 2016 to 2019, VDSS' goal is to increase the full array of IL services and resources available to youth through implementing strategies to promote permanency and self-sufficiency. Virginia will continue to improve services provided to youth by enhancing and increasing linkages, coordination, and collaborations among the different local and state agencies, organizations, and private providers. Such linkages will allow for effective and efficient planning around use of funds, development of shared policies across child-serving agencies, and increased knowledge across systems regarding available services. Specifically, VDSS will:

1) Work with the Center for States on enhancing processes related to older youth engagement;
2) Continue to work with Project LIFE to engage youth and develop youth networks;
3) Collaborate with VDSS Office of Research and Planning and other internal and external partners to analyze the NYTD data, provide research briefs and develop strategies to improve services to youth;
4) Engage and involve youth in service planning, committees, workgroups, policy and legislation that impact them;
5) Provide TA to LDSS on permanency for older youth, youth engagement and other promising practices and resources that promote permanency and self- sufficiency;
6) Work with regional teams to provide Permanency Roundtables to LDSS to enhance staff capacity and identify/address systemic barriers in working with this population; and,
7) Continue to implement the credit check mandate statewide and provide guidance to LDSS on addressing credit report discrepancies.

**Training**
During FY 2016, VDSS and DOE trained over 150 staff members from LDSS and local school divisions. The four trainings focused on the Fostering Connections Act-Education Stability, best interest determination, and the immediate enrollment process and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. These trainings also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth.

For FY 2016, VDSS provided seven regional trainings on the ILP and services, ETV Program, and NYTD, Credit Checks and Educational Stability for youth in care to over 200 local departments of social services (LDSS) workers. Chafee funds were used for these trainings. Project LIFE (public/private partnership with VDSS) provided training, coaching, informational presentations/technical assistance (TA) on IL services, ETV, NYTD, Permanency, Casey Life Skills Assessment (CLSA), and Transition Plans to a total of 1073 LDSS workers, private service providers and stakeholders.

For FY 2017 through 2019, the state ILP staff in collaboration with other key stakeholders will continue to offer trainings and TA on the following topics:

- ILP federal and state requirements, guidance and IL services;
- IL assessment and transition plans;
- NYTD;
- ETV Program requirements;
- Fostering Connections-Educational Stability;
- OASIS documentation for IL services;
- Permanency/ "Unpacking the NO to Permanency for Older Adolescents";
- Youth Engagement/Involvement;
- Credit Checks; and,
- Transition Planning.

For FY 2017, VDSS in partnership with stakeholders on local, state and federal levels, will continue to offer training/TA and support on the above mentioned topics.

**4. Adoption Program**

LDSS provide direct adoption services to children in their custody with the permanency goal of adoption. The VDSS Adoption Unit is responsible for developing adoption policy and guidance and managing the Adoption Resource Exchange, special initiatives, adoption finalizations, and the adoption disclosure processes. Virginia's special initiatives are designed and implemented in order to assist LDSS to ensure that children achieve permanency through adoption.

The following chart shows Virginia's adoption initiatives and funding for these initiatives in SFY 2015.

| **Adoption Activity SFY 2015** | **Funding Source** | **Allocation & Services** |
|---|---|---|
| Adoption Support | SSBG State General Funds | $1,125,099 Post Adoption Legal System |
| One Church, One Child | SSBG State General Funds<br>Adoption Incentive Funds | $245,312 Recruitment |
| Adoption Services | title IV-B, Subpart 2 and State General Funds | $1,940,083 Adoption Services Performance Based Contracts for Finalized Adoptions |
| Adoption Assistance | title IV-E and State General Funds | $80,370,952 - title IV-E<br>$34,614,344 - State |

***Adoption Initiatives***

**Adoption Assistance Program**: Virginia's adoption assistance program provides subsidies on behalf of children who are either eligible for title IV-E or state-supported assistance. Virginia may also provide non-recurring and special service payments for eligible children with special needs. In addition, Medicaid may be provided to assist in meeting a child's medical needs.

**Number of Children Served** during SFY 2015:

- A total of 7568 children per month received Adoption Assistance;
- 5951 children received title IV-E Adoption Assistance;
- Total allocation for title IV-E Adoption Assistance was $80,370,952;
- 1617 children received State Adoption Assistance;
- Total allocation for State Adoption Assistance was $34,774,376; and,
- The local departments of social services provided for a total of 561 adoptions in federal fiscal year 2015.

**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 maintains an Internet website featuring photographs and narrative descriptions of waiting children at http://www.dss.virginia.gov/family/ap/children_for_adoption.html. AREVA supports the efforts of AdoptUSKids on a national level and works with LDSS to have Heart Galleries in each of the five regions of the Commonwealth. Heart Galleries have been very effective in recruiting families for waiting children.

The AREVA Coordinator works collaboratively with LDSS and private child placing agencies during November of each year to promote Adoption Day Celebrations on the third Saturday and other adoption celebratory events throughout the month. For SFY 2015, the AREVA Coordinator was a key participant in the planning of the Connecting Hearts initiated November Adoption Summit for professionals. The coordinator assisted with the identification of youth who were featured in the "30 Kids in 30 Days" partnership with the local Richmond CBS television station. Children available for adoption were featured daily and information was shared about foster-to-adopt.

Governor Terry McAuliffe signed and issued a proclamation declaring November Adoption Awareness Month. As a result of activities launched, DFS became aware of the many ways that families are contacting VDSS about their interest in adopting. The families' interest is commonly spurred by the children's photographs displayed on the website for AdoptUSKids. Some families have home studies and maybe in the state of Virginia or outside the state. Many families have not started the process but would like to adopt and need information about how to begin the process. DFS increased resources by adding two contract workers to help respond to these families. The Division's goal is to respond in a timely manner to the initial inquiries with a follow-up in 30 days. Listed below is a report on the number of inquiries coming to the DSS adoption inquiries email box.

| **Adoptioninquiries@dss.virginia.gov** | | | | |
|---|---|---|---|---|
| December 2015 – February 2016 | | | February 2016 | |
| Total Inquiries | 1074 | | Total Inquiries | 315 |
| Completed Follow-ups | 1024 | | Completed Follow-ups | 314 |
| Missing Follow-ups | 50 | | Missing Follow-ups | 1 |

Additionally, in May 2016, a third contractor was hired to support the AREVA Specialist to manage the deferment cases and the photo listing. The goal is to increase the number of youth who are photo listed in AREVA.

**Current (05-03-2016) AREVA Data:**

| | |
|---|---|
| Children w/Goal of Adoption, w/TPR | 1,724 |
| AREVA Listed with Photo Listed | 262 |
| AREVA Listed No Photo | 1,462 |

[*Source: Safe Measures*]

Extreme Recruitment®

The contract for Child Specific Recruitment using the Extreme Recruitment model began on September 1, 2015. The purpose of the contract is to conduct Extreme Recruitment for youth with termination of parental rights and have been waiting the longest for an adoptive family. The contracts were awarded to C2Adopt (formerly Coordinators2, Inc.), United Methodist Family Services (UMFS) Tidewater office, and UMFS Northern Virginia office. C2Adopt serves the Central Region. UMFS Tidewater office serves Eastern Region and UMFS Northern Virginia office serves the Northern Region. Although there were no proposals submitted for the Western Region, with the interest expressed by LDSS in that region and the persistent efforts of the regional Family and Permanency Consultants, a Memorandum of Agreement (MOA) was executed with Radford Department of Social Services and the City of Radford effective March 1, 2016 through June 30, 2017. The Radford MOA includes partnerships with three other Western Region LDSS county agencies: Montgomery, Floyd and Giles.

The objective of Extreme Recruitment® is to reconnect 90% of youth served with a safe and appropriate adult from their past.

| | |
|---|---|
| Lesson Learned from Previous Contract | The Extreme Recruitment model has its own stated outcome measures which are Reconnections and Adoption Matches. It ends with the Roadmap to Permanency, but it does not include the finalization of an adoption. It is the responsibility of the custodial agency to complete the finalization. |
| Course Correction in New Contract | The new RFP has an optional renewal clause. This gives a longer potential window to monitor the Extreme Recruitment cases and will give a longer time to evaluate finalized adoption outcomes. |
| Measureable Progress | Contractors are required to collaborate with the youth's custodial agency to document in the official case plan how the reconnections (Extreme Recruitment goal) of the key responsible reconnected adults will be a part of the youth's Transitional Living Plan. |

Post Adoption Services

The new Post Adoption Services contracts began on July 1, 2015. The purpose of the contracts are to provide innovative post adoption services and support to adoptive families. These services provided are designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and, in particular, adoption dissolutions (after legal finalization). Underserved areas in Virginia and unmet post adoption services were given greater consideration. Contracts were awarded to the Center for Adoption Support and Education (C.A.S.E.), DePaul Community Resources and Frontier Health. Collectively the three contractors serve the Eastern and Piedmont Regions and seven localities in the Western Region.

| | |
|---|---|
| Measureable Progress From previous contract | From two contracts (in the first RFP) to fill service gaps (Western and Piedmont) to three contracts (in the new RFP) to fill service gaps (Western, Piedmont and Eastern) |

| | |
|---|---|
| (2013-June, 2015) | |
| C.A.S.E. Piedmont | The C.A.S.E. contract outcomes that involve training clinicians and professionals to be adoption competent exceeded goals. The goal was to train 16 mental health clinicians and 24 were trained. The curriculum used was TAC (Training for Adoption Competency). The Consortium therapists provided adoption competent services to 25 families with another 180 adoptive families receiving adoption competent clinical services from the students/clinicians that successfully completed the TAC course. The C.A.S.E. services under this contract are evaluated by PolicyWorks, Ltd, a program evaluation and policy research firm based in the Richmond area. They have extensive experience in external evaluation of a wide range of child welfare-related programs and services. Following are the initial results from the client satisfaction surveys that were administered by PolicyWorks:<br><br>• 83% of families that responded reported that they were very satisfied with their treatment.<br>• 100% of the families that responded agreed that their therapist had an in-depth understanding of the many issues associated with being an adoptive family.<br>• 100% strongly agreed that they have a better understanding of how early trauma can affect behavior and relationships years later in life.<br>• "Our experience has been wonderful. The therapist is very easy to talk to and understands the numerous issues of adoption."<br>• "Since beginning therapy, my child has been able to ask us questions about his birth family for the first time, and has been working through the grief of loss."<br>• "We are very happy with our therapist. She has really helped us to start our family off on the right foot. She helps us to understand our daughter and why she acts and feels the way that she does." |
| Frontier Health Western | The Frontier Health contract outcome was to increase the number of adoption-competent professional and mental health providers and to provide services to families who may not know about post adoption services. The Post Adoption Forum staff were trained and provided training using the Circle of Security curriculum. Active supervision and follow up training in Circle of Security is ongoing. The Frontier Health contract is a partnership with Planning District One Behavioral Health Services.<br><br>A point in time view of services provided by Frontier Health to families was the following: Number served, 92. Of the number served, the presenting problems were: Attachment Disorders (22); Behavioral Problems (30); and Post-Traumatic Stress/Trauma (40). The types of services provided to these clients were: Psychiatric, Evaluation/Medications, Psychological Evaluation, Individual and Family Therapy, and Targeted Case Management. |

Recruitment & Market Segmentation

At the request of VDSS, the National Resource Center (NRC) for Diligent Recruitment provided technical assistance on Market Segmentation. The NRC, in partnership with VDSS, used the ESRI Business Analyst software to identify segments of the population that are likely to be prospective foster and adoptive parents and the marketing characteristics associated with these groups. This profile helps to determine where to recruit and how to develop marketing materials. For the period October 1, 2013 – June 30, 2015, Bethany Christian Services was the contractor. Through June 30, 2015 (21 months), a total of 1,519 foster care adoption inquiries were tracked by the contractor. The monthly report specific to June provides the following details: The majority of the inquiries came from the Eastern region with

29%. The least number continues to be the Western region with 3%. Of the number of inquiries, 66% requested basic information about adoption and 22% requested process information. The primary resources of media inquiries were from were Radio with 39% and the Internet with 22%. The combined numbers of those clients who made contact with a child placing agency and/or started training with an agency was 8%. A new contract was awarded to the M Network in October 2016. This contract ended and DFS is working in collaboration with the VDSS Division of Public Affairs to develop a strategic campaign with a pilot of LDSS to increase foster care awareness and utilize recruitment strategies to increase the number of foster and adoptive parents.

Change Who Waits (CWW)

The CWW contract with VDSS is intended to increase the visibility of children waiting to be adopted. The CWW website can be found at http://changewhowaits.org. The website has video clips of waiting children. CWW demonstrated amazing capacity to engage professional videographers to produce the videos for the children. During a video shoot, these volunteers are well-prepared and sensitive to the nature of the child "stars". The design of the website is engaging since it has a constant movement that gives the pictures energy.

CWW is a no cost contract and the funding source is the contractor and a network of community faith-based contributors. CWW works independently but, also, frequently works in partnership with Virginia One Church One Child (OCOC). With the work of CWW and OCOC, the recruitment effort is broadly focused to include outreach to more culturally diverse churches and community groups.

Connecting Hearts Charity

Debbie Johnson, CEO of Care Advantage, Inc. and appointed by Governor McAuliffe in 2014 as Virginia's Adoption Champion, established the Connecting Hearts Charity. The charity collaborates with VDSS, LDSS, and private licensed child placing agencies across the state of Virginia. The purpose of the charity is to ensure every child has the opportunity for a loving home. Connecting Hearts Charity enhances public understanding and creates positive attitudes about adoption and foster care. Goals of the Connecting Hearts Charity include:

- To increase education, awareness and advocacy for adoption and foster care.
- To educate the public as to the positive values of adoption and foster care.
- To provide educational programs that will strengthen area adoption and foster care non-profits.
- To find affordable ways for adoptions to happen and lessen the financial burden to families.
- To facilitate connections between organizations and VDSS by lobbying General Assembly.
- To execute an annual conference to include all related agencies and Virginia's Adoption Champion.
- To offer continuous communication; including e-mails, monthly newsletter etc.; and,
- To create community events with awareness and fundraising components.

Highlights of Connecting Hearts Events for 2015 include:

- Awareness campaign around Foster-to-Adopt with Einstein's Brothers Bagels;
- Golf Event – included business and community leaders and youth for adoption awareness;
- Pumpkin Palooza – educational materials available to the 7,000 attendees;
- 30 Kids in 30 Days – a partnership with local CBS Channel 6 affiliate to use media to highlight available children;
- Summit for Professionals- to enhance collaboration and efforts to ensure every child has a forever home. Approximately 125 child welfare staff were in attendance at the event; and,
- Photo Shoots for waiting children to display at recruitment venues and websites.

One Church One Child (OCOC)

The purpose of the OCOC contract is to provide a specialized program of recruitment services aimed at identifying adoptive families within congregations with an outcome of more families applying for adoption. This work is conducted among churches of diverse religious persuasions and community organizations within the African-American community. OCOC has been a contract provider for recruitment since the early 1990s. The current contract began July, 2013; year-one ending June 30, 2014. The agreement has the option for four successive one-year renewals. For the SFY 2015, the following contract services were provided by OCOC:

*Children Served*

- OCOC served 60 children.
- Forty of the children were featured in the Heart Gallery.
- Conducted 115 targeted child specific recruitment activities for the year. Recruitment activities included presentations before church congregations, and community groups; Calling Out Ceremonies during November, Adoption Awareness Month; displays and literature distribution at church and community festivals, Comcast Cablevision broadcasts; and presentations for specific children at information sessions and church conventions.

*Families Served*

- Held 23 Information Sessions. Information sessions discussed who are the waiting children, the adoption process in Virginia, what is adoption; and what is Foster-to-Adopt, etc.
- Referred 64 families to LDSS.

*Collaborations*

- VDSS and CRAFFT partnered for a Mini Match Retreat on May 4, 2015 in Warrenton. The Retreat featured presentations of both waiting children and approved families. It also featured a training session for workers on "Lasting Impressions" presented by the VDSS AREVA Coordinator and the OCOC Recruitment Specialist. Thirteen LDSS participated.
- Hampton DSS PRIDE Training Culmination, May 26, 2015 – OCOC presented waiting children and facilitated a conversation on Characteristics of Successful Adoptive Families.
- Connecting Hearts and Change Who Waits – OCOC hosted planning meetings for events to assist the AREVA Coordinator in getting updated photographs of waiting children.

*Outputs*

- Recruitment Events 115
- Heart Gallery Set Ups 77
- AdoptUSKids Responses 603
- Adoption Inquiries 213
- Information Sessions 23
- Families Referred 64

**Adoption Family Preservation Services**

Beginning in 1994, the Virginia Adoptive Family Preservation program has been providing services to adoptive families. The contractor for AFP is United Methodist Family Services (UMFS). The AFP service delivery model is a public-private collaboration between nine sites serving all regions of Virginia: Center for Adoption Support and Education (C.A.S.E.), C2Adopt (formerly Coordinators2, Inc.), DePaul Community Resources, UMFS/Charlottesville, UMFS/NOVA (Northern Virginia), UMFS/Lynchburg, UMFS/South Central, UMFS/Tidewater, UMFS/Clinical Services.

For SFY 2015, unduplicated counts of 312 families were served through AFP services. The unduplicated count of families served includes those families for whom a formal case record was opened. In addition to the 312 families who had a formal case record opened, AFP staff responded to a total of 452 service inquiries. The total number of hours of service provided including clinical services and information/referral services, totaled 8,693.75 hours. Families who received services such as attending Parent Support Groups, participate in trainings and educational opportunities, or receive information and referral services, but do not have a formal case record opened for their families are not included in the total number of families served.

Families served through AFP services can receive multiple services throughout their time in care. In SFY 2015, services included 4,541.5 hours of case management, 1,365.25 hours of Supportive Counseling, 989.25 hours of Therapeutic Service, 1,105.5 hours of Support Group services, 135.5 hours of training, and 139.25 hours of Crisis Intervention. [This information was excerpted from the UMFS Virginia's Adoptive Family Preservation Program, 2014-2015 Evaluation Report]

**CHART OF ADOPTION PRESERVATION SERVICES**
**AFP Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served – April 2016**

**Families with International Adoptions:**

- No disruptions/dissolutions since 4/1/2011

| **Five-year profile** | | **One-year profile** | |
|---|---|---|---|
| Families with international adoptions served since 4/1/11 | | Families with international adoptions served since 4/1/15 | |
| Total families:129 (unduplicated counts)<br>Total children: 191 | | Total families: 77 (unduplicated counts)<br>Total children: 104 | |
| Breakout of all cases closed: | | Breakout of all cases closed | |
| **Reason for Case Closure** | **Count** | **Reason for Case Closure** | **Count** |
| Disruption/Dissolution | 0 | Disruption/Dissolution | 0 |
| Child out of home (no dissolution) | 7 | Child out of home (no dissolution) | 0 |
| Family moved | 2 | Family moved | 0 |
| No longer need services | 25 | No longer need services | 16 |
| No contact for 60 days | 12 | No contact for 60 days | 4 |
| | 59 | | 0 |

All Families Served:

- In past 5 years (since 4/11), 2 disruptions/dissolutions.
- In past 1 year (4/1/15through 3/31/16), 0 disruptions.

| **Five-year profile** | | **One-year profile** | |
|---|---|---|---|
| All families served since 4/1/11 | | All families served since 4/1/15 | |
| Total served: 536 (unduplicated count) | | Total served:326 (unduplicated count | |
| ▪ Total 2 families whose cases were closed due to dissolution/disruption | | ▪ Total 0 families whose cases were closed due to dissolution/disruption | |
| - 2 Foster Parent Adoptions | | | |
| | | | |
| Breakout of all cases closed: | | Breakout of all cases closed | |
| **Reason for Case Closure** | **Count** | **Reason for Case Closure** | **Count** |
| Disruption/Dissolution | 2 | Disruption/Dissolution | 0 |
| Child out of home (no | 19 | Child out of home (no | 5 |

| Five-year profile | | One-year profile | |
|---|---|---|---|
| dissolution) | | dissolution) | |
| Family moved | 14 | Family moved | 5 |
| No longer need services | 88 | No longer need services | 59 |
| No contact for 60 days | 85 | No contact for 60 days | 32 |
| **Total** | 221 | **Total** | 2 |

Of the total 252 adoptive families served during the third quarter, 71 have adopted internationally. These 71 families represent 28.17% of total families served in this quarter. In the 71 families, there are 90 children adopted internationally.

For SFY15, there were 79 unduplicated families, with106 children who were adopted internationally. This represented 25.32% of the total number of families served in AFP.

**Adoption Incentive Funds**

In SFY 2015, VDSS received Adoption Incentive Awards in the amount of $323,965. Some of the funds were utilized to support faith-based adoptive parent recruitment events, adoption services contractors "Adoption Through Collaborative Partnerships" which was re-issued in 2015, the Virginia Adopts Initiative for adoption recruitment services, adoption post-legal services, and adoption disclosure activities.

In addition during SFY 2015, VDSS provided an opportunity for LDSS to apply for adoption incentive funds. Each locality submitted an itemized proposal to include one or more of the following criteria: purchase of training materials for adoptive families and prospective adoptive families, such as books, videos; support Adoption Month activities, such as celebrations of finalized adoptions; purchase of services toward a credentialed speaker who specializes in post adoption services and creation of a post adoption support group for adoptees or adoptive parents. Over 25 localities applied and were awarded funding per approved proposals. Expenditures also include adoption training for staff and families, cost for background checks for home assessments, and travel for meetings with prospective families.

Virginia plans to utilize any future Adoption and Legal Guardianship Incentive funds in the coming fiscal year to support adoption services for families statewide. VDSS DFS and Finance collaborated to review cases and calculate any title IV-E adoption savings. As a result of the project, approximately $1.4 million was calculated as adoption savings. VDSS plans to spend the funds by providing services to eliminate barriers in achieving permanency through adoption for foster care youth. One major barrier in achieving permanency is the completion of home studies for prospective foster and adoptive families which is required for a foster care or an adoption placement. The plan is to hire a minimum of four contractors per region to assist the LDSS by completing the foster care and adoption home study process, which includes, written reports and home visits. The contractors will report to contract supervisors. The staff, including two supervisors will be hired as waged employees. This plan will be evaluated with a redetermination after two years. Job descriptions will be developed with an implementation date of July 1, 2016. In addition, at least 30% of the savings will be spent on post-adoption services as required by P.L. 113-183 modified section 473(a) (8) of the Act effective October 1, 2014. The lack of post-adoption services across the Commonwealth has been a barrier to adoption. Contractual services will be provided to adoptive families and adoption professionals such as educational resources, clinical services and support to ensure permanency for adoptive youth and families. The plan is to continuously build effective pre and post-adoption services for the families in Virginia.

Additional contracts will provide a broad range of post adoption services designed to meet the needs of adoptive families to include parent education and training, support for families, adoption competent training for mental health professionals to assist adoptive families in the community, and direct services such as therapy and counseling. Other plans include providing subject matter experts through workshops and trainings for both public and private community partners and current and prospective families about post adoption services. A new public microsite is in development which will be used to increase awareness and provide detailed information on foster care and adoption to the public.

**Other Services**

In addition to adoption services for children in foster care, VDSS provides services to persons 18 years of age and older to obtain information from closed adoption records. 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.

**Assessment of Strengths and Gaps in Services**

The Adoption Program utilizes a variety of resources to assist the LDSS to achieve permanency via adoptions. Adoptions through Collaborative Partnerships, Virginia Adopts Initiative, and the various stakeholder partnerships between VDSS, contractors and LDSS increased the use of resources, reformed practice and increased the number of foster care youth in finalized adoptions over the past five years.

In SFY 2013, the Governor's budget included language directing the Department to negotiate all adoption assistance agreements with both existing and prospective adoptive parents as a means of providing consistency, objectivity and neutrality in determining adoption assistance across the state for adoptive youth and families. Five negotiators were hired, one per region. Adoption Negotiators conducted research on other states to assess adoption negotiation processes. Tennessee was reviewed because they have a similar adoption negotiation process. The DFS adoption negotiation process and forms were developed in collaboration with the Adoption Negotiators, Adoption Program Manager and the Sr. Adoption Policy Consultant. The process was implemented in three phases with full implementation effective July 1, 2015. Over 250 adoption assistance agreements have been negotiated or modified since the implementation of the program. There are areas of improvement needed with the process, per feedback from the LDSS.

VDSS is collaborating with the Center for States, Capacity Building, to facilitate peer-to-peer technical assistance from other states that have a similar models negotiating adoption assistance. The Center for States is coordinating with Tennessee and Michigan for peer-to-peer technical assistance sessions. Additional areas of possible TA, include monitoring of gaps in services, implementation of quality reviews for adoption cases, management by data support, and guidance revision to sustain changes in practice inclusive of adoption services, adoption reports, and post adoption.

The Adoption Unit is coordinating with the Division's Continuous Quality Improvement Program Manager to review the efficiency and effectiveness of the unit that will support the mission of the division by enhancing the quality of services and improve expected outcomes for children and families. This work began March 2016.

VDSS needs to identify a data system to support the monitoring of open and post adoption cases. The Quality Assurance and Accountability Unit conduct monthly CFSR reviews. Per the VDSS data elements and monthly reviews, Virginia is not meeting the goal of permanency through timely adoptions. In addition, the qualitative reviews also show disparities in the work. This information is shared via reports and will be assessed by the CQI Program Manager and the Special Projects Manager. Information will be disseminated to help inform and improve current practice and guidance. The Division is seeking to

replace the current information system because OASIS, does not currently have all the necessary data elements to assist in data management. SafeMeasures® does not include data from cases that are restricted. The Adoption Unit consulted with General Services to address concerns with the microfiche that preserve adoption records. It appears that the cost to preserve the aging microfiche may not be cost effective and a proposal is needed to address modernizing case management of closed adoption records along with ICPC records. The adoption records are currently kept on microfiche and retrieved by a microfiche reader.

**Continuous Quality Improvement (CQI)**

CQI in the Adoption Program involves being able to identify, gather, describe and analyze data on strengths and gaps in services for the purpose of achieving permanency for children and better outcomes for Virginia families. This information is then used to inform policy and practice. Adoption utilizes several processes for this purpose. VDSS recognizes the need to expand and strengthen this area in the Adoption Program.

**SafeMeasures®:** SafeMeasures® is instrumental in providing valuable data to VDSS and LDSS. While there are limited reports available in SafeMeasures® due to confidentiality restrictions for post adoptions, there are some reports that help provide analysis. There are currently no specific reports that identify timeliness of adoption directly related to availability of AREVA. Adoption reports used are:

- Termination of parental rights status; and,
- Adoption Goal Change.

**Feedback to Stakeholders:**

**Permanency Advisory Committee:** 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. PAC strives to achieve a more comprehensive and effective service delivery system for children and families that is family-focused and culturally relevant. It helps align policies, guidance, and practice to promote a seamless continuum, improve coordination and integration, and provide consistency across child welfare programs, collaborating with Prevention, Child Protective Services, and Resource Families when needed.

**CIP Adoption Workgroup:** CIP reviewed Virginia Code requirements for processing and finalizing adoptions and collected documentation. This information was used to begin the development of a technical assistance document identifying best practices for improving finalization of adoptions

**Adoption Collaborations**

**AdoptUSKids**: Virginia collaborates with the national adoption network to provide national photo listings 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 others 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 the AdoptUSKids network which is funded by a Federal grant

through the CB, 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 non-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 VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.

**Change Who Waits (CWW):** 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.

**Court Improvement Plan (CIP):** This program focuses upon improving the ability of the court system to manage and resolve cases of child abuse, neglect, foster care, and adoption. Additional responsibilities include support for all levels of courts in complying with state and federal laws and policies governing permanency planning for dependent children and their families who are before the courts.

**NewFound Families**: 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.

**Fathers Support & Engagement Initiative (FSEI):** This workgroup helps develop the Fathers Support & Engagement Plan. The plan includes policies to serve both parents as a family unit and strategies to increase noncustodial parents' financial and emotional involvement with their children. FSEI also helps identify and promote the current fatherhood programs and services in the VDSS regions.

**Local Government Attorneys' Association (LGA) Children Dependency Committee:** The LGA is an association of local government attorneys. It collaborates with the VDSS Adoption Programs by providing feedback on proposed legislation and state policy issues. Attorneys also serve on legislative study committees and other steering committees. VDSS provides resources to LGA to train on child welfare activities.

**Tidewater Inter-Agency (TIA)**: This group of public and private licensed child-placing agencies formed to discuss and advocate for improved adoption services and practice. VDSS collaborates with TIA to improve adoption practice and receive input in developing guidance regarding adoption.

**Virginia Association of Licensed Child-Placing Agencies:** This association of licensed child-placing agencies promotes policies, programs, and procedures throughout the Commonwealth of Virginia.

**Virginia One Church, One Child Program (OCOC):** This program is part of Virginia's campaign to recruit families to adopt waiting African-American children. The VDSS is a primary funder of the program.

**Virginia Poverty Law Center (VPLC):** This non-profit organization concentrates in the areas of law that affect low-income families and children. The VPLC provides input on proposed legislation, participates on committees concerning adoption issues, and assists with legal training for attorneys who work for children in foster care.

**Voices For Virginia's Children:** This statewide, privately funded, non-partisan awareness and advocacy organization builds support for practical public policies to improve the lives of children.

**Virginia Department of Education (DOE):** DOE assists individuals who have been adopted to meet their educational needs and coordinates services and assistance for individuals who have adoption assistance agreements.

**Virginia Department of Health (VDH)**: VDH provides access to health care programs and providers and maintains records of birth certificates and acknowledgements of paternity. It assists individuals who were adopted or seeking to establish paternity.

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

**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. A program manager, a policy specialist, and five regional consultants comprise this unit. The overarching goal of the unit is to increase the quantity and quality of resource parents to be viable placement options for children in foster 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 departments regarding their home approval process and recruitment strategies. Quarterly meetings are held to provide updates related to Permanency and CPS practices. 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.

Efforts in developing recruitment strategies have continued throughout the five Virginia regions. Market Segmentation training was provided by the NRC for Diligent Recruitment to the Resource Family Consultants. The NRC began providing training to 13 local DSS agencies and three private agencies in the Western region. Technical assistance was provided to develop individual recruitment plans ensuring LDSS compliance with policy standards. From these efforts there were an increased number of foster homes and relative foster home approvals/placements through child specific recruitment. In the Central region, the Resource Family Consultant discussed recruitment practices using the Market Segmentation model to 26 LDSS. Resource Family Consultants in each region have conducted Resource Family Roundtables to discuss recruitment, development, and support of foster and adoptive families, as well as technical assistance specific to general and targeted recruitment. Technical assistance has also been provided during these roundtables to address specific issues related to in-service and pre-service training for foster and adoptive families, guidance, and guidance training.

Within recruitment, there are two key themes. They include 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, 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 a network of the communities from which our children are most often removed by investing in building strong foster and adoptive 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.

See also the *Foster and Adoptive Parent Diligent Recruitment Plan* (final attachment to this plan) for more information about the Resource Family Program's activities regarding recruitment.

In addition to recruitment efforts, the Resource Family Program manages Virginia's Respite Program for foster parents. The state makes $280,000 available to fund respite service, although the full amount is seldom used. The decrease in the number of children in foster care in Virginia has substantially reduced the need for respite services. Additionally, respite is understood to be a challenging experience, especially for those children who have the most fragile attachment skills. The Resource Family consultants ensure that LDSS are using respite services appropriately.

**Resource Family Collaborations**

**Consortium for Resource, Adoptive, and Foster Family Training (CRAFFT):** CRAFFT addresses development and support issues for foster and adoptive families. It is a collaborative venture between VDSS and Norfolk State University, Virginia Commonwealth University, and Radford University. Two staff 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 LDSS 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. A CRAFFT website which hosts regional resource parent training calendars (CRAFFT and LDSS events) and resource materials for resource parents has been developed at www.crafftva.org. Resources include publications and a website with a portion of the site set aside for staff only access allowing LDSS resource family trainers access to training materials. Currently, the resources are linked but the goal is to eventually have video and webinar-based training available.

**NewFound Families:** NewFound Families is supported with 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 foster and adoptive family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home." NewFound Families activities are based on contractual goals including maintaining a "Warm Line" for support of current and potential foster, adoptive, and kinship care providers. NewFound Families also holds events for foster and adoptive families which are intended to provide networking and supportive connections between resource parents and the children placed with them. Last summer, NewFound Families hosted "family camps" for resource parents and their children. 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.

**Assessment of Strengths and Gaps in Services**

**Strengths**
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 CLEAR to identify and locate potential relative resources for children at risk of or entering foster care. 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, resulting in a decrease in reliance on congregate care placements. 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 foster and adoptive family records to assist LDSS with approval standards compliance issues. This work has led to increased expertise and quality in the foster and adoptive family approval process at the LDSS level. Finally, the Resource Family consultants participate 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.

**Gaps**
Despite an increased focus and a variety of efforts to increase the use of kinship foster and adoptive family homes in Virginia, the percentage of children placed in relative foster homes has not substantially increased. Major obstacles in regard 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 foster and adoptive family data in OASIS continues to be problematic.

**Continuous Quality Improvement (CQI)**
The Resource Family consultants review monthly data reports that provide information regarding family-based placements and kinship placements during department visits and when assistance is requested. Active foster care reports are utilized to help LDSS develop targeted recruitment plans. The Consultants develop targeted strategies to assist the agencies that are below the national practice standards.

The foster and adoptive family data in OASIS contains many errors. LDSS often do not close families who are no longer taking children; foster and adoptive family addresses and phone numbers may not be current; and, approval status is not updated appropriately, etc. As a result, VDSS cannot definitively say how many foster and adoptive families there are in the state. No standardized contact information is available for each foster and adoptive 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. Data clean-up in OASIS of foster and adoptive family information will be a major undertaking this year.

## C. Additional Units with the Division of Family Services

### 1. Interstate Compact for 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.

Both the great variety of circumstances which makes interstate placements of children necessary and the types of protections needed, offer compelling reasons for a mechanism which regulates those placements thus ensuring the safety of children as they move across state lines. An interstate compact is one such mechanism. Virginia has codified the compact and abides by the associated regulations.

**Children Served**. As of May 1, 2016, Virginia has 1,771 open ICPC cases and 3,347 open Interstate Compact on Adoption and Medical Assistance (ICAMA) cases.

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

- Placement preliminary to an adoption;
- Placements into foster care, including foster homes, group homes, residential treatment facilities, and institutions;
- Placement with parents and relatives when a parent or relative is not making the placement; and,
- Placement of adjudicated delinquents in institutions in other states.

The compact does not include placements made in medical and mental facilities, in boarding schools, or in any institution primarily educational in character. It also does not include placements made by a parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or the child's non-agency guardian when leaving the child with any such relative in the receiving state.

**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 obtain information sufficient 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 or individual does not lose jurisdiction over the child once the child moves to the receiving state; and,
- Provides the sending agency the opportunity to obtain supervision 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 must retain 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 home state.

The sending agency's responsibility for the child continues until the interstate placement is legally terminated. Legal termination of an interstate placement may only occur when the child is returned to the home state, the child is legally adopted, the child reaches the age of majority or becomes self-supporting, or for other reasons with the prior concurrency of the receiving state Compact Administrator. The sending agency must notify the receiving state's Compact Administrator of any change in the child's status. Changes of status may include a termination of the interstate placement, a change in the placement of the child in the receiving state, or the completion of an approved transfer of legal custody.

**1. Virginia/Tennessee Border Agreement – Non-custodial Children**

The Virginia/Tennessee Border Agreement was implemented on February 1, 2010. The following Virginia agencies and courts are a part of the agreement: the counties of Buchanan, Dickenson, Russell, Tazewell, Scott, Smyth, Washington and Wise; and the cities of Bristol, Lee, and Norton. Also included are the Juvenile and Domestic Relations Court judges from Virginia Judicial Court Districts 28, 29, and 30. These courts cover the 11 local agencies that are covered under this agreement.

The purpose for the agreement is as follows: "If during a child protective services investigation or family assessment, a Tennessee Department of Children's Services or Virginia LDSS case manager assesses a child to be at risk of imminent harm, he/she shall take actions necessary to ensure the safety of the child. The case manager will consider the feasibility and practicality of a temporary family-based placement of the non-custodial child with a relative or person whom the child has a significant relationship with ("kin") who resides in the other state."

Since the beginning of the implementation, each state has tracked the numbers of children who were impacted by the Agreement and if the proposed placements were approved or denied. From May 1, 2015 to May 1, 2016 there were seven cases that used the Border Agreement. All seven cases were Virginia children going to Tennessee.

Virginia continued to monitor the effectiveness of the Border Agreement and determine whether or not it is a viable tool for the localities in Southwestern Virginia. There is a plan to review quarterly statistics to ensure a thorough investigation was completed and documentation was submitted for each case. Virginia continues to collaborate with Tennessee on the Border Agreement. There has been agency turnover in Virginia and a new director is now in Bristol, but the Agreement is still in effect. Virginia and Tennessee are currently meeting once a week via telephone conference. During these meetings, the committee discusses any needed revisions to the Border Agreement and they are planning a fall 2016 conference for all workers, many of whom are new to their agencies, judges and all interested parties.

On April 18, 2016, Virginia on boarded to the National Electronic Interstate Compact Enterprise (NEICE) system. The NEICE is a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by the ICPC. NEICE was launched in November 2013 as a pilot project with six states which are the District of Columbia, South Carolina, Florida, Wisconsin, Indiana and Nevada. NEICE significantly shortened the time it takes to place children across state lines, and saved participating states thousands of dollars in mailing and copying costs. To date, Virginia is rolling out the NEICE on an agency basis and there are currently six localities that are piloting the system. They are Fairfax County Department of Social Services, Harrisonburg/Rockingham Department of Social Services, Newport News Department of Social Services, Norfolk Department of Social Services, Virginia Beach Department of Social Services, and Wise County Department of Social Services.

**2. Prevention Services**

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; and,
f. Coordinate and collaborate with community partners to maximize prevention efforts.

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 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 that 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 practice in Virginia. 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 in 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.

While the work done and guidance developed regarding 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 are the least likely to achieve permanency. The development of model prevention programs to prevent these youth from entering care need to be developed. The goals of the Prevention Program over the next few years will largely focus on Foster Care Prevention in addition to Early Prevention. The Early Prevention Committee has been re-established as the Prevention Advisory Committee, which provides an ongoing opportunity for collaboration, feedback, and evaluation. A protocol for collecting client case counts for reasonable candidacy has been developed and a major training initiative is underway to improve quality of documentation and accurate reporting. A revised Prevention Manual will reflect a strength-based and trauma-informed family engagement approach that uses the protective factors as a framework. The guidance will also be reorganized into three dedicated sections Prevention: Overview of Prevention for Practice and Administration (introduction), Early Prevention, and Prevention of Foster Care. Funding needs are also being explored, including how to realign current funding sources and identify additional funding sources. Additional staff training needs are being identified.

**Prevention Collaborations**

**Prevention Advisory Committee:** VDSS remains committed to enhancing Prevention efforts around the state and convenes the Prevention Advisory Committee to provide an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The committee is co-chaired by representatives from Chesterfield-Colonial Heights DSS, Fairfax DFS, and Newport News DHS. The Prevention Advisory Committee meets on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of prevention, but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. There are also 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. LDSS staff and community partners 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 available funding.

**Trauma-Informed Community Network (TICN):** 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 LDSS:

- Facilitate the TICN and incorporation of new LDSS members;

- Conduct an organizational assessment, assist with implementation of the Trauma System Readiness Tool (TSRT), facilitate focus groups, and analyze TSRT and focus group data and develop a narrative report utilizing guidelines from Chadwick Rady Center;
- Develop a training series that follows the NCTSN Child Welfare Trauma Toolkit;
- Facilitate review of the subcommittee's TICN 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);
- Conduct monthly case consultation;
- Develop a model to be used by other LDSS in Virginia to become a Trauma-Informed Organization; and,
- Provide information and training to community partners on trauma-informed care.

**Trauma Informed Networks Task Force:** The Trauma Informed Networks Taskforce is a multi-disciplinary group comprised of children's services system stakeholders charged with emphasizing continuity of care and collaboration across children's service systems, engaging in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma, and promoting the routine screening of trauma exposure and related symptoms. The committee is currently comprised of representatives from the DBHDS, DSS, DCJS, DJJ, DOE, DMAS, Magellan of Virginia, OCS, CIP, and community partners.

**Assessment of Strengths and Gaps**

**Strengths**

In March 2014, the Prevention Advisory Committee was convened to establish an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The committee is co-chaired by representatives from Chesterfield-Colonial Heights DSS, Charlottesville DSS, Fairfax DFS, and Newport News DHS. The Prevention Advisory Committee meets on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of Prevention but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. The committee is now focused on the development of three individual workgroups that will be devoted to Prevention guidance revisions. It has been proposed that the existing Prevention guidance (Chapter B of the Child and Family Service Manual) be reorganized into three sections and each workgroup will be dedicated to one of the identified sections. The proposed sections are Prevention: Overview of Prevention for Practice and Administration (introduction); Early Prevention; and Prevention of Foster Care.

In 2014, significant training efforts were embarked upon to promote clear and consistent evaluative practice and documentation of Reasonable Candidacy for Foster Care. Several training opportunities were made available to LDSS staff, including five regional trainings conducted in March 2014, two Webinar sessions held April 2014, and the development of a new eLearning training course that is available in the Knowledge Center to facilitate the provision of further training. To ensure that LDSS are supported in the collection of data to support title IV-E administrative funding for LDSS prevention activities, additional efforts were initiated to incorporate the reporting of Reasonable Candidacy in OASIS. Specifically, a new client screen and client count reports were recently developed to ensure adequate supporting documentation is maintained in OASIS and to ensure the collection of accurate and reliable client counts to meet federal reporting requirements.

The Prevention Program continues to support the Trauma Informed Community Network (TICN) with representation from the Prevention Program and solicitation of feedback from LDSS staff and community partners on efforts to develop trauma informed practice across child-serving systems. In 2014 and 2015, the TICN had many accomplishments, including the following: dispatch of monthly eNotes that contain updates about the TICN (such as training opportunities, job announcements, etc.) and the inclusion of trauma specific resources and research; facilitated focus groups for front line workers, child welfare supervisors, and resource families for Henrico County DSS; formed a TICN Richmond Committee; co-sponsored a community screening of the educational documentary Paper Tigers; developed a TICN webpage; assisted with the needs assessment process for the Vision 21: Linking Systems of Care demonstration project; supported the development of Trauma-Informed Leadership Team (TILT) within Chesterfield-Colonial Heights DSS and Henrico DSS; and continued to the facilitation of subcommittees to review TICN project goals (e.g., Trauma Informed Workforce Development, TIWD Education Subcommittee, Trauma Certification for Providers, Trauma Informed Practice Training, Trauma Informed Brief Screening Tool, Trauma Informed Quality Enhancement, and Richmond TICN Committee). Members of the TICN continue to promote trauma informed practice in their work, agencies, and disciplines. Ongoing efforts will be focused on recruitment for TICN expansion and committee work and information sharing about upcoming trainings, conferences, and RFPs.

**Gaps**

The Prevention Program continues to struggle with the lack of funding to develop statewide prevention activities. Funding for intervention services has become less available and concerns remain about diversion practices across the state. 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 by way of constituent feedback, agency reviews, and child advocacy group communications. This practice is addressed in Prevention guidance, but the VDSS has provided little direction to 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.

For LDSS that utilize diversion, policy and practice vary considerably. These 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. While acknowledging the existing work of local agencies in placing children with relatives to divert children from entering foster care is important, the Prevention Program's goal is to provide clear and consistent best practice guidance to LDSS concerning diversion. Efforts will be directed toward enhancing tools and developing strategies for assessing relative caregivers', parents', and children's needs in the context of foster care diversion arrangements. Processes for achieving longer-term safe and permanent living arrangements will also be developed. Additionally, data regarding practices and outcomes must be collected to better determine how foster care diversion impacts the well-being of children and families over time. The risk of future entry into foster care must be better understood so that current interventions are sufficient to avert that outcome.

Lastly, during the 2014 session of the General Assembly, VDSS was directed to review its policies regarding kinship arrangements and report its recommendations and findings by January 1, 2016. To accomplish this task, VDSS has established an Advisory Group in order to help identify, refine, and prioritize issues of the study. The Advisory Group is comprised of representatives from the following agencies and organizations: state and regional staff, representatives from local departments; child welfare advocacy organizations; OCS; Office of the Attorney General (OAG); CASA; and CIP. Members of the Advisory Group will continue to meet to discuss the need to formulate clear and consistent guidance for LDSS with regard to diversion practice, to articulate findings, and to provide recommendations.

In response, VDSS will continue to seek the development of clear and consistent best practice guidance to LDSS regarding diversion. Issues to be addressed include defining the role of LDSS, birth parents, and relatives in the development of meaningful permanency plans; appropriate assessment of kin caregivers; finding, preparing, and supporting kin caregivers; and helping families to assess their options and collaborate in the decision making process. Without a comprehensive approach to the enhancement of guidance and practice in this area, VDSS cannot adequately determine the impact on important goals and benchmarks relating to child safety, permanence, and well-being. As a result of the study, VDSS identified specific programmatic and practice recommendations that will seek to improve outcomes for children and kin caregivers involved with the child welfare system. Those recommendations are as follows:

- Recommendation 1: VDSS should develop and implement a state supported kinship care program that would provide appropriate financial assistance, services, safeguards, and permanency planning for children and kin caregivers.

- Recommendation 2: VDSS should exercise the option to implement the Kinship Guardianship Assistance Program (KGAP) as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out.

- Recommendation 3: VDSS supports the development of a Kinship Navigator program in Virginia, which will provide information, resource, and referral services to children and kin caregivers.

Lastly, during the 2016 session of the General Assembly, VDSS has been directed to conduct two separate pilot projects that will further identify the scope and impact of foster care diversion practice in the state. VDSS will conduct a pilot on data collection and reporting for LDSS regarding facilitated care (diversion) arrangements and will also partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to placement in foster care for children in Planning District 11(Amherst, Appomattox, Bedford, Campbell Counties, and the City of Lynchburg). Further analysis of the data and information collected during the pilot projects will examine assumptions about what is or is not happening in diversion cases and enable VDSS to gain additional insights that will contribute to the development of best practice guidance for LDSS. Moreover, this information will be used to determine whether children who are diverted from foster care to live with alternative caregivers are achieving positive child welfare outcomes.

**Continuous Quality Improvement (CQI)**

When the initial Prevention guidance was published, it included new case categories for use in OASIS. These case categories were intended to facilitate data collection around the types of case and kinds of work the LDSS were doing in the area of prevention. However, LDSS users report that there are too many categories and the distinctions between them are not clear. Over the next year, case type issues will need to be resolved. Additionally, it is critical that the state begin to collect data which will permit evaluation of diversion practices. Although it is known that many LDSS are using relative placement options as a means of diverting children from foster care, the impact of this intervention on the well-being and permanency outcomes for children who are diverted is not known.

**3. Quality Assurance and Accountability Unit (QAA)**

The current DFS Quality Assurance and Accountability Unit (QAA) is comprised of three sub-reporting teams. These teams include title IV-E Foster Care/Adoption Assistance, Child and Family Services Review (CFSR) and Subrecipient Monitoring (SRM). The QAA Unit has a staff of 31 including a QAA program manager, a title IV-E supervisor, a CFSR supervisor, sub-recipient monitoring coordinator, a

federal liaison/special projects coordinator, 18 full-time program consultants, six part-time consultants, a full-time data analyst, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other.

**Title IV-E Foster Care and Adoption Assistance:** The title IV-E team is responsible for oversight, monitoring, guidance, and training for both state and local agencies' staff for compliance and accurate financial reporting for all title IV-E foster care and adoption assistance clients. For foster care clients, this includes validating within 90 days all children who enter foster care for the correct determination of funding. Furthermore, the team reviews all established title IV-E foster care cases yearly to ensure on-going compliance to meet federal requirements. DFS will undergo a federal title IV-E review in August 2016.

The title IV-E team is also responsible for reviewing and validating adoption assistance agreements completed by the local agencies. The adoption case review process validates that allowable cost are correctly documented and the appropriate funding streams are used.

The title IV-E team also monitors and reviews the data integrity of the OASIS reporting with regards to foster care and adoption assistance clients. The team works closely with the VDSS Foster Care and Adoption Program Managers to ensure coordinated communication and application of compliance rules and regulations.

**Child and Family Services Review**: In March 2015, DFS realigned the operational functions of the CQI unit members to meet the federal requirement to conduct the Child and Family Services reviews. The team began piloting the Virginia CFSR case review process in December 2015. A case sampling from all 120 agencies will be reviewed during 2016 in preparation for the proposed state conducted federal CFSR in 2017. The team will utilize the CFSR instrument for ongoing case review requirements.

**Subrecipient Monitoring**: The subrecipient monitoring coordinator provides the administrative oversight with the purpose of monitoring and ensuring that VDSS awards are used in accordance with federal and state laws and regulations, and for the purpose for which they were intended. Subrecipients include LDSS; local and state government agencies (e.g. counties, health departments, school systems/boards of education); non-profit agencies; for-profit agencies; and colleges and universities. The oversights include collecting, collating, and reporting of schedules and the results of field and desk reviews. The team also reviews Auditor of Public Accounts (APA) findings related to all DFS programs including CPS, Foster Care, and Adoption.

