

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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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
EEAP	Employee Educational Award Program
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 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 seven sections:

- Introduction, Administration, and Vision;
- Description of continuum of child and family services;
- Additional reporting information;
- Assessment of Performance;
- Primary strategies, goals and action steps;
- Measures; and
- 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

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 Program.

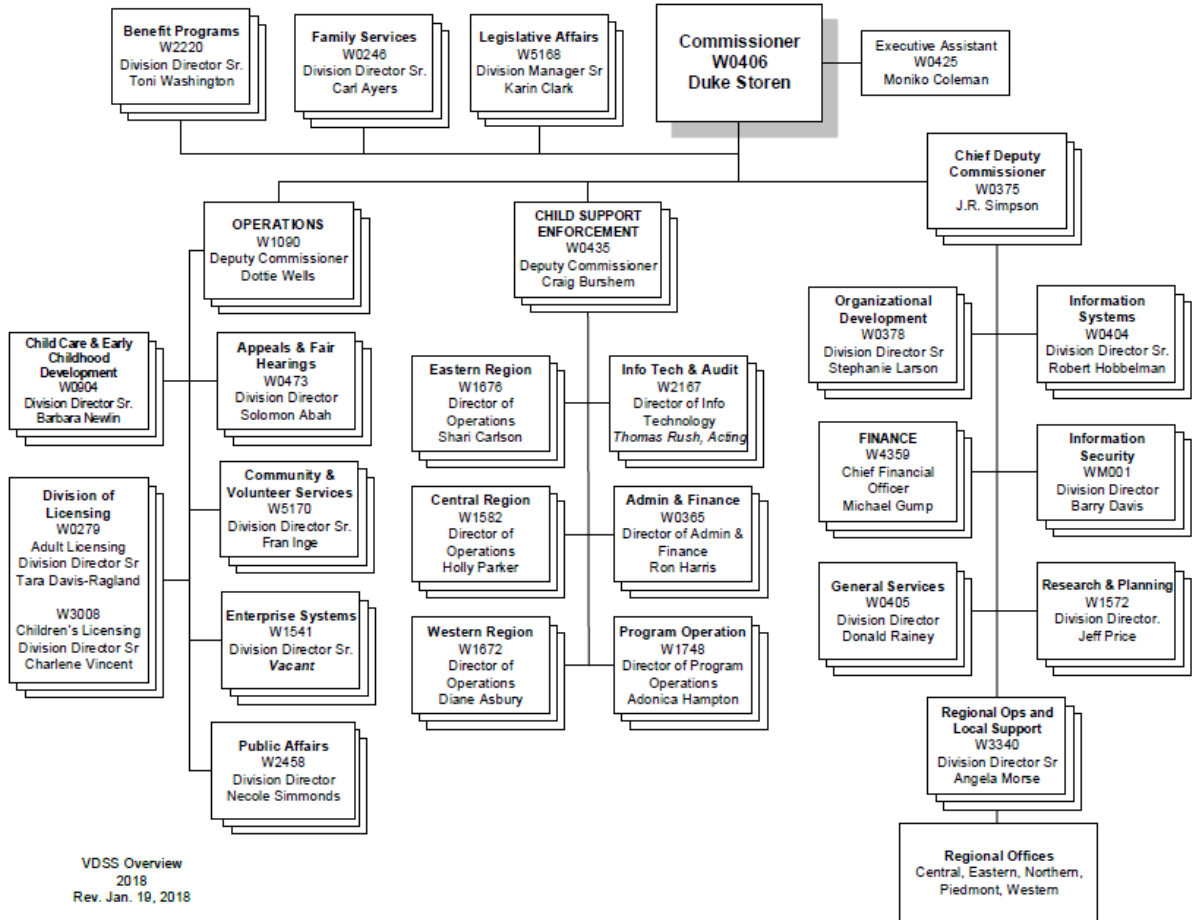
Division of Family Services

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