**Continuous Quality Improvement Unit (CQI)**

Continuous Quality Improvement is incorporated into each of the respective program areas in the division of family services (e.g. Adoption, CPS, Permanency, Training, etc.). The CQI unit is comprised of the CQI manager. The manager maintains regular contact with Division management to identify areas where the CQI Model (DMAIC or Define, Measure, Analyze, Improve, Control) can enhance work throughout the division. The manager acts as a liaison between DFS and Office of Research and Planning to improve the use of data for program planning, improvement, and outcome evaluation. The CQI manager is currently co-chair for two statewide groups focused on quality improvement including the CWAC sub-committee on CQ and the Quality Improvement Network. Additionally, the manager will lead the Managing by Data group that was begun with the Children's Services Transformation. The manager will assist with the CFSR process by continuous monitoring Areas Needing Improvement from the state and federal reviews, as well as all PIP monitoring.

There are several areas where QAA and CQI have worked together to support improvement across the division. These include:

- Promotion of and training about Concurrent Planning to shorten the length of time to permanency.
- Enhancements to the information system for monitoring of youth who become eligible for adoption (goal of adoption and TPR).
- Restructuring of the division's Adoption Unit to improve efficiency of connecting youth available for adoption to families interested in adoption.
- Incentivizing Family Partnership Meetings to enhance implementation fidelity.
- A Pilot program to gather data about practices of diversion from out-of-home care.
- Passage of legislation allowing for the implementation of Fostering Futures, a program in Virginia allowing extension of foster care beyond age 18.
- Updating of guidance and training for CPS Ongoing services.
- Implementation of Virginia Practice Profiles in original Learning Collaborative communities, and roll-out by region for all LDSS in Virginia.

The CQI and QAA units also continue to utilize the Capacity Building for States and the CQI Academy as resources and these are very helpful. In the coming year, focus on follow-up of QAA and then providing recommendations for improvements could require additional supports from this resource.

**5. Division of Family Services Training**

VDSS decentralized its Training Unit in June 2014. The mandated in-service CORE child welfare training system is fully integrated into the Division of Family Services. This statewide competency-based training system is delivered by a team of four curriculum developers, 17 trainers, a trainer coordinator, and a training program manager. 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.

The training developed by Family Services Programs is the legacy training system that started over twenty years ago as the "comprehensive, competency-based child welfare in-service training program" based on a model used in Ohio. Established Supervisor and Caseworker Core Competencies have guided the development of several documents to inform LDSS directors, supervisors, and caseworkers on how to best integrate training and maximize learning in order to improve child welfare services. The 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.

In March, 2013, guidance in both Child Protection and Permanency 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. Family Services Programs also provides subject matter expert (SME) trainings for experienced workers 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. The SME trainings are offered regionally and help to fulfill the mandated 24 hours of continued education hours for experienced workers required after two years of employment. Continuing education activities to be credited toward the 24 hours are pre-approved by the LDSS supervisor or person managing the permanency program. Continuing education activities may 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 LDSS with the help of a training tracker job aid provided by DFS Training.

In addition to SME trainings, Family Services Training send out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and these will fulfill

continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc.

The Family Services mandated training schedules are sent out quarterly to all LDSS Directors, Supervisors and Workers. In addition, the regional training schedules are posted on the Family Services Training SPARK web page. The Family Services Training Program Manager attends Regional Supervisor and Director's Meetings annually and discusses the mandated training schedules, course sequencing, supervisor course tracking job aids, transfer of learning activities and supervisor guides and mandated child welfare course descriptions with pre-requisite requirements.

## D. Child and Family Well Being Services

### 1. Services to Address Children's Educational Needs

While the majority of the collaboration between DOE and VDSS is directed at improving the educational stability and attainment outcomes of older youth in foster care, educational stability and attainment for all children in foster care is also addressed. In FFY 2016, VDSS and DOE trained over 150 staff members from LDSS and local schools through regional trainings which lead to improved practices to promote educational stability for foster youth. These trainings fostered communication between DOE and LDSS staff. VDSS and DOE are also working with DJJ to discuss school enrollment issues and strategies for foster care youth re-entering the community following a commitment to DJJ.

In February 2016, VDSS mandated that users enter the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data. Additionally, the education screens in OASIS were updated so that information regarding educational stability can be printed and submitted to court along with the foster care plan, increasing awareness of the importance of educational stability and accountability regarding practice in this area.

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is committed to revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. However, with the enactment of the Every Student Succeeds Act (ESSA) in December 2015, the workgroup has been largely focused on understanding how Virginia's current practice and policies will be impacted. The group will move forward in FY 2017 with providing joint guidance, as needed, for ESSA. Best practices and issues that were discussed in the educational trainings will be incorporated into any guidance documents developed.

VDSS and DOE met several times to address improving the 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 selected and DOE has implemented an initial data run test using mock data. However VDSS and DOE are working with their counsel on issues related to the obtaining of data at the state level. This effort is complicated by Virginia's social services' system being locally administered. At this time, work on determining how to accomplish the requirements of the Uninterrupted Scholars' Act and ESSA is still underway.

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 associate degree, vocational training, and certifications to increase their independence and the possibility of earning a sustainable living wage.

The Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH) was established to focus on youth homelessness in Virginia. The Partnership's overarching mission is to coordinate state resources more effectively in order to support stable housing, permanent connections, education or employment and social well-being of young people ages 14-24 that are homeless or at risk of being homeless. For FY 2016, VDSS, Great Expectations and other key stake holders were assigned to work on Goal #3: *Increase access to and success in education and employment for the target population.* This subcommittee met regularly to discuss resources and funding streams, supports and outreach to promote education and employment for older youth.

**2. Health Care Services**

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in, and recipients of child welfare services. 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 changes in the mechanism by which VDSS will receive consultation and input in to the provision of health care services for children in foster care.

Previously, the Virginia Health Plan Advisory Committee (HPAC) advised and made 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. Beginning in 2013, the work of HPAC was rolled into the work Virginia was doing as part of the plan that had been submitted and accepted by the Three Branch Policy Institute by the National Governors Association Center for Best Practices. The Three Branch project members included representatives from each of the three branches including: Executive Branch: VDSS Commissioner; Legislative Branch: Senators and Delegates of the Virginia General Assembly; and Judicial Branch: Judges and the director of the CIP. Committee members come from the OCS, VDSS, DMAS, DOE, DBHDS, and the Office on Youth, and CIP.

The work of the Three-Branch Policy Institute included monitoring psychotropic medications and managing health care services through data. In October 2016, DFS will have six-months of data for analysis, monitoring, and reports; as the new service plan put into place spring 2016 requires reporting these data to the court. In addition, DMAS is pursuing a process to provide health services data for continuing this work, and may have usable information in mid-to-late 2017.

As the eighteen month Three Branch grant came to an end, VDSS decided that rather than re-establish HPAC, the work of providing ongoing oversight and coordination of health care services for children in foster care will be incorporated into a subcommittee of CWAC. The Advisory Committee has been the primary organization to advise VDSS on child welfare issues. The objectives of this group include advising on the development of the five-year CFSP and annual progress reports as well as other state plans. The CWAC charter was revised this year to include the development of sub-committees to focus directly on strengthening state efforts related to safety, permanency and well-being. In particular, the Permanency subcommittee of CWAC will focus on the well-being of children in foster care and which will be charged with providing oversight for the Health Care Oversight and Coordination plan.

Structure and Composition of the CWAC Steering Committee

The Advisory Committee is composed of appropriate members that provide representation from various stakeholder groups. Members may include, but are not limited to, at least one representative from each of the following areas:

- Private child placing agencies;

- Foster and adoptive parent associations and families, birth families;
- Foster youth or foster alumni;
- GAL, DSS attorney, CASA;
- Law enforcement, Domestic Violence;
- Local departments of social services, local community services boards, state board of social services;
- Representatives from Virginia Tribes;
- Division of Family Services staff; and,
- Representatives from other state agencies, including CIP

When necessary, staff from other program areas and functions will be consulted for input in making decisions that will impact those areas. For the purposes of advising VDSS regarding the Health Plan, the Permanency sub-committee will also include pediatricians and other medical experts as well as representatives from DMAS. More information about the Permanency subcommittee can also be found on the following subsections of the public VDSS website.

https://www.dss.virginia.gov/files/division/dfs/cwac/cwac_subcommittees/permanency/CWACPermanencyScope_Woolard.pdf

https://www.dss.virginia.gov/files/division/dfs/cwac/cwac_subcommittees/permanency/CWAC_Permanency_Subcommittee_Charter.pdf

*Health Care Oversight and Coordination Plan*

In moving forward, VDSS has largely adopted the recommendations developed through the work of the Three Branch project to improve health outcomes and to improve mental health outcomes for children and youth in foster care. The strategies adopted by the Three Branch steering committee focused on 1) improving the availability and quality of data to guide decision-making and improving practices and 2) increasing the abilities to coordinate health care information and systems efforts across departments in order to better serve this population. These strategies have guided the work done over the last year towards meeting the goals identified in each major area of focus.

| **Focus area 1: Improve Health Outcomes for Children and Youth in Foster Care** | |
|---|---|
| **Goal** | **Measure** |
| **1) Increase children receiving primary health care services.** | 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. |
| **2) Increase children receiving dental health care services.** | a. Increased percentage of children having dental exams within sixty days of entering foster care. |
| | b. Increased percentage having dental exams at age 3 years and 6 years. |
| | c. Increased percentage having dental exams every 6 months. |

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 receive dental examinations every six months after they have teeth. 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 Foster Care Chapter of the VDSS Child and Family Services Manual which became effective July 2015.

In order to support LDSS to adopt this practice behavior, OASIS revisions have been made to facilitate the regular documentation of medical and dental appointments. The health screen of OASIS is now a printable report, which the LDSS are required to submit to court with the child's foster care plan. The requirement that the report be included with court documents reinforces regular updating of medical information in OASIS. The OASIS revisions also permit the development of reports in SafeMeasures® which will make it possible for LDSS supervisors, regional permanency consultants, and VDSS staff to monitor compliance with the expectations laid out in the Foster Care chapter.

**Data sharing agreement and coordination of health services with DMAS**
DMAS transitioned children who are in foster care or receiving adoption assistance and who are eligible for Medicaid to managed care over the course of 2014. Managed care is available statewide through six Medicaid Managed Care Organizations (MCOs), although not all six MCOs are available in every geographic region.

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; and,
- Open communication between MCO and DSS to meet the needs of the child.

Foster and adoptive parents and service workers are able to communicate directly with the managed care plans and HelpLine staff and MCO mail is sent directly to the foster parents.

Some children in foster care are excluded from managed care, including:

- Children in their first 30 days of foster care.
- Children placed in psychiatric residential care (Level C).
- Children in out of state placements.
- Children in nursing home placements.

Approximately 90% of all foster care children are served through MCOs at any point in time. VDSS is now being provided with data from DMAS from those regions where MCOs have been in place for at least a year. Data made available through DMAS indicates 95% of enrolled foster care children saw a primary physician at least one time during the last year.

For 2015, DMAS reports the following:

| Percentage of Foster Care Youth Seen by a Primary Care Physician within the First Year of Medicaid Enrollment (2016) | | |
|---|---|---|
| Region | Managed Care | Fee for Service |
| Tidewater | 95% | 97% |
| Central | 82% | 100% |
| Northern | 98% | 80% |
| Charlottesville | 94% | 93% |
| Halifax | 92% | 83% |
| Roanoke | 97% | 94% |
| Southwest | 97% | 100% |

Note: DMAS regions do not coincide with VDSS regions.

**Coordination of care**

In addition to improving documentation and monitoring abilities, the revision to OASIS will permit a Medical Report to be printed for each child in foster care. The report will include known health information for the foster child and the child's birth family, any diagnosis, medications prescribed, dates of last dental and physical, and immunization status. The report can be shared with foster parents and medical professionals who have occasion to treat the child. The report will automatically be updated whenever new information is entered into OASIS to ensure information is current.This report will also be printed and submitted to court as part of each child's Foster Care Plan.

| **Focus Area Two: Improve Mental Health Outcomes for Children and Youth in Foster Care** | |
|---|---|
| **Goal** | **Measure** |
| **1) Increase children screened and assessed for mental health needs.** | 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. |
| **2) Increase access to appropriate mental health care services.** | **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. |
| **3) Improve appropriate use of psychotropic** | 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 |

| | |
|---|---|
| **medication.** | 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. |

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; and,
- Identify service gaps and promote resource development.

As of July 1, 2015, the CANS assessment was mandated for all children in foster care on an at least annual basis regardless of whether they are receiving CSA services. This change has been incorporated in the Foster Care chapter which will become effective in the summer of 2015.

Additionally, a work group comprised of VDSS, LDSS and OCS representatives has revised the Virginia CANS to include additional items related to trauma and child welfare. In the current version, the trauma module is only completed when the assessor indicates that the child has experienced trauma and is reactive to it. The revised version adds "disruptions in caregiving" as a form of trauma that a child may experience and requires that the trauma module is completed for all children in foster care.

VDSS is working towards developing an interface with the OCS CANS system so that assessment data will be immediately available to LDSS family services staff to guide the development of the written service plan. Ultimately, the goal is to incorporate a brief trauma screening which would use data from the completed CANS to "flag" those cases where an immediate referral for further trauma assessment and potential treatment should occur.

OCS has been working cooperatively with VDSS to make CANS relevant for the family and worker, to engage children and families, and guide services and treatments. Revisions in their system include a child-specific report to make possible the evaluation of a child's progress over time and a permanency planning report to make possible the evaluation of a family or caretakers progress over time. However, implementation of both the revised CANS and the new reports has been hindered by difficulties with the CANS software system developers' inability to meet production completion targets and defects in programming. Training for the revised CANS is currently being developed and a July, 2016 release is anticipated.

VDSS, similarly, has experienced delays in the development and release of the revised service plan which will better tie assessment with service planning. The goal of having the CANS data integrated automatically into the service plan has been abandoned. Instead, family service specialist will be provided with direction around how to use a CANS report to guide service plan development. Over the next year,

efforts will continue to be directed towards implementing an integrated assessment and service planning system, which emphasizes screening and referral for treatment of trauma.

**Psychotropic medication protocol and addressing trauma**
Over the last year, VDSS has continued to work towards raising awareness and improving LDSS practice regarding the monitoring of psychotropic medication prescribed to children in foster care using two strategies. The Learning Collaborative participants have been supported in making the connection between the need for better assessment and treatment of trauma and the risk of over-prescription as well the importance of understanding the worker's role in asking questions, empowering the birth parents to be involved in decisions making, and advocating for treatment which is conservative and considers side effects. Also through the Learning Collaborative, the VDSS training unit developed an eLearning course which will serve as an orientation to the effects of trauma on children as well as an in person course which will focus on the provision of trauma informed child welfare services. The training unit is also developing an eLearning course which will raise awareness about the risks of over-prescription particularly as it relates to children in foster care.

Secondly, the Health screens in OASIS have been revised to include the ability to enter data regarding prescriptions and to indicate whether the prescribed medication is a psychotropic medication. Ultimately, the revisions will permit the development of reports in SafeMeasures® which will make it possible for LDSS supervisors, regional permanency consultants, and home office staff to monitor psychotropic medication use.

**Data sharing agreement and coordination of mental health services with DMAS**
VDSS worked closely with DMAS through the auspices of Three Branch to develop a medical review process for children in foster care who are prescribed psychotropic medication in three categories: 1) any child under the age of 6 prescribed any psychotropic medication 2) any child prescribed an atypical antipsychotic and 3) any child prescribed 2 or more psychotropic meds. DMAS has instituted this policy for children covered by fee-for-service Medicaid. However, this only addresses about 10% of the children in foster care, as the majority are covered through MCOs.

VDSS is working with DMAS to assess risk among children taking psychotropic meds. DMAS has engaged Health Service Advisory Group (HSAG) to conduct a baseline study regarding the care children in foster care are provided through Medicaid. HSAG has been utilizing quantitative and qualitative study methodology to address the following question: *To what extent did children in foster care receive the expected preventive and therapeutic medical care in the first year of managed care service delivery?* HSAG planned to identify 492 children eligible for inclusion in the study population using a random sample stratified equally across three age groups based on the child's age at the end of the measurement period (children younger than three years, children ages three through 11 years, and adolescents ages 12 through 17 years). For these children, HSAG is evaluating: expected well-child visits; expected immunizations; access to primary care providers; annual dental visit; use of multiple concurrent antipsychotics; use of first-line psychosocial care for children prescribed antipsychotics; overall use of psychosocial care for children prescribed anti-psychotics; follow-up after hospitalization for mental illness; prevalence of antidepressant medication; and, prevalence of children prescribed ADHD medication. The results of the study will be shared with VDSS and will provide data to drive decision-making regarding the identification of high-risk cases and the development of strategies for reviewing these cases.

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

VDSS has incorporated a schedule for medical, dental and EPSDT screening activities which is consistent with the recommendations of DMAS for all children and based on the recommendations of the Three Branch steering committee. These appointments are now documented in OASIS which will permit monitoring of compliance with the expectations by LDSS supervisors, regional consultants, and VDSS. Additionally, a data sharing agreement makes it possible to verify through DMAS that children in foster care are receiving medical and dental exams consistent with the standards that DMAS and VDSS have established.

***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, FPMs, 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 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 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 clinicians 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.

Through the Learning Collaborative, VDSS conducted a Trauma Systems Readiness Tool (TRST) pilot with 8 agencies (representative of size, region) to assess their current status as a trauma-informed agency in December 2015. The findings from these assessments were presented at the Virginia League of Social Services Executives Spring conference in May 2016. Based on the recommendations generated by attendees, a small workgroup will convene this summer to recommend tools, process, frequency, etc. for screening processes for both children and parents. The absence of such was identified as one of the major weaknesses of the current system in terms of being trauma-informed. The group is using the Chadwick materials (Chadwick Trauma-Informed Systems Project) and should have a recommended process by mid-Fall 2016.

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

VDSS 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, OASIS has been revised to permit 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.

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.

***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 Center & Rural Health Clinics, 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.

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.

VDSS will continue to collaborate with other state agencies to ensure that an array of appropriate health and mental health services are available to every child in foster care in Virginia. There are no plans, at present, for VDSS to develop medical homes in the Commonwealth. In Virginia foster homes are approved by the LDSS or licensed through private child-placing agencies. The state provides the regulations and guidance which direct approval and licensing activities, but the LDSS are responsible for both recruitment of local foster families and placement of children in their custody in LCPA homes. Some LCPA have specially trained foster parents with the ability to manage the care of children with complex medical and/or mental health needs. Additionally, some LDSS have approved foster parents who through their personal or professional experience are equipped to manage the care of children with complex medical and/or mental health needs. This is an area which will require additional attention in the future.

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

Virginia continues to use the service authorization requirements implemented by DMAS' Drug Utilization Review Board for any atypical antipsychotic prescribed for a child under the age of six in the fee-for-service population, including children in foster care. Efforts are underway to apply similar authorization requirements for medical review of psychotropic medication prescription for children in foster care served through the MCOs in Virginia.

The results of the HSAG study will be presented to the CWAC Permanency subcommittee and enlisted medical professionals towards the development of a psychotropic medication use policy. The CWAC

Permanency sub-committee will also be reviewing the work of two pilot efforts to address psychotropic medication prescription among the foster care population. Fairfax County LDSS has instituted some internal protocols aimed at increasing family services specialists' knowledge about psychotropic medication and empowering them to take an active role in decision making around prescriptions. In the Central region, a workgroup including state and LDSS staff is working with private mental health providers and a child psychiatrist to develop strategies to increase awareness about the potential for over-prescription of psychotropic medications to children in foster care. VDSS will continue to work with this stakeholder group to refine foster care guidance and establish a psychotropic medication protocol for children in foster care with DMAS and through the MCOs.

The CWAC Permanency sub-committee will also continue to work towards establishing protocols which require that 100% of youth in foster care, prior to receiving new psychotropic medications, have:

- A medical exam to rule out medical issues; and
- A mental health evaluation to identify services and supports for the youth and family.

The subcommittee will also be tasked with developing strategies for communicating the protocol out to 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); and,
- Youth and birth parents.

***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.***

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.

***Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.***

Effective January 1, 2014, foster care youth who had an open case and were receiving Virginia Medicaid at the age of 18, became eligible for Medicaid up to age 26. VDSS continues to coordinate with DMAS and LDSS to implement provisions of the ACA. Virginia's efforts to enroll former foster youth include mailing out letters, utilizing social media (intra-agency and public websites), working with the state foster parents association (FACES), and developing broadcasts for eligibility workers and local program staff. Also, VDSS is collaborating with key stakeholders (i.e., Project LIFE, Great Expectations) to develop strategies to reach eligible former foster care youth for Medicaid. There continue to be difficulties in reaching youth who previously aged out of foster care and in getting them enrolled. All youth who turn 18 while in foster care are to be automatically evaluated for the Medicaid to 26 category by the LDSS eligibility staff and switched over to that category. These youth should then maintain their eligibility to age 26.

Beginning at age 14, youth in foster care participate in the development of an Independent Living Transition Plan that among many things, addresses the health and well-being needs of the youth. As they get closer to their eighteenth birthday, focus is placed on ensuring their continued eligibility for Medicaid, under the Patient Protection and Affordable Care Act, and providing them education about designating a health care power of attorney. The Foster Care chapter directs LDSS to encourage and assist the youth in seeking guidance from an attorney to address any questions. The current "90 day transition plan," which is completed with the youth approximately 90 days before their eighteenth birthday, includes the following items among the "rights and responsibilities" listed for the youth:

- I understand that during the 90 days before I turn age 18, I will finalize my plans for successfully transitioning from foster care to adulthood. This Plan for Successful Transition will include the names of adult(s) who have agreed to help me during this transition and in the future. It will also address my specific needs, including housing, health insurance, education, mentors, workforce supports, employment services, and any other needs I identify; and,
- I understand the importance of identifying someone to make health care treatment decisions on my behalf, if I become unable to make them and if I do not have or want a relative to make these decisions. I understand that I can identify a health care power of attorney using the form on the Virginia Department of Health's website, entitled "Virginia Advance Medical Directive."

The Foster Care chapter includes directions for the LDSS to provide additional information to the youth who request it during the transition planning process.

# III. Additional Reporting Information

## A. Monthly caseworker visits

Workers have been able to increase visitation despite receiving very few additional resources and, until recently, have been consistently meeting the compliance expectation that 95% of children in foster care are visited face to face each month as established in October 2014. As of April 2016, 95.09% of children in foster care had been visited monthly and 75% of these visits had taken place in the child's residence. Steps taken to address compliance include:

- Communication was been made with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Any potential data issues identified through this process are being assessed and corrected as necessary. Regional Office Permanency consultants are reaching out to provide technical assistance specifically to those LDSS whose compliance rate appears particularly problematic.

- 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. In addition, a new report has been added to SafeMeasures® which identifies when the narrative section of a worker visit has not been completed adequately. These two reports facilitate supervisory oversight and intervention at the LDSS level, as well as potentially identifying when technical assistance from the Regional Office may be beneficial.

- Instituting FPM as a statewide initiative has also contributed to children's placement in their home community and decreased travel time for workers. As Virginia refocuses on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic impact on children of coming into foster care, LDSS will be encouraged to recognize that strong family engagement practices and the use of local, family-based placements is optimal for many reasons, including making it easier to visit with children regularly.

- Federal Title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation. Some LDSS have used the funds to purchase laptops, tablets or transcribers as a time-saving measure to facilitate documentation and downloading of the visit information to OASIS.

- Federal title IV-B funds are also used to pay for training to help staff understand the importance of having meaningful and purposeful visits with children in care and helping staff gain skills in planning, preparing, engaging in, and conducting appropriate visits, and to provide small performance rewards to workers who successfully meet program expectations.

- The state CFSR Review Process conducted in 2016, in preparation for the official review in 2017, also focuses on monthly caseworker visits. While results of these reviews are mixed, the opportunity to emphasize the importance of these visits has been greatly enhanced.

## B. National Youth in Transition Database

According to FFY 2015 data entered in OASIS by the LDSS, a total of 1,720 youth ages 14 and over, received at least one IL service. This number represents 74% of the total population.

LDSS workers documented IL services provided to youth 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. 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. For FY 2016,Virginia improved NYTD data collections by having NYTD data in SafeMeasures® (pulled from OASIS) so VDSS and LDSS will be able to track the delivery of IL services and NYTD surveys reported in real time. According to SafeMeasures® for FFY 2015, LDSS purchased or provided a total of 6506 services from a menu of 14 service categories. The three services most often provided were IL needs assessment, academic support, and budget/fiscal management.

NYTD data can be used to improve service delivery and practice. For example, VDSS Office of Research and Planning analyzed FFY 2014 NYTD data and some of the key findings included:

1. The proportion of IL eligible clients who received services has been on a downward trend since its high in FFY 2012 when 98.9% of clients received at least one IL service. Between FFY 2011

and FFY 2014, the number of clients served increased less than one percent (0.4%) and the total IL eligible population decreased 2.8 percent.
2. Although the IL needs assessment was provided to 41.4 percent (n = 788) of eligible clients, most (58.6%, n =1,115) did not receive this required annual assessment.
3. The three services most often provided were IL needs assessment (47.1%, n = 788), academic support (46.6%, n = 780), and budget/fiscal management (35.5%, n = 510).

VDSS used the data about the IL needs assessment to develop strategies that would increase the number of youth receiving IL needs assessment. VDSS offered training and technical assistance on IL needs assessment to LDSS. This support helped to increase the number of eligible youth who received the assessment. Additionally, Foster Care guidance has been revised to emphasize the importance of basing the youth's transition plan on an annual IL needs assessment.

For FY 2017, ILP staff will continue to collaborate with VDSS Office of Research and Planning, and other internal and external partners to analyze the NYTD data and provide research briefs to share with youth, LDSS, and other stakeholders. NYTD data has been shared with LDSS, youth, Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH), and other stakeholders.

In addition, the two statewide youth conferences coordinated by Project LIFE in FY 2016, provided a session on NYTD. A NYTD subcommittee was formed which comprised of youth in the youth network and other adults interested in NYTD. The subcommittee developed a logo for Virginia's NYTD and is working on a NYTD brochure for youth.

## 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**
**April 1, 2015 to April 30, 2016**

| Type of Placement | Public Agency | Private Agency | Court | Individual | None |
|---|---|---|---|---|---|
| Parent(s) | 164 | 1 | 1 | 2 | |
| Relative | 16 | | | | |
| Foster Home | 551 | 3 | 3 | 1 | |
| Adoptive | 170 | 77 | | 25 | |
| Group Home | | | | | |
| Residential | 157 | 2 | 6 | 68 | |
| Institutional Care (Article VI) | | | | | |
| Child Care Institution | | | | | |
| Other | | | | | |
| Total | **1061** | **83** | **10** | **96** | |

| Sex of Children | Male | Female | Unknown |
|---|---|---|---|
| | 614 | 520 | 1 |

| Ages of Children | Under 1 | 1-5 | 6-10 | 11-15 | 16-18 | 19-21 |
|---|---|---|---|---|---|---|
| | 199 | 273 | 232 | 314 | 109 | 1 |
| **Ethnic Group** | **White** | **African American** | **Asian** | **American Indian** | **Hawaiian/ Pacific Islander** | **Unable to determine** |
| | 561 | 303 | 14 | 12 | 8 | 237 |
| **Hispanic** | **Yes** | **No** | **Unable to determine** | **Declined** | | |
| | 127 | 746 | 261 | | | |

| # of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision | 0-30 | 31-60 | 61-90 | Over 90 |
|---|---|---|---|---|
| | 196 | 30 | 33 | 134 |

**Unaccompanied Refugee Minor: 0**
**Adoption Assistance Subsidy: 45**
**Retroactive compliance – Into VA: 2**

**Total Number of Agreements Into Virginia Terminated**

| | | |
|---|---|---|
| **Adoption Finalized** | 108 | |
| **Age of Majority/Emancipation** | 102 | |
| **Legal custody returned to parents (concurrence)** | 39 | |
| **Legal custody to relative (concurrence)** | 39 | |
| **Treatment complete** | 96 | |
| **Sending state jurisdiction terminated (concurrence)** | 1 | |
| **Unilateral termination** | 11 | |
| **Child returned to sending state** | 121 | |
| **Child moved to another state** | 13 | |
| **Proposed placement request withdrawn** | 43 | |
| **Approved resource will not be used for placement** | 74 | **Total: 1175** |
| **Other** | 528 | |

**Number of children returned to Virginia: 159**

**Placement Requests Out of Virginia**
**April 1, 2015 to April 30, 2016**

| Type of Placement | Public Agency | Private Agency | Court | Individual | None |
|---|---|---|---|---|---|
| Parent(s) | 195 | 1 | 4 | | |
| Relative | 8 | | | | |
| Foster Home | 433 | | 1 | | |
| Adoptive | 47 | 46 | | 18 | |
| Group Home | | | | 1 | |
| Residential | 51 | 2 | 7 | 89 | |
| Institutional Care (Article VI) | | | | | |
| Child Care Institution | | | | | |
| Other | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Total | **734** | **49** | **12** | **108** | |

| **Sex of Children** | **Male** | | **Female** | | **Unknown** | |
|---|---|---|---|---|---|---|
| | 378 | | 364 | | | |
| **Ages of Children** | **Under 1** | **1-5** | **6-10** | **11-15** | **16-18** | **19-21** |
| | 109 | 174 | 149 | 191 | 117 | 0 |
| **Ethnic Group** | **White** | **African American** | **Asian** | **American Indian** | **Hawaiian/ Pacific Islander** | **Unable to determine** |
| | 388 | 225 | 10 | 1 | 1 | 117 |
| **Hispanic** | **Yes** | **No** | **Unable to determine** | | | |
| | 66 | 550 | 126 | | | |

| # of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision | **0-30** | **31-60** | **61-90** | **Over 90** |
|---|---|---|---|---|
| | 61 | 15 | 11 | 69 |

**Unaccompanied Refugee Minor: 1**
**Adoption Assistance/Subsidy: 11**
**Number of Placement OUT of VA brought into Compliance: 1**

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

| | | |
|---|---|---|
| **Adoption Finalized** | 81 | **Total: 893** |
| **Age of Majority/Emancipation** | 104 | |
| **Legal custody returned to parents (concurrence)** | 46 | |
| **Legal custody to relative (concurrence)** | 46 | |
| **Treatment complete** | 47 | |
| **Sending state jurisdiction terminated (concurrence)** | 2 | |
| **Unilateral termination** | 14 | |
| **Child returned to sending state** | 60 | |
| **Child moved to another state** | 5 | |
| **Proposed placement request withdrawn** | 63 | |
| **Approved resource will not be used for placement** | 44 | |
| **Other** | 381 | |

**Number of children returned to Sending state: 102**

2. National Electronic Interstate Compact Enterprise (NEICE) System

On April 18, 2016, Virginia on boarded to the National Electronic Interstate compact Enterprise (NEICE) system. The NEICE is a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by the ICPC. NEICE was launched in November 2013 as a pilot project with six states which are the District of Columbia, South Carolina, Florida, Wisconsin, Indiana and Nevada. NEICE significantly shortened the time it takes to place children across state lines, and saved participating states thousands of dollars in mailing and copying costs. To date, Virginia is rolling out the NEICE on an agency basis and there are currently six localities that piloting the system. They are Fairfax County Department of Social Services, Harrisonburg/Rockingham Department of Social

Services, Newport News Department of Social Services, Norfolk Department of Social Services, Virginia Beach Department of Social Services, and Wise County Department of Social Services. It is anticipated that the new NEICE system will expedite the case management process and therefore reduce the placement time for children and families

## D. Inter-country adoptions

The data and service information is from UMFS, 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 2016**

**Families with International Adoptions:**

- No disruptions/dissolutions since 4/1/2011

| Five-year profile | | One-year profile | |
|---|---|---|---|
| Families with international adoptions served since 4/1/11 | | Families with international adoptions served since 4/1/15 | |
| Total families:129 (unduplicated counts)<br>Total children: 191 | | Total families: 77 (unduplicated counts)<br>Total children: 104 | |
| Breakout of all cases closed: | | Breakout of all cases closed | |
| Reason for Case Closure | Count | Reason for Case Closure | Count |
| Disruption/Dissolution | 0 | Disruption/Dissolution | 0 |
| Child out of home (no dissolution) | 7 | Child out of home (no dissolution) | 0 |
| Family moved | 2 | Family moved | 0 |
| No longer need services | 25 | No longer need services | 16 |
| No contact for 60 days | 12 | No contact for 60 days | 4 |
| | 59 | | 0 |

**All Families Served:**

- In past 5 years (since 4/11), 2 disruptions/dissolutions.
- In past 1 year (since 4/1/15through 3/31/16), 0 disruptions.

| Five-year profile | | One-year profile | |
|---|---|---|---|
| All families served since 4/1/11 | | All families served since 4/1/15 | |
| Total served: 536 (unduplicated count) | | Total served:326 (unduplicated count) | |
| ▪ Total 2 families whose cases were closed due to dissolution/disruption | | ▪ Total 0 families whose cases were closed due to dissolution/disruption | |
| - 2 Foster Parent Adoptions | | | |
| | | | |
| Breakout of all cases closed: | | Breakout of all cases closed | |
| Reason for Case Closure | Count | Reason for Case Closure | Count |
| Disruption/Dissolution | 2 | Disruption/Dissolution | 0 |
| Child out of home (no dissolution) | 19 | Child out of home (no dissolution) | 5 |
| Family moved | 14 | Family moved | 5 |
| No longer need services | 88 | No longer need services | 59 |

| Five-year profile | | One-year profile | |
|---|---|---|---|
| No contact for 60 days | 85 | No contact for 60 days | 32 |
| Total | 221 | Total | 2 |

Of the total 252 adoptive families served during the third quarter, 71 have adopted internationally. These 71 families represent 28.17% of total families served in this quarter. In the 71 families, there are 90 children adopted internationally.

For the entire fiscal year of 2014-15, there were 79 unduplicated families, with106 children that adopted internationally. This represented 25.32% of the total number of families served in AFP.

Shown in Table 1 below are the numbers of children and families served by the AFP Program from July 1, 2015 through March 31, 2016. Included in the table are countries of origin for children, and numbers and percentages of families served by AFP who adopted internationally:

| **Country** | **July - Sept 2015** | **Oct – Dec 2015** | **Jan – Mar 2016** |
|---|---|---|---|
| China | 26 | 27 | 27 |
| Russia | 17 | 17 | 15 |
| Guatemala | 15 | 13 | 13 |
| Bulgaria | 8 | 5 | 6 |
| Ukraine | 7 | 5 | 5 |
| Haiti | 5 | 5 | 5 |
| Columbia | 3 | 3 | 3 |
| Ethiopia | 2 | 2 | 4 |
| Kazakhstan | 2 | 2 | 2 |
| Ecuador | 1 | 1 | 1 |
| El Salvador | 1 | 1 | 1 |
| Ghana | 1 | 1 | 1 |
| Malawi | 1 | 0 | 0 |
| Mexico | 1 | 1 | 1 |
| Philippines | 1 | 1 | 1 |
| South Korea | 1 | 0 | 0 |
| Uganda | 1 | 1 | 1 |
| Vietnam | 1 | 3 | 3 |
| West Africa | 1 | 1 | 1 |
| **Total # Children** | **95** | **89** | **90** |
| **Total # Families** | **72** | **68** | **71** |
| **% of Total Families Served** | **28.13%** | **24.91%** | **28.17%** |

Table below represents information as report by VDSS ICPC

| 1/1/13 – 3/31/13 | | 4/1/13 – 6/30/13 | | 4/1/14 – 4/30/15 | | 2/1/15 – 12/30/15 | |
|---|---|---|---|---|---|---|---|
| Country | # Children | Country | # Children | Country | # Children | Country | # Children |
| Uganda | 3 | Uganda | 1 | China | 2 | Bangladesh | 1 |
| China | 1 | Korea | 1 | Bangladesh | 1 | Korea | 3 |
| Korea | 3 | Japan | 1 | Ethiopia | 3 | Liberia | 1 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Pakistan | 1 | | | Nigeria | 1 | Pakistan | 1 |
| | | | | Pakistan | 3 | Russian Federation | 1 |
| | | | | Philippines | 4 | Thailand | 2 |
| | | | | Thailand | 1 | United Kingdom | 1 |

## E. Licensing waivers

The Resource, Foster, and Adoptive Family Home Approval Standards became effective September 2, 2009. The regulation allows 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 LDSS is required to submit the request for a variance to the regional Resource Family consultant for review. Any long term variances granted must be reviewed on an annual basis by the Department. This year, the Resource Family consultants have reviewed and agreed with 87 variances for relative foster families.

## F. Juvenile Justice Transfers

**Juvenile Justice Transfers**

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For SFY 2015, 20 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

Virginia has 10 state recognized tribes and, since January 28, 2016, one federally recognized tribe. The Pamunkey Tribe was officially recognized by the Bureau of Indian Affairs on July 2, 2015 and after an appeal, is now fully recognized. Contacts have been updated to include all state recognized tribes in Virginia. DFS 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. A letter will be sent to each Virginia tribe to begin conversations with them and inquire about their experience with the child welfare system, provide them with contact information for each program, and provide them with information about regular meetings including the Child Welfare Advisory Committee where their participation would be welcome.

**Federally Recognized Tribes**
**Pamunkey**
http://www.pamunkey.net/
Primary Contact
Chief - Robert Gray Rgray58@hughes.net
191 Lay Landing Rd
Pamunkey Indian Reservation
King William, VA 23086

**Virginia State Recognized Tribes**
**https://commonwealth.virginia.gov/virginia-indians/tribe-contact-information/**

**Children served by VDSS Child Welfare that identify as American Indian or Alaskan Native**

Based on the Virginia Child Welfare Outcomes Reports (VCWOR), a relatively small proportion of children involved with CPS in Virginia identified as American Indian or Alaskan Native. The table below shows their involvement within one quarter (Oct-Dec 2015).

| Statewide Oct-Dec 2015 | # of Children by CPS Report Type | % Native American Children |
|---|---|---|
| Referrals | 27153 | 0.16% |
| Accepted | 13505 | 0.12% |
| Family Assessment | 7790 | 0.10% |
| Investigated | 3491 | 0.23% |
| Founded | 1318 | 0.46% |

Similarly based on data from VCWOR, a relatively small proportion of children in Virginia Foster Care Services identified as American Indian or Alaskan Native during calendar year 2015 (Jan-Dec 2015).

| Statewide Jan-Dec 2015 | Male | Female |
|---|---|---|
| All Children in Foster Care Services | 3792 | 3374 |
| # Native American Children | 10 | 12 |
| Age at Current Removal | | |
| 0-3years | 4 | 2 |
| 4-10years | 4 | 2 |
| 11-14years | 1 | 3 |
| 15-16years | 1 | 5 |
| 17-18years | 0 | 0 |
| Diagnosed Disability | | |
| Yes | 1 | 5 |
| No | 7 | 5 |
| Unknown | 2 | 2 |
| Case Plan Goal | 1 | 2 |
| Adoption | 8 | 4 |
| PFC | 0 | 1 |
| Relative Placement | 2 | 3 |
| Return Home | 0 | 4 |
| Exits from Care | 1 | 2 |
| Adoption | 3 | 1 |
| custody transfer to another relative | 0 | 2 |
| Still in care | 7 | 9 |

**ACYF-CB-PI-13-05**
In response to ACYF-CB-PI-13-05, Virginia revised foster care guidance to meet the requirements that establish and maintain procedures to work collaboratively with a Tribe for the transfer of responsibility and care of a child of Indian heritage to a Tribe or Tribal IV-E agency. Draft guidance was included in the June 2014 Virginia title IV-E PIP Report and was reported in the final 2009-2014 State Plan APSR. http://spark.dss.virginia.gov/divisions/dfs/fc/files/manual/fc_manual/07_2015/Section_01_Foster_Care_Overview.pdf Final publication of revised guidance incorporating all requirements is anticipated for November/ December 2016.

Revised CPS guidance published in January 2016, included requirements from the 2015 ICWA standards.

http://spark.dss.virginia.gov/divisions/dfs/cps/files/manual/01-2016/section_1_introduction_to_cps_.pdf

http://spark.dss.virginia.gov/divisions/dfs/cps/files/manual/01-2016/section_4_family_assessment_and_investigation.pdf

On February 23, 2016, VDSS published Broadcast 9594 announcing the revised guidance including:

- Active efforts to assist Indian families make changes to keep a child safely in their home;
- Membership or eligibility of an Indian child in more than one tribe;
- Non-transfer of an Indian child to a tribal agency;
- Placement and placement preference for Indian children; and,
- Building and strengthening relationships with other Virginia tribes.
- Requirement that LDSS treat all children at risk of, or entering, foster care as an Indian child until it is determined that the child does not belong to a federally recognized tribe.

At the same time, Virginia has been working across child welfare programs to develop consistency in guidance for active efforts at first contact with a child and family and to ensure documentation of those efforts. Those active efforts include but are not limited to:

- conducting diligent searches for family members as possible placements;
- engaging the child and parents;
- taking steps to keep siblings together;
- overcoming barriers to services; and;
- inviting family members to meetings including FP;
- engaging tribal representatives;
- documenting how the child's tribal membership was determined.

Virginia's information system, OASIS, has been updated to allow Virginia to better track and report on children of American Indian heritage. Two new mechanisms have been put into place to ensure LDSS compliance with ICWA requirements: 1) a new purpose of contact, "Indian status," has been added to OASIS. Foster Care guidance will include a requirement that for every child entering care, information about how a determination about the child's potential American Indian status was made be documented in OASIS. The specific contact purpose will permit VDSS to pull reports to track this activity; and 2) during the new case validation process, the title IV-E review teams are reviewing initial case activity in each LDSS. When there have been indications that the child is an American Indian child, the title IV-E reviewer has involved the Regional Permanency Consultant to provide technical assistance to the LDSS in meeting ICWA requirements.

Finally, Virginia foster care guidance strongly encourages LDSS to contact Virginia tribes 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 for contact as part of the curriculum.

**Federal Recognition for the Pamunkey Tribe in Virginia**
The VDSS Broadcast 9594 published February 23, 2016 also announced the change to federal recognition status for the Pamunkey tribe in Virginia. The Pamunkey tribe became Virginia's first federally recognized tribe on January 28, 2016. In addition to the efforts described above, DFS reached out in the first six months of 2016 to establish initial contact, through a letter to Chief Robert Gray of the Pamunkey tribe. This letter congratulated the tribe on receiving federal recognition, stated that VDSS was interested in developing a collaborative relationship with the tribe, and provided contact information for the Foster Care Program Manager to Chief Gray. VDSS received an email in response. Chief Gray acknowledged receipt of the letter and welcomed the opportunity to serve as the tribal point of contact.

VDSS will continue to communicate regularly with the Pamunkey tribal point of contact (currently Chief Gray. Chief Gray has also been added to the membership and invitations for Virginia's Child Welfare Advisory Committee (CWAC) that holds six meetings each year with Virginia's child welfare stakeholder. VDSS will also extend invitations to participate in case specific collaboration, when member children are involved. The Final 2017 APSR will also be provided to Chief Gray, in addition to posting on VDSS Public Website.

Broadcast 9594 also provided formal notification to the requirement that any LDSS working with a child or family which may be Pamunkey tribe members that the child or family be afforded the protections of the Indian Child Welfare Act (ICWA).

**Virginia Court Improvement Program and ICWA**
Effective August 10, 2016, Sandra L. Karison is the new Director of the Court Improvement Program (CIP) for Virginia. The Court Improvement Program develops and facilitates integration of procedures and best practices for court cases involving juvenile and family law, and supports implementation of Judicial Council standards for guardians' ad litem for children and incapacitated adults. Ms. Karison becomes a new member of the Virginia CWAC, allowing for enhanced collaboration concerning ICWA and the court system in Virginia.

## H. Child Maltreatment Deaths

**Sources of Information**
VDSS currently uses data from child deaths investigated by LDSS and determined to be founded when reporting the number of child maltreatment-related deaths to the National Child Abuse and Neglect Data System (NCANDS). This data comes from information reported and documented into OASIS by local CPS workers. 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 LDSS. 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. VDSS 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 (OCME)**

- 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; and,
- 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; and,
- 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 LDSS 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; and,
- 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.; and,
- 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**

VDSS is continuing to explore 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 LDSS upon receipt of a complaint regarding the death of a child 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 LDSS report the case immediately to the regional medical examiner and to the local law enforcement agency. All cases that are investigated by the OCME are made available to the Office of Vital Records.

In addition, the State Child Fatality Review Team and Virginia's five 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. Over the past several years and since the establishment of the regional teams, the number of cases reported to and investigated by LDSS has increased significantly.

Assuming that there will likely be some discrepancies in cases of reported deaths, VDSS works closely with the OCME to determine the extent of agreement or overlap in reported cases of child fatalities. We compared and reviewed cases regarding deaths to children aged 0-4 that fell under the jurisdiction of the OCME and were not investigated by a LDSS for suspicion of abuse or neglect. Data were drawn from the Virginia Medical Examiner Data System (VMEDS). These data were compared with case-specific information provided by VDSS to identify infant and child death cases that were not investigated by

LDSS. The 0-4 group of children was targeted because these are the children who are at the greatest risk of child death due to their vulnerability.

For the three-year period, the majority of cases where discrepancies were found involved children 0-1 where the manner of death was determined to be an "Accident, Natural or Undetermined Death". The accidental deaths were further broken down to include cases of unsafe sleep, motor vehicle collisions, and poisoning. The natural deaths were due to Sudden Infant Death Syndrome, pneumonia, influenza and sepsis. The majority of cases in this category were classified as undetermined where the cause of death was unsafe sleep, poisoning, and cardiopulmonary arrest. For the cases that were not investigated by the LDSS, it was determined that some of the cases involved perpetrators who were not in a caretaking role. VDSS will continue to work closely with the OCME, and as the regional child fatality review teams become more community-based it is expected to see an increase of cases reported to CPS; such as children who have died in unsafe sleep arrangements. As knowledge and guidance increases around Neonatal Abstinence Syndrome, and the enhancement to policy and guidance around the development of a plan of safe care for an infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder; it is expected to see an increase in cases reported to CPS. Activities and strategies undertaken will be addressed in more detail in the State's 2017 APSR.

## I. Populations at Risk for Maltreatment

VDSS continue to advance policies, programs and practices to enhance the prevention and early intervention, 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 (2011 – 2015), approximately 79% of the founded cases of child maltreatment involved a child less than four years of age and approximately 47% were under the age of one. This is consistent with national data that finds young children to be the most vulnerable. Additionally, approximately 78% of the unfounded reports involved children under the age of one from SFY2011 through SFY2015. In SFY2015, of the 69 unfounded reports that involved a child less than one year of age, 44 (64%) were related to the sleep environment. Sleep environment refers to 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. The Team examined 119 cases of infants who died unexpectedly in a sleep environment. 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's most recent report, ***Sleep-Related Infant Deaths in Virginia,*** 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. The findings revealed that 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. As a result, the Western and Eastern Regional Child Fatality Review Teams initiated safe sleep practices in their communities to inform people of the dangers of unsafe sleep. The Western Region targeted a Safe Sleep Campaign

during the month of April – Child Abuse Prevention Month. All LDSS participated by distributing information in their communities.

The Western Region has an initiative between LDSS and Smart Beginnings to provide screening for children age 0-3 called Ages and Stages. There are six counties participating: Wise, Norton, Lee, Bland, Tazewell, and Wythe. These agencies have received training on how to complete the Ages and Stages Screening tool to determine developmental delays so that referrals to the appropriate agency for evaluation and services can be made. Each agency received a kit that can be replicated as needed to do the screenings. The process of screening the child and completing the tool is an excellent way to engage the parent in early intervention/prevention efforts.

VDSS also implemented a number of other recommendations from the study. The CPS guidance manual now includes a reference to safe sleep when observing and assessing home environments of families with children less than one-year of age. The new guidance was disseminated in July 2015.

Specialized materials about Abusive Head Trauma and safe sleep practices were developed and disseminated in July 2015 to the LDSS child care staff, VDSS licensing staff, and child care providers; foster, adoptive and kinship care parents, and LDSS foster care and adoption services specialists to be included in their respective curricula for working with these populations. The materials stress the importance of this parenting information and the following links were provided:
http://www.dss.virginia.gov/family/safe_sleep.cgi
http://www.dss.virginia.gov/family/cps/shaken_baby.cgi

Due to the alarming number of drug overdoses both nationwide and in Virginia, the State Child Fatality Review Team decided to examine how children were being affected by this public health epidemic. The Team is currently completing its study of "Poisoning Deaths in Virginia Infants and Young Children". The Team reviewed 41 child deaths due to poisoning from 2009 and 2013 to identify risk factors and develop strategies for prevention and intervention. While the majority of the decedents were teenagers, 15 of those decedents (37%) were infants or young children, ages 0 to 6. The Team determined that 80% of these deaths were preventable and identified five key themes in its review of this target population.

After teens, children most at risk of poisoning deaths are infants and toddlers, particularly those in homes where a parent or caregiver had a history of substance abuse. In fact, the Team found that infant and toddler deaths occurred in homes where parents and caregivers were using prescription drugs. The majority of these infants and children (nine or 60%) died after ingesting prescription medication. Prescription medications included narcotics, analgesics, anti-anxiety medications, antidepressants, anti-psychotics, muscle relaxants, stimulants, and anti-emetics. Prescription medications were prescribed to a family or household member in four cases, and came from a friend of the family or a dealer in three cases. Over-the-counter medications included acetaminophen and diphenhydramine. Other fatal substances included massage oil, fluoride from toothpaste, and carbon monoxide from car exhaust.

The Team found that most of the infants and toddlers who died from poisoning had recently seen their pediatrician and almost half were known to CPS prior to their deaths. Thirteen of the 15 children had seen a pediatrician at least once over the past year prior to their death, and in several cases, the pediatric charts noted concerns about caretaker substance use or misuse. Six of the children who died and their caregivers were known to CPS; this reflects 40% of the families in this review.

While the Team has not yet completed its recommendations, two primary key themes for prevention are supervision of infants and young children by their caregivers and safe storage and administration of medications and potentially lethal household products. The Team determined that 13 (87%) infants and young children were not adequately supervised by a caregiver at the time of the fatal ingestion of poison.

In six cases, caregivers knowingly administered a medication not prescribed to the child, administered an incorrect dosage or a medication not intended for children of that age. Four caregivers had a history of inadequately administering the medications; in several cases the caregivers administered these medications to get children to sleep or to manage their behavior.

There is still much to learn about this emerging epidemic and the Team is still finalizing its recommendations. VDSS is exploring a change in the timeline for response when a report of a child less than one year of age is received as well as to require an investigation response to such report due to the vulnerability of this population. VDSS will continue to address this issue in the 2017 APSR and will outline strategies and activities undertaken to target services to this population.

## J. Services for Children under the Age of Five

As of January 1, 2016, there were 1,297 children under the age of 5 in foster care. Of these children, 1,183 were in placements which were not permanent. That is, they were not in a pre-adoptive placements waiting adoption finalization or on trial home visits. This is 37 fewer children in this age group than last year, which represents a 3% decrease. Forty-seven percent of these children were female and 53% percent were male. The majority of the children, 54%, were white. Thirty-two percent were black and 11% were mixed race.

Services for these youth include the following:

- For those with the goal of adoption and where Termination of Parental Rights (TPR) has been ordered, these children are identified as available for adoption through the ATCP adoption project;
- Family engagement and FPM 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); and,
- 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 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.

Additionally, DMAS is tracking this group specifically to ensure that screening for developmental delays and other health or behavioral needs are addressed as soon as possible.

## K. Program Improvement Plan updates

Virginia is currently working on two Program Improvement Plans (PIP). The Adoption and Foster Care Analysis and Reporting System (AFCARS) PIP was initially submitted in August 2012 after having the

AFCARS review in June 2010. This PIP has stalled and no additional work has been completed since the last annual report was submitted. Virginia has been in communication with both the regional office and the Children's Bureau concerning this PIP.

The second PIP is for title IV-E and 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. The PIP is currently in progress; however, many of the outstanding items have been removed as of the December 2015 resubmission. Work continues around the revision of service planning in OASIS. While the work is being completed, DFS released a Broadcast reminding foster care staff what the requirements are for the service plan and in which sections the requirements must be addressed. Workers have been instructed to attach medical and educational information as well as the Transitional Living Plans to the plan that gets submitted to court. Many of the requirements that came from the Sex Trafficking legislation were added to the PIP and were addressed through legislation in the 2016 General Assembly session. There are still a few unresolved items and work will continue to address them. It is feasible that the PIP could be closed out in 2016.

# IV Assessment of Performance

Statewide Assessment

In order to assess state performance on child and family outcomes and agency systemic factors, Virginia has examined its performance on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors. Using the most recent data profile, national standards, data related to systemic capacity, case record review data, and other relevant data, Virginia is able to begin providing insight to performance on outcomes and systemic factors. As Virginia continues to prepare for the third round of the CFSR, there remains a need to gather stakeholder input. Areas that have not been directly addressed will be indicated with an explanation of planned activities. Stakeholder surveys have been sent to Juvenile and Domestic Relations Court Judges, DSS Attorney, Guardian ad Litem, CASA, Family Service Workers, Family Service Supervisors and Directors, Foster Parents from LDSS and LCPA, Staff at Residential Facilities, and will be sent to biological families and youth. The results from those surveys will be included in the Statewide Assessment when the surveys are returned.

## A. Safety

## Safety Outcomes 1 and 2

### Safety Outcome 1 CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

#### Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Policy developed on face-to-face contact with victims has been included in guidance and regulation 22VAC40-705-80(B)(1). The child protective services worker shall conduct a face-to-face interview with and observation of the alleged victim child and siblings. All interviews with alleged victim children in a CPS investigation must be electronically recorded. Guidance indicates these interviews and observations should be conducted within the assigned response priority. Priority 1 contacts should be initiated within 24 hours, Priority 2 contacts should be initiated within 48 hours, and Priority 3 contacts should be initiated within five working days of receipt of a valid CPS report.

Several reports have been created and are available in SafeMeasures®. They include:

- Timeliness of First Attempted or Completed Contact;
- Timeliness of First Completed Contact;
- Time to First Meaningful Contact (also quarterly); and
- Timeliness of First Attempted or Completed Contact with Victim (also quarterly).

To allow for time for data entry, the reports will be pulled from February 2016. For the Timeliness of Frist Attempted or Completed Contact report, for referrals received during February 2016, contact or attempted contact was made within the response time priority limits for 86.3% of cases. For the Timeliness of First Completed Contact report, for referrals received during February 2016, contact was made within the response time priority limits for 83% of cases. The Time to First Meaningful Contact report details how much time passed between the referral date and first meaningful contact. For referrals received in February 2016, 6.9% of cases have contact pending; 39.7% had contact within 24 hours; 12.6% had contact within 48 hours; 7.4% had contact within 72 hours; 14.2% had contact in less than 6 days; 11% had contact in less than 11 days; 5.2% had contact in 11+ days; and 1.8% of cases were closed without contact. For the Timeliness of First Attempted or Completed Contact with Victim report, for referrals received in February 2016, contact made within the response time priority with the victim in

59.9% of cases; in 4.4% of cases, attempted contact with made within the response time priority; and in 35.4% of cases contact was not timely.

For case reviews conducted between January and April 2016 (n=64, na=43), item 1 Timeliness of Initiating Investigations of Reports of Child Maltreatment, 86% of cases reviewed received a rating of Strength and 14% received a rating of Area Needing Improvement (ANI). Overall, Safety Outcome 1 was substantially achieved in 86% of cases and not achieved in 14% of cases.

**Safety Outcome 2 CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE**

**Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care**

**Item 3: Assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care**

Virginia is currently still working on a service request (SR) to update service plans in OASIS. The SDM Family Strengths and Needs Assessment (FSNA) and Risk Reassessment are part of the SR, along with the CANS instrument that is required for all foster children. The draft version of foster care guidance includes a health assessment tool and guidance around trauma-informed practice. These system updates will improve local department staff's ability to develop service plans that are responsive to a comprehensive assessment of children's, families', and providers' needs. Due to staffing issues, the service plan changes have not been fully implemented yet. Work continues on this project.

CPS issued guidance that mandates the use of the FSNA and Risk Reassessment tools in CPS ongoing cases. Additional guidance was provided regarding the development of service plans.

SafeMeasures® includes several reports on completion and timeliness of these reports and assessments. While these reports do not review service planning, they are a way for localities to monitor the use of the tools. SafeMeasures is currently working on reports for the FSNA and Risk Reassessment tools for CPS ongoing cases.

SafeMeasures® reports:
SDM: Intake Tool Completion;
SDM: Time from Referral to Intake Tool Completion;
SDM: Initial Safety Assessment Timeliness;
SDM: Safety Decision;
SDM: Initial Risk Level;
SDM: Risk Assessment Timeliness; and
SDM: Risk Level at Referral Closure

To allow for time for data entry, the reports will be pulled from February 2016. For the report Intake Tool Completion, the intake tool was completed for 98.8% of referrals received during February 2016. For the report Time from Referral to Intake Tool Completion, the intake tool was completed within one day for 90.3% of referrals received during February 2016; the tool was completed within one to two days for 3.3% of referrals received during February 2016; the tool was completed between two and five days for 5.1% of referrals received during February 2016; and the tool was completed in more than five days for 1.4% of referrals received during February 2016. The report Initial Safety Assessment Timeliness details if the initial safety assessment completed within one day of the first meaningful contact. For 59% of referrals received in February 2016, the initial safety assessment was completed on time; 20.4% of referrals received in February 2016 were not completed on time; and 8.7% were not completed. The

report also details referrals with no first meaningful contact in 5.4% of referrals and the safety assessment was completed before contact was made in 6.4% of the referrals received in February 2016.

The SDM Safety Decision report details what the safety decision ended up being for all investigated referrals. For referrals received during February 2016, 47.5% were deemed Safe, 50.1% were Conditionally Safe, and 2.4% were Unsafe. The SDM Initial Risk Level report details the level determined during the initial risk assessment. For referrals received during February 2016, 23.9% were deemed Low Risk, 38.6% Moderate Risk, 28.4% High Risk, and 9.2% Very High Risk. The Risk Assessment Timeliness report details if the risk assessment completed within 45 days of the referral or track change date. For 53.7% of referrals received in February 2016 had a risk assessment completed within 45 days; 7.3% of referrals received in February 2016 had a risk assessment completed between 45 and 60 days; 1.5% of referrals received in February 2016 had a risk assessment completed in more than 60 days; and in 26% of referrals received in February 2016 have a risk assessment that is still pending. The SDM report Risk Level at Referral Closure details the final risk level for referrals closed during February 2016. In 19.8% of referrals, the risk was Low; 40.2% the risk level was Moderate; 29.7% the risk level was High; and in 10.4% the risk level was Very High.

Virginia consistently passes the standard for Item 2: Absence of Maltreatment Recurrence. In the June 2015 Fiscal Year 2014ab State Data Profile, Virginia passed the Standard 94.6% or more with 98.0%. Virginia also consistently passes the standard for Item 3: Absence of Child Abuse and/or Neglect in Foster Care. In the June 2015 Fiscal Year 2014ab State Data Profile, Virginia passed the Standard 99.68% or more with 99.77%. Virginia's National Standard Data for Safety Outcome 1 are below:

- Maltreatment in Foster Care 8.50 victimizations per 100,000 days in foster care
- Recurrence of Maltreatment 9.1%

For case reviews conducted between January and April 2016 (n=64), item 2 Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care, 96% of cases were rated Strength and 4% were rated ANI (na=37). For item 3 Risk and Safety Assessment and Management, 94% of cases were rated Strength and 6% of cases were rated ANI (na=0). Over all Safety Outcome 2 was Substantially Achieved in 94% of cases, Partially Achieved in 3% of cases, and Not Achieved in 3% of cases.

Surveys were sent to stakeholders; including Juvenile Court Judges, DSS attorneys and Guardian ad Litems (GAL); Court Appointed Special Advocates (CASA), Foster Parents and residential staff; Family Services staff (FSS), and Family Services Supervisors. All but foster parents were asked to respond to the statement "My LDSS offer services to protect children in their homes." The responses for Agree or Strongly Agree are: FSS, 91%; Supervisors 89%; Judges, 94%; Attorneys, 84%; and CASA, 82%. When asked to respond to the statement "My LDSS offer services to families to prevent removal of children into foster care" the responses for Agree or Strongly Agree are: FSS, 91%; Supervisors 90%; Judges, 97%; Attorneys, 76%; and CASA, 79%. When asked to respond to the statement "My LDSS offer services to families to prevent re-entry into foster care" the responses for Agree or Strongly Agree are: FSS, 66%; Supervisors 75%; Judges, 87%; Attorneys, 64%; and CASA, 68%.

When asked to respond to the statement "My LDSS assesses safety related to children in their homes. (Safety refers to the degree which a child is secure from harm or serious injury now or in the very near future.)"the responses for Agree or Strongly Agree are: FSS, 95%; Supervisors 95%; Judges, 91%; Attorneys, 83%; and CASA, 84%. When asked to respond to the statement "My LDSS addresses assesses safety of children in their homes" the responses for Agree or Strongly Agree are: FSS, 92%; Supervisors 96%; 83%; Judges, 85%; Attorneys, 77%; and CASA, 79%. When asked to respond to the following statement "My LDSS assesses risk related to children in their homes. (Risk refers to the future

likelihood of child maltreatment or how likely the child will be abused/re-abused in the foreseeable future.)" the responses for Agree or Strongly Agree are: FSS, 92%; Supervisors 96%; 80%; Judges, 85%; Attorneys, 78%; and CASA, 78%. When asked to respond to the statement "My LDSS addresses assesses risk of children in their homes" the responses for Agree or Strongly Agree are: FSS, 90%; Supervisors 94%; Judges, 76%; and CASA, 71%.

The following statements include responses from all the above listed stakeholders. When asked to respond to the statement "My LDSS assesses safety related to children while in foster care" the responses for Agree or Strongly Agree are: FSS, 84%; Supervisors 97%; Foster Parents, 84%; Judges, 83%; Attorneys, 79%; and CASA, 82%. When asked to respond to the statement "My LDSS addresses assesses safety related to children while in foster care" the responses for Agree or Strongly Agree are: FSS, 80%; Supervisors 93%; Foster Parents, 83%; Judges, 89%; Attorneys, 76%; and CASA, 76%. When asked to respond to the statement "My LDSS assesses risk related to children while in foster care" the responses for Agree or Strongly Agree are: FSS, 80%; Supervisors 93%; Foster Parents, 80%; Judges, 80%; Attorneys, 77%; and CASA, 70%. When asked to respond to the statement "My LDSS addresses assessed risk related to children while in foster care" the responses for Agree or Strongly Agree are: FSS, 79%; Supervisors 92%; Foster Parents, 77%; Judges, 83%; Attorneys, 72%; and CASA, 67%.

# B. Permanency
# Permanency Outcomes 1 and 2

## Permanency Outcome 1 CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

### Item 4: Stability of Foster Care Placement

Foster Care guidance includes Critical Decision in Making Placements, section 6.3 of the Child and Family Services Manual, Chapter E Foster Care. The decision include the health and safety of the child, the need to place siblings together when appropriate, the timeliness of placement, and maintaining connections to community among others. More information can be found here: http://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/07_2015/Section_06_Placement_to_Achieve_Permanency.pdf

Virginia's State Data Profile (June 2015) score for Permanency Composite 4: Placement Stability is 99.2. The national standard is 101.5 or higher which means Virginia does not meet this national standard. Virginia does perform better with the Measures for this composite. Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months national median = 83.3%, 75th Percentile = 86.0%. Virginia is at 85.1%; above the national median but below the 75$^{th}$ Percentile. Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months national median = 59.9%, 75th Percentile = 65.4%. Virginia is at 66.8% which is above both the national median and the 75$^{th}$ Percentile. Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months national median = 33.9%, 75th Percentile = 41.8%. Virginia is at 37.8%, which is above the national medial but below the 75$^{th}$ Percentile.

Virginia uses Family Partnership Meetings (FPM) at several decision points in the life of a case. One of those decision points is for placement change, in hopes that if a placement is about to disrupt a FPM may allow for compromise and eliminate a placement disruption. SafeMeasures contains the FPM for Placement Change report that details whether or not a FPM was held in the 30 days before or after a placement change. For children who had a placement change during April 2016, 7.5% of children participated in a FPM before placement change; 1.2% participated in a FPM after placement change;

6.4% participated in a FPM that was for a reason other than placement change; and 84.9% did not have any recorded FPM.

Virginia also utilizes the Number of Placement Settings in All Foster Care Episodes report to track the total number of placement settings for all recorded placement episodes for children in foster care. For children in care during April 2016, 57.9% had 0-2 placements; 27.5% had 3-5 placements; 10.4% had 6-10 placements; 2.3% had 11-15 placements; 1.2% had 16 – 20 placements; and 0.7% had 21+ placements.

For case reviews conducted between January and April 2016 (n=31), item 4 Stability of Foster Care Placement was rated Strength in 84% of cases reviewed and rated ANI in 16% of cases reviewed.

**Item 5: Permanency Goal for Child**

Item 5: Permanency Goal for the Child is asking "Did the agency establish appropriate permanency goals for the child in a timely manner?" For case reviews conducted between January and April 2016 (n=31), item 5 was scored as a Strength in 77% of cases and an ANI in 23% of cases. The cases that were scored as an ANI, in one case the permanency goal was not specified in the case file. In four cases, the goals were not established in a timely manner. In five cases, the reviewer determined that the goals were not appropriate to the child's needs. In seven cases, the department did not file for TPR and in four of those cases, there was no documented exception for not filing.

Surveys were sent to stakeholders; including Juvenile Court Judges, DSS attorneys and Guardian ad Litems (GAL); Court Appointed Special Advocates (CASA), Foster Parents and residential staff; Family Services staff (FSS), and Family Services Supervisors. FSS and Supervisors were asked to respond to the statement "Permanency goals for children should be established no later than 60 days from the date of the child's entry into foster care. The children on my caseload have permanency goals established in a timely manner." Of the FSS that responded 13% responded Sometimes; 29% responded Frequently; and 58% responded Always. Of the Supervisors that responded 2% responded Never; 8% responded Sometimes; 16% responded Frequently; and 75% responded Always. Attorneys, Judges, CASA and foster parents were asked to respond to the statement "A foster child's permanency goals are established in a timely manner." The responses for Agree or Strongly Agree are Foster Parents, 49%; Attorneys, 50%; CASA, 39%; and Judges, 74%.

Stakeholders were asked to respond to the statement "Permanency goals presented by the LDSS are appropriate" or "Permanecy goals are appropriate for each foster child." The responses for Agree or Strongly Agree are Foster Parent, 67%; Attorneys 63%; CASA, 67%; Judges, 87%; FSS, 82%; and Supervisors, 86%. Foster Parents, FSS, and Supervisors were asked to respond to the statement "Federal guidelines call for adoption within 24 for a child entering care. If a foster child on your caseload (or your foster child) has had a change of goal from reunification to adoption, do you believe that the goal was established in a timely manner?" The responses were 72% Yes, 28% No for Foster Parents, 74% Yes, 26% No for FSS, and 72% Yes, 28% No for Supervisors.

## Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Item 6 asks "Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?" In Virginia, other planned permanent living arrangement goals are Permanent Foster Care and Another Planned Permanent Living Arrangement (APPLA). For case reviews conducted between January and April 2016 (n=31), 65% of cases reviewed were rated a Strength and 35% were rated an ANI. None of the children in the cases reviewed had a non-

permanency goal. For cases scored as ANI, the reviewers determined that departments did not make concerted efforts to achieve the goals in a timely manner. Several children had the goal of Reunification and had been in care between 31 and 43 months at the time of the review. One child had a concurrent goal of Placement with Relative and Adoption and had been in care 48 months at the time of the review. In the rest of the cases, the children's goals are adoption with children in care between 37 and 76 months.

Virginia utilizes the SafeMeasures reports: Discharges to Reunification within 12 Months, Discharges to Permanency (24+ Months in Care), and Discharges to Adoption in 24 Months. The Discharges to Reunification within 12 Months report examines how many clients that were discharged with a reason of reunification were reunified within 12 months of their removal. For children reunified any time in the 12 month time period ending March 2016, 53.5% were discharged within 12 months and 46.5% had been in care longer than 12 months. The Discharges to Permanency (24+ Months in Care) examines children who had been in care for 24+ months on the first day of the 12 months ending with March 2016, how many were discharged to permanency? For children in care for more than 24 months prior to April 2015, 18.8% discharged to permanency and 81% had a non-permanency discharge. The report Discharges to Adoption in 24 Months examines how many children discharged to adoption did so within 24 months from the date of removal. For children who discharged to adoption at any time during the 12-month period ending on March 31, 2016, 36.3% discharged to adoption within 24 months and 63.4% discharged to adoption after 24 months.

Virginia's performance on State Data Profile (June 2015) Permanency Composite 1: Timeliness and Permanency of Reunification is 108.9 which is below the standard: 122.6 or higher. Virginia is also below the national medians and percentiles for each of the sub-measures in Component A. For Component A: Timeliness of Reunification Measure C1 - 1: Exits to reunification in less than 12 months the national median = 69.9%, 75th percentile = 75.2% and Virginia is at 60.5%. For Measure C1 - 2: Exits to reunification the national median stay = 6.5 months, 25th Percentile = 5.4 months while Virginia's median stay is 8.4 months. With that measure, the lower the number of months, the better. For Measure C1 - 3: Entry cohort reunification in < 12 months the national median = 39.4%, 75th Percentile = 48.4% and Virginia is at 28.2%. Virginia does perform better with Component B: Permanency of Reunification. For Measure C1 - 4: Re-entries to foster care in less than 12 months the national median = 15.0%, 25th Percentile = 9.9% and Virginia is at 8.4%.

Virginia's performance on State Data Profile (June 2015) Permanency Composite 2 Timeliness of Adoptions is 112.4 which is higher than the standard: 106.4 or higher. Virginia's scores exceed Component A: Timeliness of Adoptions of Children Discharged From Foster Care. For Measure C2 - 1: Exits to adoption in less than 24 months the national median = 26.8%, 75th Percentile = 36.6% while Virginia is at 36.2%; just slightly below the 75$^{th}$ Percentile. For Measure C2 - 2: Exits to adoption, the national median = 32.4 months, 25th Percentile = 27.3 while Virginia's median length of stay is 27.3 months. Virginia is the same as the 25$^{th}$ Percentile, which is preferred with this measure. Virginia also exceeds the measures in Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. For Measure C2 - 3: Children in care 17+ months, adopted by the end of the year the national median = 20.2%, 75th Percentile = 22.7% while Virginia is at 26.2%. For Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months the national median = 8.8%, 75th Percentile = 10.9% while Virginia is at 15.5%. Virginia is slightly below the national median for Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. For Measure C2 - 5: Legally free children adopted in less than 12 months the national median = 45.8%, 75th Percentile = 53.7% while Virginia is at 43.4%

Virginia's performance on State Data Profile (June 2015) Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time is above the standard: 121.7 or higher at

124. Virginia falls between the national median and the 75th Percentile for the first sub-measures. For Component A: Achieving permanency for Children in Foster Care for Long Periods of Time Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months the national median 25.0%, 75th Percentile = 29.1% while Virginia is at 28.4%. Virginia falls below the national median and 75th Percentile for Measure C3 - 2: Exits to permanency for children with TPR. The national median= 96.84%, 75th Percentile = 98.0% while Virginia is at 89.6%. Virginia exceeds the national median and 25th Percentile for Component B: Growing up in foster care Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. The national median = 47.8%, 25th Percentile = 37.5% and Virginia is at 35.9%.

National Standard data for Permanency Outcome1 is below:

Permanency in 12 Months for Children Entering Foster Care .....40.5 percent.

Permanency in 12 Months for Children in Foster Care 12 to 23 Months ..... 43.6 percent.

Permanency in 12 Months for Children in Foster Care 24 Months or More ..... 30.3 percent.

Re-Entry to Foster Care in 12 Months ..... 8.3 percent.

Placement Stability .....4.12 moves per 1,000 days in foster care

For case reviews conducted between January and April 2016, Permanency Outcome 1 was Substantially Achieved in 52% of cases review, Partially Achieved in 42% of cases reviewed, and Not Achieved in 6% of cases reviewed.

## PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

### Item 7: Placement With Siblings

As part of the service plan redesign for OASIS, it is proposed that fields be added and required to determine if, in fact, siblings are place together. Virginia anticipates being able to include this information by 2017.

For case reviews conducted between January and April 2016 (n= 31), 100% were rated a strength. Of the cases reviewed 18 were not applicable. Of the applicable cases, three children were not placed with siblings, however there was a valid reason documented or not placing siblings together.

FSS and Supervisors were asked to respond to the statement "Efforts are made to place siblings together when they are brought into foster care." Of the FSS that responded 24% responded Frequently and 76% responded Always and of the Supervisors that responded 20% responded Frequently and 80% responded Always. Foster Parents, Attorneys, CASA and Judges were asked to respond to the same statement. The responses for Agree or Strongly Agree are Foster Parents, 68%; Attorneys, 78%; CASA, 68%; and Judges, 84%.

### Item 8: Visiting With Parents and Siblings in Foster Care

Virginia utilizes SafeMeasures to help track visits with family and siblings with two reports: Monthly Client Visits with Family Members and Monthly Client Visits with Siblings. For the report Monthly

Client Visits with Family Members, 30.6% of children in foster care who were in care the month of April 2016 had at least one face-to-face visit recorded with a family member. For the report Monthly Client Visits with Siblings, 28% of children who were in care in April 2016 saw all their siblings and 2.9% saw some of their siblings.

For case reviews conducted between January and April 2016 (n= 31), 69% were rated as a strength and 31% were rated ANI. For cases rated ANI, the issue was related to never seeing siblings. In most cases, however, the reviewers determined that the frequency and quality of visits were not appropriate with mothers and fathers, when applicable.

Supervisors and FSS were asked to respond to the statement "Visitation between siblings is encouraged and occurs on a regular basis." FSS responded 17% Sometimes; 56% Frequently; 27% Always, 27% and Supervisors responded 15% Sometimes; 50% Frequently; and 25% Always. Foster Parents were asked to respond to the statement "Visitation between the foster children I work with and their siblings occurs on a regular basis." Of those that responded, 17% responded Strongly Disagree or Disagree; 15% Neutral; and 45% Agree or Strongly Agree. Attorneys, CASA, and Judges were asked to respond to the statement "Visitation between siblings is encouraged by LDSS." The responses for Agree or Strongly Agree are 57% Attorneys; 58% CASA; and 76% Judges.

Foster Parents, Attorneys, CASA, and Judges were asked to respond to the statement "Visitation between parents and children are encouraged by LDSS". The responses for Agree or Strongly Agree are 92% Foster Parents; 59% Attorneys; 79% CASA; and 66% Judges. Supervisors and FSS were asked to respond to the statement "Visitation between parents and children are encouraged and take place on a regular basis." FSS responded 5% Sometimes; 40% Frequently; and 55% Always. Supervisors responded 3% Sometimes; 41% Frequently; and 56% Always.

**Item 9: Preserving Connections**

VDSS is committed to preserving connections for children and youth that are in foster care. Section 12 of the Child and Family Services Manual, Chapter E Foster care focuses on identifying services to be provided. "To achieve better outcomes for the children and families involved with the child welfare system, the planning and delivery of services should focus on… respecting the cultural heritage and connections to family, community, and social support networks of children." This section also goes into detail about determining best interest for school placement and how important consistency is for children and youth. VDSS and DOE Project Hope trained over 150 staff members from LDSS and local school divisions. The training focused on the Fostering Connections Act Education Stability, best interest determination (BID), the immediate enrollment process, and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. These trainings also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth.

For case reviews conducted between January and April 2016 (n= 31), 72% of cases were rated Strengths and 28% were rated ANI. None of the children are members of or eligible for membership with a Native American Tribe.

Supervisors and FSS were asked to respond to the statement "Concerted efforts are made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother with activities other than just visitation." FSS responded 34% Sometimes; 49% Frequently; and 17% Always. Supervisors responded 37% Sometimes; 52% Frequently; and 11% Always. Attorneys, CASA, Foster Parents and residential staff, and Judges were asked to respond to the statement "Family relationships and

connections to community are preserved when a child comes into foster care." The responses for Agree or Strongly Agree are 40% Attorney; 56% CASA; 71% Foster Parents; and 51% Judges.

Supervisors, FSS, and Foster Parents were asked to respond to the question "How often are children placed in foster homes within their communities?" FSS responded 40% Sometimes; 53% Frequently; and 7% Always. Supervisors responded 3% Never; 53% Sometimes; 40% Frequently; 3% Always. Foster Parents responded 5% Never; 48% Sometimes; 34% Frequently; and 12% Always. The same group was asked to respond to the question "How often do children remain in the same school after coming into foster care?" FSS responded 3% Never; 64% Sometimes; 30% Frequently; and 4% Always. Supervisors responded 3% Never; 55% Sometimes; 40% Frequently; 2% Always. Foster Parents responded 10% Never; 55% Sometimes; 27% Frequently; and 8% Always.

**Item 10: Relative Placement**

Virginia utilizes SafeMeasures to track Kinship Care Placements through a report. Of foster children who were in care in April 2016, 6.2% are in a kinship foster care placement.

For case reviews conducted between January and April 2016 (n= 31), 91% of cases were rated a Strength and 9% were rated ANI. For cases rated ANI, reviewers did not see concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives.

Stakeholders were asked to respond to the statement "Relative placements are encouraged and are part of the culture of my LDSS." Responses for Agree or Strongly Agree are for FSS 96%; Supervisors 92%; Attorney 81%; Foster parents 80%; Judges 94%; and CASA 91%. When Attorneys and CASA were asked to respond to the statement "On-going efforts are made to locate relatives throughout the life of the case" the responses for Agree or Strongly Agree are 61% Attorney and 69% CASA. FSS and Supervisors were asked to respond to the same statement. The FSS responses are 13% Sometimes; 41% Frequently; and 46% Always. The Supervisor responses are 10% Sometimes; 34% Frequently; and 56% Always.

Foster parents were asked "Are you a relative of any foster children in your home?" Of those that responded, 4% responded Yes and 83% responded No.

**Item 11: Relationship of Child in Care With Parents**

For case reviews conducted between January and April 2016 (n= 31), 80% of cases were rated as a Strength and 20% were rated as ANI. For cases rated as a Strength, mothers were encouraged to participate in activities with the child such as school activities and doctor's appointments, opportunities were provided for therapeutic meetings, and foster parents were able to mentor mothers. Fewer activities were recorded for fathers but the most common involvement indicated was father's being encouraged to participate in activities with the child such as school activities and doctor's appointments.

For case reviews conducted between January and April 2016, Permanency Outcome 2 was Substantially Achieved in 80% of cases review, Partially Achieved in 10% of cases reviewed, and Not Achieved in 10% of cases reviewed.

Stakeholders were asked to respond to the statement "LDSS make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother." Responses for Agree or Strongly Agree are for Attorneys 57%; Judges 76%; CASA 77%; and Foster Parents 51%. When asked to respond to the same statement for Fathers; the responses for Agree or Strongly Agree are for Attorneys 54%; Judges 70%; CASA 69%; and Foster Parents 41%. Supervisors and FSS were asked to respond to the statement "Concerted efforts are made to promote, support, and/or maintain positive

relationships between the child in foster care and his or her mother with activities other than just visitation." FSS responded 4% Never; 40% Sometimes; 36% Frequently; and 19% Always. Supervisors responded 2% Never; 52% Sometimes; 29% Frequently; and 18% Always. When asked to respond to the same statement for Fathers; FSS responded 5% Never; 40% Sometimes; 35% Frequently; and 19% Always. Supervisors responded 2% Never; 55% Sometimes; 31% Frequently; and 13% Always.

# C. Well-Being

## Well-Being Outcomes 1, 2, and 3

### WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

#### Item 12: Needs and Services of Child, Parents, and Foster Parents

For case reviews conducted between January and April 2016 (n=64), 72% of cases were rated a Strength and 28% were rated ANI. For the assessment of needs and services for children, 86% were rated a Strength and 14% were rated ANI. For cases rated ANI, the majority there was no evidence of an assessment or services provided. There were at least two cases where there was no evidence of an assessment, however services were in place. There was also at least one case where there was an assessment but no services. For assessment of needs and services for parents, 80% of cases were rated a Strength and 20% were rated ANI. The majority of cases that were rated ANI were due to a lack of assessment and services provision for both mothers and fathers. There were a few cases of assessments being competed but no services being provided. For assessment of needs and services for foster parents, 92% of cases were rated a Strength and 8% were rated ANI (na=38). For cases rated ANI, one foster parent was not assessed and services were not provided and the other case the foster parent was assessed but no services were provided.

#### Item 13: Child and Family Involvement in Case Planning

For case reviews conducted between January and April 2016 (n=64), 81% of cases were rated a Strength and 19% were rated ANI. For cases rated ANI, seven mothers, seven fathers, and three children were not involved in case planning.

Supervisors and FSS were asked to respond to the statement "Parents are included in case planning." FSS responded 9% Sometimes; 44% Frequently; 47% Always and Supervisors responded 3% Sometimes; 42% Frequently; and 55% Always.

#### Item 14: Caseworker Visits With Child

Virginia utilizes two systems to monitor monthly caseworker visits. SafeMeasures is used on a day-to-day basis to help LDSS staff and supervisors track this benchmark. For children in care during March 2016, SafeMeasures reported 92.5% of children received face-to-face contact with their caseworker during the month. However, the Monthly Worker Visits Report, produced by VDSSS Office of Research and Planning, provides the most accurate information, with a time lag for updating of documentation. This is also the data source used for Virginia's AFCARS reporting. These reports indicate worker visits at or slightly above the 95% standard, however this measure is monitored closely to remain above the standard.

For case reviews conducted between January and April 2016 for quality of visits (n=64), 92% of cases were rated a Strength and 8% were rated an ANI. For cases rated ANI, two children did not have visits of sufficient frequency or quality, two children were visited; however the quality of the visit was not appropriate and one child did not receive the appropriate frequency of visitation; however when there was a visit the quality of the visit was acceptable.

**Item 15: Caseworker Visits With Parents**

For case reviews conducted between January and April 2016 (n=64), 76% of cases were rated a Strength and 24% were rated ANI (na=19). For cases rated ANI, the frequency of visitation with mothers was not appropriate in nine cases and the quality was not appropriate in six cases; and the frequency of visitation with fathers was not appropriate in five cases and the quality was not appropriate in three cases.

For case reviews conducted between January and April 2016, Well-Being Outcome 1 was Substantially Achieved in 69% of cases, Partially Achieved in 30% of cases, and Not Achieved in 2% of cases.

**WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS**
**Item 16: Educational Needs of the Child**

For case reviews conducted between January and April 2016 (n=64), 94% of cases were rated a Strength and 6% were rated an ANI (na=31). The majority of assessed needs related to special educational needs and those needs were addressed through services related to a student's IEP. Two students were given the opportunity to get a GED or go to night school as a way to help them complete their educations. One student's needs were neither assessed nor services provided.

For case reviews conducted between January and April 2016, Well-Being Outcome 2 was Substantial Achieved in 94% of cases reviewed, Partially Achieved in 3%, and Not Achieved in 3%.

Stakeholders were asked to respond to the statement "Children's educational needs are addressed in case planning." The responses for Agree or Strongly Agree are FSS 82%; Supervisors 87%; Attorneys 76%; Judges 75%; CASA 74%; and Foster Parents 71%.

**WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS**
**Item 17: Physical Health of the Child**

For case reviews conducted between January and April 2016 (n=64), 91% were rated as a Strength and 9% were rated an ANI (na=29). For cases rated ANI, one CPS ongoing case had not physical or dental assessment and no services offered. There are two foster care cases rated ANI. For one of those cases, the child was not assessed for dental needs and no dental services were provided; however all other physical assessments and services were provided. The second foster care case rated ANI did not have evidence of any physical or dental assessments or services provided other than medication management.

Stakeholders were asked to respond to the statement "Children's dental health needs are addressed in case planning." The responses for Agree or Strongly Agree are FSS 73%; Supervisors 86%; Attorneys 70%; Judges 72%; CASA 71%; and Foster Parents 72%. Stakeholders were asked to respond to the statement "Children's medical health needs are addressed in case planning." The responses for Agree or Strongly

Agree are FSS 91%; Supervisors 95%; Attorneys 85%; Judges 97%; CASA 83%; and Foster Parents 89%.

### Item 18: Mental/Behavioral Health of the Child

For case reviews conducted between January and April 2016 (n=64), 83% were rated a Strength and 17% were rated an ANI. Two of the cases rated ANI are foster care cases. In one case, the child was receiving services, however there had not been any assessment of mental or behavioral health issues. In the other foster care case, the child had not been assessed and was not receiving services. Four cases rated ANI are CPS on-going cases. In three of those cases, there was no assessment and no services offered. In one case there had been an assessment, but the child was not receiving services.

For case reviews conducted between January and April 2016, Well-Being Outcome 3 was Substantially Achieved in 82% of cases, Partially Achieved in 8%, and Not Achieved in 10%.

Stakeholders were asked to respond to the statement "Children's mental/behavioral health needs are addressed in case planning." The responses for Agree or Strongly Agree are FSS 89%; Supervisors 94%; Attorneys 82%; Judges 78%; CASA 80%; and Foster Parents 76%.

## A. Statewide Information System

### Item 19: Statewide Information System

Virginia's statewide information system, the Online Automated Services Information System (OASIS), is fully capable of determining the legal status, demographics, location, and goals for all children who are currently in or have been in foster care in Virginia. OASIS is the system of record for foster care cases, with supporting documents such as copies of birth certificates, social security cards, and court documents being stored in paper files. LDSS workers are trained to document the OASIS record in a step-by-step process that reflects their on-going work and captures data necessary for reporting. The application includes numerous ticklers, both automated and user generated, to assist workers, supervisors, and managers in case management. Automated requests for supervisor approvals, assignments, and searches are done utilizing OASIS. Through OASIS, children and families can be tracked statewide, regardless of locality, from the CPS point of entry into the child welfare system through the foster care system and completion of the adoption process, as appropriate. OASIS is used to meet federal reporting requirements for AFCARS, NYTD, NCANDS, as well as monthly worker contacts.

Local department staff are responsible for entering all information into OASIS. Section 4.3 in the Child and Family Services Manual, Chapter E Foster Care instructs workers on how to open a foster care case in OASIS. Information for every child in foster care shall be entered into OASIS as soon as possible but no later than 14 calendar days after the child's custody is transferred to a LDSS or he is placed in foster care. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 14 calendar days after each activity or event with the exception of entering information about the child's placement and funding which shall be entered within five days after each placement change. Foster Care cases should be closed within five business days after the child leaves care. When a child is placed with a licensed child placing agency home, residential facility, or other type of foster home setting; local department staff work with staff from those organizations to gather the information to be entered into the system. Staff at these types of facilities do not have access to OASIS.

Foster care cases in OASIS are identified by case numbers. Family members, including the foster child(ren) are identified by client id numbers. Information can be searched using either case numbers or

client id numbers. The custody status of a child is indicated on Physical Removal and Legal Status screens. Demographic information, including date of birth, sex, race, ethnicity, adoption history, and tribal status, is client specific and entered on the General Information Screen. Health related information is also client specific and is entered on several "Health" screens. These health screens have recently been revised to allow for a more detailed history of diagnosis, providers, immunizations, and medications (including psychotropic) as well as to ensure all the medical information is grouped together for ease of entry. The child's physical location is updated on the Placement Screen. The child's foster care goal; including concurrent goal, and service plan are entered in the Case Plan section of OASIS.

The Virginia CFSR team will begin to check for legal status, demographics, location, and goals for children as part of the on-site review process.
In a survey of Family Services staff, when asked to reply to the statement "OASIS functions well, enabling me to do my work on a daily basis" 14% responded Strongly Disagree; 21% responded Disagree; 33% responded Neutral; 28% responded agree; and 4% responded strongly agree. When asked to respond to the statement "I am easily able to locate, in OASIS, demographic information, permanency goals (if applicable), and the location of each child on my caseload" 6% responded Strongly Disagree; 8% responded Disagree; 27% responded Neutral; 50% responded Agree; and 9% responded Strongly Agree. In a survey of Family Services Supervisors, when asked to reply to the statement "OASIS functions well, enabling me to do my work on a daily basis"; 7% responded Strongly Disagree; 27% responded Disagree; 35% responded Neutral; 29% responded Agree; and 2% responded Strongly Agree. When asked to respond to the statement "I am easily able to locate, in OASIS, demographic information, permanency goals (if applicable), and the location of each child on my caseload" 3% responded Strongly Disagree; 10% responded Disagree; 28% responded Neutral; 49% responded Agree; and 10% responded Strongly Agree.

## B. Case Review System

## Item 20: Written Case Plan

There is the requirement in the Code of Virginia, regulation and guidance that a written case plan be developed for the child, in foster care, and for the family, in child protective services. Foster Care and CPS guidance and related Code sections instruct representatives of the department to involve parents, and children when appropriate, in the development of the plan. For CPS, plans must be created within 30 days of opening a case. For Foster Care, a full service plan on all children must be completed within 60 days of custody or placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment or within 30 days of signing a temporary entrustment for a placement of 90 days or more.

On January 14, 2016, VDSS issued Broadcast 9531to highlight certain federal requirements and discuss how and where LDSS will address those requirements in the Foster Care Service Plan and Service Plan Review. There have been several changes made recently to OASIS which move the system closer to meeting the federal requirements for case planning, but the current limitations to OASIS mean that the Service Plan screens cannot be completely revised quickly enough to address all the requirements in a timely manner. As a result, it is necessary for the LDSS to address certain topics in the narrative within the current template. Although much of the required information is already being captured in current Service Plans, standardization is needed to ensure that the information is located in the same place in every Service Plan and Review submitted to court. The Education and Health screens in OASIS facilitate the collection of required information; the new reports permit the information to be printed and attached to the Service Plan and Review and submitted to court. The Independent Living Transitional Plan has also

been modified to meet federal requirements; it will be attached to the Service Plan and Review and updated at least annually.

SafeMeasures® now includes two reports monitoring CPS service plans: CPS Initial Service Plan Timeliness and CPS Service Plan Status. To allow for data entry, reports are pulled from February 2016. For the CPS Initial Service Plan Timeliness report, 59.1% of cases begun in February 2016 had an initial service plan completed within 30 days of case opening. For that same time period, 17.5% of CPS ongoing cases did not have timely completion of a service plan, and another 17.8% were missing an initial service plan. The CPS Service Plan Status report shows if service plans are current, including the service plan review. For cases opened in February 2016, 61.9% of cases were current, 25.7% were not current, and 8.7% were pending the initial plan.

Family Services Supervisors for CPS were asked to respond to this statement "Service plans are completed within 30 days of case opening." Of those that responded 6% responded Sometimes; 33% responded Frequently; 33% responded Always. Twenty-seven percent responded NA. When asked to respond to the statement "Service plans are reviewed every 90 days" 5% responded Sometimes; 32% responded Frequently' 34% responded Always; and 27% responded NA. When asked to respond to the statement "For the final version of case plans that you approve, how often do you send them back to the worker for additions of required provisions?" 2% responded Never; 43% responded Sometimes; 11% responded Frequently; 2% responded Always; and 41% responded NA. When asked to respond to the statement "When plans are renewed , the plans include specific information about the needs of the child and family and responsibilities of those involved in case planning" 3% responded Disagree; 8% responded Neutral; 41% responded Agree; 18% responded Strongly Agree; and 30% responded NA.

Family Service CPS staff were asked to respond to this statement "Service plans are completed within 30 days of case opening." Of those that responded 1% responded Never; 21% responded Sometimes; 41% responded Frequently; and 36% responded Always. When asked to respond to the statement "Service plans are reviewed every 90 days" 14% responded Sometimes; 40% responded Frequently; and 46% responded Always. Family Service Foster care staff were asked to respond to this statement " Initial foster care plans are completed within the 45 day time period. Of those that responded, 1% responded Sometimes; 14% responded Frequently; and 85% responded Always. When asked to respond to this statement "Initial foster care plans are filed with the court in a timely manner" 4% responded Sometimes; 23% responded Frequently; and 73% responded Always.

Family Services Supervisors for Foster Care staff were asked to respond to this statement "Initial foster care plans are completed within the 45 day time period." Of those that responded, 3% responded Sometimes; 16% responded Frequently; and 80% responded Always. When asked to respond to this statement "Initial foster care plans are filed with the court in a timely manner" 6% responded Sometimes; 28% responded Frequently; and 66% responded Always. When asked to respond to this statement "For the final version of foster care plans you approve, how often do you send them back to the worker for additions of required provisions?" 72% responded Sometimes; 21% responded Frequently; and 6% responded Always. When asked to respond to this statement "Initial foster care plans include specific information about the needs of the child and family, placement information, and responsibilities of those involved in case planning" 2% responded Strongly Disagree, 2% responded Disagree; 3% responded Neutral; 44% responded Agree; and 49% responded Strongly Agree. When asked to respond to this statement "Foster care review plans include specific information about the needs of the child and family, placement information, and responsibilities of those involved in case planning" 1% responded Strongly Disagree; 3% responded Neutral; 48% responded Agree; and 48% responded Strongly Agree.

**Item 21: Periodic Reviews**

The Code of Virginia requires that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child. (§§ 63.2-907 and 16.1-282) A formal review shall be held at least every six months. Dispositional hearings are held within 60 days after removal and foster care plans are filed within 45 days from removal. Foster care reviews are held within four months (§ 16.1-282) from the dispositional hearing. Petition for a permanency planning hearing are filed 30 days prior to the scheduled court date for the hearing which will be held with 10 months of the dispositional hearing (§ 16.1-282.1).

SafeMeasures® includes the AFCARS Approved Court Hearing Status Report. This report shows whether or not the child in placement has had an AFCARS-approved court hearing on the Hearing/Review screen according to the timeline provided by the Juvenile and Domestic Relations District Courts timeline for child dependency cases. The hearing types include; 60-day Dispositional, Court Review, Permanency Planning, and Admin Panel Review Hearing. For children in care in March 2016, 89.8% were current with their hearings and 10.2% were not current or no hearing was found.

CIP recommends against continuances, except under extenuating circumstances (i.e. a party or attorney is ill, service of process has not yet been completed, etc.). To support the potential of a continuance, CIP encourages courts to schedule all cases early, prior to the last date permitted by the applicable time line requirement. If a case is scheduled early enough, the court can often reschedule it within the required time guidelines. The process for scheduling cases prior to the 4-month foster care review stage is dependent upon how the child is entering foster care and the hearings associated with that particular case type (i.e. abuse or neglect; at-risk of abuse or neglect; relief of custody or entrustment agreement, or dispositionally through child in need of services, child in need of supervision, etc.).

Once the case is at initial foster care review, the next case is scheduled at the time of the current case. For example:

- The 4-month foster care review is scheduled at the end of the initial foster care review.
- The initial permanency planning is scheduled at the end of the 4-month foster care review.
- The second permanency planning is scheduled at the end of initial permanency planning, if an interim plan is approved at initial permanency planning.
- The annual foster care review is scheduled at the end of initial permanency planning case; or at the time of the current annual review.

To support courts with scheduling cases/hearings timely, the JCMS includes an electronic scheduling feature that lists the court events and time periods. The clerk identifies the court event to be scheduled and selects the applicable time period. The scheduling feature then identifies possible hearing dates within the statutory time guidelines. The court picks a date convenient to the parties and attorneys. Approximately 70% of J&DR District Courts use this scheduling feature. Courts not on scheduling identify court dates manually, which involves the court identifying the next court event and required time frame and counting the number of days out on a calendar.

At the Dispositional Hearing, the Judge decides who should have custody of the child. The Court may return custody to the parent or guardian from whom the child was removed with certain conditions and requirements, place the child with a relative, or keep the child in foster care with the LDSS. If the child stays in foster care, the Judge will review the Foster Care Plan prepared by the LDSS. The plan will identify a goal for timely reunification or other permanent placement. The Judge reviews the Foster Care Plan to ensure the goals for the child and family are clear and achievable. At the Foster Care Review Hearing, the Judge reviews progress made towards reunification as well as services provided including medical, educational, and mental/behavioral health services provided to the child and services provided to the family. At the Permanency Planning Hearing, the Judge will determine if the child can be returned

safely home or if the permanency goal needs to be changed from reunification to another permanency or alternative goal.

Family Services Foster Care staff were asked to respond to this statement "Are foster care cases heard no less frequently than every six months by a court or panel review?" Of those that responded, 95% responded Yes and 5% responded No. Family Services Supervisors for Foster Care staff were asked the same question with the same result.

### Item 22: Permanency Hearings

The Virginia CIP provides information from the Juvenile Case Management System (JCMS). At the time of this submission, CIP has not been able to provide updated data for this report. The data provided was generated on April 9, 2015 for FFY 2014 and for year to date in FFY 2015 (October 1, 2014 – February 28, 2015). The Time to First Permanency Hearing report provides the average number of days between a case's disposition hearing date (i.e. Abuse or Neglect (AN), At-Risk of Abuse or Neglect (RI), Entrustment Agreement (ET), or Relief of Custody (CR) cases) or, if applicable, the child's foster care date (i.e. Status Offense (ST), Child in Need of Services (CS), Child in Need of Supervision (Truancy/Runaway) (TR), Delinquency Misdemeanor (DM), or Delinquency Felony (DF) cases) and the date of the hearing on the first permanency planning case.

| **Case Types** | **Initial Baseline (2013)** | | **Target improvement by Sept. 2016** | **FFY 2014** | | **FFY 2015** | |
|---|---|---|---|---|---|---|---|
| | Average (Days) | Cases Considered | | Average (Days) | Cases Considered | Average (Days) | Cases Considered |
| All Cases | 315 | Accepted – 848 Rejected – 3 | 12% decrease | 289 | Accepted – 972 Rejected – 4 | 275 | Accepted – 407 Rejected – 0 |
| AN/RI Cases | 321 | Accepted – 689 Rejected – 0 | 12% decrease | 295 | Accepted – 781 Rejected – 4 | 278 | Accepted – 339 Rejected – 0 |
| CR Cases | 312 | Accepted – 35 Rejected – 1 | 12% decrease | 295 | Accepted – 26 Rejected – 0 | 281 | Accepted – 11 Rejected – 0 |
| ET Cases | 227 | Accepted – 80 Rejected – 2 | NA | 206 | Accepted – 109 Rejected – 0 | 211 | Accepted – 36 Rejected – 0 |
| Other Cases (CS, DF, DM, TR, ST) | 399 | Accepted – 44 Rejected – 3 | 15% decrease | 375 | Accepted – 56 Rejected – 1 | 328 | Accepted – 21 Rejected – 0 |

The Time to Subsequent Permanency Hearings measure provides the average number of days between the date of the hearing on the first Permanency Planning case and all subsequent hearings to review a foster care plan. Data is reported by permanent goal type (i.e. Return Home (RH), Placement with Relative (PR), or Adoption (AD)) and those with the goal of Another Planned Permanent Living Arrangement

(APPLA). CIP has established a best practice target of 365 days (i.e. permanent goal types) and 182 days (i.e. APPLA goal) for this measure.

| Case Types | FFY 2014 | |
|---|---|---|
| | Average (Days) | Cases Considered |
| All Permanency Goals | 223 | Accepted – 1519<br>Rejected – 266 |
| AD Goal | 269 | Accepted – 630<br>Rejected – 57 |
| PR Goal | 159 | Accepted – 301<br>Rejected – 71 |
| RH Goal | 205 | Accepted – 588<br>Rejected – 138 |
| APPLA | 176 | Accepted – 106<br>Rejected – 53 |

Family Services Foster Care staff were asked to respond to the statement "Do permanency hearings occur no later than 12 months from the date the child entered care?" Of those that responded, 97% responded Yes and 3% responded No. Family Services Supervisors for Foster Care staff were asked the same question and responded with 93% Yes and 7% No. Family Services Foster care staff were asked to respond to the statement "Do subsequent permanency hearings occur no less frequently than every 12 months after the initial permanency hearing?" Of those that responded, 97% responded Yes and 3% responded No. Supervisors were asked the same question and responded 98% Yes and 2% No.

## Item 23: Termination of Parental Rights

Section 9.5.4 of the Child and Family Services Manual Foster Care Section: Involuntary termination of parental rights says: "Federal law states that when a child has been in the care of the agency for 15 of the last 22 months and there has been no progress toward reunification with the parent from whom the child was removed, then termination of parental rights shall be filed unless it can be documented that it is not in the child's best interest to do so… At the end of the 15th cumulative month that the child is in the agency's care, the agency shall file a petition with the court to terminate parental rights if no progress has been made toward reunification, unless the agency has documented that termination of rights is not in the child's best interest."

There is one exception to filling for TPR: § 16.1-283 G. of the Code of Virginia "Notwithstanding any other provisions of this section, residual parental rights shall not be terminated if it is established that the child, if he is 14 years of age or older or otherwise of an age of discretion as determined by the court, objects to such termination. However, residual parental rights of a child 14 years of age or older may be terminated over the objection of the child, if the court finds that any disability of the child reduces the child's developmental age and that the child is not otherwise of an age of discretion."
That same section states "Any order terminating residual parental rights shall be accompanied by an order continuing or granting custody to a local board of social services, to a licensed child-placing agency or the granting of custody or guardianship to a relative or other interested individual, subject to the provisions of subsection A1. However, in such cases the court shall give a consideration to granting custody to relatives of the child, including grandparents."

As of March 31, 2016 there were 4,846 children in foster care. Of those youth, 2,353 have been in care 15 of the last 22 months, including youth that have left and re-entered foster care. Of those youth who have been in care 15 of the last 22 months 1,220 of them have a Termination of Parental Rights recorded in OASIS.

Family Services Foster Care staff were asked "How often are TPRs occurring for children in care 15 of the last 22 months?" Of those that responded, 41% responded Sometimes; 51% responded Frequently; and 8% responded Always. Supervisors were asked the same question and 2% responded Never; 38% responded Sometimes; 53% responded Frequently; and 7% responded Always.

### Item 24: Notice of Hearings and Reviews to Caregivers

Section 15.2.2 of the Child and Family Services Manual, Chapter E Foster Care details caregivers' attendance at court hearings. Parents are to be provided notice of each hearing by the court. Foster parents and pre-adoptive parents are to be notified of every hearing in writing. Their names shall be included on the foster care service plan transmittal submitted to the court. Service workers should also discuss upcoming hearings with the parents and foster or resource parents and encourage their attendance. The service worker should provide and discuss with the foster parent, pre-adoptive parent, or relative caregiver a copy of the brochure Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts. http://www.courts.state.va.us/courtadmin/aoc/cip/resources/asfa_brochure_web.pdf This brochure explains the requirements that they must be provided with timely notice of and an opportunity to be heard in six month review hearings and permanency hearings held with respect to the child in their care. It explains they do not have the right to standing as a party to the case. It also describes the participants in the case and what they may expect by way of notice and "a right to be heard." The foster parent, pre-adoptive parent, or relative caregiver should be encouraged to attend and speak at the hearing, when recognized by the judge, with respect to the child during the time the child is in their care.

Foster Parents and residential staff were asked to respond to the question "Do you receive notice of upcoming foster care case reviews?" Of those that responded 85% responded Yes and 15% responded No. When asked to respond to the question "Do you feel like your opinion is valued in court?" 62% responded Yes and 38% responded No. When asked to respond to the question "When you attend court, are you asked about the foster child?" 50% said Yes and 50% said No. When asked to respond to the question "Who during court proceedings asks you about the foster child", foster parents and residential staff were instructed to select all that apply. The results are: Judge 49%, DSS attorney 36%, GAL 51%; and 34% responded other with responses like "no one asks me about the child" and "I talk with the social worker before court and she talks about the foster child."

Family Services Foster Care staff were asked to respond to the statement "Foster parents, pre-adoptive parents, and relative caregivers receive notice and have a right to be heard in court." Of those that responded 3% responded Strongly Disagree; 1% responded Neutral; 40% responded Agree; and 56% responded Strongly Agree. Supervisors were asked the same question and 2% responded Strongly Disagree; 2% responded Disagree; 2% responded Neutral; 33% responded Agree; and 62% responded Strongly Agree.

## C. Quality Assurance System

### Item 25: Quality Assurance System

The current DFS Quality Assurance and Accountability Unit (QAA) is comprised of three sub-reporting teams. These teams include title IV-E Foster Care/Adoption Assistance, Child and Family Services Review (CFSR) and Subrecipient Monitoring (SRM). The QAA Unit has a staff of 31 including a QAA program manager, a title IV-E supervisor, a CFSR supervisor, sub-recipient monitoring coordinator, a federal liaison/special projects coordinator, 18 full-time program consultants, six part-time consultants, a full-time data analyst, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other.

The title IV-E team is responsible for oversight, monitoring, guidance, and training for both state and local agencies' staff for compliance and accurate financial reporting for all title IV-E foster care and adoption assistance clients. For foster care clients, this includes validating within 90 days all children who enter foster care for the correct determination of funding. Furthermore, the team reviews all established title IV-E foster care cases yearly to ensure on-going compliance to meet federal requirements. DFS will undergo a federal title IV-E review in August 2016.

The title IV-E team is also responsible for reviewing and validating adoption assistance agreements completed by the local agencies. The adoption case review process validates that allowable cost are correctly documented and the appropriate funding streams are used.

The title IV-E team also monitors and reviews the data integrity of the OASIS reporting with regards to foster care and adoption assistance clients. The team works closely with the VDSS Foster Care and Adoption Program Managers to ensure coordinated communication and application of compliance rules and regulations.

Prior to use of the federal tool for case review, Virginia utilized the Quality Service Review (QSR) as a case review tool. 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. Virginia used a stratified sampling of case record reviews and conducted interviews with family members, the child, and the caseworker and service providers. Information from the individual reviews was shared with the caseworker, supervisor, and local department director. QSR annual reports were posted to the departments' internal website and discussed at stakeholder the Child Welfare Advisory Committee (CWAC) meetings. If a local department had areas needing improvement, they were asked to create a system improvement plan and report on it quarterly.

In March 2015 DFS realigned the operational functions of the unit members who had been conducting QSR to meet the federal requirement for the CFSR. The team began case reviews using the federal On Site Review Instrument in December of 2015 and is currently reviewing cases in each region of the state. A major focus of the QAA manager has been developing the process manual for the third round of the CFSR which will occur for Virginia in 2017.

In addition to case reviews, Virginia utilizes several groups for feedback. One of the main stakeholder groups is the CWAC. This committee has representatives from LDSS, other state agencies that serve the child welfare population, representatives from private child placing agencies and non-profit organizations, foster and adoptive families, and CIP. It was formed as the original stakeholder group for the first round of the CFSR, but has continued as the main advisory group to the division director for Family Services. The Permanency Advisory Committee (PAC) has had regular meetings since 2009 with a variety of stakeholders from around the Commonwealth. Similarly there is a CPS Policy Advisory Committee that advises the CPS unit in DFS. The purpose of the PAC and the CPS Policy Advisory Committee is to advise DFS on improving safety, permanency, and well-being for children and families across the Commonwealth and to serve as a mechanism for stakeholder input in to VDSS activities. These groups are charged with assisting VDSS in aligning policies and guidance to promote a seamless best practice

continuum, improve coordination and integration and provide consistency across the various LDSS' in the Commonwealth.

In preparation for the third round of the CFSR, several surveys are being drafted to seek input from specific stakeholders. The target audiences will include family services workers and supervisors, foster and adoptive parents, judges, GALs, CASAs, and the CIP.

## D. Staff and Provider Training

### Item 26: Initial Staff Training

In March, 2013, guidance 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. There are both on-line and instructor led courses. For CPS worker courses include:

CWSE1002 Exploring Child Welfare
CWSE5692 Recognizing and Reporting Child Abuse and Neglect– Mandatory Reporter Training
CWSE1500 Navigating the Child Welfare Automated System: OASIS – CPS Modules 1-6
CWS2000 CPS New Worker Guidance Training with OASIS – 4 days
CWS2010 CPS On-going (On-going workers only) - 2 days
CWSE1510 Structured Decision Making in Virginia – on-line

For Permanency staff, courses include:

CWSE1002 Exploring Child Welfare
CWSE5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training
CWSE1500 Navigating the Child Welfare Automated System: OASIS – Foster Care
CWS3000 Foster Care New Worker Policy Training with OASIS – 4 days
CWS3010 Adoption New Worker Policy Training with OASIS – 2 days

Family Services Staff were asked to respond to the statement "New Worker training was available to me within three months of my initial employment. Of those that responded 94% responded Yes and 6% responded No. Staff responded to the statement "Trainings are offered close to my LDSS" 3% responded Strongly Disagree; 17% responded Disagree; 19% responded Neutral; 43% responded Agree; and 17% responded Strongly Agree. When asked to respond to the statement "My supervisor encouraged me to attend initial training" 1% responded Strongly Disagree; 2% responded Disagree; 9% responded Neutral; 46% responded Agree and 42% responded Strongly Agree. When asked to respond to the statement "My LDSS values new worker training" 3% responded Strongly Disagree; 2% responded Disagree; 14% responded Neutral; 44% responded Agree; and 37% responded Strongly Agree. When asked to respond to the statement "If you have already participated in new worker training, do you believe you gained the skills and knowledge needed to preform your job functions? 80% responded Yes and 35% responded No (the question was not limited to just yes or no so several responded with both answers).

Family Services Supervisors were asked to respond to the statement "New Worker training was available to me within three months of my initial employment. Of those that responded 79% responded Yes and 21% responded No. Supervisors responded to the statement "Trainings are offered close to my LDSS" 2% responded Strongly Disagree; 18% responded Disagree; 15% responded Neutral; 51% responded Agree; and 13% responded Strongly Agree. When asked to respond to the statement "My LDSS values new worker training" 1% responded Strongly Disagree; 3% responded Disagree; 7% responded Neutral; 31% responded Agree; and 58% responded Strongly Agree.

## Item 27: Ongoing Staff Training

There are 24 hours of mandated continuing education hours required for family service workers after two years of employment. Family Services Training provides subject matter expert (SME) trainings for experienced workers based on assessed needs of local staff. The SME trainings are offered regionally. Continuing education activities may 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 LDSS. In addition to SME trainings, Family Services Training sends out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and these will fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc. The Family Services mandated training schedules are sent out quarterly to all LDSS Directors, Supervisors and Workers.

Local Departments are able to submit training plans to VDSS to provide child welfare training and receive title IV-E reimbursement. Approval of LDSS training plans is contingent upon the plan's compliance with federal guidelines regarding allowable expenses. 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.

Family Services staff were asked to respond to the statement "My LDSS values on-going training." Of those that responded 1% responded Strongly Disagree; 3% responded Disagree; 15% responded Neutral; 49% responded Agree; and 32% responded Strongly Agree. When asked to respond to the statement "My supervisor encourages me to attend on-going trainings" 2% responded Strongly Disagree; 5% responded Disagree; 13% responded Neutral; 47% responded Agree; and 33% responded Strongly Agree. When asked to respond to the statement "The skills and knowledge gained from on-going trainings enables me to preform my job functions" 90% responded Yes and 19% responded No (the question was not limited to just yes or no so several responded with both answers).

Family Services Supervisors were asked to respond to the statement "My LDSS values on-going training." Of those that responded 1% responded Strongly Disagree; 1% responded Disagree; 6% responded Neutral; 41% responded Agree; and 51% responded Strongly Agree. When asked to respond to the statement "The skills and knowledge gained from on-going trainings enables me to preform my job functions" 90% responded Yes and 27% responded No (the question was not limited to just yes or no so several responded with both answers). When asked to respond to the statement "I have received supervisor training" 85% responded Yes and 15% responded No. When asked to respond to the statement "The skills and knowledge gained from supervisor course help me to preform my job functions" 88% responded Yes and 25% responded No (the question was not limited to just yes or no so several responded with both answers).

## Item 28: Foster and Adoptive Parent Training

The purpose of foster and adoptive family 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. While a specific number of hours is not specified, ten hours of in-service annually (per parent) should be considered the minimum acceptable amount with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.).

Pre-service training provides foster, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. 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 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 need. The VDSS Resource Family Consultants continue to provide formal training to LDSS staff around diligent search, family engagement, working with relatives, adoption matching, support of foster and adoptive families, and other topics on an as-needed basis.

The Community Resource, Adoption and Foster Family Training (CRAFFT) program promotes the safety, permanency and well-being of children through the training of LDSS 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 LDSS. 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 foster and adoptive 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 foster and adoptive 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.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to LDSS to help them increase their capacity for offering training more frequently.

Foster parents were asked to respond to the statement "Initial foster parent training addresses the skills and knowledge needed to be a foster/adoptive parent. Of those that responded 2% responded Strongly Disagree; 6% responded Disagree; 8% responded Neutral; 46% responded Agree; 34% responded

Strongly Agree; and 4% responded Unable to Determine. When asked to respond to the statement "On-going foster parent training addresses the skills and knowledge needed to be a foster/adoptive parent" 3% responded Strongly Disagree; 5% responded Disagree; 11% responded Neutral; 47% responded Agree; 30% responded Strongly Agree; and 4% responded Unable to Determine. When asked to respond to the statement "Foster/adoptive parents receive adequate training to address the needs of children in foster care" 4% responded Strongly Disagree; 6% responded Disagree; 14% responded Neutral; 47% responded Agree; 25% responded Strongly Agree; and 4% responded Unable to Determine. When asked to respond to the statement "Adequate training opportunities are available to foster parents to address the special needs of children in foster care" 4% responded Strongly Disagree; 5% responded Disagree; 17% responded Neutral; 47% responded Agree; 20% responded Strongly Agree; and 7% responded Unable to Determine.

## E. Service Array and Resource Development

### Item 29: Array of Services

Virginia's Children's Services Act (CSA) was enacted in 1993 and establishes a single state pool of funds to purchase services for at-risk youth and their families. CSA was designed to ensure that youth and their families receive the services they need. Youth that are in foster care or are eligible for foster care services fall under the CSA. Localities have Community Policy and Management Teams (CPMT) that manage CSA services. One of the primary responsibilities of the CPMT is to coordinate long range, community-wide planning to develop resources and services needed by children and families in the community. In 2006, the General Assembly required CPMTs to report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in the local community.

According to the FY14 CSA census, the top 20 services gaps include:

| | |
|---|---|
| 1 Transportation | 11 After School Recreation |
| 2 Intensive Substance Abuse Services | 12 Acute Hospitalization |
| 3 Parenting/Family Skills Training | 13 Alternative Education Day Programs |
| 4 Crisis Intervention and Stabilization | 14 Medication Follow-up |
| 5 Substance Abuse Prevention | 15 Respite |
| 6 Emergency Shelter Care | 16 Supervised IL |
| 7 Psychological Assessment | 17 Short-term Assessment |
| 8 Psychiatric Assessment | 18 Family Therapy |
| 9 Regular Foster Care/Family Care | 19 Intensive In-home Services |
| 10 Parent and Family Mentoring | 20 Developmental Prevention |

Services that are new to the Top 20 list this year are acute hospitalization, respite, family therapy, and developmental prevention. Services that are no longer on the Top 20 list include, life skills training, wrap-around services, vocational education, and attendance support.

The regional service gap breakdown is as follows:

Central Region Service Gaps Ranked by Frequency:

1 Transportation
2 Psychological Assessment
3 Intensive Substance Abuse Services
4 Regular Foster Care/Family Care
5 Parenting/Family Skills Training
6 Emergency Shelter Care

7 Parent and Family Mentoring
8 Substance Abuse Prevention
9 Intensive In-Home Services
10 Short-term Diagnostic Assessment

Eastern Region Service Gaps Ranked by Frequency:
1 Alternative Ed. Day Programs
2 Acute Hospitalization
3 Parent and Family Mentoring
4 Supervised IL
5 Transportation
6 Other: Special Needs Respite
7 Parenting/Family Skills Training
8 Family Therapy
9 Respite
10 Substance Abuse Prevention

Northern Region Service Gaps Ranked by Frequency:
1 Crisis Intervention and Stabilization
2 Intensive Substance Abuse Services
3 Transportation
4 Acute Hospitalization
5 Parenting/Family Skills Training
6 Vocational Education
7 Mental Health Day Treatment
8 After School Recreational/Social Services
9 Psychiatric Assessment
10 Substance Abuse Prevention

Piedmont Region Service Gaps Ranked by Frequency:
1 Transportation
2 Psychiatric Assessment
3 Psychological Assessment
4 After School Recreational/Social Services
5 Crisis Intervention and Stabilization
6 Emergency Shelter Care
7 Developmental Prevention
8 Parenting/Family Skills Training
9 Planned Respite
10 Intensive In-home Services

Western Region Service Gaps Ranked by Frequency:
1 Transportation
2 Intensive Substance Abuse Services
3 Parenting/Family Skills Training
4 Regular Foster Care/Family Care
5 Substance Abuse Prevention
6 Crisis Intervention and Stabilization
7 Emergency Shelter Care
8 Short-Term Assistance with Necessities
9 Respite

10 Alternative Ed. Day Placements

The top barriers to community service availability include:

- Coordination across localities to demonstrate regional demand;
- Not aware of potential funding sources;
- Need to demonstrate the need for and value of a service to local decision makers and/or funders;
- Need for greater collaboration among community stakeholders; and
- Requires access to grant or flexible funding for program start up.

Family Services staff were asked to respond to the statement "There are appropriate services in my community that address family need." Of those that responded 4% responded Strongly Disagree; 23% responded Disagree; 18% responded Neutral; 41% responded Agree; 13 % responded Strongly Agree; and 1% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in my community to address children's needs" 4% responded Strongly Disagree; 14% responded Disagree; 20% responded Neutral; 48% responded Agree; 14% responded Strongly Agree; and 1% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in your community to keep children safe in their homes" 1% responded Strongly Disagree; 6% responded Disagree; 23% responded Neutral; 56% responded Agree; 13% responded Strongly Agree; and 1% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in my community to help children achieve permanency." 2% responded Strongly Disagree; 7% responded Disagree; 22% responded Neutral; 52% responded Agree; 12% responded Strongly Agree; and 5% responded Unable to Determine.

DSS attorneys and GALs were asked to respond to the statement "There are appropriate services in my community that address family need." Of those that responded 7% responded Strongly Disagree; 19% responded Disagree; 20% responded Neutral; 40% responded Agree; 11 % responded Strongly Agree; and 4% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in my community to address children's needs" 5% responded Strongly Disagree; 14% responded Disagree; 22% responded Neutral; 48% responded Agree; 8% responded Strongly Agree; and 3% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in your community to keep children safe in their homes" 3% responded Strongly Disagree; 10% responded Disagree; 28% responded Neutral; 50% responded Agree; 6% responded Strongly Agree; and 4% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in my community to help children achieve permanency." 2% responded Strongly Disagree; 9% responded Disagree; 23% responded Neutral; 55% responded Agree; 7% responded Strongly Agree; and 4% responded Unable to Determine.

CASAs were asked to respond to the statement "There are appropriate services in my community that address family need." Of those that responded 1% responded Strongly Disagree; 5% responded Disagree; 13% responded Neutral; 59% responded Agree; 19 % responded Strongly Agree; and 3% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in my community to address children's needs" 1% responded Strongly Disagree; 8% responded Disagree; 11% responded Neutral; 61% responded Agree; 17% responded Strongly Agree; and 3% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in your community to keep children safe in their homes" 1% responded Strongly Disagree; 4% responded Disagree; 15% responded Neutral; 60% responded Agree; 12% responded Strongly Agree; and 9% responded Unable to Determine. When asked to respond to the statement "There are appropriate services in my community to help children achieve permanency." 4% responded Disagree; 18% responded Neutral; 50% responded Agree; 17% responded Strongly Agree; and 11% responded Unable to Determine.

### Item 30: Individualizing Services

CSA was created to "provide services that are responsive to the unique and diverse needs of troubled youth and families (§2.2-5200) and that the Family Assessment and Planning Teams' responsibility is to "Develop an individual family services plan for youths and families reviewed by the team that provides for appropriate and cost-effective services…" (§2.2-5208) All services provided by CSA are child-specific but are provided in the context of the family's needs. If a child is in foster care because of a parent's substance abuse, then services provided to the parent are necessary to return the child home. The point of having "child-specific" services was not to limit the services to solely the child, but to provide a way for funding to flow to the child and family based on their individual needs. The emphasis is not on funding a program where children and families are treated the same, but providing funding for each individual and family's needs. Individualization is built into the CSA purchasing system. The Code of Virginia §2.2-4345 expressly exempts CSA from having to use competitive bidding to purchase services "14…for goods or personal services for direct use by the recipients of such programs if the procurement is made for an individual recipient".

Family Services staff were asked to respond to the statement "When services are available in my community, those services can be personalized to individual families and children." For those that responded 1% responded Strongly Disagree; 5% responded Disagree; 23% responded Neutral; 52% responded Agree; 15% responded Strongly Agree; and 3% responded Unable to Determine.

DSS attorneys and GALs were asked to respond to the statement "When services are available in my community, those services can be personalized to individual families and children." For those that responded 2% responded Strongly Disagree; 10% responded Disagree; 27% responded Neutral; 49% responded Agree; 8% responded Strongly Agree; and 5% responded Unable to Determine.

CASAs were asked to respond to the statement "When services are available in my community, those services can be personalized to individual families and children." For those that responded 3% responded Disagree; 21% responded Neutral; 53% responded Agree; 13% responded Strongly Agree; and 11% responded Unable to Determine.

## F. Agency Responsiveness to the Community

### Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

VDSS includes the major concerns of the following stakeholders in developing the goals and objectives of the CFSP: the CWAC, the CPS Policy Advisory Committee, and the PAC. Membership of these committees include representatives from local department staff (front line, supervisors, and management), CIP, attorneys (Poverty Law Center and local department), private providers (licensed child placing agencies), foster and adoptive parents (FACES), licensing staff, child care staff (Head Start), Dept. of Medical Assistance Services, Department of Behavioral Health Services, Department of Criminal Justice Services (CASA), Department of Juvenile Justice, Department of Aging and Rehabilitative Services, and the Office of Children's Services. Feedback is solicited from members of these groups during meetings. Additionally, in developing the goals and objectives of the CFSP, VDSS seeks input from OCS, Virginia's CIP, FACES, and LDSS. These groups are also involved in the development of the APSR. Both the CFSP and the APSRs are posted on the VDSS website.

Virginia has its first federally recognized tribe as of early 2016. Efforts have been made to reach out to tribal leadership and contact has been made. At this time, there are no children in foster care that are members of this tribe. The Chief has stated he will be the point of contact for future communications and welcomes the collaboration.

### Item 32: Coordination of CFSP Services With Other Federal Programs

Within VDSS, DFS partners with the Division of Benefit Programs, Division of Child Support Enforcement, Office of Newcomer Services, Division of Early Childhood Development, and the Division of Licensing Programs. DFS staff members have worked with Division of Benefit Programs staff members to provide guidance on when a relative can receive Temporary Assistance for Needy Families (TANF) for a child. Division staff members have worked with staff in the Division of Child Support Enforcement to ensure proper and effective establishment and collection of child support for children receiving foster care services. Newcomer Services oversees federal foster care cases and DFS staff has supported the development of guidance for those children. Similarly, staff has worked with Licensing Programs to ensure guidance and regulations are consistent. Collaboration with the Division of Early Childhood Development staff ensures that day care referrals for foster children and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay.

Virginia's CSA requires integrated services to children and families and is a model for collaborative work in the delivery of child welfare services. CSA has several provisions that assure a collaborative approach in program and fiscal policy development, and administrative oversight. To implement and monitor CSA provisions, the State established the SEC, which is chaired by the Secretary of Health and Human Resources. Members include agency heads and representatives from agencies including VDSS; the departments of Health, Education, Medical Assistance Services, and Juvenile Justice; and Behavioral Health and Developmental Services. The SEC also has a representative from the Office of the Executive Secretary, Supreme Court of Virginia; local governments; private providers; the State House of Delegates and the State Senate; and clients.

Much work has been accomplished with the DOE to implement state legislation allowing children to remain in their school of origin when entering foster care or when there is a change in foster care placement. The Best Interest Determination process has been implemented and is helping to ensure a joint decision making process. State legislation resulting in faster enrollment in a new school when a foster child changes placements was also implemented. VDSS has maintained a Memorandum of Understanding with DOE which addresses the reporting and handling of child abuse and neglect complaints when school staff members are the subject of the reports as well as their role of mandated reporters. DFS representatives worked with the Virginia Department of State Police to establish effective and efficient procedures for implementing the federal requirement for national fingerprint checks for foster/adoptive families. The CPS Unit coordinated services with the Infant and Toddler Connection Program by requiring referrals to the program when a CPS investigation is determined to be founded for a child under the age of three and when a child is born substance exposed.

## G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

### Item 33: Standards Applied Equally

The Resource, Foster, and Adoptive Family Home Approval Standards sets out the approval requirements for resource, foster and adoptive family homes providers approved by LDSS. The regulation ensures compliance with federal and state laws and regulations regarding resource, foster and adoptive family homes. This regulation is integral to protecting the health, safety and welfare of all citizens, as it ensures that individuals approved to care for children in foster care or awaiting adoption are being cared for by individuals who are capable of providing the level of care required. Major components of the regulation include making all definitions and requirements consistent with other social services regulations and applicable approval requirements that fall under the purview of other state agencies; mandating training

for resource, foster, and adoptive home providers; requiring a narrative home study report; creating one set of standards for the approval of all types of family home providers (i.e.; resource, foster, and adoptive) to streamline the process of approval; requiring proof of provider approval to be maintained in the child's file; and ensuring safety through standards for the home of the provider and requirements for criminal background checks. There are training requirements for respite families, a prohibition against corporeal punishment, required DMV checks for all adults in the home, tuberculosis screenings requirements, and a provision allowing the suspension or revocation of a provider's approval. The number of children in the provider's home is limited to eight. A provider must contact the child abuse hotline and provide contact information if they have been forced to evacuate their home during a hurricane or other disaster and has been unable to contact his LDSS.

Standards for Licensed Private Child-Placing Agencies [22 VAC 40 131] establishes the minimum requirements for licensure to place children and conduct activities related to placement in foster care, in treatment foster care, in adoptive homes, or in independent living arrangements. This regulation ensures requirements are met concerning policy and procedures, program evaluation and improvement, staff composition and qualifications including staff development, home study requirements, provider training, monitoring and re-evaluation of provider homes, interstate placements, foster home agreements, medical, dental, and psychiatric examinations and care, school enrollment, visitation and continuing contact with children, service plans and quarterly progress, specific requirements for youth placed in permanent foster care, short term foster care, treatment foster care, and specifics around adoption of children. The number of children in the provider's home is limited to eight unless there is a large sibling group and the home has appropriate space for the children.

Standards for Licensed Children's Residential Facilities [22 VAC 40 151] establishes requirements for any facility, child-caring institution, or group home that is maintained for the purpose of receiving children separated from their parents or guardians for full-time care, maintenance, protection and guidance, or for the purpose of providing independent living services to persons between 18 and 21 years of age who are in the process of transitioning out of foster care. This regulation ensures requirements are met concerning inspection of facilities, allowable variances, health information and reporting of disease, qualifications of staff, written personnel policies and procedures including staff development and supervision, acceptance of children and admission procedures, Interstate Compact on the Placement of Children, service plan/quarterly reports including initial objectives and strategies, case management services, structured program of care and types of programs, and discharge.

A regular license is issued when activities, services, facilities, and the applicant's financial responsibility substantially meet the requirements for a license that are set forth under the regulations adopted by the State Board of Social Services. Each license and renewal thereof may be issued for a period up to three successive years, with the period of licensure based on the compliance history of the facility. A provisional license is issued when the facility is temporarily unable to comply with the requirements and may cover a period not to exceed 6 months.

Foster parents and residential staff were asked to respond to the question "Have you had a background check, TB test, and DVM check completed as part of the foster/adoptive approval home process or part of your employment at a residential facility?" Of those that responded, 99% responded yes and 1% (one person) responded No. When foster parents were asked to respond to the question "Are you aware of the training requirements for foster/adoptive parents" 94% responded Yes and 2% responded No. Foster parents were also asked to respond to the question "Does anyone from the LDSS or your agency ask about the trainings you have completed during the year?" Of those that responded, 78% responded Yes and 17% responded No. One hundred percent of foster parents that responded to the question "Does anyone from the LDSS or your agency visit your home to monitor it and check on your foster children?" responded Yes. Residential staff were asked "Are you aware of licensing standards for Children's

Residential Facilities?" Of those that responded 81% responded yes and 18% responded No. One hundred percent of residential staff that responded to "Does anyone from the department of social services monitor your facility and check on foster children" responded Yes.

### Item 34: Requirements for Criminal Background Checks

The Code of Virginia §63.2-901.1 requires criminal history record checks from the Central Criminal Records Exchange and the FBI, and a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child on an emergency, temporary, or permanent basis. The Code of Virginia also requires background checks to be performed on all adult members of the home where the child is to be placed and requires that background checks comply with the provisions of the Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248. In addition, LDSS or LCPAs cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia in §63.2-1719 (known as barrier crimes) or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry.

Residential facilities for children and group homes are required to have national criminal background checks and checks of the child abuse and neglect central registry on employees, potential employees, volunteers, or persons providing services on a regular basis. Employees of LCPAs must have background checks in accordance with §63.2-1720 of the Code of Virginia, which also prohibits hiring an individual who has committed a barrier crime. In an emergency placement, LDSS may obtain criminal history information from a criminal justice agency. However, within three days, the emergency caregiver must submit fingerprints to the Central Criminal Records Exchange. A central registry check is required prior to the emergency placement.

### Item 35: Diligent Recruitment of Foster and Adoptive Homes

Section D of the Child and Family Resources Manual is Resource Families and section 1.15 speaks to best practice in recruitment activities. This section encourages the use of a balanced recruitment plan incorporating a majority of targeted and child-specific recruitment, with a nominal amount of general recruitment. General recruitment typically serves as community education and creates an awareness of the foster care system and those it serves.

Section D.1.9.1 also includes Standards of Care for Resource Families including but not limited to: care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status. While Virginia law allows private agencies to refuse to serve gay or lesbian families due to religious objections, this is not the practice of LDSS or VDSS. Specifically, in May of 2016 Virginia's Attorney General affirmed that the commonwealth's existing non-discrimination protections on the basis of sex are correctly interpreted to include discrimination on the bases of sexual orientation and gender identity.

Targeted recruitment should be used for the community at-large, focusing in on those populations whose characteristics match with the needs of the children currently in care. Child-specific recruitment is child-focused, exploring existing connections when possible; the amount of child-specific recruitment needed is dependent upon the population of children in care, and is most effective for certain populations:

- Youth who have lingered in care for more than two years;
- Large sibling groups;
- Children with exceptional needs or circumstances; and
- All children and youth with TPR for whom permanence is not yet established.

The guidance also touches on support and retention of resource parents.

AREVA provides statewide recruitment efforts for children in foster care who are legally free for adoption. Children who are listed with AREVA are automatically included in AdoptUSKids. AREVA staff maintains several Internet websites featuring photographs and narrative descriptions of waiting children. 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 giving to all families, community stakeholders, and supportive agencies that have worked to find permanent placements for foster children during the month of November. As of May 3, 2016, there are 1,724 children with the goal of adoption and with a TPR. There are 1,462 children listed in AREVA with no photo and 262 listed with a photo.

The racial breakdown of children in foster care as of May 1, 2016 (VCWOR data) is:

| Race | # | % |
|---|---|---|
| Black | 1,614 | 33% |
| Multi-Race | 462 | 10% |
| Other | 136 | 3% |
| White | 2,634 | 54% |
| **Grand Total** | **4,846** | **100%** |

The racial breakdown of foster families recorded in OASIS as of May 1, 2016 (VCWOR data) is:

| Race | # | % |
|---|---|---|
| Black | 850 | 18% |
| Multi-Race | 104 | 2% |
| Other | 21 | 0% |
| White | 1,520 | 31% |
| None Listed | 2,351 | 49% |
| **Grand Total** | **4,846** | **100%** |

Foster parents were asked to respond to the statement "Foster and adoptive parents are recruited to reflect the ethnic and racial diversity of children in foster care." Of those that responded 2% responded Strongly Disagree; 5% responded Disagree; 21% responded Neutral; 29% responded Agree; 20% responded Strongly Agree and 22% responded Unable to Determine.

### Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

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. Both the great variety of circumstances which makes interstate placements of children necessary and the types of protections needed, offer compelling reasons for a mechanism which regulates those placements thus ensuring the safety of children as they move across state lines. An interstate

compact is one such mechanism. Virginia has codified the compact and abides by the associated regulations. Below is Virginia's report on Timely Home Studies.

**Placement Requests Into Virginia**
**April 1, 2014 to April 30, 2015**

| # of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision | 0-30 | 31-60 | 61-90 | Over 90 |
|---|---|---|---|---|
| | 235 | 38 | 26 | 123 |

**Placement Requests Out of Virginia**
**April 1, 2014 to April 30, 2015**

| # of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision | **0-30** | **31-60** | **61-90** | **Over 90** |
|---|---|---|---|---|
| | 73 | 21 | 20 | 89 |

## V. Primary strategies, goals and action steps

The decision was made to focus activities on several Primary Strategies with objectives focused on safety, permanency, well-being, older youth, technology, and continuous quality improvement. The requirements of federal regulations, results from the CFSR and title IV-E Review, and PIP planning have guided the development of these strategies.

| **Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY** | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 1. Build the capacity of LDSS to provide Prevention Services through organizational development and collaboration | a) Refine prevention guidance to clearly define the differences between early prevention and prevention of foster care | Prevention guidance manual | 2016 | Prevention Team | 2016 a) The Prevention Advisory Committee remains focused on the facilitation of three individual workgroups devoted to Prevention guidance revisions; the existing Prevention guidance will be reorganized into three sections and each workgroup will be dedicated to one of the identified sections; the proposed sections are: Prevention Overview of Prevention for Practice and Administration (introduction); Early Prevention; and Prevention of Foster Care. |
| | b) Collaborate with Prevent Child Abuse, VA and VA Rep Theater to renew and support a | Copy of contract and performance schedule | July, yearly | CPS Program Manager CPS Prevention | <u>2016 b)</u> The contract was signed on July 15, 2015; copy of the contract and performance schedule is available. 160 performances were delivered in 36 school districts at 107 schools across the state. |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | contract for the delivery of a sexual abuse prevention play to be presented to school-aged children statewide. | | | | |
| | c) Co-sponsor with Prevent Child Abuse VA, a statewide conference /event. | Copy of conference program | April, yearly | CPS Program Manager<br>CPS Prevention | 2016 c) Conference was held on April 4, 2016 with 300 people in attendance; featured three keynote speakers, 10 workshops; 14 exhibitors and the FACT award ceremony. Copy of conference program is available. http://pcav.org/conference-schedule-workshops/ |
| | d) Reconvene the Prevention Advisory Committee to establish an ongoing opportunity for | Minutes/outlines from stakeholder meetings | March 2014, and ongoing quarterly meetings | Prevention Team | 2016 d)<br>Prevention Advisory Committee minutes and outlines will be made available via the SPARK webpage under Child Welfare Advisory Committees |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | collaboration, feedback, and evaluation<br><br>e) Provide TA | Record of TA provided | Ongoing | Prevention staff | 2016 e)<br>Provided TA to LDSS relating to Prevention guidance (guidelines for working with individual families, including instruction on foster care diversion, prevention of foster care, assessing Reasonable Candidacy for Foster Care, family engagement, and strategies for community collaboration) and responded to constituent complaints as assigned. |
| 2. Assess desired outcomes and service delivery in the Promoting Safe and Stable Families Program | a) Identify and promote best practice service models for prevention, family preservation and support to localities annually and as | Information distribution | Yearly | Prevention, Family Engagement, and Resource Family Unit Administrator (all) | 2016 a)<br>Information was distributed on "Using Child & Family Team Decision Making to Drive the Change Process." The information is located at http://www.dss.virginia.gov/family/job_aid.pdf<br><br>See below for Curricula used by localities reported in annual report. |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | requested. | | | | |
| | b) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements. | PSSF quarterly reports | Yearly – with annual report | | 2016 b)<br>See below for summary of PSSF Program Year 2015Inventory of Community Services, Gaps and Needs Results. |
| | c) Revise allocation process to highlight best practices and provide support for those practices | Revised allocation process<br><br>On-going, as-needed | 2015 | | 2016 c)<br>Completed |
| | d) Provide training sessions, TA, and present at | | | | 2016 d)<br>See below for explanation |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | conferences (as appropriate) for localities and other stakeholders on the use of the allowable uses PSSF funding. | Child welfare package | | | |
| | e) Disseminate the Child Welfare Funding Package in sufficient time annually for localities to complete a community needs assessment and develop a comprehensive proposal. | Sub-recipient monitoring reports | Yearly | | 2016 e)<br>The package is available online at http://www.dss.virginia.gov/family/pssf.cgi |

| **Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY** | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | f) Conduct monthly onsite and desk reviews of localities PSSF program to ensure consistency with PSSF federal requirements and state guidelines | | Monthly | | 2016 f)<br>In addition to localities submitting quarterly and annual reports, five localities are reviewed each month Of the five localities, two localities reviews are conducted onsite and the remaining three localities are monitored via desk reviews. |
| 3. 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. | Copies of RFPs, Description of funded programs | July, yearly | CPS Prevention Grant Manager | 2016 a) Child Abuse and Neglect Prevention Program RFP Number: FAM-15-059<br>See below |
| | b) Develop and implement formula for | Copies of funding formulas; Description of funded programs | July, yearly | Healthy Families Grant Manager | 2016 b) FAM-15-084 Healthy Families Home Visiting Programs<br>See below |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | Healthy Families Programs statewide | Copies of RFPs, Description of funded programs | | | |
| | c) Utilize child abuse and neglect treatment funds for support services to child victims. | Copies of funding formulas; Description of funded programs | July, yearly | CPS VOCA Program Grant Manager | 2016 c) Victims of Crime Act (VOCA) Child Abuse/Neglect Treatment Program RFP NUMBER: FAM-16-064 |
| | d) Develop and implement formula for Child Advocacy Programs. | | July, yearly | CAC Program Grant Manager | 2016 d) FAM-15-065 Child Advocacy Centers (CAC) |
| 4. Increase the use of kinship care as a diversion option | a) Train LDSS staff to more effectively engage relatives as kinship options | Kinship training | 2016 and ongoing | Prevention staff, Family Engagement staff DFS training | 2016 a) A draft competency-based kinship curriculum has been completed and will be piloted. The curriculum will incorporate the use of a Kinship Family Assessment Guide that provides a structure for conducting an ongoing assessment with a prospective kin caregiver. |
| | b) Explore multiple options for supporting kinship | Diversion policy in each program area's manual OR standalone guidance for diversion throughout the | 2016 | Prevention staff | 2016 b) A new strategy is added that will impact the development of diversion policy. See h) below. |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | care relationships for children at risk of entering or in the foster care system. | continuum of child welfare<br><br>Legislative study | | | |
| | c) Write Legislative study SB 284 and follow recommendations | | January 2016<br><br>Collaborations developed | Prevention Staff | <u>2016 c)</u><br>The legislative study has been finalized and can be viewed on the Virginia Legislative Information System (LIS) website – Senate Document No. 9.<br>http://leg2.state.va.us/dls/h&sdocs.nsf/Published+by+Year?OpenForm&StartKey=2016&ExpandView |
| | d) Support state collaborations that focus on increasing awareness and training of kin *(relatives)* as valuable resources | | July 2017 | Regional Resource Family consultants | |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | in creating permanency options for children who cannot live with their birth parents. | TA provided | | | |
| | e) Provide ongoing support and involvement of staff in local and regional initiatives to train and support kinship care providers. | Webinar, onsite trainings, and TA | Ongoing, as-needed | Prevention staff, Regional Resource Family consultants, CRAFFT | 2016 e)<br>DFS regional consultants provide technical assistance on an ongoing basis throughout the year. Consultants have supported LDSS staff to assess income and appropriateness of placements for approval for relative placements. Consultants have recommend presenters regarding training for cultural diversity, transracial fostering and adoption and also assessing families regarding transracial issues of parenting (fostering and adoption). Technical assistance has been provided on the use of data and SafeMeasures. Trainings offered include: The Impact of "Fostering, Adoption and Kinship on Biological Children" and CWS3101 and CWS3103 to use the Recruitment and Retention plan. |
| | f) Promote use of a person locator tool at all stages of the child welfare | e-learning course | Ongoing, as-needed | DFS training, Resource Family contractor | 2016 f)<br>VDSS staff has provided specific trainings to |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | continuum | Training | | | localities as requested. |
| | g) Train local workers using Diligent search and Family Engagement | Record of PRT held | 2015<br>2016 | DFS training | <u>2016 g)</u><br>The e-learning course is currently under development. It is anticipated the course will be available in 2016. |
| | h) Use Permanency Roundtables to promote kinship | Quarterly data collection from LDSS for a period of 18 months | Ongoing | Strengthen Families Project Manager | |
| | h) Conduct a pilot project on data collection and reporting for LDSS regarding facilitated care (diversion) arrangements | Report of the evaluation findings and recommendation submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance | 2018 | Prevention staff | <u>2016 h)</u><br>The intent of the pilot project is for LDSS to provide data regarding "kinship diversion cases" (CPS, CPS Ongoing, and Prevention), that will assist in exploring the barriers to achieving safety and stability for children with kin caregivers. The budget amendment language (HB 30 - Item 343 #1c) directs VDSS to determine the best way to collect and report the data statewide. |
| | i) Partner with | | | Prevention staff | |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | Patrick Henry Family Services to implement a pilot program in Planning District 11 which will evaluate the Safe Families for Children model as an alternative to placement in foster care for children in crisis | Committees, and the Commission on Youth | Decembe r 2017 | | 2016 i)<br>VDSS will evaluate the pilot program and determine if this model of prevention is effective. |
| 5. Provide guidance to local departments on dynamics of domestic violence in all services within the child welfare continuum | a) Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on domestic violence to include a definition | Stand alone DV chapter in the child and family services manual. | Dec 2014 | Family services staff, DV staff | This objective has been completed. |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | of domestic violence, revised screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, FPM, and service provision | FPM/DV Subject Matter expert training<br><br>Minutes from stakeholder meetings | July 2014 | DFS training | |
| | b) Vet draft with stakeholder groups and make recommended changes | Training developed<br><br>Record of TA provided | Dec 2014 | Prevention staff | |
| | c) Train child welfare workers on the | | 2015 | DFS training | |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | domestic violence screening and assessment tools | | | | |
| 6. Facilitate the communication of requirements around Reasonable Candidacy for Foster Care and the collection of data to support title IV-E administrative funding for LDSS prevention activities | a) Ensure that LDSS are supported in understanding the process and responsibilities of identifying Reasonable Candidates, the documentation requirements, and the benefits of identification<br><br>b) Develop a new client screen in OASIS for documenting Reasonable Candidacy to ensure that adequate supporting documentation is maintained | Webinars, e-learning course, onsite trainings, and ongoing TA<br><br>Included in OASIS 3.14 Release | 2014 and ongoing<br><br>January 2015 | CPS and Prevention Teams | This objective has been completed. |

| Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY | | | | | |
|---|---|---|---|---|---|
| **Goal: Strengthen families to ensure safety of children** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | in the automated data system and client files<br><br>c) Develop a new client count report in OASIS to ensure the collection of accurate and reliable client counts to meet ongoing federal reporting requirements | Included in OASIS 3.14 Release | January 2015 | | |

**Implementation supports needed for Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services (SAFETY)**

Objective 1: training for staff, TA around prevention/diversion, partnership with community partners
Objective 2: information sharing between VDSS and LDSS, support from financial division
Objective 3: continuation of grant funding at federal and state level, monitoring of funds
Objective 4: training for staff, TA around kinship, partnership with community partners
Objective 5: completed
Objective 6: completed

Virginia has the majority of these supports are already in place. VDSS staff, regional staff, and LDSS continue to partner with community resources.

**2016 Objective 2a**

| Table 1: Curricula Used By Localities | |
|---|---|
| **Curriculum** | **Description** |
| **Parents as Teachers (PAT) for Home Visitors** | Identified as an evidence-based practice that focuses on three domains: Parent-Child Interactions, Development-Centered Parenting, and Family Well-Being. PAT is accomplished through four interrelated service delivery components: home visits, group connections (parent groups), screenings (ASQ), and connections to resources/services. |
| **Are We There Yet? – birth to 11**<br><br>**Parenting Today's Teens** | 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. |
| **Active Parenting Today**<br><br>**Active Parenting of Teens**<br><br>**1,2,3,4 Parents**<br><br>**I Am Your Child Series** | 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. |
| **Nurturing Program (Family Support and Family Preservation)** | 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). |
| **Systematic Training for Effective Parenting – STEP & Active Parenting/Padres Activos** | 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 posttests. Additionally, a Parent Feedback Form is completed by the facilitator for each parent that completes the program. This is similar to a report card |

| Table 1: Curricula Used By Localities | |
|---|---|
| **Curriculum** | **Description** |
| | and provides a snapshot of the parent's participation, engagement and application of material learned. |
| **Comenzando Bien (Family Support and Family Preservation)** – | 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.<br><br>Other Resources:<br>1. Nurturing Parenting; Teaching Empathy, Self-Worth and Discipline to School Age Children – by Stephen Bavolek, PhD<br>2. Nurturing Program for Parents and Their infants, Toddlers and Preschoolers – by Stephen Bavolek, PhD<br>3. Crianza Con Carino, Programa Para Padres E Hijos - Stephen Bavolek, PhD<br>4. Parenting Your Out of Control Teen – by Scott Sells, PhD<br>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. |
| | Early Head Start uses the following curricula:<br><br>• Family Preservation Assessment, Ages & Stages/Denver II<br>• Early Intervention (Developmental Assessments and/or Interventions)<br>• Parents as Teachers |
| **Strengthening Families Program** | SFP (Kumpfer & DeMarsh, 1989; Kumper, DeMarsh, & 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. |
| **Master Financial Volunteer Education through Virginia Polytechnic Institute and State University (VT)** | Topics covered are Financial Management Services/Budgeting; Self-Sufficiency and Life Management Skills; Positive Solutions for Families. |

**2016 Objective 2 b):**

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 2016, of the 120 LDSS, 115 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 115 LDSS served 128 localities. In many of the localities, the Children's Services Act (CSA) Family Assessment and Planning Team (FAPT) assess services for the children and families receiving PSSF funded goods and/or services. These teams facilitate family participation, assess the strengths and needs of children and their families, and develop individual family services plans.

Based on 120 of 128 localities reporting, there were an estimated 13,224 children reported as served using PSSF funds for fiscal year 2015 (last ASPR year), of this number, an estimated 732 new founded dispositions were reported by LDSS. Of the 732 new founded dispositions, an estimated 428 children entered foster care as reported by LDSS. In other words, PSSF funded goods and services helped 12,801 children from entering foster care.

Fiscal year 2016 data for new founded dispositions and number of children who entered foster care will be reported in the next ASPR. This data is due from LDSS in July 2016.

**2016 Objective 2 c):**

In calendar year 2015, the VDSS Prevention, Family Engagement, and Resource Family Unit Administrator conducted seven regional training sessions for local Community Policy and Management Teams, Department of Social Services Directors, Family Services (Prevention, Foster Care, and Adoption) Supervisors, CSA Coordinators, PSSF Contacts, and others. Over 160 persons participated in the training. Each training session covered the following:

7. Service Types & Eligibility
8. Program Funding Requirements
9. Allowable Services
10. Program Reporting Requirements
11. Sub-Recipient Monitoring

In addition, the VDSS Prevention, Family Engagement, and Resource Family Unit Administrator conducted a workshop on April 27, 2016 at the 5th Annual CSA Conference (http://www.cpe.vt.edu/ocs/). The session provided participants an overview and open discussion regarding federal and state requirements for the PSSF program. Around 60 persons attended this session including the Honorable William Hazel, Secretary of Health and Human Resources.

Lastly, the VDSS Prevention, Family Engagement, and Resource Family Unit Administrator communicates with PSSF stakeholders on a regularly basis via e-mail sharing information regarding safe and stable families including desired outcomes and latest information pertaining to service delivery.

**2016 Objective 2 e) and f):**

Currently one VDSS Prevention, Family Engagement, and Resource Family Unit Administrator is responsible for collecting, analyzing, reporting, and monitoring the use of 128 localities use of PSSF funds in accordance with federal and state requirements

Localities submitted their initial funding applications (for the 2015- 2019 funding cycle) in calendar year 2014. In addition, localities submitted their second renewal applications in calendar year 2016. The renewal funding package was disseminated to localities on February 18, 2016 and was due April 15, 2016. The package is available online at http://www.dss.virginia.gov/family/pssf.cgi

Applications for 2017 PSSF funding were submitted in April 2016, with approval of 131 localities out the total 133 in Virginia. This is an increase of 16 communities from SFY 2016. As in prior years slightly over one million PSSF funds are allocated for adoption initiatives at the home office level; however some localities provide local adoption services. Other services include:

- Family Preservation:
- Family Support:
- Time-limited Family Reunification:
- Adoption Promotion and Support:

VDSS Prevention, Family Engagement, and Resource Family Unit Administrator conducts five review per month regarding the PSSF program. Of the five reviews, two are conducted onsite and three are desk reviews. The intent of the reviews is to ensure that PSSF funds are being spent in accordance with the federal requirements, state guidance, and within the local VDSS approved application.

For the timeframe of July 2015 through April 30, 2016, there were 50 reviews conducted. This is in addition to the quarterly and yearly reports localities submit to the VDSS Prevention, Family Engagement, and Resource Family Unit Administrator. Overall, localities are spending their PSSF funds with the aforementioned parameters.

**2016 Objective 3:**

Strategy a) Funded Prevention Programs include:

- *Bristol Virginia Department of Social Services*: provides family support services, parent education and parent support groups to fathers and new, teen, single or expecting parents. Model(s)/Curriculum(a) used: Systematic Training for Effective Parenting (STEP), 24/7 Dads and Circle of Parents

- *Catholic Charities of Eastern VA:* offers parent education & parent support to families at risk of child abuse & neglect residing in Southeast VA with children ages 10-14 years. Model(s)/Curriculum(a) used: Strengthening Families Program
- *Center for Child & Family Services, Inc.:* provides parent education to Spanish-speaking parents with limited English proficiency with children ages birth to 5 years. Model(s)/Curriculum(a) used Nurturing Parenting Program (Spanish version)
- *Child Care Aware of Virginia:* conducts statewide training and coaching (including child abuse and neglect prevention) for licensed and unlicensed child care providers serving children ages birth - 4 years. Public awareness and education is also provided to parents enrolled in infant/toddler care services. Model(s)/Curriculum(a) used: Zero to Three's Promoting Responsive Relationships Program including the Preventing Child Abuse and Neglect (PCAN) curriculum and the Strengthening Families Protective Factors Framework
- *Child Development Resources:* provides hospital-based fatherhood classes (Rookie Dads), parenting education & support, home visitation, and children's playgroups to fathers and expectant parents with children ages birth - 6 years. Model(s)/Curriculum(a) used: Parents as Teachers, Nurturing Skills for Parents, Partnering for a Healthy Baby, and Adults and Children Together (ACT) Raising Safe Kids
- *Children's Health Investment Program:* provides parenting education & support, home visitation, and support groups to Spanish-speaking parents with limited English proficiency with children ages 0 - 6 years residing in Chesapeake, Norfolk or Portsmouth. Model(s)/Curriculum(a) used: CHIP model using Parents as Teachers curriculum
- *City of Hopewell (Hopewell-Prince George Healthy Families):* offers intensive home visitation & case management to first-time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect residing in Hopewell or Prince George. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *City of Roanoke Department of Social Services:* provides parent education and home-based parent coaching to young parents & parents at risk for child abuse & neglect with children ages 0-6 years. Model(s)/Curriculum(a) used Systematic Training for Effective Parenting (STEP)
- *Cornerstones, Inc.: provides* public awareness & targeted outreach to African-American families and intensive home visitation & case management to first time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *Highlands Community Services Board:* offers support services for kinship families and parenting education & support for fathers, families with low income and parents/grandparents with children ages 0-6 years. Model(s)/Curriculum(a) used: Systematic Training for Effective Parenting (STEP), 24/7 Dads and Family Connections
- *INMED Partnerships for Children (Healthy Families Loudoun):* provides Spanish-language parenting education & support to first-time parents and Spanish speaking families and offers intensive home visitation & case management to first-time mothers or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *Mountain Empire Older Citizens (Healthy Families Southwest, VA):* offers intensive home visitation & case management to first-time parents or parents identified as having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA), Partners for a Healthy Baby and Parents as Teachers

- *New River Community Action, Inc.:* provides parent education and support, health supervision & education and home visitation to families with children ages 0-6 years, medically vulnerable children and families with low income. Model(s)/Curriculum(a) used: CHIP model using Parents as Teachers curriculum
- *New River Valley Child Advocacy, Resources, Education and Services (NRV CARES):* provides parent education to parents with children ages 0-6 years residing in selected counties in Southwest VA. Model(s)/Curriculum(a) used Early Childhood Systematic Training for Effective Parenting (STEP)
- *Prevent Child Abuse Virginia: 1) leads* statewide awareness, advocacy and education 2) conducts statewide training and technical assistance for professionals and volunteers and 3) provides the 1-800 Children helpline for parents with children ages 0-18 years. Model(s)/Curriculum(a) used: Circle of Parents
- *Quin Rivers, Inc. (Charles City/New Kent Healthy Families):* offers intensive home visitation & case management to expectant or new mothers receiving assistance through departments of health or social services in Charles City & New Kent counties. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- R*appahannock Area Community Services Board (RACSB) (Healthy Families Rappahannock Area):* offers intensive home visitation & case management to first-time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers
- *ReadyKids, Inc. (Parenting Mobile/Van):* provides neighborhood outreach, parent education & support, developmental screenings and early learning playgroups to parents with children ages 0-5 years and families with limited English proficiency. Model(s)/Curriculum(a) used: Parents as Teachers
- *SCAN of Northern Virginia*: provides community child sexual abuse prevention training, capacity building with Allies in Prevention Coalition and parenting education & support in Spanish & English to parents residing in selected Northern VA locations, Spanish-speaking families and families with low income parents those at risk for child abuse & neglect. Model(s)/Curriculum(a) used: Nurturing Parenting Program, Triple P Parenting Program, Circle of Parents and Darkness to Light: Stewards of Children,
- *Virginia Polytechnic Institute and State University (VA Tech): provides* parenting education and support (including incarcerated parents), children's playgroups (including fatherhood) and parenting wellness workshops to families with children ages birth -16 years. Model(s)/Curriculum (a) used: 1,2,3,4 Parents, Active Parenting Now, Al's Pals: Kids Making Healthy Choices, Infant Massage/Beyond the Delivery.
- *Winchester Regional Health System (dba Winchester Medical Center)*: offers intensive home visitation & case management to first-time parents or parents identified prenatally or at birth for having high risks for child abuse/neglect. Model(s)/Curriculum(a) used: Healthy Families America (HFA) and Parents as Teachers

Strategy b) Healthy Families list of grantees

- Chesterfield CSB
- Children, Youth & Family Services
- Culpeper DSS
- Danville DSS

- Fairfax Department of Family Services
- Family Lifeline (Henrico County)
- Family Lifeline (Petersburg)
- Hampton City
- Hopewell City
- IN-MED (Loudoun County)
- JMU – Page County
- JMU – Shenandoah County
- Middle Peninsula Northern Neck CSB
- Mountain Empire Older Citizens, Inc.
- Newport News DSS
- Northern VA Family Services (Alexandria)
- Northern VA Family Services (Arlington County)
- Northern VA Family Services (Prince William County)
- Piedmont Community Services
- Presbyterian Home & Family Services, Inc.
- Quin Rivers, Inc.
- Rappahannock Areas CSB
- Rappahannock-Rapidan Health Department – (Fauquier County)
- Rappahannock-Rapidan Health Department – (Madison County)
- Rappahannock-Rapidan Health Department – (Orange County)
- Richmond City DSS
- Rockingham Memorial Hospital
- VA Beach Department of Health
- Western Tidewater Department of Health
- Winchester Medical Center - NSV
- Winchester Medical Center – Warren County
- Prevent Child Abuse Virginia

Strategy c) Treatment programs grantee list (VOCA) include:

- *29th Judicial District CASA Program*: advocates for children referred by the courts by making appropriate referrals for mental health, education, sexual abuse home services, and any other services that may be required to meet the level of care needed for referred children.
- *CASA for Children of Augusta Co.:* provides training to CASA volunteers who advocate for child abuse and neglect victims by conducting independent investigations, monitoring children's best interests/needs, and reporting the children's status to the courts
- *CASA of Central Virginia:* trained CASA volunteers that provide face-to-face contact with children to whose cases they have been appointed and report to the court all safety concerns. The CASA volunteers make recommendations for additional services, observe supervised visitations and assist in developing contingency plans for the children to whom they are assigned.
- *Center for Children and Family Services:* provides trauma-informed individual and family counseling to children that have abused and neglected and adults molested as children, serving the eastern region
- *Chesterfield CASA, Inc.:* provides advocacy services and a voice for child victims of abuse and neglect who are brought before the Chesterfield-Colonial Heights juvenile court.
- *Children's Hospital of The King's Daughters:* Child Abuse Program identifies and refers children who otherwise would have been ineligible for therapy; forensic interviews, extended forensic interviews, therapy, counseling, and therapy pet
- *Children's Trust Foundation of the Roanoke Valley, Inc*.: trains CASA volunteers to investigate cases referred by the court to determine what is in the best interests of the children involved. The goal is to achieve safe and permanent homes for these children
- *Collins Center:* provides crisis services and advocacy to victims of sexual abuse. The mission of the Collins Center is to encourage healthy relationships and promote the safety and well-being of individuals and the community through its programs
- *Colonial CASA:* volunteer advocates facilitate timely, safe and permanent placements in child abuse and neglect cases assigned by the juvenile courts
- *Commonwealth Catholic Charities:* provides services to children and adolescents who are identified as victims of abuse, neglect and domestic violence; services to adults who have been victims of sexual abuse as children or are victims of domestic violence, crime or sex trafficking
- *Doorways for Women and Families*: provides immediate, short-term child mental health intervention through play therapy, expressive therapy and art therapy while engaging parent(s) in the process to facilitate long-term child emotional wellness; provides family-centered services to support children and parents in rebuilding post-trauma relationships
- *Fairfax Court CASA:* serves abused and neglected children under protection of the juvenile court through the use of trained volunteers who serve as mental health advocates and provide one-on-one support and emotional stability throughout the court process
- *Family Resource Center, Inc.:* provides non-residential therapeutic services to victims of abuse and neglect that address safety and physical, social and emotional functioning; provides support groups as well as an on-site shelter
- *Foothills Child Advocacy Center:* their purpose is to reduce the trauma and advance the recovery of child victims of criminal maltreatment. Foothills mission is to provide a coordinated system of effective response and intervention to children who have been victimized. The overall goal is to minimize trauma, promote healing, ensure child safety and hold perpetrators accountable
- *Greater Richmond SCAN (Stop Child Abuse Now*): their mission is to prevent and treat child abuse and neglect throughout the Greater Richmond area. Greater Richmond SCAN delivers and promotes programs that prevent and treat child abuse, and they increase public awareness of child abuse and neglect
- *Hanover CASA:* provides trained CASA volunteers to investigate, monitor and report to the Hanover juvenile court on child abuse and neglect cases assigned by the court; advocates for a permanent living arrangement for these children

- *Henrico CASA, Inc.:* makes recommendations to the Henrico court and the Henrico DSS regarding services that will assist court-referred children; monitor service provision through regular contact with collaterals providing treatment; advocate for timely permanent placements in child abuse and neglect cases; CASA volunteers monitor and report to the Henrico juvenile court on cases referred to the CASA program
- *Horizon Behavioral Health:* provides individual therapeutic services to victims of child abuse or neglect to help meet their specific needs for safety and well-being
- *James House Intervention/Prevention Services, Inc.:* provides support, advocacy and education for adults who are affected by domestic violence, sexual violence and stalking to empower them to become healthy, safe and self-sufficient; services include one-on-one and support group therapy.
- *Loudoun Citizens for Social Justice*: provides therapeutic counseling to children who are victims of domestic abuse, sexual assault, and neglect.
- *Mountain Empire Older Citizens, Inc.:* the CAC provides crisis intervention and mental health treatment services to children who have been sexually and/or severely physically abused.
- *New River Valley (NRV) CASA:* CASA program that provides trained volunteers who will advocate for the best interests of abused and neglected children
- *Newport News CASA:* provides comprehensive services for children who have been impacted by child abuse and neglect through the use of trained CASA volunteers. Children are referred by the Newport News juvenile court; CASA volunteers provide monthly visits with each child and others involved with the child's well-being, and submit written reports to the court.
- *Norfolk CASA:* provides comprehensive services for children who have been impacted by child abuse and neglect through the use of trained CASA volunteers. Children are referred by the Norfolk juvenile court; CASA volunteers provide monthly visits with each child and others involved with the child's well-being, and submit written reports to the court
- *People Incorporated of Virginia:* trained CASA volunteers advocate for child abuse and neglect victims referred by the courts in Bristol/Washington. Volunteers work toward achieving a goal of permanency for these children within the first 14 months
- *Piedmont CASA:* provides trained and supervised volunteers for VOCA-eligible children referred by the Charlottesville-Albemarle J&DR Court, monitoring those children's placements, and linking those children with appropriate mental health, medical and educational services
- *Project Horizon*: provides individual and group counseling for victims of child abuse and neglect; provides education on the dynamics of abuse; provides safety planning for victims of child abuse and neglect; provides emergency shelter at "Lisa's House" which is on site, for victims of abuse
- *Rappahannock Area CASA*: CASA program providing court-related services to child victims of abuse and neglect
- *Rappahannock Council Against Sexual Assault*: their mission is to provide education, prevention and intervention regarding sexual violence in the community. Their purpose/goal is to provide comprehensive services including hotline support, crisis response, counseling, and court and hospital accompaniment to victims of child abuse, sexual assault, dating violence and stalking
- *ReadyKids*: provides ongoing therapeutic counseling using evidence-based methodologies for the treatment of victims of child abuse and neglect
- *SCAN of Northern Virginia:* trained CASA volunteers provide services to abused and neglected children in Arlington and Alexandria to help them achieve stability and a sense of belonging

- *Sexual Assault Resource Agency:* provides 24-hour hotline and emergency services, accompaniment to the hospital, police station and/or courts for child sexual abuse victims. The program provides individual counseling, peer support groups, and victim assistance in accessing community resources in meeting the needs of child sexual abuse victims
- *Transitions Family Violence Services:* through the use of art therapy provides assessment and treatment support to children who are victims of family violence and those who have witnessed violence, in addition to providing services to adults abused as children
- *Virginia Beach Court Appointed Special Advocates, Inc.:* provides trained CASA volunteers for child abuse and n neglect cases assigned by the Virginia Beach juvenile court for monitoring; monthly face-to-face contact is made with the children; contacts are made with the relevant collaterals for reports back to the courts. Goal is to place children in safe, permanent home within 18 months
- *Women's Resource Center of the New River Valley, Inc.:* provides therapeutic services to victims of child sexual abuse including on-going counseling and support groups; also provides hotline, shelter service in instances of domestic violence, and court advocacy
- *YWCA of South Hampton Roads Women in Crisis*: provides art therapy to women and children who are victims of domestic violence and residing in the shelter and in transitional housing

Strategy d) Funded CAC programs include:

- Arlington County CAC
- Center for Alexandria's Children
- Highland Community Services Board
- Children's Hospital of The King's Daughters
- Children's Trust Roanoke Valley
- ChildSafe Center-CAC
- Collins Center
- Foothills Child Advocacy Center
- Greater Richmond SCAN (Stop Child Abuse Now)
- Loudoun Citizens for Social Justice/LAWS
- Mountain Empire Older Citizens
- Safe Harbor CAC,
- SafeSpot CAC of Fairfax
- Southern Virginia CAC
- Valley Children's Advocacy Center
- Child Advocacy Centers of Virginia (CACVA)

| **Primary Strategy: Engage Families and the Community to Support Permanency for Children** **PERMANENCY**<br>**Goal: Focus on reducing the number of children aging out of foster care without a permanent placement** | | | | | |
|---|---|---|---|---|---|
| **Objectives 1-4** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 1. Increase timely adoptions | a) Contract with public and private child placing agencies to focus on achieving finalized adoptions of a specified group of eligible children and youth. | Monitoring of ATCP contracts | Yearly | Adoption Program Manager | <u>2016 a)</u> see below |
| | b) Utilize Extreme Recruitment as a targeted recruitment method | Extreme recruitment contract | July 2015<br>Yearly | Adoption Contract Administrator | <u>2016 b)</u><br>The Extreme Recruitment® contract(s) under a new RFP, FAM-16-030 began September 1, 2015. The RFP is written to encourage child specific recruitment for the hardest to place/longest waiting youth in selected localities representing each of the five VDSS regions. |
| | c) Utilize general recruitment through market research methods | General recruitment contract | July 2016<br>July 2017 | | <u>2016 c)</u><br>The Resource Family Recruitment contract was awarded to the M Network in 2015. The contract ended and Family Services is working in collaboration with the VDSS Division of Public Affairs to develop a strategic campaign with a pilot of LDSS to increase foster care awareness and utilize recruitment strategies to increase the |

| **Primary Strategy: Engage Families and the Community to Support Permanency for Children** **PERMANENCY**<br>**Goal: Focus on reducing the number of children aging out of foster care without a permanent placement** | | | | | |
|---|---|---|---|---|---|
| **Objectives 1-4** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | d) Update AREVA photo listing to be more accurate | Updated photo listings | Dec 2016 | AREVA coordinator | number of foster and adoptive parents. See below<br><br><u>2016 d)</u><br>VDSS worked collaboratively with the National Resource Center to restructure the AREVA section of the adoption guidance manual. The changes are in the proposed guidance revisions of the guidance manual. The proposed changes add clearer guidelines and timeframes for featuring youth available for adoption. See below |
| | e) Increase marketing/ awareness of Putative Father registry | Marketing campaigns | Yearly | Adoption Program Manager | <u>2016 e)</u> See below |
| | f) Update Heart Gallery | Link to Galleries | Ongoing, as-needed | | <u>2016 f)</u> See below |
| 2. Increase use of Post Adoption Contract and Communications (PACCA) to help sustain adoptions | a) Review PACCA – determine how to collect information<br>b) Training of staff about PACCA<br>c) Training for bio-parents, adoptive parents, youth on PACCA | Revised guidance<br>PACCA training curriculum | 2017 | Adoption Program Manager | This area of the adoption guidance was not an area of focus for 2015. It will be reviewed in Fall 2016. |

| **Primary Strategy: Engage Families and the Community to Support Permanency for Children** **PERMANENCY**<br>**Goal: Focus on reducing the number of children aging out of foster care without a permanent placement** | | | | | |
|---|---|---|---|---|---|
| **Objectives 1-4** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 3. Increase family involvement in service and permanency planning | a) Develop a model of Concurrent Planning for Virginia | Concurrent planning model | 2017 | Foster Care Program Manager | |
| | b) Update foster care and family engagement guidance to include concurrent planning model | Updated guidance | 2017 | | |
| | c) Train/promote understanding of concurrent planning as a means of permanency | Curriculum for training | 2018 | DFS training/CIP | |
| | d) Develop joint training opportunities – COURTS, GAL, CASA | Curriculum for training | 2018 | | |
| | e) Continue use of family engagement and teaming | Family partnership report | quarterly | | |
| 4. Utilize Relative Placement (kinship) as permanency options | a) Assess relatives for longevity prior to placement | Assessment tool | 2014 | Foster Care Program Manager Prevention and Resource Family Program Manager | 2016 a) Completed |

| Primary Strategy: Engage Families and the Community to Support Permanency for Children PERMANENCY<br>Goal: Focus on reducing the number of children aging out of foster care without a permanent placement | | | | | |
|---|---|---|---|---|---|
| **Objectives 1-4** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | b) Examine CSA policies concerning placement with family | Summary of recommendations | 2015<br>2016 | | 2016 b, c)<br>DFS was required to submit a study on Kinship Diversion to the General Assembly. Highlights from that report are below. |
| | c) Explore ways to increase relative placements | Summary of recommendations | 2015<br>2016 | | |
| | d) Explore ICPC issue of difficulty obtaining relative home studies | Summary of recommendations | 2015<br>2017 | Manager and ICPC staff | |

**Implementation supports needed for Primary Strategy: Engage Families and Community to Support Permanency for Children (PERMANENCY)**
Objective 1: staff training around AREVA, use marketing to increase understanding of Putative Father Registry
Objective 2: staff training, TA around PACCA
Objective 3: staff training, TA around concurrent planning, partnership with CIP, J&DR courts, CASA
Objective 4: staff time to examine the issues

VDSS has a good working relationship with CIP, J&DR courts, and CASA currently.

**2016 Objective 1 a)**

The Adoption Through Collaborative Partnership (ATCP) Contracts were renewed for SFY 2015; this is year two and the contracts have a maximum of two one-year renewals. The VDSS Office of Research and Planning (ORP) provides mid-year and annual analysis and reporting on the ATCP contract outcomes. Overall results in SFY 2015 are below:

- 648 children served by 12 contracts (one contractor has two contracts)
- Finalized adoptions for 218 children
- One in-3 available children served were adopted.
- Contractors met 74% of their goals in 2015
- Average cost per adoption (payment to contractors) - $6,700 (similarity)

**2016 Objective 1c)**

On May 21, 2015, a RFP (FAM-16-030) for Child Specific Adoption Recruitment using the Extreme Recruitment model was issued. The eligible offerors were Virginia private child placing agencies, local departments of social services, private firms, and non-profit entities. The purpose of the contract(s) is to conduct Extreme Recruitment for youth who have parental rights terminated and have been waiting the longest for an adoptive family. The intent was to make an award in one or more geographical regions of the Commonwealth. Based on the proposals submitted, an evaluation committee approved three awards as follows: Coordinators2, Inc. (C2Adopt), for Central Region; United Methodist Family Services (UMFS) for Eastern Region and Northern Region. These contracts began on September 1, 2015.

Although there were no proposals submitted for the Western Region, with the interest expressed by local departments of social services in that region and the persistent efforts of the regional Family and Permanency Consultants, a Memorandum of Agreement was executed with Radford Department of Social Services and the City of Radford effective March 1, 2016 through June 30, 2017. The Radford MOA includes partnerships with three other Western Region LDSS county agencies: Montgomery, Floyd and Giles.

The objective of Extreme Recruitment® is to reconnect 90% of youth served with a safe and appropriate adult from their past. Often this reconnection is with a relative. It may also be with a neighbor, baby sitter, step-parent, god parent, foster parent, etc. A "reconnection" is defined as any form of contact (i.e., letter, phone call, visit, etc.) after there has been no contact for a minimum of six months. The goal is to achieve a minimum of 40 reconnections during a 12 – 20 week period.

During SFY 2015 two contract agencies provided Extreme Recruitment® services for 39 children. Of these 39 cases, 56% (22) of the youth were in group homes or residential treatment facilities when services began. Outcomes included:

- Reconnections, 85% (33);
- Final Adoption, 8% (3);
- Final Adoptions pending and projected within next six months, 0%;
- Matched, 51% (20);
- No longer interested, 31% (12).

**2016 Objective 1 d)**

Beginning in 2014, VDSS contracted with the National Resource Center for Diligent Recruitment (NRCDR) to provide technical assistance to increase the number of children photo listed on AdoptUSKids and to improve the narratives. This is a work in progress. Some of the outcomes of the TA are the following:

VDSS proposed adoption guidance drafted in fall 2015 includes the following changes:

- Reducing the initial deferment time from 90 days to 60 days
- Clarify the process for registering children with AREVA using OASIS.
- Emphasizing the use of the AdoptUSKids' booklet, "Answering the Call" to assist with developing child narratives.

Showing a measured increase in the children photo listed is a challenge because the purpose of featuring children is to partner with the custodial agencies to help the children find permanency through adoption. This means that children are constantly added and closed. A closed case can be because of adoption, or the youth ages out or his status is changed. Cases on deferment have to be more closely monitored. With better monitoring, there may be a more visible increase of photo listed children. Currently, there are 266 Virginia children featured on AdoptUSKids or 15.4% of the total children registered in AREVA. Thirty percent (30%) of the total are on deferment. For the period July 1, 2015 to April 25, 2016, Virginia has added 128 new children. There have been 2,437 child inquiries or 305 inquiries per month.
On January 4, 2015, two contractors started working in the Adoption Unit to assist in working with AREVA, specifically, answering the 1-800-DO-ADOPT phone line and responding to email adoption inquiries. On May 2, 2016, a third contractor was hired to work specifically with the AREVA Coordinator to more closely monitor the deferment cases and track AREVA registrations.

**2016 Objective 1 e)**

VDSS is still exploring rebranding the registry by changing the name. The name; however, is in Virginia Code and we will need legislative action to change it. It was introduced in a legislative package but was not selected. It will be re-introduced this year. There are currently five contacts to advertise the registry with minor league baseball teams. The current contracts are with the Norfolk Tides, Potomac Nationals, Pulaski Yankees, Richmond Flying Squirrels and Salem Red Socks. All five contracts include signage in the parks, information in the playbooks, and at least one recruitment event. A billboard contract is in place with Adams advertising in the Eastern Region. The Division is collaborating with the Division of Public Affairs to complete Facebook ads and create a PSA campaign through the Virginia Broadcaster's Association. In addition, the program specialist will be working on marketing initiatives with the Washington Redskins training camp located in Richmond, the Greater Richmond Transit Company and the Virginia Community College System.

**2016 Objective 1 f)**

Currently the link to the Heart Gallery sends to AdoptUSKids link to view Virginia's waiting children. Virginia's Heart Galleries are managed by One Church One Child and Change Who Waits. One Church One Child manages the travelling Heart Gallery. They completed 29 Heart Gallery setups in FY 2016. Change Who Waits features Virginia's youth eligible for adoption on their website. https://changewhowaits.org/heart-gallery They held four photography sessions across the state in 2015 for waiting youth.

**2016 Objective 4**

In the 2014 Legislative Session of the General Assembly, VDSS was directed to review its policies regarding kinship arrangements and report its recommendations and findings by January 1, 2016. These recommendations are describe below. As part of its charge, VDSS must develop recommendations regarding regulations governing kinship care, which will include recommendations related to: a description of the rights and responsibilities of local boards, birth parents, and kinship caregivers; a process for the facilitation of placement or transfer of custody; a model disclosure letter to be provided to the parents and potential kinship caregivers; a process for developing a safety or service plan for the family; a description of funding sources available to support safety or service plans; a process for gathering and reporting data regarding the well-being and permanency of children in kinship care; and a description of the training plan for local departments of social services (LDSS). VDSS will also review the fiscal impact of proposed regulations. To accomplish this task, VDSS established an Advisory Group in order to help identify, refine,

and prioritize issues of the study. Members of the Advisory Group met to discuss the need to formulate clear and consistent guidance for LDSS with regard to foster care diversion practice, to articulate findings, and to provide recommendations.

Over the last several 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 kin and/or fictive kin who can provide short term or long term care for children and youth to prevent abuse and neglect or entry into foster care. While LDSS have embraced the use of foster care diversion, practice varies widely from community to community. LDSS have different approaches to safety assessments of a kin caregiver's home, the types and duration of services provided to the family, post-diversion supervision and case management, the transfer of legal custody, and other interventions . Furthermore, VDSS has become increasingly concerned about problematic practice and barriers to good practice in foster care diversion that have come to VDSS' attention through constituent complaints, department reviews, and advocacy group communications.

In response, VDSS seeks to develop clear and consistent best practice guidance to LDSS concerning diversion. Issues to be addressed include defining the role of LDSS, birth parents, and relatives in the development of meaningful permanency plans; appropriate assessment of kin caregivers; finding, preparing, and supporting kin caregivers; and helping families to assess their options and collaborate in the decision making process. Without a comprehensive approach to the enhancement of guidance and practice in this area, VDSS cannot adequately determine the impact on important goals and benchmarks relating to child safety, permanence, and well-being. Thus, VDSS has identified specific programmatic and practice recommendations that will seek to improve outcomes for children and kin caregivers involved with the child welfare system. Those recommendations are as follows:

Recommendation 1: VDSS should develop and implement a state supported kinship care program that would provide appropriate financial assistance, services, safeguards, and permanency planning for children and kin caregivers.

Recommendation 2: VDSS should exercise the option to implement the Kinship Guardianship Assistance Program (KGAP) as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out.

Recommendation 3: VDSS supports the development of a Kinship Navigator program in Virginia, which will provide information, resource, and referral services to children and kin caregivers.

| **Primary Strategy: Managing by Data and Quality Assurance** | | | | | **QAA and CQI** |
|---|---|---|---|---|---|
| **Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.** | | | | | |
| **Objectives 1-11** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 1. Assess and define the CQI system for VDSS using the resources from the NRCOI specifically identified sources | a) Plan a leadership retreat with VDSS Commissioner, Family Services Leadership, Program Managers, Regional Staff and community partners<br><br>b) Decide on Model<br>c) Test model at DFS<br>d) Develop systems wide feedback protocol<br>e) Explore state level Technical Assistance<br>a) Revisit 2014 retreat with VDSS, DFS, and regional leaders, along with community partners<br><br>b) Use resources from the 2014 Retreat; CQI Academy, Center for States, CB; Regional consultants; DFS PMs; QA/MBD Network; and CWAC CQI subcommittee to revise CQI communications (website, resources, committees' purpose, etc.) | Action plan and identification of a CQI model to implement process improvements at VDSS<br>Model chosen<br>Summary of findings<br>Protocol<br>Record of TA provided<br><br>Summary of key points/concerns from 2014 retreat.<br><br>Revised CQI website materials & links. | July to Sept 2014<br><br>2015<br><br>2015<br><br>Ongoing<br><br>June 2016<br><br>December 2016 | CQI manager | <u>2016</u><br>This objective is being revised as there is a new CQI manager. |
| 2. Expand the utilization of Quality Service Reviews (QSR) by implementing the use of a Supervisory Tool based on the QSR protocol to | a) Train field test agencies in<br>b) Field test the instrument | Curriculum<br>Summary of findings | August 2014<br><br>Nov. 2014 | CQI Unit | <u>2016</u><br>The decision was made to no longer utilize QSR for case reviews. The |

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| **Objectives 1-11** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| assess quality on a consistent basis at the point of practice in all LDSS. | | | | | federal OSRI is what is currently being used. See below for new Objective. |
| 3. Adoption Assistance Review Team to work in collaboration with Federal partners to identify if VDSS current review protocol meets federal requirements for Adoption Assistance case monitoring | a) Assess if the AART current review instrument meets federal requirements<br>b) TA request<br>c) Draft of tool<br>d) Field test<br>e) Develop guidance<br>f) Training<br>g) Statewide roll out<br>h) Monitoring | Summary of findings<br>Incorporation of federal feedback in to AART review process into tool<br>Results of field test<br>Guidance<br>Curriculum for training<br>Summary of Report on monitoring | July, 2015<br>Sept, 2015<br>Jan 2016<br>July 2016<br>Sept 2016<br>Ongoing | AART Supervisor<br>AART team | 2016<br>The AART team is no longer in existence. The majority of adoption assistance agreements were reviewed. Additional adoption negotiators were hired to eliminate the need for this type of review. |
| 4. Establishment of a standardized title IV-E protocol for conducting ongoing and new case validation reviews | a) Develop electronic review instrument<br>b) Incorporate into VDSS guidance | Instrument<br>Revised guidance | December, 2015<br>March 2016<br>June 2016 | Title IV-E Supervisor | 2016 a)<br>The instrument was developed. This is completed<br>2016 b)<br>The decision has been made not to incorporate the protocol into guidance. |

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| **Objectives 1-11** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | c) Receive feedback of effectiveness of process<br><br>d) Monitor for effectiveness of use | Summary of feedback reflected in changes to the tool<br><br>Summary of usage | July 2016<br><br>ongoing | | <u>2016 c and d)</u><br>Title IV-e review team members regularly receive feedback while monitoring the use of the protocol. As feedback is received, changes are made to ensure efficiency. |
| 5. Develop an electronic application and evaluation of title IV-E | a) Incorporate title IV-E automation into OASIS<br><br>b) Work in collaboration with VDSS IT, Permanency, and Eligibility Units to implement the usage of an electronic application and evaluation process for the determination of title IV-E<br><br>c) Monitoring of OASIS stratified data | OASIS<br><br>Trained and incorporated into VDSS guidance and procedures<br><br>Receive feedback of effectiveness of process<br><br>Reduced data errors in OASIS | July, 2017 undetermined | Title IV-E Supervisor | <u>2016</u><br>IV-e automation will be incorporated into the RFP for the replacement system for OASIS. Until money is allocated for a new system, this objective will remain on hold. |

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| **Objectives 1-11** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 6. Increase use of data driven decision making in Virginia's child welfare system | a) Review CPS on Timeliness of Contacts, Response Times, Referral Time Open and Duplicate Clients on a monthly basis to identify problem areas<br>b) Identify and prioritize problem agencies and workers<br>c) Develop and implement a plan to improve practice<br>d) Increase use of SafeMeasures®<br>e) Add CQI measures to SafeMeasures® – supervisory dashboard<br>f) Use NYTD survey outcomes and services provided | Copy of reports<br>Copy of broadcasts | December 2016 | CPS Program Manager<br>CPS Policy Specialist<br>CPS Regional Consultants | 2016 See below |
| | c) Identify and prioritize data issues stemming from case reviews | Copy of reports | January 2017 | | |
| | d) Increase use of SafeMeasures® to identify critical areas of concern. | Copy of reports and action plans | December 2016 | | |
| | e) Increase use of SafeMeasures® focusing on new measures for Family Strengths and Needs | SafeMeasures® e-learning | January 2017 | | |

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| **Objectives 1-11** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | Assessment and Risk Reassessment measures | | | | |
| 7. Evaluation of training | a) Utilize in class evaluations that look at curriculum content, the trainer, and other training needs<br>b) Implement Learning Labs for transfer of learning<br>c) Track classes in KC to monitor what has been taken by local dept workers<br>d) Continue to conduct training needs assessment | Summary of evaluations<br><br>Data on transfer of learning<br><br>Summary of reports for directors | 2015<br><br>2016<br><br>2016<br><br>2015 | DFS training | <u>2016</u><br>See below for detail about transfer of learning and monitoring |
| 8. Prepare for the 2017 state conducted CFSR | a) Collaborate with the Children's Bureau and all 120 state localities during 2016 in preparation for the state conducted 2017 CFSR<br><br>b) Incorporate as many requirements of the state conducted 2017 CFSR into the statewide case review process to include but not limited to; utilization of the CFSR federal instrument, sampling period, case elimination process, consistent usage of instrument, interview process, incorporation | Ongoing communication with Children's Bureau through conference call series<br><br>Completion of reviews in 120 localities with incorporation of federal review requirements and standards | Ongoing<br><br>December, 2016 | QAA Manager | <u>2016</u><br>Virginia will participate in the 3rd round of the CFSR in 2017 and is planning to complete a state-led review. This year, the CFSR team is reviewing cases using the OSRI and the federal data base in preparation for the review. Other planning activities are currently underway. |

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| **Objectives 1-11** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | of QA process<br><br>c) Develop and pilot training for 2017 CFSR<br><br>d) Approval of case review Criterion 1 by Children's Bureau<br><br>e) Selection of localities for 2017 CFSR | Completion of training development and presentation of one pilot<br><br>Receipt of approval from Measurement and Sampling Committee of CB for case review process<br><br>Attendance at regional directors meetings and selection of localities for 2017 CFSR | December, 2016<br><br>Fall, 2016<br><br>October, 2016 | | Virginia is working in partnership with the regional office to prepare for the review. |
| 9. Specify responsibilities and tools for monitoring, supporting, and evaluating improvement plans based on LDSS Areas Needing Improvement (ANI) from the state CFSR reviews held in 2016, the federal review in 2017, and on-going. | a) Develop a tool for monitoring<br><br>b) Develop trend report | Virginia tool for monitoring.<br><br>Quarterly Report to Division PMs and Regional | Tool developed April 2016; communication and collaboration ongoing<br><br>June 2016 First Qtrly report of trends | CQI manager | This is a new process and will be ongoing. Should evaluate process efficiency and effectiveness by 12/30/2016 |

| Primary Strategy: Managing by Data and Quality Assurance | | | | | QAA and CQI |
|---|---|---|---|---|---|
| **Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.** | | | | | |
| **Objectives 1-11** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | | consultants, noting trends and improvements reported | and improvements shared | | |
| | c) Develop communication plan for sharing information with LDSS | Communication plan for all LDSS regarding supports available, improvements suggested, etc. | June 2016 and ongoing | | |
| 10. Improve the ability for LDSS to provide input and participate fully in Virginia CQI efforts. | a) Restructure existing committees related to CQI at the state and local levels | Committees are restructured | April 2016 | CQI manager and committee chairpersons | |
| | b) Groups develop specific purpose, roles, and connections to each other and the Division | Agendas for committees have specific with outputs of recommendations, reports, etc. | December 2016 and ongoing | | |
| 11. Develop cohesive data reporting and analysis processes for CQI, in collaboration with QAA. | a) Meetings with Office of Planning and Research to identify key reports used/ needed | Reports identified and documented | June 2016 | CQI manager, Asst. DFS director, OPR staff, DFS Program Managers<br><br>CQI committees | |
| | b) Develop communications on ways to use data for CQI | Increased understanding and use of data by Division managers, regional consultants, LDSS | Ongoing | | |

**Implementation Supports needed for Primary Strategy: Managing by Data and Quality Assurance (CQI)**
Objective 1: CQI Academy, Center for States, CB; Regional consultants; DFS PMs
Objective 2: completed
Objective 3: completed
Objective 4: data reports on tool
Objective 5: SACWIS compliant data system
Objective 6: data reports, SafeMeasures®
Objective 7: data on evaluations, partnership/intern from VCU
Objective 8: state data profile, consultation with CB, regional office, and Measurement and Sampling Committee
Objective 9: consultation with CB, regional office, DFS CFSR team
Objective 10: CQI manager and committee membership need to determine scope and goals of committees
Objective 11: CQI manager, program staff, and VDSS OPR need to identify priorities

The contract is in place for SafeMeasures® and staff is currently gathering other data for reports. There is an RFI out currently seeking information on the development of a new case management system. Virginia continues to partner with the regional office and Children's Bureau in preparation for the CFSR.

**2016 Objective 6:**
This objective has been revised to more accurately reflect the reporting that is occurring.

a) The CPS regional consultants were tasked with monitoring and reviewing Timeliness of Contacts, Response Times, Referral Time Open, Monthly Home Visits and Duplicate Clients to identify workers, supervisors and agencies doing outstanding work. Several Broadcasts were issued recognizing these staff and agencies.

b) In preparation for the Child & Family Services Review (CFSR), case reviews are being conducted modeling the CFSR process. Completed case reviews are being reviewed and reports drafted to localities to identify and prioritize data issues needing clarification and/or attention. Local, regional and statewide issues will be identified and addressed.

c) State CPS consultants review SafeMeasures® data for the localities in their region and identified critical areas needing attention. Localities are provided the data and asked to develop strategies to improve outcomes. Those localities that need improvement develop action plans to address issues. The action plans are monitored by the regional consultants. Common issues reported by localities included: staffing and time management, need to utilize SafeMeasures® reporting, reinforce the practice of merging duplicate clients beginning at intake, and the need for supervisors to create a process to close referrals after supervisor approval. To address these issues, several localities created dedicated/restricted time for workers to enter information into the case management system. Other localities reassigned staff to assist with backlogs, and if possible, localities filled vacant positions.

d) State CPS staff are reviewing new reports available in SafeMeasures® to assess the timelines and completion rates of the new tools, Family Strengths & Needs Assessment and the Risk Reassessment tools.

**2016 Objective 7b:**

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 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 the 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 which 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 Family Services Training Unit believes that middle management and supervisors are key to developing and sustaining successful practice skills throughout child welfare. Therefore, we have developed our CORE Supervisor Training as a competency- based training for new LDSS supervisors with less than two years of experience or supervisors needing refresher training. The Supervisor Series are two consecutive days per month for a period of four months with transfer of learning activities between sessions. The courses consist of SUP 5701: Fundamentals of Supervising; SUP 5702: Management of Communication, Conflict & Change; SUP5703: Supporting & Enhancing Staff Performance; SUP5704: Collaboration and Teamwork. We are currently in the process of revising and updating our supervisory series of training to include additional information on leadership development, developing a learning culture in the agency to support training, and expand coaching to correlate with our new coaching to the practice profiles. Occasionally, we have had Eligibility Supervisors attend the CORE Supervisory training classes and our trainers have reported that they were very satisfied with the courses and that the class had met their needs. Additional Management/Supervision training is being planned through the Casey Family Programs Learning Collaborative initiative for Family Services LDSS agencies. The Learning Collaborative was a partnership from 2014-2015 with Casey Family Programs and part of an evolution of practice enhancement beginning with Children's Transformation in 2007 and continuing with the Three Branch Initiative from 2013 to 2014. The Learning Collaborative Series focused on issues of family engagement and the development of the eleven skills sets included in our Practice Profiles, trauma informed practice and psychotropic medication usage with children and youth in foster care, and introduced coaching. However, work continues on implementation of the use of our newly developed Practice Profiles and the use of coaching as an implementation delivery. The Practice Profiles is a fundamental shift in social services agency practices from compliance to quality and is a way to operationalize our Virginia Children's Services Practice Model.

The use of the Practice Profiles will ground and reshape frontline practice across local departments of social services – beyond child welfare services. Further work will be conducted on developing a training Coaching Series for LDSS staff with various levels of abilities implementing the Practice Profiles.

**2016 Objective 7c:**

The Division of Family Services has conducted a preliminary mandated training analysis and evaluation project for all CORE Mandated Training system. The purpose of this project is to determine whether and to what extend the intended target population, Family Services Workers, are receiving mandated trainings within designated timeframes and how effective receipt of the mandatory trainings are as defined by the Kirkpatrick Evaluation Model. The Kirkpatrick Evaluation Model has four levels:

1. Reaction (positive or negative)
2. Learning (acquisition of knowledge, skills, attitude and confidence from training)
3. Behavior (application of knowledge and skills learned)
4. Results or outcomes (the degree to which targeted outcomes occur as a result of the training).

To properly evaluate the impact of a training event according to the Kirkpatrick Model, job functions must be properly defined per agency to determine which training mandate is most applicable. Once completed, data systems must be integrated that contain the necessary information to apply a training mandate. This essential information includes job function, date of hire, and completion of mandated trainings. This information in compiled to create one helpful tool which reflects achievement of training mandates, by agency, and initiates continued quality improvement analysis efforts based on the Kirkpatrick Model. This process has led to multiple recommendations including system interventions that must be undertaken in order to create the data necessary to properly measure the impact of a training event on a trainee according to the Kirkpatrick Model. Other recommendation include individualizing surveys per course, including a 'pre' and 'post' test component to properly measure learning, and to use achievement of a training event as a proxy for achievement of a necessary competency so that Stage 4 'Results or Outcomes' can be measured.

The LMS Knowledge Center Reporting Consul provides the data necessary to run descriptive analytics per course or all courses over a given time period. This is extremely helpful for macro-level descriptive analytics including survey completion rates, and total reported level of understanding gained through a given training event. This information must be broken down by agency however to properly measure according to the Kirkpatrick Model. Courses are not specific to agency, and so courses are not reflective of the organizational factors inherent to each agency that can impact learning. Also, the mandated training analysis must be broken down by agency and not by course as the CQI measures needed to evaluate the impact of a training event according to the Kirkpatrick Model necessitate supervisor feedback for stage three on whether learning has transferred to behavior. VDSS is organized at a by agency jurisdictional level, in a State supervised locally administered system, and the mandated training analysis must illustrate this if information is going to be properly disseminated and recommendations administered.

Macro-level descriptive statistics by course have helped inform the project to this point. Important findings include an overall survey response rate of 56% from 7/1/15-12/1/15. Overall effectiveness of courses is reported at a 4.3 on 5.0 scale. 'Understanding Before Course' across all mandated

Family Services courses from 7/1/15-12/1/15 has an average reported score of 3.2 on a 5 point scale, while 'Understanding After Course' has an average reported score of 4.2, justifying trainings impact. Other important findings include participants with less reported knowledge before the course showed the greatest gain in reported understanding after the course, and the same was true in courses that were reported to have the least amount of understanding on average before the course. Participants with a higher rating of overall courses effectiveness also rated higher improvement before and after. Preliminary per agency counts of achievement of current mandated trainings vary greatly between agency, reported job function of worker, and start date (whether or not the most recent mandate applies to worker), and more data must be collected and analyzed to determine percentage of workforce that has achieved current training mandate. Further training evaluation work will continue next year.

| Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH | | | | | |
|---|---|---|---|---|---|
| **Goal: 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** | | | | | |
| **Objectives 1-5** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 1. Decrease the number of youth aging out of foster care | a) Identify different older youth populations by entry reason (A/N vs. other entry reason);<br>b) Investigate funding source availability for older youth<br>c) Investigate effective strategies for achieving permanency for older youth based on entry reason | Reports<br><br>Summary of available funding<br><br>Summary of suggestions | 2017 | Foster Care Program Manager<br>Partners – CSA, CIP, MH | <u>2016 c</u><br>Fall 2015, an MOA was developed between VDSS and DJJ to facilitate continued work towards achieving permanency while youth in foster care are committed to DJJ. VDSS' goal is to improve permanency outcomes for youth entering foster care from the DJJ system as well as for youth in foster care who become involved in the DJJ system. |
| 2. 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.<br>b) Involve the "Youth Network" 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.<br>c) Involve youth network in providing input into foster care policy development, conducting life skills and | Development of youth network<br><br>Summary of input | 2016<br><br>Ongoing after formation | IL state coordinator | <u>2016 a)</u><br>Project LIFE identified youth to be involved in the youth network and hired two former foster care youth to serve as Youth Network Coordinators.<br><br><u>2016 b)</u><br>Youth in and transitioning out of foster care were involved in facilitated discussions on the following topics: normalcy and prudent parent standard, National Youth in Transition Database (NYTD), youth rights at youth conferences and through Youth Network participation. |

| Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH | | | | | |
|---|---|---|---|---|---|
| **Goal: 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** | | | | | |
| **Objectives 1-5** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | self-advocacy training, and increasing youth's understanding of the concept of achieving permanency.<br>d) Provide training and technical assistance to LDSS in developing appropriate youth-driven service plans that focus on transitional living plans for older youth.<br>e) Establish a Foster Youth Bill of Rights<br>f) Increase linkage between foster care youth and Foster Care Alumni | Curriculum for training<br>Bill of Rights<br>Increased participation of alumni in request for information/input | 2016<br>2017<br>2017<br>2016<br>2017 | | 2016 c)<br>Youth were instrumental in the naming of Virginia's extension of foster care program, Fostering Futures. Youth were supported by child advocates and VDSS to advocate for themselves towards the implementation of this program. See below.<br><br>2016 f)<br>Project LIFE and foster youth participated in three FosterWalk with members of Foster Care Alumni of America (FCAA)-Virginia Chapter during Foster Care month to promote awareness of the need for permanent connections for older youth in foster care. See below. |
| 3. Increase Post-Secondary Education and Training opportunities | a) Improve collaboration between LDSS and Great Expectations<br>b) Identify vocational training opportunities statewide<br>c) Make information re: vocational and educational opportunities available statewide | Marketing and promotion of post-secondary education<br>Efforts to share information | 2015<br>2016 | IL state coordinator | 2015<br>More information about Great Expectations can be found at: http://greatexpectations.vccs.edu/school/<br><br>Information about services to older youth, including information about ETV and Great Expectations can be found at: |

| Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH | | | | | |
|---|---|---|---|---|---|
| **Goal: 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** | | | | | |
| **Objectives 1-5** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | d) Continue to share information re: ETV statewide | | | | http://www.dss.virginia.gov/family/fc/independent.cgi<br><br>See below |
| 4. Facilitate transitions to Adult Services | a) Ensure information is available to LDSS and youth for youth who will qualify for adult services as they transition out of FC<br>b) Improve Guidance to address transition planning for this population specifically<br>c) Identify gaps in services for youth who will still need services but will not qualify for adult services<br>d) Develop training for CW staff re: eligibility and transition planning for this population | Updated guidance<br><br>Recommendations for services<br><br>Curriculum | 2016 | DARS, DFS training Foster Care Program Manager | <u>2016 a)</u><br>VDSS developed points of contact among various adult serving state agencies and held a meeting with several key stakeholders to increase VDSS' awareness of available resources and services, and update the document, *Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care Guidebook*, a resource for LDSS.<br><br><u>2016 b)</u><br>Foster Care guidance has been revised to increase direction regarding referrals and collaboration with adult serving agencies prior to youth with special needs reaching adulthood. Guidance will be published June 2016.<br><br><u>2016 d)</u><br>VDSS collaborated with UMFS Project LIFE to provide trainings on transition planning to LDSS. |

| **Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) OLDER YOUTH** | | | | | |
|---|---|---|---|---|---|
| **Goal: 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** | | | | | |
| **Objectives 1-5** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | | | | | VDSS IL staff is collaborating with the State's Training Division in developing a curriculum on transition planning for youth. |
| 5. Explore expanding foster care and adoption assistance to 21 | a) Identify options for youth if the extension of foster care is not included in the budget<br><br>b) Redefine IL living arrangement to better meet the needs of older youth who continue to receive services through LDSS<br><br>c) Explore addressing issues of youth homelessness, access to MH and trauma services<br><br>d) Develop strategies for publicizing information about Medicaid to 26<br><br>e) Explore potential continuation of CASAs working with youth 18 and older (permitted by law) | Updated guidance<br><br>Summary of suggestions for service delivery<br><br>Publication<br><br>Summary of findings | 2015<br><br>2015<br><br>2017<br><br>2015<br><br>2017 | Foster care program manager, IL state coordinator | <u>2016a)</u><br>The funding and the authority to implement Fostering Futures, Virginia's program to extend foster care to 21 was included in the FY 17 budget adopted by the 2016 General Assembly.<br><br><u>2016 b)</u><br>Foster Care guidance addressing the Fostering Futures program clarifies the role of the program participant in choosing where he or she wishes to live. Guidance will be published in June 2016. See below. |

**Implementation Supports needed for Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) (older youth)**

Objective 1: data around youth entry to foster care, partnership with OCS, data
Objective 2: training for staff, development of youth network
Objective 3: partnerships with DOE/Great Expectations, ETV funding
Objective 4: training for staff, partnership with DARS
Objective 5: support from General Assembly, partnerships to end youth homelessness, TA

The majority of these supports are already in place. VDSS has good working relationships with DARS and DOE. Staff meet regularly and attend board meetings regularly. Training for the specific issues listed above are already under consideration and development.

**2016 Objective 1**

On August 31, 2015, a Memorandum of Agreement was enacted between VDSS and the Department of Juvenile Justice (DJJ) to enhance collaboration between VDSS, DJJ, and the Office of Children's Services (OCS) in regards to working with children in foster care who are committed to DJJ through criminal court proceedings. In the past, lack of clarity regarding the role of the local department of social services (LDSS) worker when a foster care child is committed has led to difficulties for the LDSS worker in receiving adequate information about the child's treatment and progress while in the DJJ facility, and little opportunity to prepare for the youth's eventual release. For DJJ, there have been difficulties in determining who appropriate visitors for the child are and how to obtain consent when parental consent is required. Additionally, the commitment of the child has resulted in a disruption in efforts on the part of the LDSS to make progress towards any permanency plan, as services to the parents or potential relative or adoptive family, have ended when the child is committed. The MOA clarifies that the LDSS worker, the Court Services Unit (CSU) staff, DJJ staff, and the local Family Assessment and Planning Team (FAPT) will work together to coordinate efforts to address the youth's needs, support the family and/or relatives to remain involved, and plan for appropriate discharge back to the community throughout the child's stay in commitment. The LDSS worker will remain actively involved with the child and family through the opening of a Prevention case. The DJJ facility will include the LDSS worker in treatment team meetings and provide access to the child for worker visits. The MOA clarifies that Children's Services Act (CSA) funding can be approved by the local FAPT to support ongoing services, such as (but not limited to) services for the parents/ potential custodians to enhance the possibility of achieving permanency, and visitation costs for the family.

Joint VDSS, DJJ, and OCS guidance to support implementation of the MOA was published in the spring of 2016. Although the only a small number of foster care youth are committed to DJJ each year, VDSS expects that permanency outcomes for these youth can be improved. Additionally, the MOA represents a major accomplishment in terms of collaboration towards better serving youth involved in both the DSS and DJJ systems; future collaborative efforts will be directed towards better serving DJJ involved youth in the community and preventing entry into foster care where better outcomes can be achieved through prevention of foster care services being provided.

**2016 Objective 2**

Youth engagement is one powerful way to ensure that the youth's voice is incorporated in service planning, policy, and legislation. It is the youth who knows their own lives, capacities and desires. Their perspective makes them valuable partners in efforts to improve foster care outcomes.VDSS is committed to supporting youth engagement and incorporating youth voice in program and policy development. For instance, Project LIFE hired two former foster care youth as Youth Network Coordinators. The coordinators traveled across the state to meet with young people and get them involved in the Youth Network and discuss issues that impact them in the foster care system. Project LIFE uses conference calls, Facebook, and other social media mechanism to stay connected with the youth.

Feedback received from foster youth and alumni during the fall conference on the "prudent parent standard" and "youth rights" was incorporated into the draft of the next release of the Foster Care Guidance and the Virginia's Independent Living (IL) transition plan document was updated to include youth's rights. The youth's rights have been included on the signature page of the transition plan as of March 2016 and both are submitted to court as required by the *Preventing Sex Trafficking and Strengthening Families Act.* Also, this conference focused on creating lifelong connections. There were workshops and /or activities on permanency, mentoring, youth-adult partnerships, networking, team building, social media, importance of good credit, and NYTD. Foster care youth/alumni co-facilitated some of the workshops/activities with the adult presenters.

In February, a group of youth in foster care and foster care alumni spent the day at the 2016 General Assembly advocating and speaking out on important issues related to their experiences in foster care. A representative from Voices for Virginia's Children created the "listening session" event as a way for young people in foster care to advocate on behalf of the "Fostering Futures" bill, which extends foster care to age 21 in Virginia.

In regard to youth involvement/engagement and youth network, Project LIFE's met and exceeded the benchmarks of the FY 2016 contract goals:

| Contract Goals | Benchmark (# of participants) | Actual (# of participants as April 2016) |
|---|---|---|
| Develop a statewide foster youth network (i.e., youth and alumni will be identified as interested in advocacy work) | 65 youth | 144 youth |
| Implement strategies and training for youth and workers that promote positive youth development and youth engagement | 60 | 66 |
| Prepare youth to serve on panels and committees for foster care policy development, conducting life skills and self-advocacy training, and increasing youth's understanding and embracement of the concept of achieving permanency | 25 | 32 |
| Plan and implement training opportunities for youth in foster care, and those aging out to develop or enhance their life, leadership, and advocacy | 125 | 164 |
| Deliver training to youth on the importance of good credit reports (ages 18 and over) | 55 | 100 |
| Provide training and technical assistance to LDSS staff on identify the purpose, importance, and requirements of NYTD | 125 | 164 |
| Train youth ages 14 and over on NYTD | 51 | 125 |
| Provide life skills training for eligible youth between the ages of 14-21 in each region that supports permanency and teaches self-sufficiency through skill development | 150 | 175 |
| Conduct regional learning events for youth focusing on community engagement | 75 | 110 |

For Foster Care Month in FY 2016, Project LIFE and foster youth participated in three FosterWalk with members of Foster Care Alumni of America (FCAA)-Virginia Chapter. The FosterWalks were held in the Central, Piedmont and Northern regions and facilitated by the FCAA. The purpose of the walk was twofold: 1) to help draw attention to the issues facing current and former foster youth; and 2) to urge foster care alumni and the greater community to get involved in helping youth obtain permanency or at least life-long connection. In addition, the walks provided an opportunity for youth currently in care to become aware of and connected to the Virginia Alumni Chapter. Project LIFE assisted with the FosterWalk event by getting foster youth involved in the event. The young people participated in the events by walking for the cause and volunteering. Youth also passed out water, held up posters and encouraged others to reach the finish line.

For FY 2017, VDSS will be working with the Capacity Building Center for States on enhancing processes related to older youth engagement.

**2016 Objective 3**

A collaborative strategy which includes VDSS, LDSS, Project LIFE, Great Expectations, families, and children will continue to help improve youth educational outcomes. VDSS representatives and Project LIFE staff serve on the Great Expectations advisory boards which help to inform other professionals about the Education and Training Vouchers ( ETV) program and eligibility requirements for foster youth who are served at community college and youth with disabilities attending college. As a result, professionals, foster parent, and other stakeholders can assist youth in preparing for higher education so they can succeed throughout their educational journey. The ETV program has been strengthened by the Fostering Connections Act because it helps VDSS to facilitate discussions with LDSS about educational decisions that can potentially impact youth attending postsecondary education.

These core initiatives help to strengthen the state's postsecondary education assistance program and promote academic achievement and educational stability. Virginia continues to support its partnership with the Great Expectations Program. This nonprofit organization is unique to Virginia and works strictly with foster youth attending community college.

Also, Project LIFE and Great Expectations worked together to recruit about a dozen youth and young adults throughout Virginia who had a desire to speak out on issues that affect young people in the foster care system. The day began with a meet-and-greet where youth were able to mingle with key stakeholders, including cabinet secretaries, deputy secretaries, executive directors, and program managers. The group then had the opportunity to attend a General Assembly session in the gallery where they were recognized as a group of young advocates. Following the session, youth and key delegates attended a special meeting where youth had the chance to speak out on challenges they have experienced in foster care, including topics related to housing, education, normalcy, and visits with biological family. The day proved to be extremely beneficial and empowering for the young people and inspiring for the legislators, delegates, and program staff who attended.

**2015 Objective 4**

State staff held a meeting with several key stakeholders to increase VDSS' awareness of available resources and services, and to facilitate networking to encourage promising practices in working with foster care youth with disabilities. The workgroup was composed of representatives from the following agencies: Department of Aging and Rehabilitative Services (DARS), Virginia Department of Education (DOE), Department of Medical Assistance Services (DMAS), Department of Behavioral Health and Development Services (DBHDS), Virginia Board of People with

Disabilities (VBPD), Virginia Housing Development Authority (VHDA), Supplemental Nutrition Assistance Program (SNAP), Virginia Department of Licensing, and disAbility Resource Center. VDSS is in the process of updating the document, *Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care* and received additional information on services and programs from the members of the workgroup. This document will be used as a tool for local department of social services staff. Foster Care guidance has been enhanced regarding referrals to adult services for the population of youth in foster care with significant special needs with input from DARS. The revised guidance will be published in June 2016.

**2015 Objective 5**

For the fourth year in a row, the extension of foster care to age 21 came before the 2016 General Assembly. Although the legislation required to amend Virginia Code was not passed, the funding and the authority to implement Fostering Futures, Virginia's program to extend foster care to 21 was included in the FY 17 budget adopted by the 2016 General Assembly. Fostering Futures will go into effect for youth turning 18 on or after July 1, 2016. It is expected to provide much needed support and assistance for participants as they transition into adulthood.

In June 2016, three sections of foster care guidance addressing the provision of foster care services to 14 to 21 year olds will be published. These sections incorporate many of the requirements of the *Preventing Sex Trafficking and Strengthening Families Act* including the statement of youth's rights, the youth's opportunity to choose two members of his or her team, and credit checks for youth 14 and older, and the provision of documents to youth exiting foster care. The third section of guidance specifically addressed the Fostering Futures program and incorporates direction around participant engagement and empowerment specifically in regards to eliminating barriers for youth to make choices regarding their living arrangements.

| Primary Strategy: Infrastructure improvement | | | | | TECHNOLOGY |
|---|---|---|---|---|---|
| **Goal: Enhance the use of technology to better serve children and families** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 1. Create pilot program to explore mobile/field computing | a) Secure mobile devices: Tablets, webcams, and mobile printers<br>b) Select localities to pilot<br>c) Review quarterly reports on satisfaction and address issues | Contract or agreement<br><br>List of localities<br><br>Timely note entry | 2018 | DSF staff | VDSS has worked with Information Security and the state I.T. agency, VITA, to address this objective. Due to limitations in the coding for OASIS and the inability to ensure that data is encrypted "in transit" and "at rest", we are unable to pursue this objective any further. The cost involved would be prohibitive. As VDSS pursues a replacement for OASIS, we plan to include requirements for mobile computing as a core function of the new system. |
| 2. Explore the possibility of implementing a new child welfare information system | a) Develop requirements<br>b) Request Funding<br>c) Design (if funded)<br>d) Training (if funded)<br>e) Roll-out (if funded) | Up and running system to include financial data and improved reporting functions. | 2019 | Assistant director | An RFI was released in May of 2015 to explore options to replace OASIS and related I.T. systems. Eighteen vendors responded and 15 vendors provided demonstrations to local and state staff in July 2015. In March 2016, an RFP was released for a vendor to collect requirements and draft an RFP for a replacement to OASIS. The eight responses to that RFP are currently being reviewed with an anticipated start date of 6/15/16 for the vendor. VDSS has been in communication with the State Systems team at HHS to learn more about agile procurement |

| Primary Strategy: Infrastructure improvement | | | | | TECHNOLOGY |
|---|---|---|---|---|---|
| **Goal: Enhance the use of technology to better serve children and families** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | | | | | and to notify them of Virginia's intent to pursue a replacement to OASIS. It is anticipated that the PAPD document will be submitted in May 2016. |
| 3. Implement title IV-E Automation in OASIS to incorporate local financial data and OASIS data for title IV-E to include reasonable candidacy. | a) Create requirements for automation<br>b) Review requirements and give approval for development<br>c) Completed UAT when development is complete<br>d) Provide training to the field<br>e) Implement new OASIS screens | requirements<br><br><br><br><br>Curriculum for training<br>Web-based module developed | 2015 | Assistant Director, QAA program manager | Reasonable Candidacy screens and report have been implemented. |
| 4. Improve tools available in SafeMeasures® to state and local workers to allow for a broader range of reporting elements. | a) Review current reporting<br>b) Determine reports to be created<br>c) Implement new reports | New reports | Ongoing | DFS program managers | 2016<br>See below for list of reports |
| 5. Begin use of market segmentation to identify prospective foster and adoptive families. | a) Create and share list of targeted recruitment criteria<br>b) Use ESRI software to analyze existing adoptive and foster families<br>c) Follow T/TA recommendations | Criteria<br><br>Summary of work done<br><br>Foster & adoptive families, increased number of families | 2015<br>2016 | Adoption program manager, Resource Family program manager | 2016<br>See below |

| Primary Strategy: Infrastructure improvement | | | | | TECHNOLOGY |
|---|---|---|---|---|---|
| **Goal: Enhance the use of technology to better serve children and families** | | | | | |
| **Objectives 1-6** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | from NRC on Diligent Recruitment | | | | |
| 6. Improve local staffs' abilities to conduct and document service needs assessments and develop relevant services plans in the automated data system (OASIS) | a) Develop requirements for changes to service planning in OASIS | Requirements doc | May 2014 Feb 2015 | DFS staff | The service plan revisions are currently being coded in OASIS. It is anticipated that the changes will be ready for user-acceptance testing this fall with a projected deployment in February 2017.<br><br>On January 14, 2016, VDSS released a broadcast (9531) that highlighted federal requirements that were not being addressed in the current service plan and instructed local workers how to include the required information. Changes effective 2/15/2016. |
| | b) Development of new service planning | Draft of screens | Sept. 2014 2016 | | |
| | c) UAT of new screens | Testing results | Jan 2015 2016 | | |
| | d) Training of changes to service plan | Curriculum | April 2015 2016/2017 | | |
| | e) Roll out of new service plan screens | Updated screens | 2017 | | |

**Implementation Supports needed for Primary Strategy: Infrastructure improvement TECHNOLOGY**
Objective 1: no longer viable
Objective 2: new case management system
Objective 3: completed
Objective 4: partnership with SafeMeasures®
Objective 5: TA, software for market segmentation
Objective 6: DIS supports and staff time (VDSS)

The RFI was developed with the support of local department stakeholders who will assist in reviewing vendor submissions.

**2016 Objective 4**
Report developed or in development for use in SafeMeasures since July 2015.
1) Referral Recidivism
2) Data Issues: IL Services Open Over 60 Days
3) Perpetrators With Duplicate Records (Based on DOB and SSN)

4) Adoption Recruitment Status
5) Education Records for Foster Care Youth Ages 5 to 20
6) NYTD 19 Year-Old Survey Completion
7) Resource Activity
8) Independent Living Services 6 Month History
9) Case FPMs for Concurrent Planning
10) Timeliness of First Contact with Victim
11) Safety and Risk Reassessment before Case Closure
12) Clients Missing SSN
13) Recurrence of Maltreatment
14) (Still in development) Timeliness of 1st Contact
15) (Still in development) Maltreatment in Foster Care
16) (Still in development) Placement Stability
17) (Still in development) Permanency in 12 Months for Children Entering Foster Care
18) (Still in development) Permanency in 12 Months for Children in Foster Care 12-23 Months
19) (Still in development) Re-entry to Foster Care
20) (Still in development) FSNA Ongoing Timeliness
21) (Still in development) Risk Reassessment Ongoing Timeliness
22) (Still in development) Time to Validation

**2016 Objective 5**

At the request of VDSS, the National Resource Center (NRC) for Diligent Recruitment provided technical assistance on Market Segmentation. The NRC, in partnership with VDSS, used the ESRI Business Analyst software to identify segments of the population that are likely to be prospective foster and adoptive parents and the marketing characteristics associated with these groups. This profile helps to determine where to recruit and how to develop marketing materials. For the period October 1, 2013 – June 30, 2015, Bethany Christian Services was the contractor. Through June 30, 2015 (21 months), a total of 1,519 foster care adoption inquiries were tracked by the contractor. The monthly report specific to June provides the following details: The majority of the inquiries came from the Eastern region with 29%. The least number continues to be the Western region with 3%. Of the number of inquiries, 66% requested basic information about adoption and 22% requested process information. The primary resources of media inquiries were from were Radio with 39% and the Internet with 22%. The combined numbers of those clients who made contact with a child placing agency and/or started training with an agency was 8%. A new contract was awarded to the M Network in October 2016. This contract ended and DFS is working in collaboration with the VDSS Division of Public Affairs to develop a strategic campaign with a pilot of LDSS to increase foster care awareness and utilize recruitment strategies to increase the number of foster and adoptive parents.

## 2016 Objective 6

**BROADCAST 9531**
**DATE**: January 14, 2016
**TO:** Local Directors and Foster Care Supervisors and Workers
**FROM**: Carl E. Ayers, Director of Family Services
Em Parente, Foster Care Program Manager
**SUBJECT**: Foster Care Service Plan: Action Required

**CONTACT(S):**
Permanency Consultants: Piedmont: Dawn Caldwell, (540) 204-9638; dawn.caldwell@dss.virginia.gov; Northern: Tammy Curl, (540) 347-6334; tammy.d.curl@dss.virginia.gov; Western: Tammy Francisco, (276) 676-5487; tammy.francisco@dss.virginia.gov; Eastern: the Permanency Consultant providing coverage for the LDSS; Central: Lisa Tully, (804)-662-9791; lisa.tully@dss.virginia.gov

The purpose of this Broadcast is to highlight certain federal requirements and discuss how and where LDSS will address those requirements in the Foster Care Service Plan and Service Plan Review for each plan written beginning February 15, 2016.
As a condition of the receipt of federal funds under title IV-E, states are required to submit a plan for the administration of the foster care program and must manage the program in accordance with the provisions of the plan. Additional information about Virginia's title IV-E plan can be found here. A major section of Virginia's title IV-E plan deals with the content of the Foster Care Service Plan because the Service Plan and Review templates currently available in OASIS do not meet federal requirements.

There have been several changes made recently to OASIS which move the system closer to meeting the federal requirements, but the current limitations to OASIS mean that the Service Plan screens cannot be completely revised quickly enough to address all the requirements in a timely manner. As a result, it is necessary for the LDSS to address certain topics in the narrative within the current template. Although much of the required information is already being captured in current Service Plans, standardization is needed to ensure that the information is located in the same place in every Service Plan and Review submitted to court.

The table beginning on the next page is intended to ensure that Virginia has uniform and coherent Foster Care Service Plan documents by addressing the specific federal requirements which are not currently included in the templates in OASIS. LDSS should continue to address the template questions as they have been. The chart includes references to the Client Education and Client Health reports which are now available in OASIS. The Education and Health screens in OASIS facilitate the collection of required information; the new reports permit the information to be printed and attached to the Service Plan and Review and submitted to court. The Independent Living Transitional Plan has also been modified to meet federal requirements; it will be attached to the Service Plan and Review and updated at least annually.

Part B of the Service Plan must still be completed, as the language regarding filing for Termination of Parental Rights is also addressed in the title IV-E plan and not included elsewhere in the Service Plan template. However, as indicated in Broadcast 9223, this section of the plan can now be shared with foster parents as well as others involved in the child's case planning.
In addition to the table included in this Broadcast, VDSS has provided Service Plan and Review "cheat sheets" which can be used as outlines when developing the new Service Plans and Review documents. These tools are available on SPARK on the Foster Care Guidance and Procedures page.

| IV-E Plan Requirements for the Child's Case Plan not addressed in OASIS | Standardization of LDSS responses to IV-E Plan Requirements |
|---|---|
| 475(1)(A) e. Includes a discussion of the safety and appropriateness of the placement and how the responsible agency plans to carry out the judicial determination made with respect to the child in accordance with section 472(a)(2)(A) of the Act; | Foster Care Service Plan, Part A and Foster Care Service Plan Review: question 4<br><br>This question, in Part A and in the Review, must include a discussion of safety and appropriateness of the placement. |
| 475(1)(B) f. Includes a plan for assuring that the child receives safe and proper care, and services are provided to the parents, child and foster parents in order to improve the conditions in the parents' home to facilitate the child's return to his/her own safe home or the permanent placement of the child | Foster Care Service Plan, Part A: question 6b<br><br>Foster Care Service Plan Review: questions 1, 2, 3<br><br>Responses for these questions should clearly link the services provided to improvement in the safety and other conditions that brought the child into care. |
| 475(1)(B) g. Includes a plan for assuring that services are provided to the child and foster parents in order to address the needs of the child while in foster care<br><br>475(1)(B) h. Includes a discussion of the appropriateness of the services that have been provided to the child under the plan | Foster Care Service Plan, Part A: question 6b<br><br>Foster Care Service Plan Review: question 1<br><br>Responses should address services provided for both the child and the foster parents, as appropriate. After the initial Service Plan, responses should address the appropriateness of those services. |
| 475(1)(D) i. For a child 14 or over, includes a written description of the programs and services which will help such child prepare for the transition from foster care to independent living; | Foster Care Service Plan, Part A: question 6b<br><br>Foster Care Service Plan Review: question 1 |
| 475(5)(H) j. During the 90 day period immediately prior to the date on which the child will attain 18 years of age, a caseworker… provides the child with assistance in developing a transition plan that is personalized at the direction of the child, includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, and is as detailed as the child may elect; | For youth age 14 and over, responses should address services provided to the child specifically to help the child prepare for adulthood. The completed IL Transition Plan, including the signature page, will be attached to the Foster Care Service Plan, Part A, and submitted to court at least annually.<br><br>In any case where the child is within the 90 day period of the child turning 18 years old, responses should indicate that the 90 day transition plan for success has been completed and reference where that plan can be located, if not attached to this plan. |
| 1356.21(g)(5) 475(1)(E) k. Documents the steps to finalize a placement when the case plan goal is or becomes adoption or placement in another permanent home in accordance with sections 475(1)(E) and (5)(E) of the Act. When the case plan goal is adoption, at a minimum such documentation shall include child-specific recruitment efforts such as the use of Tribal, State, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-State and interstate placements | Foster Care Service Plan, Part A: question 6a<br><br>Foster Care Service Plan Review: questions 2, 8<br><br>For children with the Plan goal of Adoption, responses will include documentation concerning child-specific recruitment and use of the adoption exchange, if they have been utilized. |
| 475(5)(A)(i) n. If the child has been placed in a foster family home or | Foster Care Service Plan, Part A: question 4c |

| IV-E Plan Requirements for the Child's Case Plan not addressed in OASIS | Standardization of LDSS responses to IV-E Plan Requirements |
|---|---|
| child-care institution a substantial distance from the home of the parents or in a different State, sets forth the reasons why such a placement is in the best interests of the child<br><br>475(5)(A)(ii) o. If the child has been placed in foster care in a State … outside the State in which the child's parents are located, assures that an agency caseworker on the staff of the State … or service area in which the child has been placed, … visits the child in such foster home or institution no less frequently than every 6 months and submits a report on the visit to the State or Tribal agency of the State or service area where the home of the child's parents is located | Foster Care Service Plan Review: question 4<br><br>Responses will describe why a child is placed a substantial distance from the home of the parents, in-state or out of state, and what accommodations are being made to complete monthly worker visits with that child. |
| 475(1)(G) p. A plan for ensuring the educational stability of the child while in foster care, including<br><br>i. Assurances that the placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and<br><br>ii. An assurance that the State/Tribal agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement; or<br>iii. If remaining in such school is not in the best interest of the child, assurances by the State/Tribal agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school; | Foster Care Service Plan, Part A: question 4 b2 and c<br><br>Foster Care Service Plan Review: question 7<br><br>Responses will reference information about Best Interest Determination Meetings (BID) and results. (This information will also be included on the Child Education report to be attached to the Plan or Review.) |
| 475(1)(C) q. Incorporates the health and educational records of the child including the most recent information available regarding:<br>i. The names and addresses of the child's health and educational providers;<br>ii. The child's grade level performance;<br>iii. The child's school record;<br>iv. A record of the child's immunizations;<br>v. The child's known medical problems;<br>vi. The child's medications and<br>vii. Any other relevant health and educational information concerning the child determined to be appropriate by the State/Tribal agency | Foster Care Service Plan, Part A: question 6a<br>Foster Care Service Plan Review: question 7<br>A discussion of the child's current health and educational needs should be addressed in both Part A and the Review. The Client Education and Client Health reports, which contain specific details regarding this information, will also be printed and attached to the Service Plan or the Review for submission to the court. These reports can be referenced in the Service Plan and Review responses. The child's immunization record will also be attached to the Plan or Review when submitted to court. |

| **Primary Strategy: Focus on Child Well-Being** | | | | | **WELL-BEING** |
|---|---|---|---|---|---|
| **Goal: Improve health including social and emotional well-being for children in foster care** | | | | | |
| **Objectives 1-5** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| 1. All foster children are screened and referred to medical professionals as-needed. | a) Update guidance and regulations to include requirements for medical exams<br><br>b) Create a report that tracks medical exams within 30 days of entry in care<br><br>c) Create a report that tracks well child visits<br><br>d) Create a report that tracks dental exams | Updated guidance<br><br>Reports created | 2014<br><br>2015 | Foster Care Program Manager | <u>2016 b, c, d)</u><br>OASIS has been updated to permit the entry of dates for exams. Reports to track medical and dental visits are in development. |
| 2. All foster children are screened for behavioral health needs and referred to appropriate services | a) Children who have urgent health, mental health, or substance abuse shall be screened upon entry into foster care<br>b) Children in foster care are assessed, reassessed and evaluated with CANS | CANS usage report<br><br>Updated guidance | 2015<br>2017<br><br>2015 | Foster care program manager | <u>2016 a)</u><br>The target date is changing due to IT challenges for VDSS in both the CANS and OASIS systems. See below |
| 3. Trauma-informed assessments and services will be implemented for children in foster care | a) Develop a trauma screening process for both child and parent<br><br>b) Increase awareness of trauma to child welfare staff | Screening tool<br><br>Materials shared | 2015<br><br>2015 | Prevention Program Manager/Foster Care Program Manager | |

| **Primary Strategy: Focus on Child Well-Being** | | | | | **WELL-BEING** |
|---|---|---|---|---|---|
| **Goal: Improve health including social and emotional well-being for children in foster care** | | | | | |
| **Objectives 1-5** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | c) Identify and promote best practice in a trauma-informed child welfare system | Materials shared | 2015 | | |
| | d) Explore the possibility of increasing the availability of qualified trauma treatment providers in VA | Summary of findings | 2016<br>2017 | | |
| | e) Train foster and adoptive families on trauma-informed care | Curriculum for training | 2015 | | |
| 4. Implement a psychotropic medication system to protect children in foster care | a) Develop guidelines for children currently prescribed/taking psychotropic meds, around medical exams and mental health evaluations related to med management | Guidelines and updated guidance | 2016 | 3 Branch coordinator, Foster Care Program Manager | 2016 a)<br>Guidance has been updated to address LDSS worker responsibilities re: prescription of psychotropic medications for children and youth in foster care. Several pilot sites are testing guidelines.<br><br>2016 b)<br>OASIS updated to permit identification of children prescribed psychotropic medications. LDSS still entering data at this time. |
| | b) Track children who are currently prescribed and taking psychotropic meds | List of children | 2016 | | |
| | c) Develop a strategy for assessing risk among children taking psychotropic meds | Strategy and protocol | 2016 | | |

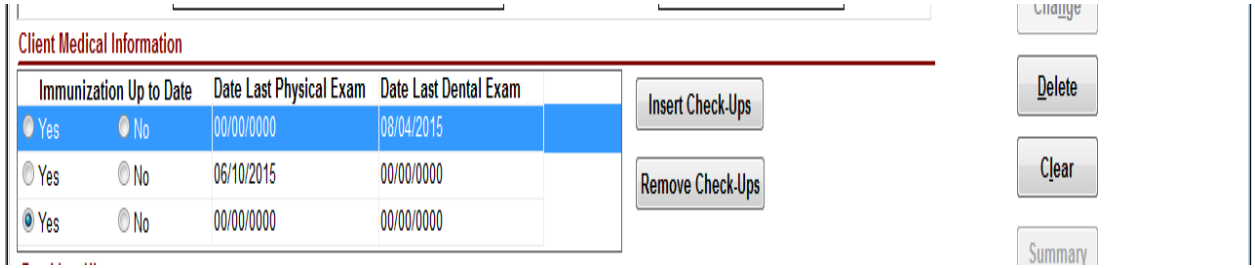
| **Primary Strategy: Focus on Child Well-Being** | | | | | **WELL-BEING** |
|---|---|---|---|---|---|
| **Goal: Improve health including social and emotional well-being for children in foster care** | | | | | |
| **Objectives 1-5** | **Strategy** | **Evidence Completed** | **Deadline** | **Lead Person** | **Status/Comments** |
| | d) Develop protocol for reviewing high risk cases | | | | 2016 c and d)<br>VDSS is working collaboratively with DMAS to identify risk and establish protocols regarding the prescription of psychotropic medication to children and youth in foster care. See below |
| 5. All children will have stable school enrollments | a) School-aged children, when changing foster care placements, have a best interest determination done jointly by the LDSS and the appropriate school division<br>b) Develop protocols with LDSS to implement strategies which will allow children to remain close to their home and school communities<br>c) Develop protocols that will help children when they cannot remain in their home schools to maintain connections<br>d) Develop e –learning training on immediate enrollment BID | Report on BID,<br>Updated guidance,<br>Protocol developed,<br>Curriculum on immediate enrollment | 2015<br>2016<br>2017<br>2015<br>2016 | Foster Care Program Manager, 3 Branch Coordinator, IL state coordinator, DFS training | 2016 c)<br>More time is needed for development of the protocols<br><br>2016 d)<br>Collaboratively, VDSS and DOE are providing trainings to local doe and LDSS workers.<br>VDSS in partnership with DFS Training Unit is developing an eLearning training on BID, immediate enrollment, etc.<br><br>eLearning course CWSE3020: Educational Stability for Youth in Foster Care is currently available. |

**Implementation Supports needed for Primary Strategy: Focus on Child Well-Being (WELL-BEING)**
Objective 1: updates to case management system
Objective 2: IT support for CANS from DSS and OCS
Objective 3: training for foster and adoptive families, TA on trauma
Objective 4: data around medication usage, partnership with other state agencies
Objective 5: training for staff, partnership with DOE

VDSS has good working partnerships with OCS and DOE to continue the work that has already begun. As mentioned above, VDSS has started the process to access TA.

**2016 Objective 1a) and b)**
a) The Foster Care guidance chapter has been revised to provide clear direction that children or youth experiencing medical or mental health needs should be taken for a medical and/or mental health evaluation within 72 hours of entry into foster care. All other children should see a doctor within 30 days. Additionally, guidelines around EPSDT (Early Periodic Screening, Diagnostic and Treatment) assessments have been incorporated and the requirement that children receive regular dental exam as well as annual medical exams has been clarified.

b) Changes to the health and education screens in OASIS which were released in September, 2015 permit workers to enter the dates of physical and dental exams. See below. Reports are currently being developed in SafeMeasures® which will make it possible to monitor whether children in foster care are receiving annual physicals and bi-annual dental appointments. Additionally, it will be possible to monitor the provision of a medical exam within 30 days of entry into foster care.




Foster children in all five regions of the state have transitioned into the Department of Medical Assistance (DMAS) Managed Care Organizations. VDSS is receiving data from the DMAS regarding foster care children's participation in annual physicals. For calendar year 2014, DMAS reports that 95% of foster care children across the state saw a physician within a year of MCO enrollment. Less than ten percent of foster care children are in fee-for-service Medicaid. Reasons for not enrolling in an MCO include: out of state placement, nursing home placement, coverage through private insurance, and residential treatment placement. Among this group, DMAS reports that 91% saw a physician within the year.

DMAS also collected data for all foster care members ages 0-3 (452 total members) to review Early Intervention developmental screenings and assessments for calendar year 2014. The goal was to identify any foster care child who may be eligible for Early Intervention but had not received an Early Intervention screening. Data showed that of the 452 children, 427 (94.5%) were screened and assessed for Early Intervention services. The remaining 25 (5.5%) children had not received a screening or assessment for Early Intervention services. Although Early Intervention stands as a carve out service which Medicaid fee-for-service covers, the managed care plans were made aware of the members who had not received a screening or assessment. As a proactive measure, DMAS also reached out to LDSS agencies to inform them of early intervention services and the importance of foster care children receiving those services, if deemed necessary.

**2016 Objective 2 a) and b)**

a) There have been significant IT issues which have delayed the implementation of the revised CANS and the availability of the updated CANS usage and topic reports. It had been anticipated that the Office of Children's Services would make the revisions available at the beginning of 2015. The target date is now July, 2016. When the CANS system changes are perfected, it will possible to begin work on developing reports to track usage. VDSS has determined that it will not be possible to fully integrate CANS into OASIS. Even when the enhanced service plan screens are made available, the system will not interface with the CANS system. It will be necessary to develop guidance and training to support family service workers to use each child's CANS (on paper) to guide service planning. At that point, efforts will be made to develop a strategy for tracking CANS usage through OASIS and SafeMeasures® reports. Given the delays in the first step of this process, additional time is needed to complete this objective.

b) The Foster Care guidance chapter has been updated to include the requirement that all children in foster care are assessed at least annually using CANS. This guidance will be posted in June, 2015 with an effective date of July 1, 2015

**2016 Objective 3**

a) Through the Learning Collaborative, VDSS conducted a Trauma Systems Readiness Tool (TRST) pilot with 8 agencies (representative of size, region) to assess their current status as a trauma-informed agency in December 2015. The findings from these assessments were presented at the Virginia League of Social Services Executives Spring conference in May 2016. Based on the recommendations generated by attendees, a small workgroup will convene this summer to recommend tools, process, frequency, etc. for screening processes for both children and parents. The absence of such was identified as one of the major weaknesses of the current system in terms of being trauma-informed. The group is using the Chadwick materials (Chadwick Trauma-Informed Systems Project) and should have a recommended process by mid-Fall 2016.

b) CWSE5693: Trauma-Informed Child Welfare Practice: Self-Study was created especially for Learning Collaborative participants to provide a common foundation of understanding about trauma in preparation for Learning Collaborative #2. It is based largely on the National Child Traumatic Stress Network's Child Welfare Training Toolkit. This guide discusses the causes and impacts of trauma and how it directly relates to our efforts to help children and families achieve safety, permanency, and well-being. Applying trauma-informed practices are emphasized and are explored in greater depth in Learning Collaborative #2 in May and the Transfer of Learning Event #2. This Self-Study has been converted into an interactive eLearning course featuring narration that promotes a fundamental statewide understanding of Trauma-Informed Child Welfare Practice.

This introductory course will become the pre-requisite for a more advanced classroom training which will include the use of trauma screening tools and an overview of evidence-based practices for addressing trauma.

c) VDSS continues to promote trauma awareness among LDSS staff through presentation of materials developed through the Learning Collaborative process, enhanced guidance, and provision of opportunities (e.g. the readiness pilot, above) for LDSS to explore what might be done in their agency to become more trauma-informed.

e) The CRAFFT Coordinators received training from The National Child Traumatic Stress Network (NCTSN) in spring 2014 on information that should be considered in developing an in-service to provide foundational knowledge to resource parents on trauma informed parenting. In spring 2015 the CRAFFT Coordinators created a two and a half hour in-service training for resource parents using the information received from the NCTSN training along with other on-line trauma resources. The training occurred twice in June 2015, five times in fall 2015, twice in the 3rd quarter of FY 2016 (January 2016 through March 2016), and additional times will be scheduled on an ongoing basis as needed and requested.

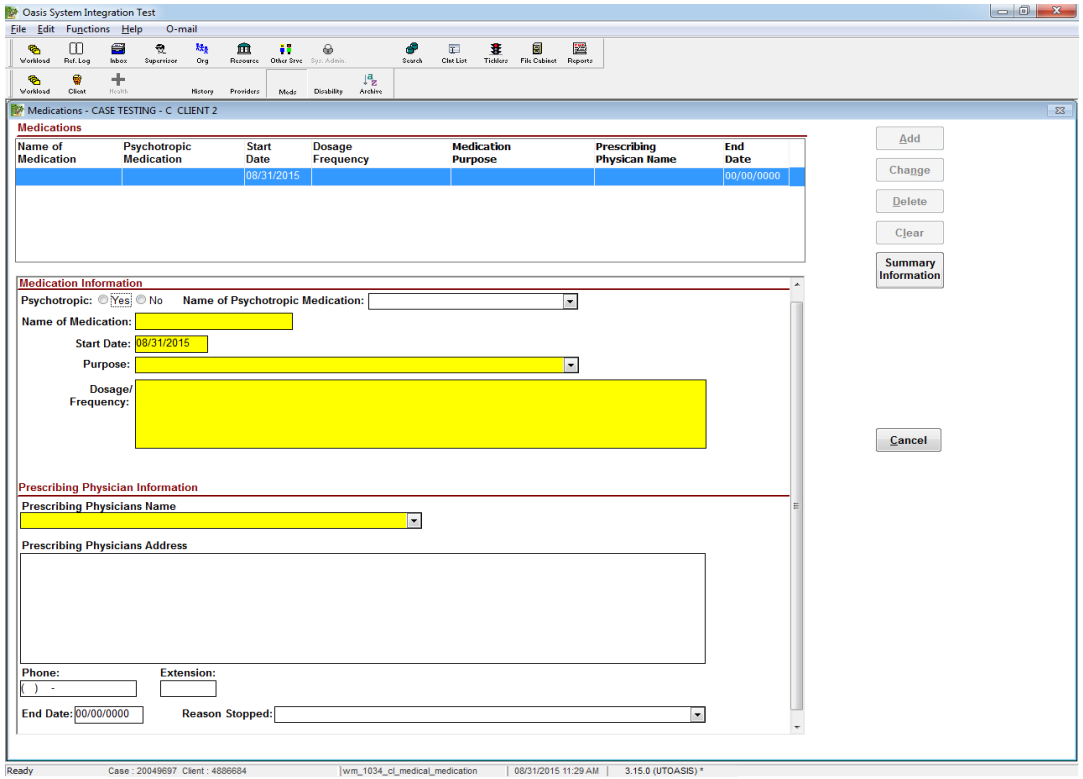
The training is designed to prepare resource parents to: Understand the impact of trauma on children; understand the importance creating a safe and nurturing environment for children; advocate for appropriate trauma-focused service, assessment, and treatment; and understand the importance of self- care.

The topics included in the training are: Essential elements of trauma informed parenting (Examples: effective communication, advocacy, reduction of compassion fatigue, and self-care); identification of types of trauma and child's response to trauma; identification and management of emotional Hot Spots, Trauma Triggers, and Trauma Reminders; helping by becoming an emotional container; identification of child's negative thoughts and images that are unseen (Invisible Backpack) and how to help; Identification of Stress Busters-SOS (Stop-Orient- Seek Help); understanding the connection between a child's thoughts, behaviors, and feelings (Cognitive Triangle); understanding how to help your child change (Correct and Build); and understanding and respecting the child's birth parents and kinship family.

**2016 Objective 4.a-d**

a) Foster Care guidance was updated in July 2015 to provide clear instructions to family service specialists regarding their responsibility to be aware of the medications being prescribed to children in foster care, to understand why the medication was prescribed, and what the possible side effects of the medications were. Guidance emphasizes that the family service specialist is responsible for ensuring that the child's caregiver(s) have access to this information and that changes in the child's mood and/or behavior are reported back to the child's prescriber.

b) In September 2015, OASIS was revised to permit the entry of prescribed medications into the system. Medications are classified as psychotropic or non-psychotropic. For psychotropic medications, a comprehensive pick-list has been provided by DMAS, so that it will be possible to pull an accurate report of prescribed psychotropic medications. Family services specialists have begun entering this information. It is anticipated that by fall 2016, data entry will be on-going, rather than new information.

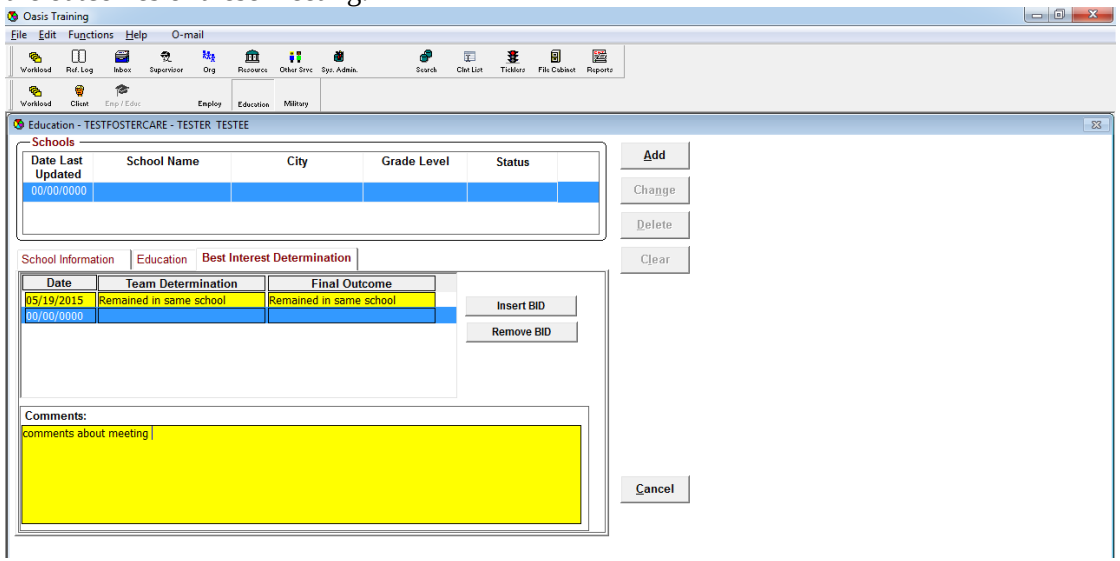



c) and d) VDSS is working with DMAS to assess risk among children taking psychotropic meds. DMAS has engaged Health Service Advisory Group (HSAG) to conduct a baseline study regarding the care children in foster care are provided through Medicaid. HSAG has been utilizing quantitative and qualitative study methodology to address the following question: *To what extent did children in foster care receive the expected preventive and therapeutic medical care in the first year of managed care service delivery?* HSAG planned to identify 492 children eligible for inclusion in the study population using a random sample stratified equally across three age groups based on the child's age at the end of the measurement period (children younger than three years, children ages three through 11 years, and adolescents ages 12 through 17 years). For these children, HSAG is evaluating: expected well-child visits; expected immunizations; access to primary care providers; annual dental visit; use of multiple concurrent antipsychotics; use of first-line psychosocial care for children prescribed antipsychotics; overall use of psychosocial care for children prescribed anti-psychotics; follow-up after hospitalization for mental illness; prevalence of antidepressant medication; and, prevalence of children prescribed ADHD medication. The results of the study will be shared with VDSS and will provide data to drive decision-making regarding the identification of high-risk cases and the development of strategies for reviewing these cases.

Additionally, the results of the study will be presented to the CWAC Permanency subcommittee and enlisted medical professionals towards the development of a psychotropic medication use policy. VDSS' goal is for the policy to be implemented through the MCOs thereby ensuring that oversight is provided by physicians and child psychiatrists rather than LDSS family service specialists. The CWAC Permanency sub-committee will also be reviewing the work of two pilot efforts to address psychotropic medication prescription among the foster care population. Fairfax County LDSS has instituted some internal protocols aimed at increasing family services specialists knowledge about psychotropic medication and empowering them to take an active role in decision making around prescriptions. In the Central region, a workgroup including state and LDSS staff is working with private mental health providers and a child psychiatrist to develop strategies to increase awareness about the potential for over-prescription of psychotropic medications to children in foster care. VDSS will continue to work with this stakeholder group to refine foster care guidance and establish a psychotropic medication protocol for children in foster care with DMAS and through the MCOs.

**2015 Objective 5**

Updates to OASIS have been designed to permit LDSS workers to enter information about Best Interest Determination (BID) meetings held and the outcomes of these meeting.




VDSS and DOE trained over 150 staff members from LDSS and local schools through regional trainings including dialogue between the DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth. VDSS and DOE are also working with DJJ to discuss school enrollment issues and strategies for foster care youth re-entering the community following a commitment to DJJ.
also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth.

State staff is working with the VDSS Training Division to develop an eLearning course on Fostering Connections-Educational Stability which will be available in the Knowledge Center for LDSS workers.

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is committed to revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. However, with the enactment of the Every Student Succeeds Act (ESSA) in December 2015, the workgroup has been largely focused on understanding how Virginia's current practice and policies will be impacted. The group will move forward in FY 2017 with providing joint guidance, as needed, for ESSA. Best practices and issues that were discussed in the educational trainings will be incorporated into any guidance documents developed.

For FY 2016, VDSS collaborated with Project LIFE to provide seven regional trainings on the ILP and services, ETV Program, and National Youth in Transition Database (NYTD), Credit Checks and Educational Stability for youth in care to over 200 LDSS workers. Also, former foster care youth who were identified by Project LIFE or Great Expectations assisted in many of the trainings for local staff.

In addition, Project LIFE (public/private partnership with VDSS) provided training, coaching, informational presentations/technical assistance (TA) on IL services, ETV, NYTD, Permanency, Casey Life Skills Assessment (CLSA), and Transition Plans to a total of 1073 LDSS workers, private service providers and stakeholders.

## VI. Measures

The chart below lists the measures as of April 2016, which Virginia is tracking in the Critical Outcomes Report. These data are provided from, and monitored by, the following systems and reports: Virginia Child Welfare Operating Reports (VCWOR), Children's Services System Transformation, CFSR measures, and SafeMeasures. With the addition of new service plan screens in OASIS, additional fields are being added. When those new fields have been implemented, well-being measures will be added to this list of measures.

| **Transformation Outcome** | **Performance Standard** | **Performance** | **Status** |
|---|---|---|---|
| Discharges to Permanency | 86% | 76.9% | ANI |
| Congregate Care Placement | 16% | 16.7% | Marginal |
| Family Based Placement | 85% | 82.8% | Marginal |
| Foster Care Out-of-Home Visits | 95% | 95.6% | Strength |
| Foster Care Visits in Child's Residence | 50% | 76.3% | Strength |
| **CFSR Outcomes** | **Performance Standard** | **Performance** | **Status** |
| Time in Care: Reunification within 12 months | 75.2% | 53.7% | ANI |
| Reentries within 12 months | 9.6% | 3.3% | Strength |
| Time in Care: Adoption within 24 months | 45.75% | 36.8% | Marginal |
| 24 Month Discharges to Permanency | 30.3% | 18.8% | ANI |
| Setting Stability | 86% | 83.8% | Marginal |
| **Safety Outcomes** | **Performance Standard** | **Performance** | **Status** |
| No Recurrence of Maltreatment | 94.6% | 99.3% | Strength |
| No Abuse While in Foster Care | 99.68% | 99.9% | Strength |
| CPS Ongoing Contacts Made | 90% | 82.4% | ANI |
| Referral Contacts with Response Priority | 90% | 88% | Marginal |

# VII Additional Reports

## Continuation of operations planning

Division of Family Services Continuity of Operations Plan
*As of 5/30/16*

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 department 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 2013 and it was incorporated into VDSS's larger agency COOP plan. The DFS COOP coordinator works with the VDSS coordinator to keep DFS's plan up-to-date.

**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 operations 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 LDSS. 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 department's programs. Such systems that need to be operational for the central, regional and local social service agencies related to child welfare 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

Carl Ayers: Work: 804-726-7597
Cell: 804-357-9683
E-mail: carl.e.ayers@dss.virginia.gov

Secondary Contact: Assistant Division Director

Alex Kamberis: Work: 804-726-7084
Blackberry: 804-240-8245
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

Each program manager, division director, assistant director, and COOP coordinator 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 2015 by developing detailed descriptions of two DFS functions; legislative responsibilities and hotline operations. These job descriptions would allow someone to step in and ensure the continuity of these jobs if the current persons responsible could not. Feedback from the VDSS coordinator will provide guidance for the development of detailed job descriptions for more key functions in DFS. 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 LDSS 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 work 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 LDSS staff in their regions and will be responsible for forwarding home office broadcasts and communications to key LDSS 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 and other states**

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 LDSS or 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 department with custody as well as the department in the location in which the family is currently residing. Families will be given contact information for the LDSS. 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.

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. If the state office is forced to close or relocate due to a disaster, service provision will continued to be offered through local departments of social services. Local departments that are in counties and cities that border other states have working relationships and could provide services if there are adequate resources available to help. DFS COOP coordinator has reached out to Virginia's border states and the District of Columbia to create a contact list and to establish informal procedures to reach out in case of disaster. At the writing of this report, we have had responses from other states but the plan is still being developed.

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. In addition, alternative contact information for divisional staff can be highlighted on the Department's website to make it easier for clients and other states to contact the necessary people.

**Hotline Contingency Plan**
The Virginia State CPS/APS hotline telephone system is operated by the UCaaS Telephone System through Verizon and the call center is a virtual center accessed through the internet. This system has remote capability for times of inclement weather conditions emergency and/or disasters; a contingency plan is in place for working remote during such times. All classified staff have remote securities and required access. 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 State hotline have been updated in the online application for the VCCC, to assist in their technical issue response. Kristen Eckstein, hotline supervisor, is the primary contact during emergencies, disasters or inclement weather.

**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, DFS 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.

There has not been a disaster or situation where this COOP plan has been utilized in the past year. Several "table top" exercises have been completed in efforts to ensure the plan is as comprehensive as it can be. Those exercises have included a disaster scenario where several of the divisional leaders were unable to be reached and workers were told to shelter in place. That exercise led the division to ensure there are adequate supplies, such as food, available. Two other tests focused on utilizing a phone tree to contact staff and a test to ensure the appropriate people are able to remotely access information and systems needed for work off site. The most recent activity was the development of detailed descriptions of two business functions intended for use if the responsible individuals are not available to perform those functions. The process includes feedback that will enable the continued development of these descriptions for other key business functions.

# 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 2016**

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, 2016, the Code of Virginia will reflect Code changes that will not impact the Commonwealth's compliance with CAPTA as reauthorized on December 20, 2010.

- The Code of Virginia, § 63.2-100 will add a new section to the definition of "child abuse and neglect". An identified victim of sex trafficking or of severe forms of trafficking as defined in the federal law will fall under Virginia's definition of child abuse and neglect and sexual abuse.

- An additional change to § 63.2-100 will add a definition of "sibling" and will clarify that all parents of siblings to the child, where the parent has legal custody of the sibling, be identified and notified within 30 days after the child has been removed from the parent's custody.

- The Code of Virginia, § 63.2-1502 will require CPS to establish minimum training requirements for workers and supervisors to identify, assess, and provide comprehensive services for children who are sex trafficked victims. This will include efforts to coordinate with law enforcement, juvenile justice, and social service agencies such as runaway and homeless shelters to serve this population.

- These legislative changes are in compliance with the Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) and Justice for Victims of Trafficking Act of 2015 (PL 114-22).

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, VOCA, 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.

Describe the policies and procedures the state has in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure whether obtained legally or illegally, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants (section 106(b)(2)(B)(ii) of CAPTA). We note that such notification should occur in any instance in which an infant is demonstrating withdrawal symptoms due to prenatal drug exposure, whether the drugs were obtained legally or illegally.

Virginia CPS guidance manual includes a specific section on working with substance exposed infants (SEI). Included in the guidance are recommended practices for how to respond to SEI and what should occur during a CPS response, including referrals for Part C Early Intervention. Virginia produces an informational brochure specifically for health care providers regarding the legal mandates for prenatal substance use and the mandated reporting of SEI. State statutes are in place that requires healthcare providers to provide notification to CPS. (§63.2-1509) Additional requirements for licensed hospitals to develop protocols for handling SEI can be found in statute. (§32.1-127)

In July 2016, the CPS policy/guidance will be updated with current best practice guidance and information for SEI and their families. Two new appendixes will be added describing Neonatal Abstinence Syndrome and universal screening tools for substance abuse to be used in SEI reports.

The division will also pursue changes to VA Code in needed, as well as guidance, training, and education materials to clarify reporting withdrawal systems from any substance exposure in utero, whether the substance(s) are obtained legally or illegally. A Broadcast of these clarifications will also be published to all LDSS.

Describe the state's policies and procedures for developing a plan of safe care for infants born and identified as being affected by illegal substance abuse; withdrawal symptoms from drugs obtained legally or illegally; or Fetal Alcohol Spectrum Disorder (section 106(b)(2)(B)(iii)). Describe which agency or entity is responsible for developing a plan of safe care, how it is monitored and how follow-up is conducted to ensure the safety of these infants.

The Code of Virginia, §63.2-1509 requires newborns diagnosed by health care providers as exposed to alcohol or controlled drugs not prescribed by a physician be reported immediately to Child Protective Services in any one the following occurs:

- Toxicology studies conducted on the infant, with six weeks of birth is positive;
- A medical finding is made, within six weeks of birth, of newborn dependency or withdrawal symptoms;
- An illness, disease, or condition attributable to in utero substance exposure is diagnosed;
- A child is diagnosed with a Fetal Alcohol Spectrum Disorder.

CPS responds to assess the safety concerns and the provision of services. In addition, Virginia's statute (§32.1-127) requires healthcare providers to contact the community services board (CSB) of any substance-abusing, postpartum woman and to appoint a discharge plan manager. The CSB must implement and manage the discharge plan. The discharge plan should include appropriate referrals for treatment services, comprehensive early intervention services for infants and toddlers with disabilities and family oriented prevention services.

Again, the division will pursue changes to VA Code if needed, as well as guidance, training, and education materials to clarify reporting withdrawal symptoms from any substance exposure in utero,

whether the substance(s) are obtained legally or illegally. A Broadcast of these clarifications will also be published to all LDSS.

Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.

Effective July 1, 2016, the Code of Virginia, § 63.2-100 will add a new section to the definition of "child abuse and neglect". An identified victim of sex trafficking or of severe forms of trafficking as defined in P.L. 114-22, The Justice for Victims of Trafficking Act of 2015 will fall under Virginia's definition of child abuse and neglect and sexual abuse. The definition of child for the Act of 2015 remains children under the age of 18 years.

In December 2015, VDSS developed and published an on-line training course for all child welfare staff, community partners and the public on sex tracking and child welfare. VDSS also updated the automated data system to capture data on sex trafficked victims effective December 2015.

In January 2016, VDSS implemented new CPS guidance statewide that addressed sex trafficking as it pertains to universal screening of all children and services for identified victims. Numerous webinar sessions were conducted to brief CPS staff on the needs of sex trafficked victims. VDSS is also in the process of revising regulations regarding sex trafficking as a form of sexual abuse. The final regulations are scheduled to be presented to the State Board of Social Services in June 2016. In inter-agency committee continues to collaborate around sex trafficking issues.

Describe any technical assistance the state needs to improve practice and implementation in these areas.

Virginia has been receiving technical assistance from the National Center for Substance Use and Child Welfare since the fall of 2014. Virginia is one of six states that participate with the In Depth Technical Assistance: Responses for Substance Exposed Infants initiative. Virginia formed an interagency workgroup to identify a coordinated, state level response to maternal substance use. The work group is evaluating current efforts to serve SEI and their mothers, developing new strategies that will enable a better systemic response and implementing recommendations. This interagency workgroup has three main goals:

1) State agencies will adopt a shared vision and coordinated systems approach that includes outreach, referral, medical care, and behavioral health and child welfare treatment services.
2) Virginia will evaluate the implementation and effectiveness of state laws that address perinatal substance use and identify needed updates and changes as well as strategies to improve their implementation. This will include issues of substance use in utero, whether the substance(s) are obtained legally or illegally.
3) Virginia will develop a system of care (e.g., medical, home visiting, behavioral health and child welfare) that ensures that all women of child bearing age receive screening, brief intervention and referral to treatment services for behavioral health risks.

Once these systems of care are developed, information will be disseminated through CPS guidance updates; anticipated by end of 2016.

A Women's System of Care and Community Collaboration conference is scheduled for June 22, 2016. This will be a multi-disciplinary conference with guest speakers and presentations of the workgroups systems of care recommendations.

**CAPTA**
**Virginia State Plan**
**2016 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 CAPTA 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.

**A. Improve local department staffs' abilities to assess initial safety and risk**

1. Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011 **Completed**
2. Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification **Completed**
3. Clarify and disseminate revised policy/guidance manual, as-needed **Completed**
4. Work with the Quality Assurance Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes **Ongoing**
5. Develop new intake measures into SafeMeasures® to determine how well LDSS are implementing the new intake tools. **Completed**
6. Provide refresher training, as-needed **Ongoing**
7. Review and evaluate statewide and by locality the number and percentage of cases being screened out**.**
8. *Develop and implement a method to review a sample of screened out cases to determine level of agreement.*
9. Clarify and disseminate policy/guidance regarding safety planning and acceptable safety plans **Completed**
10. Provide training for local staff on any changes made **Completed**
11. Work with the training unit to design, test, and disseminate an e-learning course for all SDM tools to include intake, safety and risk **Completed**
12. Plan and conduct regional training sessions for child welfare workers on advanced injury identification to help workers better assess safety and risk. **Completed**
13. Provide additional guidance to the field on what constitutes "credible witnesses" and dispositional assessments **Completed**
14. Establish a workgroup to research the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing injuries **Completed**
15. *Assess and review the data for highest priority responses and reports that involve a child less than one year of age that are assigned to the family assessment track and update CPS guidance accordingly*
16. *Collaborate with the Training Unit to develop a specialized training for those staff performing on-call duties.*

**2016 Update**

State staff continues 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. The New Worker Policy course, CWS 2000, has been revised to include more emphasis on the use of the assessment tools and an e-learning course for all SDM tools has been developed. This e-learning course assists workers in better understanding the purpose, and process around the structured decision making tools. New reports have been generated by locality, region, and statewide from SafeMeasures® to assist the state in evaluating the current practice in the use of the intake, safety and risk assessment tools. Reports are also available to evaluate LDSS 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, 60, or 90- day timeframes. New reports will be available to assist the state in evaluating the current practice in the use of family strengths and needs assessments and risk re-assessments tools. A new management tool in SafeMeasures® was implemented for line staff and supervisors to be able to review upcoming workload requirements. Regional CPS consultants are working with individual localities to help them improve in all of these identified areas and providing additional training as needed.

Reports are available OASIS regarding screened out referrals by locality, region and statewide. The study of screened out reports will be initiated in the coming year with assistance from the Capacity Building Center.

Revised CPS guidance was developed and distributed on how to assess "credible witnesses" in CPS cases in March 2016.

A workgroup composed of the Office of the Chief Medical Examiner, CPS, LDSS, law enforcement, emergency room physicians, the Criminal Compensation Injury Fund, Hospital & Health Care Association and other health care providers, was convened in order to gain a better understanding of the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing rib fractures, broken bones, or evidence of head bleeds. Policy issues, legal constraints and fiscal concerns were identified. A potential funding chart was developed and distributed to LDSS in June 2015. However, it soon became apparent that a major barrier was access to "real time" medical evaluations in the more rural areas of the state. The workgroup focused its efforts in learning more about telehealth networks and the need to build capacity in the area of telemedicine. VDSS has partnered with Bay Rivers Telehealth Alliance, the Department of Health, Department of Criminal Justice Services, LDSS, local hospitals, VCU and UVA in a collaborative grant application. The purpose of the grant is to develop a rural network of clinical telemedicine locations designed to create access to medical assessments and evaluations for children suspected of abuse and neglect that present at a rural hospital and link the hospital to pediatric specialists capable of providing forensic examinations of children's injuries. Unfortunately, the Commonwealth did not receive the grant; however, efforts are underway to pursue other funding sources.

In 2015,VDSS conducted four regional one-day Advanced Injury Identification in Child Protective Services workshops with Dr. Michelle Clayton for child welfare workers to gain knowledge and skills for identifying abusive injuries in children. Participants learned ways to recognize potential signs of abuse, how to photograph evidence of abuse, understand typical injuries related to children's age and development, and medical conditions that appear to be abuse and controversial folk or cultural practices that may be interpreted as abuse. Collaborating with community partners, law enforcement, hospitals, and other community professionals in implementing interdisciplinary responses to child abuse/neglect was emphasized throughout the presentations. This presentation is being made into a six-module e-learning course that will be available statewide by July 2016.

Guidance was revised in March 2016 to include a list of sample safety actions that may be taken. Guidance revisions are now disseminated through the use of a series of webinars. This interactive method has been well received by local CPS workers and supervisors.

Sample dispositional assessments will be provided in guidance by December 2016.

**B. 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**.

1. 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**
2. Revise, if needed, and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual **Completed**
3. Disseminate guidance and make necessary changes to OASIS **Completed**
4. 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 **Completed**

5. Train child welfare workers on the domestic violence protocol **Completed**
6. Provide "links" to the new DV guidance manual from the CPS policy/guidance manual **Completed**
7. *Provide additional screening tools for use in substance exposed infant reports*
8. *Add new information on standards of care for substance exposed infants and the substance abusing family members*

**2016 Update**

The CPS Unit has collaborated 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. The new guidance was released to the field in May 2015. The domestic violence training curriculums have been updated, and in "links" to the new DV guidance manual, are fully operational from the CPS policy/guidance manual.

The CPS Unit has been actively collaborating on a multidisciplinary team regarding substance exposed infants and maternal substance abuse. As a result of a two-year project, the team has proposed statewide standards of care for infants and mothers. These standards of care will be incorporated into the CPS guidance manual once they are publicly distributed by January 2017.

**C. Evaluate local staffs' ability to improve response times to CPS reports**

1. Develop and review reports in SafeMeasures® 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**
2. Develop a report in SafeMeasures® to assess how well staff are adhering to the new policy on timeframes for face to face contact with victims **Completed**
3. Review the reports generated through SafeMeasures® with CPS regional consultants and develop a plan to work with those individual localities having problems in responding to reports in a timely manner **Ongoing**
4. Clarify and disseminate policy/guidance manual, as-needed **Completed**
5. Provide consultation to LDSS on the use of the SDM tools, as-needed. **Ongoing**
6. CPS Regional consultants will review reports in SafeMeasures® monthly to monitor timeliness of all responses made by LDSS staff **Ongoing**
7. CPS Regional consultants will identify and prioritize problem agencies and workers **Ongoing**
8. Work with LDSS to develop and implement a plan to improve practice **Ongoing**
9. *Provide feedback to LDSS on top performers for 100% compliance on various data measurements including face to face contact with victims within the response time*
10. *Provide helpful tips on practices which will improve response times and documentation of all contacts*

**2016 Update**

Reviewing and evaluating LDSS response times to CPS reports is an ongoing concern. CPS regional consultants have provided feedback to LDSS' on areas that have shown improvement and areas that continue to present opportunities for change. The specific reports include Referral Time Open; Timeliness of First Attempted Contact; and Timeliness of Contact with Victim. These will continue to be the main data points monitored on a regular basis by VDSS. Since 2012, the number of referrals open longer than 60 days has decreased from 52.6% to 48.3%. However, the number of reports between 45 and 60 days has slightly increased from 12.8% to 14.8%. Timeliness of first attempted or completed contacts statewide has decreased by 2% from 90% in December 2014 to 88% in December 2015. The Western region did see an improvement of 1% between December 2014 (91%) and December 2015

(92%). Timeliness of contact with victims remains an area requiring more attention. In proposed regulations, entering the final stage of approval, the regulation will be strengthened to require contact with the victim child within the designated response time priority.

**D. 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.**

1. Hold focus groups and/or survey local CPS supervisors to assess their continued needs **Completed**
2. Develop tools for supervisors to use with workers to support the use of the structured decision making tools in casework practice. **Completed**
3. Hold peer support groups for supervisors to practice using this tool and conduct peer reviews of cases. **Ongoing**
4. Schedule and conduct refresher training as-needed. **Ongoing**
5. Develop an e-Learning course for all CPS staff on the use of structured decision-making tools used to assess intake, safety, risk assessment, and risk re-assessment **Completed**
6. *Develop and conduct refresher webinar training on each of the SDM tools.*
7. *Review and revise CPS new worker training to increase the amount of time spent practicing the use of the intake, safety and risk assessment tools.*

**2016 Update**

CPS regional consultants conduct refresher training for local CPS workers as needed, particularly when an agency is identified as struggling with assessing safety and risk. This work is ongoing especially when there are new supervisors and/or workers.

The CWSE1510 Structured Decision-Making in Virginia course is a five module comprehensive on-line training course that covers Intake, Safety, Risk, Family Strength and Needs Assessment, and Risk Reassessment. This e-learning course assists workers in better understanding the purpose and process around the structured decision making tools and is available statewide. It is also a prerequisite for CPS new worker training.

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

1. Review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy **Completed**
2. Obtain input from the CPS Policy Advisory Committee **Completed**
3. Request assistance from the In-Home NRC to review current policy/guidance manual and recommend changes **Completed**
4. 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 **Completed**
5. Disseminate the revised policy/guidance manual. **Completed**
6. Provide clarification to LDSS staff on procedures and requirements for determining if a child is a reasonable candidate for foster care **Completed**
7. Develop and conduct training statewide on determining reasonable candidacy for foster care **Completed**
8. Develop and conduct webinars to further disseminate the procedures and requirements for determining reasonable candidacy for foster care **Completed**
9. Develop an e-learning course on reasonable candidacy for foster care **Completed**
10. Create new screen in OASIS to allow for electronic documentation of reasonable candidacy of foster care **Completed**

**11.** Participate in the Learning Collaborative Services on Enhancing Service Assessment, Planning, and Delivery of services **Completed**

*12. Implement Practice Profiles, Assessment Tools and a Coaching model*

*13. Create new service plan documentation within OASIS that will incorporate results of the FSNA and Risk Reassessment tools.*

**14.** *Conduct statewide training once the new OASIS screens are complete.*

**2016 Update**

State CPS staff completed the revised services section of CPS guidance in December 2015. Over 35 training sessions were conducted statewide to review the new guidance and the use of the SDM tools in an ongoing CPS case. The two-day course is now one of many courses required for all CPS workers who provide in-home services.

With support from Casey Family Programs, VDSS and 21 LDSS participated in the third Learning Collaborative focused on developing Practice Profiles and coaching. While the Children's Services Practice Model provides core guiding principles which define how services are delivered to families, the Practice Profiles describe how the model is put into action on an everyday basis. Teams have now put plans into action. The focus now is to spread knowledge and implement skills in their agencies to improve their ability to support children and families.

**F. Develop and implement statewide training for CPS supervisors and workers on the use of new assessment tools for family strengths and needs, service plans and risk re-assessment**

a) Develop training curriculum **Completed**
b) Select and train trainers, to include CPS regional consultants and State training staff **Completed**
c) Develop statewide training schedule **Completed**
d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

**2016 Update**

A new CWS2010: Ongoing CPS Services course was developed this year for all LDSS CPS staff responsible for CPS on-going cases. The two-day training has two pre-requisites including CWS2000 CPS New Worker Policy Training with OASIS and two on-line courses prior to attending this training: CWSE1500: Navigating the Child Welfare Automated System – OASIS and CWSE1002: Exploring Child Welfare. Participants learn the policy requirements of the CPS Ongoing program in Virginia, including laws, regulations, and guidance that guide CPS ongoing practice at the local level. Participants also learn how to write a SMART service plan and policy requirements for documentation in OASIS. Additionally, participants learn how to assess safety and risk reassessment using the SDM tools and how to close a case. The training was conducted statewide in all five regions from August through December 2015 involving 512 participants.

**G. Create requirements for OASIS screens to reflect new CPS service needs assessment and service plans**

**1.** Utilize workgroup to review OASIS screens and make recommendations for screen changes **Completed**
**2.** 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**
**3.** OBRA and Family Services will meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes. **Completed**
**4.** OBRA and Family Services will meet with MBD prioritize timing for screen changes in OASIS **Completed**
**5.** Workgroup will review screen mock-ups and make recommendations for improved functionality **Ongoing**

6. *Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users*
7. *Develop and conduct a survey of users for the ease and functionality of the current SDM tools (Safety, Risk, Family Strength Needs Assessment (FSNA), and Risk Reassessment*
8. *Analyze results of survey and make necessary changes to the SDM tools and the web application as needed*

**2016 Update**

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 staff is continuing to finalize the requirements. State CPS staff has been working with the Foster Care Unit and the IT staff on the revision to the service plan as it exists in OASIS that will integrate the SDM tools into the assessment process. Due to time and financial restraints, there has been a shift back to the original plan to enhance the existing capabilities within OASIS and modify the service plan screens and functionality. This will include incorporating the results of the assessment tools used (FSNA and Risk Reassessment). The use of the SDM tools used in CPS ongoing cases is required in guidance; however it is not a requirement in OASIS at this time. The new SafeMeasures® reports will assist state staff to assess compliance with completion of the FSNA and the Risk Reassessment tools. The reports will identify the assessed risk at case closure. The reports will also identify when a safety assessment has been completed prior to case closure.

**H. Revise policy/guidance on conducting investigations in Out of Family Setting**

1. Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision or clarification**. Completed**
2. Request assistance from the NRC on CPS to review materials and make recommendations for changes
3. Solicit input from the Out of Family Advisory Committee to the State Board of Social Services **Completed**
4. Revise policy/guidance manual and disseminate **Completed**
5. Develop sample letters for informing parties about the outcome of the investigation for use by local CPS workers **Completed**
6. Revise guidance to incorporate legislative changes regarding Memorandums of Understanding between the schools and LDSS **Completed**
7. Provide a report to the State Board of Social Services on the MOUs submitted by LDSS **Completed**
8. Revise and disseminate guidance to incorporate changes made in legislation that mandate dispositions are made for school employees within the specified time frames **Completed**
    a. *Add additional clarification to CPS guidance for defining gross negligence and willful misconduct standards*

**2016 Update**

Sample letters of notification to be used specifically in Out of Family investigations were developed and disseminated within CPS policy/guidance in March 2015. Additionally, a sample protocol was developed and distributed for local agencies to model their agreements. LDSS submitted the revised memorandums of understanding with their local school divisions to the state and this was reported to the State Board of Social Services. In July 2015, the Out-of-Family guidance section was updated to reflect the new legislative requirement to complete all investigations involving a person employed with a public school within the designated timeframes established by law.

**I. 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**

**2016 Update**

State CPS staff coordinated a review of existing curriculum used to train CPS staff on conducting investigations in Out of Family settings and revisions were made by the training unit. Local training session for conducting Out-of-Family investigations conducted by a local attorney has been disseminated statewide and is informing future revisions to the curriculum.

**J. Review/enhance current policies and protocols on the handling of child deaths**

1. 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**
2. 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**
3. Request assistance from the In-Home NRC to assist in this review and make recommendations **Completed**
4. 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**
5. 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**
6. Work with the Office of the Chief Medical Examiner (OCME) to implement five regional child fatality review teams **Completed**
7. Provide technical assistance and consultation to teams in reviewing cases, making recommendations, and data collection **Ongoing**
8. Prepare an annual report compiling findings and recommendations from the teams **Ongoing**
9. Work with the OCME to plan and co-sponsor a conference for regional child fatality team members **Completed**
10. Work with the OCME to assist the regional teams in accurately completing the national data tool **Completed**
11. *Fill position for a Child Fatality Data Coordinator to analyze data involving child fatalities, prepare annual and special reports, and provide technical assistance to the five Regional Child Fatality Review Teams in terms of data collection and case review*
12. *Develop and disseminate an orientation packet for new members of the regional child fatality teams*
13. *Apply for a technical assistance grant from the National Governor's Association to participate in a Three Branch Institute on improving child safety and preventing child fatalities.*

**2016 Update**

In collaboration with VA Department of Health, Office of the Chief Medical Examiner and VDSS, each of the five regions within the VDSS system has an operating Regional Child Fatality Review Team in place. A final report outlining the deaths reviewed for SFY 2014 was completed in April 2016. Each team identified a number of recommendations and actions they will work on in the coming year as well as some statewide recommendations and actions. Regional teams have been focusing on child death cases where there has been prior contact with the family. A report was prepared outlining the status of the work being done on each of the recommendations and was presented to the State Board of Social Services in December 2015.

VDSS worked with the Office of the Chief Medical Examiner and the CJA Program Coordinator to sponsor a skills building training conference to provide regional teams members with tools to improve the review process and the development and implementation of prevention strategies. The conference for Virginia's Regional Child Fatality Review Teams, "From Findings to Action: Engaging Communities in Prevention was held on April 20-21, 2016 in Staunton, Virginia. Approximately 85 members representing all five teams participated in the conference. The first day focused on as assessment of how the teams are the doing – key findings, regional responses, prevention efforts, challenges and plans for action. The second day focused on community collaboration efforts in substance abuse, home visiting, early intervention programs and engaging the community in prevention. The final speaker with Teri Covington, Executive Director, National Center for Fatality Review and Prevention, who shared the recommendations from the National Commission to Eliminate Child Abuse and Neglect Fatalities.

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.

**K. 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.**

1. 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**
2. Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate **Quarterly updates**
3. Review and revise Appeal Handbooks, if needed
4. Develop training materials and/or provide consultation to LDSS to support their practice in this area **Completed**
5. 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**
6. Develop a CPS appeals checklist for local CPS workers to use to ensure that cases are complete prior to closing an investigation **Completed**
7. Provide feedback to the VDSS training division on areas that need to be more closely addressed in CPS new worker training and refresher courses **Ongoing**
8. *) Provide additional training information and resources to regional consultants for distribution at regional supervisor meetings*

**2016 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 is used to provide feedback to the VDSS training unit as a way to enhance the CPS worker policy training curriculum. Providing feedback to LDSS has proven to be beneficial as there continues to be a better understanding of the reasoning for overturned cases. Appeal review will continue to identify areas of concern and the quarterly review process will continue to provide feedback to local staff. 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 continue be used to develop necessary training for local staff. In addition, an appeals checklist for local agency supervisors was

developed and disseminated in September 2015 to assist local agency supervisors and workers prior to closing an investigation.

**L. Enhance the effectiveness and efficiency of the State Child Abuse and Neglect Hotline**

1. Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available **Completed**
2. 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**
3. Ensure that the Hotline phone number is published in all directories across the Commonwealth. **Completed**
4. Establish emergency procedures and protocols for the State Hotline **Completed**
5. 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 **Completed**
6. Review and revise the Hotline policy and procedures manual **Ongoing**
7. *Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters*
8. *Develop requirements for contracted functions of the hotline.*
9. 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. **Completed**
10. Explore the feasibility of a dedicated law enforcement telephone line. **Completed**
11. *Develop system reports from the State Hotline data to determine call volumes, reporting percentages and work efficiency*
12. Establish an automated, online program for local agency after hours on call information to be maintained by LDSS and monitored through the State Hotline **Completed**
13. Develop a protocol for remote functionality for the State Hotline call center during times of inclement weather, state emergencies or network outages **Completed**
14. Ensure that measures are in place for the State Hotline to maintain the ability to operate with minimum interruption during loss of power, phone systems or state networks **Completed**
15. *Explore the feasibility of establishing a dedicated hospital line for reporting to the State Hotline*

**2016 Update**

The State Child Abuse and Neglect Hotline continues to look at its effectiveness and efficiency. The Hotline has begun using data offered through the new virtual call center program to establish reporting standards.

A number of other actions continue to be taken to enhance the effectiveness and efficiency of the State Hotline. A dedicated law enforcement line that rings directly to the State Hotline outside of the call queue was established with much success so that law enforcement officers do not have to wait in the queue. In addition, State Hotline staff will research the availability and need for establishing a direct hospital line. With the implementation of the virtual call center, the State Hotline has the ability for remote functionality. This is essential for times of inclement weather, state emergencies or network outages. In addition to the emergency protocol, an automated, online program for local agency after-hours on-call information was created and is maintained by LDSS and monitored through the State Hotline.

In March 2016, training specific to the State Hotline intake process was developed and provided to staff. The training provided staff the tools to ensure a family-focused, strength-based approach to the initial intake and provide local CPS workers the best referral information possible to assist them in response and safety assessment.

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.

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

1. Develop a method of tracking recurrence in Family Assessment cases. **Completed**
2. Develop a report that monitors repeat reports of cases that received a Family Assessment response. **Completed**
3. Disseminate reports to LDSS, CPS regional consultants to review and make recommendations for program changes, if needed. **Completed**
4. Provide consultation to LDSS, revise policy/guidance manual, if needed. **Ongoing**
5. Develop a new report in Safe Measures® that better tracks recurrence of maltreatment in Family Assessments **Completed**

**2016 Update**

State staff continues to monitor a report in Safe Measures® which identifies children who were documented as victims in a family assessment during a six month period and had another family assessment occurring within the previous two years. The LDSS regional and central office staff use this report to identify trends and areas for improvement. Data suggests a downward trend since January 2016 when 13% of Family Assessments had a prior Family Assessment within the previous two years, down to approximately 10% from December 2015.

**N. Develop, facilitate, and conduct training for mandated reporters**

1. 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**
2. Review and revise all printed materials including brochures and the Mandated Reporter Booklet to reflect the Code changes **Completed**
3. Develop and implement a plan to inform persons required to report suspected cases of child abuse and neglect of these responsibilities **Completed**
4. Revise and update online training for educators **Completed**
5. Revise and update on line training for all mandated reporters **Completed**
6. Revise and publish print materials targeting mandated reporters **Ongoing**
7. *Develop and publish online training for medical providers*

**2016 Update**

The updated online training for educators has been completed and uploaded to the VDSS website. This online training course is available for educators who are required to take this course in order to be licensed.

Print materials for mandated reporters continue to be updated and revised as needed and are available on the VDSS website and in printed version. Revisions to materials targeting educators as well as the general public are constantly reviewed and revised accordingly.

**O. Revise CPS regulations and policy/guidance manual to reflect changes related to the reporting of substance exposed infants**

1. 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**

2. 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**
3. Provide training to local CPS supervisors and workers on the changes **Completed**
4. Work with health care providers and substance abuse treatment providers to inform them of the changes **Completed**
5. Revise brochure for health care providers on the reporting of substance exposed newborns **Completed**
6. Establish a workgroup to review current policy/guidance around the handling of substance exposed infants and develop and implement changes as-needed. **Completed**
7. *Participate in new workgroup C.A.R.E.,( Coordinating, Access, Responding, Effectively to Maternal Substance Use),that was formed by the Department of Behavioral Health and Developmental Services to include work plan sessions and on-site technical assistance by National Center for Substance Use and Child Welfare*
8. *Revise and disseminate CPS guidance for handling of substance exposed infants based on recommendations of C.A.R.E. workgroup*

**2016 Update**

In the fall of 2014, the state was invited to apply for In Depth Technical Assistance (IDTA): Responses for Substance Exposed Infants (SEI), which was offered by the National Center for Substance Use and Child Welfare. Virginia was accepted and is one of six states participating in this federal initiative and has been using the IDTA to evaluate our current efforts to serve SEI and their mothers and develop new strategies that will enable us to better respond as a system. In 2015 the state committed to continue to work with IDTA for one more year. The final products of this interagency team, standards of care for substance exposed infants and standards of care for opioid addicted mothers, will be presented at a conference in June 2016.

**P. Conduct periodic reviews of CPS regulations**

1. 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**
2. Solicit input from the CPS Policy Advisory Committee, League of Social Services Executives, and the Citizen Review Panels. **Completed**
3. Develop proposed regulations incorporating relevant statutory and needed practice changes to be presented and approved by the State Board of Social Services **Completed**
4. Draft final proposed regulations **Completed**
5. *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.*
6. *Implement changes in the CPS policy/guidance manual*
7. *Train local staff on the changes*

**2016 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 have been reviewed and approved by the Secretary of Health and Human Resources in September 2014 and are currently under review of the Governor. The review has been complete and the 60 day public comment period in the Virginia Register was finalized in February 2016. The proposed regulation has been revised accordingly, and is scheduled to be presented to the State Board of Social Services for final action in June 2016.

**Q. Provide guidance to CPS workers on how and when to use diversion practices**

1. 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 **Completed**
2. Request technical assistance and consultation from the National Resource Centers **Completed**
3. *Develop clear guidelines for inclusion in the CPS policy/guidance manual*
4. *Train staff on the role of the local department and the policies and procedures governing the practice of diversion.*
5. *Identify an effective means to track and analyze diversion data through OASIS and SafeMeasures®*

**2016 Update**

In 2014, the Virginia General Assembly directed VDSS to review current policies governing facilitation of placement of children in kinship care to avoid foster care and to develop recommendations. The report was completed in December 2015 and the following recommendations were made. VDSS should:

1) Develop and implement a state supported kinship care program that would provide appropriate financial assistance, services, safeguards, and permanency planning for children and kin caregivers.
2) Exercise the option to implement the Kinship Guardianship Assistance Program as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out.
3) Support the development of a Kinship Navigator program which will provide information, resource and referral services to children and kin caregivers.

VDSS will conduct a pilot on data collection and reporting for LDSS regarding facilitated care (diversion) arrangements in the Western region of the state. Further analysis of the data and information collected during the pilot project will examine assumptions about what is or is not happening in diversion cases and enable VDSS to gain additional insights that will contribute to the development of best practice guidance for LDSS. Moreover, this information will be used to determine whether children who are diverted from foster care to live with kin are achieving positive child welfare outcomes.

## 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**

**A. Develop and implement a plan for sustaining and supporting a consistent statewide approach to family engagement and kinship care**

1. Train selected service providers and state/regional staff on strategies for engagement on a regional basis. **Completed**
2. Implement a plan for regional staff to provide training and technical assistance to LDSS on family engagement strategies **Completed**
3. Survey selected programs to determine the level of change in involvement and recommendations for improvements. **Completed**
4. Explore the use of CAPTA funds to LDSS to support FPM **Completed**
5. CPS Regional consultants will utilize reports on FPM found in SafeMeasures® to monitor their use and identify trends **Ongoing**
6. Regional consultants will provide consultation to LDSS when identified as not using FPM **Ongoing**
7. *Reinstate reimbursement to LDSS for "qualified" FPMs*
8. *Implement the use of a standardized screening tool for trauma*

**2016 Update**

VDSS has trained selected service providers and state regional staff on strategies for family engagement and kinship care. FPMs 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. Statewide, there was a total of 5,689 FPMs documented in OASIS; 3,052 High/Very High Risk FPMs and 593 Emergency Removal FPMs from January 2015 through December 2015. VDSS is the lead agency serving as a demonstration site to identify and link systems of care for children and youth who have been victimized by crime and other traumatic events. The goal of this project is to ensure that children and their families are provided comprehensive and coordinated services to fully address their needs.

**B. Examine and amend CPS guidance to determine revisions required to support connections to relatives**

1. 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**
2. 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**
3. 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**
4. Implement in OASIS the ability to document the notification to relatives in order to collect data / create a new screen "Diligent Search" **In Progress**
5. Revise CPS guidance to reflect new federal legislative requirements for contacting relatives within 30 days of coming into foster care to include parents of siblings **Completed**
6. *Create new report in SafeMeasures® that gathers data on notifications to relatives made within 30 days of coming into foster care.*
7. *Revise and enhance CPS guidance regarding the identification of an Indian child; what constitutes active efforts; removal of an Indian child; and services to an Indian child pursuant to the Indian Child Welfare Act (ICWA)*

**2016 Update**

CPS staff has been working collaboratively with IT staff on the development of a new screen in OASIS entitled "Diligent Search". This new screen will allow CPS and foster care staff to enter documentation of

all efforts made to notify relatives when a child comes into foster care. Once this information is automated the data can be tracked automatically. CAPTA funds continue to support the use of personal locater tools by LDSS. The state is now using a web-based search engine called Clear®. In July 2015, child welfare staff was required to search the Virginia Putative Father Registry when a child enters foster care and the father is unknown. This registry is a confidential data base that allows putative fathers the ability to be notified in the event of a proceeding for adoption of or termination of parental rights for a child he may have fathered. The required search of this data base at the time of removal may improve time to permanency and increase opportunities to engage fathers and connections with relatives.

CPS guidance was updated in January 2016 to reflect the federal requirement to notify the parents of siblings of the removal child within 30 days of removal. In July 2015, the Pamunkey Tribe received federal recognition and became the first federally recognized tribe in Virginia. CPS guidance was revised and enhanced regarding screening all children for Indian status, defining active efforts and the removal requirements of an Indian child as prescribed by ICWA.

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

1. Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track. **Completed**
2. Revise and align the CPS policy and guidance manual consistent with family engagement philosophy, procedures, and practice. **Completed**
3. Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments. **Completed**
4. Revise the Family Assessment Track brochure to reflect changes in policy/guidance and practice. **Completed**
5. *Develop and implement practice profiles or worker skill sets to enhance family engagement and improve CPS practice across the state*

**2016 Update**

With support from Casey Family Programs, VDSS and 21 LDSS participated in three Learning Collaboratives, the third one focusing on developing Practice Profiles. The purpose of this work is to enhance practice by developing practice profiles that describe the core activities associated with each function of the VDSS practice model. The practice profiles describe caseworker practice across the spectrum of proficiency and as skills, abilities and judgment improve, a more family-focused and family-driven system will be in place. The Practice Profiles were developed by LDSS and reviewed and edited by state staff. It was very much a collaborative effort. Teams have now put plans into action. The focus now is to spread knowledge and implement skills in their agencies to improve their ability to support children and families.

**D. Work collaboratively with the Prevention Unit to promote the early prevention guidance for LDSS around kinship care diversion and early prevention strategies**

1. Serve on Prevention Committee to develop guidance manual on kinship care diversion and early prevention strategies **Ongoing**
2. Collaborate on the development of a common service plan for use LDSS staff **Ongoing**
3. Develop and conduct training for LDSS staff as-needed
4. *Reorganize and revise the existing Prevention guidance, which will reflect a strength-based and trauma-informed family engagement approach that uses the protective factors as a framework*
5. *Explore funding needs, including how to realign current prevention funding sources and identify additional funding sources*

6. *Develop the capacity to capture and analyze the impact of prevention and kinship diversion efforts in OASIS and SafeMeasures®.*
7. *Conduct a pilot on data collection and reporting for LDSS' regarding facilitated care arrangements (diversion) targeting the Western part of the state*
8. *Partner with Patrick Henry Family Services to implement a pilot program in Planning District 11 (Amherst, Appomattox, Bedford and Campbell Counties and the City of Lynchburg) which will evaluate the Safe Families for Children model as an alternative to placement in foster care for children in crisis*

**2016 Update**

VDSS remains committed to enhancing prevention efforts around the state and convenes the Prevention Advisory Committee to provide an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The committee is co-chaired by representatives from Chesterfield-Colonial Heights DSS, Fairfax DFS, and Newport News DHS. The Prevention Advisory Committee meets on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of prevention but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. The committee remains focused on the development of three individual workgroups that are devoted to Prevention Guidance revisions. The existing Prevention guidance (Chapter B of the Child and Family Service Manual) will be reorganized into three sections and each workgroup is dedicated to one of the identified sections. The proposed sections are Overview of Prevention for Practice and Administration (introduction); Early Prevention; and Prevention of Foster Care. There are also 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. LDSS staff and community partners 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 available funding.

In 2014, the Virginia General Assembly directed VDSS to review current policies governing facilitation of placement of children in kinship care to avoid foster care and to develop recommendations. The report was completed in December 2015 and the following recommendations were made. VDSS should:

- Develop and implement a state supported kinship care program that would provide appropriate financial assistance, services, safeguards, and permanency planning for children and kin-caregivers.
- Exercise the option to implement the Kinship Guardianship Assistance Program as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out.
- Support the development of a Kinship Navigator program which will provide information, resource and referral services to children and kin caregivers.

Lastly, during the 2016 session of the General Assembly, VDSS has been directed to conduct two separate pilot projects that will further identify the scope and impact of foster care diversion practice in the state. VDSS will conduct a pilot on data collection and reporting for LDSS regarding facilitated care (diversion) arrangements and will also partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to placement in foster care for children. Further analysis of the data and information collected during the pilot projects will examine assumptions about what is or is not happening in diversion cases and enable VDSS to gain additional insights that will contribute to the development of best practice guidance for LDSS. Moreover, this information will be

used to determine whether children who are diverted from foster care to live with kin are achieving positive child welfare outcomes. The Prevention Advisory Committee will be utilized as an additional medium to discuss the need to formulate clear and consistent guidance for LDSS with regard to diversion practice, to articulate findings, and to provide recommendations.

## 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.**

**A. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.**

1. Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. **Ongoing**
2. Utilize child abuse and neglect treatment funds for support services to child victims. **Ongoing**
3. Develop RFP, select and negotiate contracts, monitor grantees and evaluate performance for programs such as Healthy Families, parent support groups, parent education programs, Child Advocacy Centers, CASA, etc. **Ongoing**
4. *Implement the formula specified in the budget amendment approved by the 2015 General Assembly and the Governor for funding Child Advocacy Centers and incorporate the new VOCA funding for CACs into the formula.*
5. *Implement the new formula for the Healthy Families Programs incorporating the additional funding*

**2016 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, PSSF, Victims of Crime Act (VOCA), TANF and state funds.

For SFY 2015 - 16, a total of 21 programs supporting child abuse and neglect prevention were funded with CBCAP ($500,000), CAPTA ($150,000), and state funds from the Virginia Family Violence Prevention Program ($500,000) totaling $1,150,000.00 to support evidenced-informed and evidenced-based programs and practices. Funded programs provide statewide or locally based primary or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The prevention programs are varied in scope and services so that they may address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, and public awareness efforts.

Specifically CAPTA funds were used to provide: 1) parent education and family support, including kinship and incarcerated teens in southwest, VA.; 2) home-based coaching and education to families in the piedmont region of the state; and 3) statewide training to child care providers and family day homes in each region. The purpose of the training was to promote protective factors, enhance effective family relationships, increase awareness around child abuse and neglect prevention and prevent child maltreatment in Virginia.

The Virginia General Assembly appropriates funding for the Healthy Families program. These funds provide home visiting services to new parents who are at-risk of child maltreatment in 74 communities across the state. Funding for Healthy Families Programs has increased from $4,285,501 in SFY 2015-16 to $9,035,501 in SFY 2016-17. New contracts will be awarded to 32 sites based on a formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each service area. 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. Currently, a total of 36 programs, utilizing $1,916,519 in federal VOCA funds, support child abuse and neglect treatment services for child victims. The SFY2017 VOCA RFP was released on April 1, 2016; a total of $1.7 million is available for funding under the current RFP. These proposals will be reviewed utilizing a multidisciplinary review committee on June 6-7, 2016. Recommendations for funding will be made and the selected programs will be funded effective July 1, 2016.

There are currently 15 local Child Advocacy Centers (CAC) and the Child Advocacy Centers of Virginia (CACVA) receiving state funds in the amount of $931,000 to support child abuse treatment services utilizing a multidisciplinary team approach. All but one local CAC program has been fully accredited by National Children's Alliance (NCA). The programs have expanded child abuse treatment services to more localities and additional expansion is expected with increased funding from the General Assembly and Victims of Crime Act Funds (VOCA) dedicated to CAC services. CAPTA funds also provide support to local CPS workers to attend Child First Training coordinated by CACVA. 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.

**B. Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well- being.**

I. 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**

II. 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**

III. 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**

IV. Evaluate and renew contracts for performances of sexual abuse prevention play to be presented to school-aged children statewide **Ongoing**

V. Evaluate and renew contract with James Madison University for the publication of the Virginia Child Protection Newsletter **Ongoing**

VI. 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**

VII. 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**

VIII. 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**

IX. 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**. Completed**

**2016 Update**

The Virginia Interagency Memorandum of Agreement among the Agencies Involved in the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA) was revised to ensure enhanced collaboration and coordination in the implementation of a statewide comprehensive, family-centered system of Part C early intervention supports for services for infants and toddlers with disabilities and their families. LDSS are required to refer any child under the age of three who is the subject of a founded child abuse/neglect disposition, or any child under the age of three who is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or any child under the age of three who appears developmentally delayed or who has a physical or mental condition that has a high probability of resulting in delay to the Infant & Toddler Connection of Virginia as soon as possible, but no more than seven calendar days after identifying the child as potentially eligible.

CPS staff continues to participate on the Virginia Home Visiting Consortium and serves on the state conference planning committee. During 2013-2014, the Consortium developed a comprehensive sustainability work plan to identify strategies to provide statewide leadership to scale-up services in Virginia. In February 2015, the Consortium hired as Executive Director to manage the organization change from an informal to a more formal organization. In September 2015, in response to a recommendation from the Commonwealth Council on Childhood Success, the Consortium created a Five-Year Expansion Plan. The Governor included additional funds in his budget for home visiting and the General Assembly approved a substantial part of this increase for the states' 2017-2018 biennium budget.

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 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 Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and PCAV jointly provide training on child sexual abuse to each touring cast. In SFY 2015, approximately 48,000 children participated in one of the 145 performances. In the fall of 2015, there were 65 performances held in 43 schools reaching approximately 20,464 children. Additional performances are scheduled for the spring of 2016.

VDSS and PCAV sponsored the 2016 Virginia Child Abuse Prevention Conference on April 4, 2016 titled ***Prevent Child Abuse and Neglect: Educate. Guide. Protect.*** Co-sponsors included The Family and Children's Trust Fund (FACT) of Virginia, the Virginia Statewide Parent Education Coalition and the Virginia Coalition for Child Abuse Prevention. Approximately 300 people attended the conference from all areas of the state representing a variety of agencies and organizations such as LDSS, local CSBs, CASA programs, home visiting programs such as Healthy Families, family services agencies, and other non-profit agencies. The conference featured three keynotes, 10 workshops and 14 exhibitors.

The opening keynote speaker, Pat Stanislask, is the Director of Partnering for Prevention, a NJ consulting firm. Her talk "*Footprints and Footsteps*" was motivational for those in the prevention and child welfare fields. FACT presented Child Welfare Awards to three individuals and one group. VDSS Commissioner spoke on child fatalities and introduced the luncheon keynote speaker Teri Covington, Executive Director, National Center for Fatality Review and Prevention. Ms. Covington's presentation was titled "*A Report from the National Commission to End Child Abuse and Neglect Fatalities: What was Learned and What is Being Recommended to Put an End to Child Abuse and Neglect Deaths*". Ms. Covington served on the Commission. The closing speaker was Josh Bailey, President and CEO of Gray Haven, an anti-trafficking organization.

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. Four sessions involving approximately 60 workers will be funded this grant year. Training was conducted June22-26, 2015; October 5-9, 2015; December 7-11, 2015 and March 7-11, 2016 in different geographic areas of the state.

All CPS materials are reviewed and updated as required by changes in the Code of Virginia and/or CPS regulation and are available in printed form and maybe downloaded from the VDSS website, http://www.dss.virginia.gov/. The online training course for public school employees has been updated and is available on the VDSS 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 web based training was conducted in October 2014 and April 2015. The training has been archived on the Partnership for People with Disabilities website http://www.vcu.edu/partnership/tippingthescales. After each session, participants are invited to take a short quiz and then are emailed a certificate. In addition, three live training events were scheduled in different areas of the state in March, May, and June 2016.

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 2015 - 2016, the following publications were released, Volume 101 – *Animal Abuse and Child Abuse: Examining the Link;* Volume 102 – *Sex Trafficking of Children;* Volume 103 – *Poverty and Its Relationship to Child Maltreatment;* Volume 104 – *Transitioning from Foster Care;* Volume 105 – *Homeless Runaway and Unaccompanied Youth.* Volume 106 will examine the topics of substance exposed infants and parents who abuse narcotics and opiates. *VCPN* can be found 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 2015, 20 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.

However, 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 include 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 2014 NCANDS data, there were 514 Investigative CPS workers in Virginia. There were 32,847 completed reports which average out to 64 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 2016 1st, 2nd, and 3rd 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 SUPS5704. These courses must be completed within the first two years of employment as a supervisor. A new Supervisor Training Job Aid for CPS workers outlining all training requirements was distributed to assist supervisors manage staff's training requirements.

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.

A new CWS2010: Ongoing CPS Services course was developed this year for all LDSS CPS staff responsible for CPS On-going Cases and was added to the training mandates. The two-day training has two pre-requisites including CWS2000 CPS New Worker Policy Training with OASIS and two on-line courses prior to attending this training: CWSE1500: Navigating the Child Welfare Automated System – OASIS CPS Lesson and CWSE1002: Exploring Child Welfare.

A new Learning course, CWSE2090 Injury Identification will be completed by July 2016 to meet the need for all child welfare workers to better identify injuries to children experiencing maltreatment and better distinguish between accidental and inflicted injuries and understand medical terminology for case reports.

Other courses completed in 2016 include:

**CWSE 1510: Structured Decision Making in Virginia** – 4.5 Contact Hours
This online five module course introduces Child Protective Services (CPS) workers to the Structured Decision Making (SDM) tools used to guide critical decisions in CPS. The purpose of the course is to increase the worker's knowledge of the SDM tools and the worker's skills to access and complete the tools in OASIS. This course emphasizes the importance of documentation that supports the tools and the critical decisions made in CPS. The five modules in this course include; Module 1: Introduction and Intake, Module 2: Safety Assessment, Module 3: Risk Assessment, Module 4: Family Strengths and Needs Assessment, and Module 5: Risk Reassessment. In each module workers will learn to use the tools in making critical decisions in working with families; locating the tools in OASIS; and understanding the importance of using the definitions. Workers will learn how to complete each tool using scenario based practice. The target audience for this course is all Child Protective Services workers (including on-going workers) and supervisors.

**CWSE4015: TRAUMA-INFORMED CHILD WELFARE PRACTICE** – eLearning. This on-line course is a prerequisite for the classroom course CWS4015: Trauma-Informed Child Welfare Practice-Identification and Intervention. This self-paced eLearning course will assist workers to understand the causes and impact of trauma and how it directly relates to efforts to help children and families achieve safety, permanency, and well-being. Topics Include: trauma and its relevance to child welfare work, assessing clients from a trauma-informed perspective, and ability of trauma-affected people to heal from trauma. The target audience is child welfare workers and supervisors across all program areas.

**CWS4015: TRAUMA-INFORMED CHILD WELFARE PRACTICE: IDENTIFICATION AND INTERVENTION** – classroom. This course examines how a trauma lens can be applied to day-to-day child welfare practice so that children and caregivers who have experienced trauma can receive the types of support and services necessary to help them achieve safety, permanency, and well-being. Topics Include:

- Detailed overview of the screening process used to detect the history and impact of trauma in youth and caregivers.
- Use of screening tools and determining when it is appropriate to refer a child or caregiver for additional treatment with a trauma-informed provider.
- Tips for choosing appropriate providers and advocating for appropriate treatment.
- Evidence-based practices for treating trauma.
- Child welfare actions that can inadvertently exacerbate trauma.
- Practical strategies for incorporating trauma-informed practices into interviewing, assessment, and case planning.
- Ideas for implementing trauma-informed policies and protocols within the local agency and community multidisciplinary team including strategies to reduce vicarious trauma.

The target audience is child welfare workers and supervisors across all program areas.

**CWSE4000: IDENTIFYING SEX TRAFFICKING IN CHILD WELFARE**
This course is designed for local departments of social services staff and community partners within the Commonwealth of Virginia. The purpose of this training is to raise awareness regarding the impact of human trafficking – notably commercial sex trafficking – on vulnerable youth in foster care, runaways, and those experiencing abuse, neglect, or other family dysfunction in their homes. Federal and state efforts to combat this problem are outlined with strategies given for local detection and intervention.

# Virginia Child Welfare Staff and Provider Training

Child welfare training for local department staff that originates from VDSS is now developed entirely either within the Division of Family Service or is initiated at LDSS. The mandated in-service CORE child welfare training system is fully integrated into the Division of Family Services. This statewide competency-based training system is delivered by a team of four curriculum developers, 17 trainers, a trainer coordinator, and a training program manager.

Training that comes out of DFS is largely guidance and regulations driven and is conducted for the most part by VDSS staff from the Home or Regional Office. Training for local department approved providers is primarily provided by a contract with several universities and is based on the Pride curriculum.

## I. VDSS Division of Family Services Training

The training developed by Family Services Programs is the legacy training system that started over 20 years ago as the "comprehensive, competency-based child welfare in-service training program" based on a model used in Ohio. Established Supervisor and Caseworker Core Competencies have guided the development of several documents to inform LDSS directors, supervisors, and caseworkers on how to best integrate training and maximize learning in order to improve child welfare services. The 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.

In March, 2013, guidance in both Child Protection and Permanency 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. Family Services Programs also provides subject matter expert (SME) trainings for experienced workers 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. The SME trainings are offered regionally and help to fulfill the mandated 24 hours of continued education hours for experienced workers required after two years of employment. Continuing education activities to be credited toward the 24 hours are pre-approved by the LDSS supervisor or person managing the permanency program. Continuing education activities may 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 LDSS with the help of a training tracker job aid provided by DFS Training. This year DFS SME Workshop series included regional workshops on "Adoption Disclosure; Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders"; "Moving Beyond Resistance"; and "Vicarious Trauma in Child Welfare Practice".

In addition to SME trainings, Family Services Training send out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and these will fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc.

The Family Services mandated training schedules are sent out quarterly to all LDSS Directors, Supervisors and Workers. In addition, the regional training schedules are posted on the Family Services Training SPARK web page. The Family Services Training SPARK web page is currently under construction to communicate the description of our federally approved comprehensive competency-based training system in Virginia and offer support for LDSS supervisor and staff in meeting the mandated training requirements. The Family Services Training Program Manager also attends Regional Supervisor

and Director's Meetings annually and discusses the mandated training schedules, course sequencing, supervisor course tracking job aids, transfer of learning activities and supervisor guides and mandated child welfare course descriptions with pre-requisite requirements. Additional course development and SME workshop information is also discussed.

In order to reduce the number of classroom training days and travel for workers, we have increased the eLearning development with the hiring of an eLearning curriculum developer and training of existing curriculum developers. Work has been completed this year on the following new courses:

**CWSE1071: Introduction to SafeMeasures** introduces new workers to SafeMeasures and instructs them on how to use this valuable case management tool in their practice. The course is also used as a navigation refresher to learn various opportunities to improve data collection and prepare for quality case reviews. Fund: IV-E IV-E rate 50%

**CWSE1500: Navigating the Child Welfare Automated System: OASIS for CPS** instructs participants to navigate through Virginia's Automated System – OASIS. This six module course provides information on entering a CPS referral, documenting a Family Assessment and Investigation, Search and Merge, and opening a CPS case. Fund: CPS

**CWSE1500: Navigating the Child Welfare Automated System: OASIS for Foster Care** instructs learners to navigate Virginia's Child Welfare Automated Data System – OASIS. This seven module course teaches the various screens utilized to capture timely, accurate case documentation for effective case management and agency accountability. Fund: IV-E IV-E rate: 75%

**CWSE1041 Legal Principles:** Pre-requisite to one day classroom course trained by attorney pro-bono training project. New blended course will reduce the two day training to a one day. Fund: IV-E IV-E rate: 50%

**CWSE1510 Introduction to Structured Decision-making Tools:** Pre-requisite and transfer of learning activity for CWS2000 CPS New Worker Policy Training. Fund: CPS

**CWSE4015: Trauma-Informed Practice in Child Welfare and CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention – Classroom** was developed from previous work for the Learning Collaborative participants to provide a common foundation of understanding about trauma in preparation for Learning Collaborative #2. This is a blended course with an on-line prerequisite to a two day classroom skills training. The curriculum is based largely on the National Child Traumatic Stress Network's Child Welfare Training Toolkit. These two courses discuss the causes and impacts of trauma and how it directly relates to our efforts to help children and families achieve safety, permanency, and well-being. This interactive eLearning course promotes a fundamental statewide understanding of Trauma-Informed Child Welfare Practice and will also be available to our community partners on our public website, as VDSS is the only state agency that offers an on-line trauma training course. This introductory course will become the pre-requisite for a more advanced classroom training which will include the use of trauma screening tools and an overview of evidence-based practices for addressing trauma. Fund: IV-E IV-E rate: 75%

**CWSE4000: Identifying Sex Trafficking in Child Welfare:** Introductory course on dynamics of sex trafficking, identification and intervention in child welfare, Federal and state laws, and model treatment programs. This on-line training is also available on the VDSS public website for use by our community partners as we continue to be the only state agency offering this training on-line. Fund: IV-E IV-E rate: 75%

**CWSE3091: Transition Planning for Youth in Foster Care:** This is a blended course with online prerequisite that introduces the need for transition planning from the voices of youth who have transitioned out of foster care but still needed additional support from caring adults. Moving into adulthood is a huge step for adolescents and means taking on a lot of responsibility. One specific step for youth in foster care is to develop a Transition Plan that helps identify things needed to take on the responsibilities of adulthood and become self-sufficient. The Transition Plan identifies strengths, skills, and what is needed to learn and assist youth on their journey. The Transition Plan will also identify key resources (people and services) needed to connect with in order to transition into adulthood successfully. This five module training is the voices of three former foster youth speaking to their experiences and is available for both workers and for youth on VDSS public web-site. A one day classroom training for workers on how to engage youth in developing a transition plan was piloted and will be offered this summer. Fund: IV-E IV-E rate: 75%

**CWSE4025: Foster Care title IV-E Case Determination Process** is a six module on-line course that provides an overview of the title IV-E eligibility determination process. Fund: IV-E IV-E rate: 75%
**CWSE5501: Substance Abuse** is a four module interactive online course that provides an introduction to substance abuse and its impact on families. The emphasis is on assessment and treatment considerations within the context of collaboration. This course explores national trends related to the prevalence, causes and treatment of substance abuse, as well as drug categories, drug schedules and drug effects. The course also reviews specific issues related to women and substance use, such as the barriers women face when attempting to gain treatment, and the stages of recovery as well as techniques to encourage change. Fund: IV-E IV-E rate 75%

**CWSE4050: Psychotropic Medications in Child Welfare** addresses the exponential increase in the use of psychotropic medications prescribed for emotional and behavioral disorders in children. It specifically discusses the research demonstrating that children and youth involved in the Child Welfare System are at the greatest risk of being misdiagnosed and inappropriately medicated. The interactive online course offers learners of all professional backgrounds the opportunity to gain a working understanding of the concerns and use of psychotropic medication specific to children involved in child welfare. Strategies, resources, and job aids for working with caregivers, youth and prescribing physicians to utilize a child-centered team approach that includes careful monitoring of psychotropic medication usage and the promotion of informed consent. Fund: IV-E IV-E rate 75%

**CWSE3020: Educational Stability for Youth in Foster Care:** Federal compliance issues addressed in conjunction with Department of Education to address education issues for children and youth in foster care. Fund: IV-E IV-E rate: 75%

**CWSE2090: Injury Identification** increases the knowledge and ability to recognize signs of abuse and neglect of all child welfare workers as all child welfare workers have a key role in promoting safety and preventing child fatalities. Topics include detecting accidental versus non-accidental injuries in children, examples of accidental and abusive injuries, understanding child development as it relates to injuries, signs and symptoms to look for which indicate that may be internal injuries, and when you should ask a caretaker for more information. Fund: IV-E IV-E rate: 75%

## II. Family Services Training - Process to Promote Transfer of Learning

Training is not a stand-alone event. Trainings are viewed as a collaborative effort to meet the emerging needs of the 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. Family Services Training includes 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 department, and suggestions for continuing the learning process in the local department 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, a process was developed to promote transfer of learning for workers to provide direct feedback and support from the classroom to the 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 the end of each child welfare training session each participant is ask to complete the 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 which 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 Family Services Training Unit believes that middle management and supervisors are key to developing and sustaining successful practice skills throughout child welfare. Therefore, the CORE Supervisor Training has been developed as a competency- based training for new LDSS supervisors with less than two years of experience or supervisors needing refresher training. The Supervisor Series are two consecutive days per month for a period of four months with transfer of learning activities between sessions. The courses consist of SUP 5701: Fundamentals of Supervising; SUP 5702: Management of Communication, Conflict & Change; SUP5703: Supporting & Enhancing Staff Performance; SUP5704: Collaboration and Teamwork. We are currently in the process of revising and updating our supervisory series of training to include additional information on leadership development, developing a learning culture in the agency to support training, and expand coaching to correlate with our new coaching to the practice profiles. Occasionally, Eligibility Supervisors attend the CORE Supervisory training classes and trainers have reported that they were very satisfied with the courses and that the class had met their needs.

Additional Management/Supervision training is being planned through the Casey Family Programs Learning Collaborative initiative for LDSS agencies. The Learning Collaborative is a partnership with Casey Family Programs and is part of an evolution of practice enhancement beginning with Children's Transformation in 2007 and continuing with the Three Branch Initiative. The Learning Collaborative Series focused on issues of family engagement and the development of the 11 skills sets included in the Practice Profiles, trauma informed practice and psychotropic medication usage with children and youth in foster care, and introduced coaching. However, work continues on implementation of the use of the newly developed Practice Profiles and the use of coaching as an implementation delivery. The use of Practice Profiles is a fundamental shift in social services agency practices from compliance to quality and is a way to operationalize our Virginia Children's Services Practice Model. The use of the Practice Profiles will ground and reshape frontline practice across LDSS – beyond child welfare services. Further work will be

conducted on developing a training Coaching Series for LDSS staff with various levels of abilities implementing the Practice Profiles.

## III. Family Services Mandated Training Evaluation

The Division of Family Services has conducted a preliminary mandated training analysis and evaluation project for all CORE Mandated Training system. The purpose of this project is to determine whether and to what extend the intended target population, Family Services Workers, are receiving mandated trainings within designated timeframes and how effective receipt of the mandatory trainings are as defined by the Kirkpatrick Evaluation Model. The Kirkpatrick Evaluation Model has four levels:

1. Reaction (positive or negative)
2. Learning (acquisition of knowledge, skills, attitude and confidence from training)
3. Behavior (application of knowledge and skills learned)
4. Results or outcomes (the degree to which targeted outcomes occur as a result of the training).

To properly evaluate the impact of a training event according to the Kirkpatrick Model, job functions must be properly defined per agency to determine which training mandate is most applicable. Once completed, data systems must be integrated that contain the necessary information to apply a training mandate. This essential information includes job function, date of hire, and completion of mandated trainings. This information in compiled to create one helpful tool which reflects achievement of training mandates, by agency, and initiates continued quality improvement analysis efforts based on the Kirkpatrick Model. This process has led to multiple recommendations including system interventions that must be undertaken in order to create the data necessary to properly measure the impact of a training event on a trainee according to the Kirkpatrick Model. Other recommendation include individualizing surveys per course, including a 'pre' and 'post' test component to properly measure learning, and to use achievement of a training event as a proxy for achievement of a necessary competency so that Stage 4 'Results or Outcomes' can be measured.

The LMS Knowledge Center Reporting Consul provides the data necessary to run descriptive analytics per course or all courses over a given time period. This is extremely helpful for macro-level descriptive analytics including survey completion rates, and total reported level of understanding gained through a given training event. This information must be broken down by agency however to properly measure according to the Kirkpatrick Model. Courses are not specific to agency, and so courses are not reflective of the organizational factors inherent to each agency that can impact learning. Also, the mandated training analysis must be broken down by agency and not by course as the CQI measures needed to evaluate the impact of a training event according to the Kirkpatrick Model necessitate supervisor feedback for stage three on whether learning has transferred to behavior. VDSS is organized at a by agency jurisdictional level, in a State supervised locally administered system, and the mandated training analysis must illustrate this if information is going to be properly disseminated and recommendations administered.

Macro-level descriptive statistics by course have helped inform the project to this point. Important findings include an overall survey response rate of 56% from 7/1/15-12/1/15. Overall effectiveness of courses is reported at a 4.3 on 5.0 scale. 'Understanding Before Course' across all mandated Family Services courses from 7/1/15-12/1/15 has an average reported score of 3.2 on a 5 point scale, while 'Understanding After Course' has an average reported score of 4.2, justifying trainings impact. Other important findings include participants with less reported knowledge before the course showed the greatest gain in reported understanding after the course, and the same was true in courses that were reported to have the least amount of understanding on average before the course. Participants with a higher rating of overall courses effectiveness also rated higher improvement before and after. Preliminary per agency counts of achievement of current mandated trainings vary greatly between agency, reported job function of worker, and start date (whether or not the most recent mandate applies to worker), and

more data must be collected and analyzed to determine percentage of workforce that has achieved current training mandate. Further training evaluation work will continue next year.

Family Services Training provided 489 classes July, 2014 - April, 2016 with a total of 6,413 completions.

| **Family Services Class Statistics (July 1, 2015 – April 30, 2016)** | | | |
|---|---|---|---|
| **VDSS Course Title** | **Count** | **Completed** | **Average** |
| ADS1000: Adult Services/Adult Protective Services New Worker Policy Training | 13 | 133 | 10 |
| ADS1031: Assessing Capacity | 10 | 102 | 10 |
| ADS2013: Investigating Self-Neglect | 10 | 75 | 8 |
| ADS2141: APS Facility Investigations | 9 | 74 | 8 |
| ADS5011: Uniform Assessment Instrument (UAI) | 15 | 158 | 11 |
| CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development | 14 | 214 | 15 |
| CWS1031: Separation and Loss Issues in Human Services Practice | 14 | 150 | 11 |
| CWS1041: Legal Principles in Child Welfare Practice | 14 | 284 | 20 |
| CWS1061: Family Centered Assessment in Child Welfare | 14 | 211 | 15 |
| CWS1071: Family Centered Case Planning | 15 | 231 | 15 |
| CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving | 15 | 201 | 13 |
| CWS2000: Child Protective Services New Worker Policy Training with OASIS | 15 | 222 | 15 |
| CWS2010: Ongoing CPS | 40 | 580 | 15 |
| CWS2011: Intake, Assessment, and Investigation in Child Protective Services | 13 | 147 | 11 |
| CWS2021: Sexual Abuse | 16 | 172 | 11 |
| CWS2031: Sexual Abuse Investigation | 15 | 138 | 9 |
| CWS2141: Out of Family Investigations | 14 | 112 | 8 |
| CWS3000: Foster Care New Worker Policy Training With OASIS | 16 | 160 | 10 |
| CWS3010: Adoptions New Worker Policy Training With OASIS | 12 | 112 | 9 |
| CWS3021: Promoting Birth and Foster Family Partnerships | 12 | 96 | 8 |
| CWS3041: Working With Children in Placement | 8 | 62 | 8 |
| CWS3061: Permanency Planning for Teens - Creating Life Long Connections | 8 | 51 | 6 |
| CWS3071: Concurrent Permanency Planning | 10 | 85 | 9 |
| CWS3081: Promoting Family Reunification | 9 | 94 | 10 |
| CWS3101: Introduction to the PRIDE Model | 5 | 32 | 6 |
| CWS3103: PRIDE Family Assessment | 5 | 40 | 8 |
| CWS4020: Engaging Families and Building Trust-Based Relationships | 19 | 282 | 15 |
| CWS4030: Virginia Family Partnership Meeting Facilitator Training | 6 | 50 | 8 |
| CWS5305: Advanced Interviewing: Motivating Families for Change | 12 | 141 | 12 |
| CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare | 15 | 204 | 14 |
| DVS1001: Understanding Domestic Violence | 15 | 185 | 12 |
| DVS1031: Domestic Violence and its Impact on Children | 14 | 165 | 12 |
| DVS1051: Domestic Violence and Older Adults | 9 | 73 | 8 |
| GEN1206: Worker Safety | 42 | 619 | 15 |
| SUP5701: Fundamentals of Supervising Family Services Staff | 9 | 86 | 10 |
| SUP5702: Management of Communication, Conflict & Change | 6 | 53 | 9 |
| SUP5703: Supporting and Enhancing Staff Performance | 8 | 74 | 9 |
| SUP5704: Collaboration and Teamwork | 7 | 53 | 8 |
| **TOTALS:** | **489** | **6,413** | **12** |

**Attachment A** to this Training Plan 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.

## IV. LDSS Training Initiatives (IV-E "Pass Through")

Fifty-seven LDSSs submitted plans to provide child welfare training under this category for SFY2016. 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 2016 for this category of training was $2,032,105. 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% subject to the application of the penetration rate. Approved training at the enhanced rate was $1,882,595 and approved training at the administrative rate was $149,510.

Fifty-six LDSSs have submitted plans to provide local department initiated training for SFY2017. Approved training at the enhanced rate or 75%, subject to the penetration rate is projected to be $1,850,646. Approved training at the 50% rate, subject to the penetration rate is projected to be $71,565.

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% with the application of the penetration rate. LDSS provide the appropriate match.

## V. 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 2017 is $167,000 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 2017 five LDSS submitted applications for a total amount of $154,000. Title IV-E EEAP will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

**Virginia LDSS Employee MSW Scholarship Program**

In order to continue to promote a more dedicated and well-trained professional work force, the Virginia Local Department of Social Services (LDSS) Employee MSW Scholarship Program will provide opportunities for selected LDSS employees to receive tuition assistance towards obtaining a MSW degree at one of the four participating state universities who have agreements with VDSS to provide title IV-E Child Welfare Stipend Programs (CWSP). Presently, federal requirements require CWSP recipients to enroll in full time BSW/MSW programs, which would exclude current LDSS employees who want to remain employed while attending school part time. The Scholarship Program would allow selected LDSS employees to enroll in accredited MSW programs part-time, while maintaining employment at their current LDSS agencies supporting staff retention while promoting professional development. The scholarship recipient would receive educational assistance in return for a legally binding commitment for continued employment (post-graduation) at their LDSS agency. The recipient would be awarded $5000 per part time academic year, to be utilized towards university tuition and fees. If a program participant qualifies for the Advanced Standing program at any participating University, a stipend of ether $2500 or $5000 will be provided for the summer semester depending on how many credits the student is taking. No more than $20,000 will be provided to any recipient. VDSS will provide the "local match" required to draw down title IV-E training money to fund these scholarships.

Participating Universities (by Fall 2017)

- George Mason University
- Radford University
- Norfolk State University
- Virginia Commonwealth University

Scholarship Program recipients would be required to fulfill the same educational requirements as the CWSP full time student recipients: enrolling in child welfare specific courses, completing field practicums in LDSS settings (if not already working in child welfare) and at child serving agencies, and could attend any additional child welfare specific training/seminars as offered by the university or CWSP. The Scholarship Program would be a separate program from the CWSP and administrative funds provided to the universities for the CWSP would not be utilized for the Scholarship Program. In order to maintain consistency with current VDSS training initiatives and trends in child welfare, the universities will be required to incorporate child welfare best practices within their courses such as: family engagement strategies, creating a trauma informed approach to child welfare, managing vicarious trauma etc. In addition, the universities must increase their on-line course selections and develop other distance education opportunities for LDSS employees who are part-time students.

**Application / Selection Process**

In order for the selection process to be equitable, up to 5 LDSS employees will be chosen from each region each year to participate in the Scholarship Program. Generally, participation will be limited to 2 employees per LDSS. In the event that there are not enough applicants to adhere to these guidelines, slots will be filled with remaining applications and may include more LDSS employees from one or several

regions, and may include more than 2 employees from a single LDSS. However, the expectation is that the program will support employees from across the state who wants to work towards obtaining an MSW.

The development of the Scholarship Program in no way replaces or restricts the ability of any LDSS agency to offer an Employee Educational Award Program (EEAP). LDSS with an EEAP program can encourage their employees to apply for scholarships through the Scholarship Program AND continue to provide assistance to additional students through the LDSS EEAP.

*Selection Criteria*

- Employee must be in "good standing" (as defined by the LDSS agency) and not currently on probation

- Prior to applying, employee must have been accepted into a part-time MSW program at one of the four participating universities (acceptance letter must be submitted with scholarship application)

- Employee must complete a VDSS Scholarship Program application that includes:
  - Written personal statement (as defined in application)
  - Letter of recommendation from their supervisor
  - Statement of commitment from their agency – signed by the employee, their supervisor, and agency director (LDSS agency outlines how they will specifically support the student to ensure success in the MSW program while meeting job expectations)

- Completed application packets must be submitted to the VDSS Child Welfare Stipend Program Coordinator for consideration and determination of acceptance

**Program Educational Requirements**

Once accepted into the program, the LDSS Scholarship Program recipients will be required to adhere to the same educational requirements as the title IV-E Child Welfare Stipend Program participants.

*Curriculum Requirements*

- Recipient must register for one Child Welfare Policy course

- Recipient must register for one CWSP approved practice elective (each university has a list of CWSP approved practice electives)
- Recipient must authorize the university to send an official transcript to their LDSS agency at the end of each academic year

- In order to remain in the Scholarship Program, on an annual basis (end of May each year), the LDSS agency must send another statement of commitment to the CWSP Coordinator that includes a written statement indicating that the employee continues to remain in "good standing" at the agency, and that the employee has successfully passed their courses and remains in "good standing" in their MSW program.

*Field Practicum Requirements*

- Recipient must complete two internships at child serving agencies that work with children and families in the child welfare system

- Recipient must complete one of their internships at a LDSS agency if their current LDSS position is not in a child welfare setting (details of LDSS internship will be coordinated with the University Coordinator from their prospective school)

- Recipient must participate in any supplemental CWSP seminars / training as offered by their university or the CWSP

**Post-Graduation Commitment**
Following graduation, the scholarship recipient must maintain employment at their current LDSS agency (primarily in a foster care/adoption/ or foster care prevention role) for a six month period for each part time academic year that the $5000 stipend was received. For example, for one part time academic year, the participant will owe six months of employment as "pay-back."

*Additional Employment Requirements*

- If currently employed in a child welfare position, the recipient agrees to remain in a child welfare position during the work pay-back period

- If the recipient is employed in a non-child welfare position at their LDSS agency, they must apply for a child welfare position at their current agency beginning at least 3 months prior to graduation

**Consequences for not Meeting Program Requirements**
In order to receive the educational assistance, the employee must meet the following requirements or will be required to pay-back the financial assistance that he or she received.

- Must maintain employment at the same LDSS agency where the employee was employed at when he or she submitted the program application

- Must maintain employment and meet agreed upon job expectations (as indicated in the "commitment of agency" document that was signed and submitted with program application). If employee resigns or is terminated, he or she must pay back the financial assistance that was received

- If employee does not receive passing grades and/or is terminated from the MSW program by the university, the employee will pay back the amount of financial assistance received.

**Note:** The projected budget shown below reflects the length of the part-time MSW program (4 years), and adding up to 25 new employees to the program each year. The rate reflects the 75% federal match factored down by the current state title IV-E penetration rate of 59.8%. At this present time, the federal match would be reduced to 40.2%. This rate is adjusted quarterly and may fluctuate at the time of reimbursement for the scholarships.

| Virginia LDSS Employee MSW Scholarship Program | | | | |
|---|---|---|---|---|
| ***Program*** | ***Cost Projections*** | ***State Match*** | ***Federal Match*** | ***Total Cost*** |
| Year One | 25 Employees Scholarships ($5000/each) | $74,750 | $50,250 | $125,000 |
| Year Two | 50 Employee Scholarships ($5000/each) | $149,500 | $100,500 | $250,000 |
| Year Three | 75 Scholarships ($5000/each) | $224,250 | $150,750 | $375,000 |
| Year Four & Beyond | 100 Scholarships ($5000/each) | $299,000 | $201,000 | $500,000 |

## VI. Independent Living Trainings

For FY 2016, VDSS provided seven regional trainings on the ILP and services, ETV Program, and NYTD, Credit Checks and Educational Stability for youth in care to over 200 LDSS workers. Chafee funds were used for these trainings. Project LIFE (public/private partnership with VDSS) provided training, coaching, informational presentations/technical assistance (TA) on Independent Living (IL) services, ETV, NYTD, Permanency, Casey Life Skills Assessment (CLSA), and Transition Plans to a total of 1073 LDSS workers, private service providers and stakeholders.

During FY 2016, VDSS and the Virginia Department of Education (DOE) trained over 150 staff members from LDSS and local school divisions. The four trainings focused on the Fostering Connections Act-Education Stability, best interest determination, and the immediate enrollment process and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. These trainings also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth.

For FY 2017 through 2019, the state ILP staff in collaboration with other key stakeholders will continue to offer trainings and TA on the following topics:

- ILP federal and state requirements, guidance and IL services;
- IL assessment and transition plans;
- NYTD;
- ETV Program requirements;
- Fostering Connections-Educational Stability;
- OASIS documentation for IL services;
- Permanency/ "Unpacking the NO to Permanency for Older Adolescents";
- Youth Engagement/Involvement;
- Credit Checks; and
- Transition Planning

In addition, VDSS in partnership with stakeholders on local, state and federal levels, will continue to offer training/TA and support around three strategies (i.e., Transition Planning, Permanency Roundtables, and engagement of youth voice) to build the capacity of LDSS to achieve permanency for youth.

## VII. Foster and Adoptive Family Training

The purpose of this training is to enhance the knowledge, skills, and abilities of current and prospective foster, kinship, 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 foster, kinship, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children placed in their homes. 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, Model Approach to Partnerships and Parenting (MAPP), and Parents As Tender Healers (PATH). VDSS supports PRIDE as the preferred curriculum.

In-service training is available at LDSS agencies for current foster and pre-adoptive parents to review and learn new information. In-service training provides foster and pre-adoptive parents the forum with the LDSS to engage and discuss information pertinent to the child's safety, permanency and well-being. Each year LDSS agencies are surveyed to determine training needs and develop training plans.

Throughout the year, current foster and pre-adoptive parents are offered trainings and then surveyed to determine future training needs.

Total program costs approved for SFY 2017 for resource, foster and adoptive family training is $1,922,211. Of that amount $1,850,646 is approved at the enhanced rate and $71,565 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 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, Kinship care, adoption matching, and support of foster and pre-adoptive families. Other trainings are offered, such as "Boundary Setting" and "Unpacking the No". "Boundary Setting" consisted of foster parents setting boundaries for the children who come into their home. Safety – no one can enter your room without knocking, setting limits on birth parents and extended family (no calling after 9pm), personal space, appropriate touch, and bath time etiquette. "Unpacking the No" - Training to approach youth opposed to adoption and explore the "No" reasons. Assists staff in ways to explore a youth's view of adoption and educate them as to what adoption means rather than just accepting "No" at face value.

## VIII. Stipend Program

The Virginia title IV-E Child Welfare Stipend Program (CWSP) will provide MSW and BSW students an opportunity to prepare for a career in child welfare. CWSP students will be provided with financial support in return for a legally binding commitment to public child welfare employment in foster care or adoption in Virginia immediately following the completion of their respective social work degree program. Child welfare specific course work, a public child welfare internship, and completion of state child welfare policy trainings will also be required. Students will be required to work one year for each year of enrollment in the CWSP. VDSS has continued to work towards re-establishing the title IV-E Child Welfare Stipend Program (CWSP) in Virginia in phases. As of now, for the Child Welfare Stipend Program described here, state matching funds have been secured, and the stipend plan has been approved by our federal liaison.

Phase one was achieved with hiring a Program Coordinator for the CWSP at VDSS, beginning January 2016. The Program Coordinator reports to the VDSS Program Manager for Foster Care. The Coordinator will carry out implementation and ongoing administrative functions for the program. The Program Coordinator is responsible for identifying members and drafting charters for various standing committees of the CWSP; finalizing program positions and organizational structure; and establishing university and internal logistics related to financial operations, student recruitment, curriculum development, and program marketing. The CWSP Program Coordinator is a dedicated position with 100% of work assignments to be administrative functions of the CWSP.

The title IV-E CWSP will ultimately be established at each public university in Virginia with an accredited Masters of Social Work program. For the second phase of re-establishment of the program, Radford University was chosen as the pilot school, and a MOA is being developed. The process for recruiting and selecting social work students will be established this spring in anticipation of the first cohort of 10 students beginning the CWSP at Radford in the fall of 2016. In the third phase, MOAs will be developed with George Mason University, Norfolk State University, and Virginia Commonwealth University. A phased approach is crucial to the program's success as it ensures that a solid foundation of program-level data is available to inform the implementation process at each university.

In addition to the Program Coordinator's position, a Principal Investigator (PI) will be established and a University Coordinator will be hired as a university employee at the initial university site in order to support on-the-ground implementation. Radford University (pilot school) has chosen their Dean of Social Work, Dr. Diane Hodge as their PI, and is currently in the process of hiring a University Coordinator (See job descriptions below for additional information.).

Phase two will include the introduction of the first cohort of 10 students at the initial university site. Subsequently, in phase three, the Program Coordinator would be expected to establish MOAs and develop programs at the remaining three university sites with a cohort of 10 students each the following year. The program's budget would then provide stipends for 50 students, with 20 students at the first university and 10 students at the other three universities by year three. Stipends will be paid directly to the Universities on a semester by semester basis for students enrolled in the CWSP.

In the fourth year, of full program implementation, two cohorts of ten students each will be established at all four schools. The program's budget will then provide stipends for 80 students, with 20 students at each university. Each MOA will be reviewed, refined and, if appropriate, renewed every two years.

Title IV-E CWSP program structure:

1. Program Coordinator. Responsible for direction of project; supervision of staff; fiscal oversight; liaison between the Department and universities; curricular and administrative matters; reporting; and program evaluation.
2. University Coordinator. Responsible for recruiting/accepting students into the program; monitoring and tracking student progress; oversight of field instruction placement and arrangements; assisting in post graduate transition of students; and monitoring fulfillment of student commitments.
3. Regional Committees, Responsible for developing the Regional Program Plan, reviewing curriculum and identifying regional needs in the LDSS; hosts regional supplemental trainings seminars to address specialized competencies and focus areas; hosts trainings for LDSS field instructors on providing to field instruction to CWSP students
4. VDSS Foster Care Program Manager, Reviews and approves program policies, organizational structure and overarching program goals; reviews and provides feedback on annual reviews; provides input and guidance on program activities on an ongoing basis as needed; approves student selection criteria and on appeals and/or program grievances.
5. Principal Investigator (PI). Each participating universities will designate an existing staff member as the PI, to provide institutional oversight and share supervisory responsibility for each program's University Coordinators. It is expected that the PI will hold a certain level of authority within their department and dedicate a portion of their time towards title IV-E Child Welfare Stipend Program activities. Additionally, the PI will be responsible for overseeing program evaluation activities, developing program evaluation reports, and participating in the Regional Committee associated with their University.

Attachment A

**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; 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%

**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%

***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 in 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 of 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: CPS

***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: CPS

**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: CPS

**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: CPS

**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: CPS

**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 (Currently under revision for conversion to eLearning)**
Target Audience: LDSS child welfare supervisors, workers and other LDSS 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 FPM 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 FPMs 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 – 4 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 FPM 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 FPM; Security issues and accommodation of special needs; Responsibilities of the facilitator following the meeting; Local implementation considerations to include training of FPM participants; continued professional development.
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%

**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 Da***ys
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 department 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%

**Family Services Programs**
**Subject Matter Expert (SME) Workshops**

New guidance was issued requiring all child welfare workers with more than two years of 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 LDSS 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 Family Services DTD in June 2014 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. This valuable statewide training needs assessment survey will be conducted this summer for the following two years. The following were highly ranked competencies and identified hot topics statewide and were used to develop the SME workshop topics to be offered in each of the five regions:

***SME012: Vicarious Trauma in Child Welfare Practice***
This workshop includes discussion of vicarious trauma; what it is and how to mitigate the negative effects of this occupational hazard experienced by child welfare staff. The information an Family Services Specialists hears, sees, and reads daily takes a toll on them emotionally, cognitively, physiologically, interpersonally and behaviorally. Vicarious trauma can take affect with the first story a staff hears from a child, parent, or family member, and its cumulative effects can lead to burnout and high turnover. In this workshop, we explore ways vicarious trauma affects staff and ways to address it using the a-b-c approach: awareness, balance, and connection on a personal, professional, and organization level. **Both Child Welfare Workers and Supervisors are encouraged to attend.**
**Trainer:** Jenn Burroughs Alexander, PhD, MSW
Fund: IV-E IV-E rate: 75%

***SME013: Moving Beyond Resistance.*** Family Services Specialists will have the opportunity to gain advanced skills in dealing with resistance. Resistance is not an external force, the "thing" that you strive to avoid armed with a bag of tricks. Resistance is not the thing that happens if your client population is difficult. It is not what happens if you are inadequate in expertise. Resistance is the normal course of existence, the normal course of facing what is difficult. Resistance is about the consequences of change and the fear of the journey. Workers will gain understanding for acceptance of resistance as the normal course of this work as well as skills and techniques that will assist in moving through and beyond the

painful and frightening journey we and the families we serve embark on together. This training is for ALL CHILD WELFARE WORKERS!
**Trainer:** Julie Walls, LCSW
Fund: IV-E IV-E rate: 75%

***SME014: Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders.***
In this interactive workshop, child welfare workers will have an opportunity to gain advanced knowledge and skills related to substance use & abuse; understand substance abuse treatment options; gain valuable tools for working with substance abusing caretakers; learn engagement techniques for starting conversations when substance use is suspected; and motivation caretakers for change. In addition, this workshop will help expand the participants' knowledge of the fundamentals of addiction, about current laws, trends, and definitions as well as the role of child welfare workers in intervention and referral to treatment services.
**Trainer:** Dierdre Pearson, LCSW, CSAC
Fund: IV-E IV-E rate: 75%

# Foster and Adoptive Parent Diligent Recruitment Plan

VDSS has a Resource Family Unit *(RFU)* that is responsible for recruitment, development and support activities for foster, adoptive and kinship caregivers, referred to as "Foster to Adopt Families" in the Commonwealth. One program manager, one policy specialist, and five regional consultants comprise this unit. The overarching goal to increase the quantity and quality of foster to adopt parents to be viable placement options for children in the system of care. The work of this unit is primarily done through training and technical assistance with the LDSS. The consultants also work closely with the private foster home agencies with whom the state contracts for the provision of adoption home approvals and matching. Finally, the consultants work with contractors and on their own to promote awareness and generate interest on a regional basis in foster parenting.

The Resource Family consultants use the Toolkit for recruitment which was developed with support from Casey Strategic Consulting Group. They also have a variety of tools for self-assessment and review of relevant data. These materials must be updated periodically, but can be used to support LDSS to develop comprehensive recruitment plans. Local departments use data from the monthly child demographic reports on SPARK to make targeted recruitment plans for their locality based upon the need in their community. (see 2015-2019 CFSP for tools)

For recruitment efforts, the Resource Family consultants train and support critical strategies with the LDSS. Completing home studies, appropriate assessments and matching are important components as well as using a data-driven approach to target families based on the needs of the children in foster care. Accurate messaging about foster care as a family support service for birth families is very important. Recruitment efforts for adoptive families 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 foster and adoptive 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.

Finally, VDSS uses Promoting Safe and Stable Families funding to contract with private foster home and adoptive agencies throughout the state to facilitate timely development of adoption home studies, adoptive home approvals, and matching between children in foster care who need adoptive homes and families who wish to adopt.

***Children for who foster and adoptive homes are needed***

As of January 1, 2016, there were 5,186 children receiving foster care services in Virginia. Of these, 2,723 were male and 2,463 were female. As noted in the table below, 13 to 18 year olds make up 40.3% of these children.

| Age | Count | Percent |
|---|---|---|
| <1 | 233 | 4.5 |
| 1-5 years | 1276 | 24.6 |
| 6-9 years | 807 | 15.6 |
| 10-12 years | 568 | 11.0 |
| 13-15 years | 867 | 16.7 |
| 16-18 years | 1223 | 23.6 |
| 19+ | 212 | 4.1 |

The majority of these children are white (53.6%) or black (34.2%). However, the percentage of Hispanic children (9.4%) has decreased and multi-racial children (9.4%) have increased. Of these children, 3,297 (63.67%) were placed in a non-relative foster home, 294 (5.67%) in a relative foster home, and 197 (3.80%) in a pre-adoptive home. The established foster care goals included: 1,631 (31.5%) with the goal of adoption; 495 (9.5%) with the goal of relative placement which is an increase from the previous year; and 2, 053 (39.6%) with the goal of reunification which is a decrease from the previous year.

The average length of time in care for these children was 23.28 months, with the average length for children with the goal of adoption being 31.56 months, the goal of relative placement being 19.78 months, and the goal of return home being 11.40 months.

Children are in foster care across the state, but during this year, there were a greater number of children in care in the Piedmont Region (25.2%) than any other. After Piedmont, 24.9% of the state's foster care children are in care in the Northern Virginian region, 18.7% in the Eastern region, 16.4% in the Western region, and 14.8% in the Central region.

***Specific strategies to reach out to all parts of the community***

Each LDSS is responsible for recruiting and approving foster and adoptive homes in their community. Additionally, each is able to approve relatives as resource parents on an emergency or planned basis consistent with code and regulations. The Resource Family consultants work with LDSS in their region on an ongoing basis to promote the use of kinship families, adhere to state guidance around foster and adoptive family approval standards, and build LDSS capacity for recruitment, development and retention of foster and adoptive families.

In October 2015, VDSS Family Services contracted with the M Network, a marketing firm from Miami, Florida to provide assistance to VDSS to conduct Foster to Adopt Parent Recruitment. The M Network was tasked with developing marketing strategies incorporating market segmentation data for Virginia. The plan included using 25 local departments of social services as pilot agencies to serve as focus/advisory group for materials developed by the contractor. The contract with M Network has since ended and DFS is now working with VDSS Public Affairs to develop materials. Once materials are developed, pilot agencies will be trained on how to use the region specific techniques based on market segmentation data and to train other LDSS within their region to recruit prospective families.

***Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information***

<u>Recruitment & Market Segmentation</u>
Dual approval of families to foster and adopt is best practice for permanency. National data indicates that approximately 80% of children, achieving permanency through adoption, are adopted by their foster

parents. Few foster parents who adopt remain approved as current foster parents; therefore, decreasing the pool of available families. To be proactive, VDSS Family Services has been working with the National Resource Center for Diligent Recruitment on effective recruitment for foster and adoptive parents using market segmentation. Market segmentation is a data-driven approach that is based on the assumption that people who live in the same area share the same habits ("bird of a feather flock together"). Market segmentation has been used by several states, including Virginia to identify potential foster and adoptive families. Market segmentation analysis can answer: who are successful foster/adoptive families in Virginia? What are they like in terms of leisure, lifestyle and buying habits? Where are similar families located? How do we reach them? In Virginia, several target groups have been identified.

***Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community***

LDSS offices are based in the communities they serve and there are ATCP agencies located throughout the state. There are120 LDSS divided into five regions that cover every locality in the state. LDSS are open normal business hours and some offer evening hours. The ATCP contract now allows the contractors to facilitate inter-jurisdictional adoption home studies. Because each LDSS is responsible for their own foster and adoptive family approvals, when a family in one jurisdiction expresses interest in adopting a child from a jurisdiction in another part of the state, the local LDSS' lack of capacity to provide training and complete a home study can be a barrier. This provision in the contract will eliminate this issue. The VDSS public website has been updated and is more user friendly allowing for easier navigation and. The VDSS website continues to provide information on becoming a foster parent and how to begin the process of becoming a certified foster parent. This information is available 24 hours a day, from anywhere where there is internet access. Additionally, FACES, the foster parent association operates a"warmline" where messages are left and calls made back until there is a connection. FACES volunteers who return calls are directed to refer prospective foster and adoptive parent to their LDSS.

***Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations***

Over the past year, Resource Family Consultants (RFC) has provided LDSS' guidance on how to assess income when approving foster families and relative placements. Resource Family Consultants have also worked with LDSS' to recommend the use of external resources such as utilizing presenters to provide training on subjects covering cultural diversity, transracial fostering and adoption. Additional trainings would also address assessing families regarding transracial issues of parenting (fostering and adoption). RFC's are able to individualize their trainings to meet the diverse needs of the local agencies in their region and conduct specialized training on topics such as "The Impact of "Fostering, Adoption and Kinship on Biological Children". LDSS are invited to attend Permanency Roundtables to provide additional assist with engaging and recruiting for a child. Resource Family Consultants continue to provide on-going TA for ATCP contracts.

***Strategies for dealing with linguistic barriers***

The Virginia strategy of using data to do targeted foster and adoptive family recruitment has led some LDSS to actively recruit Spanish speaking foster and adoptive parents, as well as multi-cultural foster and adoptive parents. The ability to approve relatives or fictive kin also facilitates the placement of children in homes where their primary language is spoken.

***Non-discriminatory fee structures***

In Virginia, maintenance payments are set by the state and vary by age of the child only. Enhanced maintenance payments are structured and vary based on the assessed needs of the child. LDSS do not charge prospective foster parents any fees for the provision of pre-service training or the foster and adoptive home approval process. Adoption contractors funded by VDSS similarly do not charge fees for approving adoptive homes.

As stated previously, on May 10, 2016 Virginia's Attorney General affirmed that the commonwealth's existing non-discrimination protections on the basis of sex are correctly interpreted to include discrimination on the bases of sexual orientation and gender identity. VDSS Standards of Care and Training published in the division's Child and Family Services Manual for foster families, continue to apply for the families of youth in, and transitioning out of, care. These standards include but are not limited to:

- The provider shall provide care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status.
- The provider shall ensure that he can be responsive to the special mental health or medical needs of the child.
- The provider shall establish rules that encourage desired behavior and discourage undesired behavior. The provider shall not use corporal punishment or give permission to others to do so and shall sign an agreement to this effect.

***Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.***

Extreme Recruitment®

VDSS has contracts with two child placing agencies to do Extreme Recruitment®: United Methodist Family Services and Coordinators/2 Inc. Coordinators/2 serves the VDSS Central Region; and both contractors serve the VDSS Eastern Region. The objective of Extreme Recruitment® is to reconnect 90% of youth served with a safe and appropriate adult from their past. Often this reconnection is with a relative. It may also be with a neighbor, baby sitter, step-parent, god parent, foster parent, etc. A "reconnection" is defined as any form of contact (i.e., letter, phone call, visit, etc.) after there has been no contact for a minimum of six months. The plan is to achieve a minimum of 40 reconnections during a 12 – 20 week period.

Through March 2016, these two agencies have provided Extreme Recruitment® services for 38 children. Of the 38 cases the outcomes to date are the following: Reconnections, 89%; Final Adoption, one, 3%; Pre-adoptive finalization projected within next six months, three, 8%; Matched, eight, 21%; No longer interested, four, 11%. Of the 38 cases, 58% of the youth were in group homes or residential treatment facilities when services began. Seven, 58%, of the twelve youth for whom Extreme Recruitment® began while they were in a residential placement have been matched with a family who wants to adopt the youth and the youth wants to be adopted by the family.

Two of the reported reconnections involved two sibling groups one of which were twins who did not live together and had no contact over several years. Under Extreme Recruitment®, a home was found for both and adoption is their goal. The scenario for the second sibling group is similar; they are now both in the same foster home and services are in place to stabilize the placement. In another case, the youth will turn 18 in March, 2015. In his current foster home, matched by the contractor, the family and youth will do an adult adoption.

During the eighteen months of the contract services, one contractor had three match disruptions and the timeline (12 -20 weeks) for Extreme Recruitment® services expired. The contractor continued services for the youth and all youth have been re-matched. The contractor continues to follow these cases with the goal of a finalized adoption for each.

Change Who Waits (CWW)

The CWW contract with VDSS is intended to increase the visibility of children waiting to be adopted. CWW created three additional Heart Gallery exhibits that are scheduled at various venues (primarily churches).

The CWW website can be found at http://changewhowaits.org. The website currently shows upcoming Heart Gallery events for the months of February – May, 2015. These events include United Faith Christian Ministry, Chick-Fil-A at Willow Lawn, Richmond, Cherrydale Baptist Church in Northern Virginia and the Virginia Fly Fishing and Wine Festival. The website has video clips for two sets of youth, Jade (12) and Hailey (8) who are sisters and Meg, age 12. The website also features youth who appears in the Heart Gallery. The January monthly report shows the group working with twenty-one youth. Three of the 21 youth have been removed from the Gallery for the following reasons: one has aged out of foster care, two have a match. The report shows the Gallery in two venues during the reporting period, Unity Baptist Church (zip code 23875) with an estimated 500 visitors and Antioch Baptist church (zip code 22039) with 1200 estimated visitors to the gallery.

CWW volunteer staff continues to attend meetings with local adoption and foster care staff in the eastern and central regions to support creation of new photos, narratives and videos that can become a part of the Heart Gallery. CWW's presence has been requested in the Piedmont Region, but CWW does not have a full complement of volunteers to support expansion, at this time.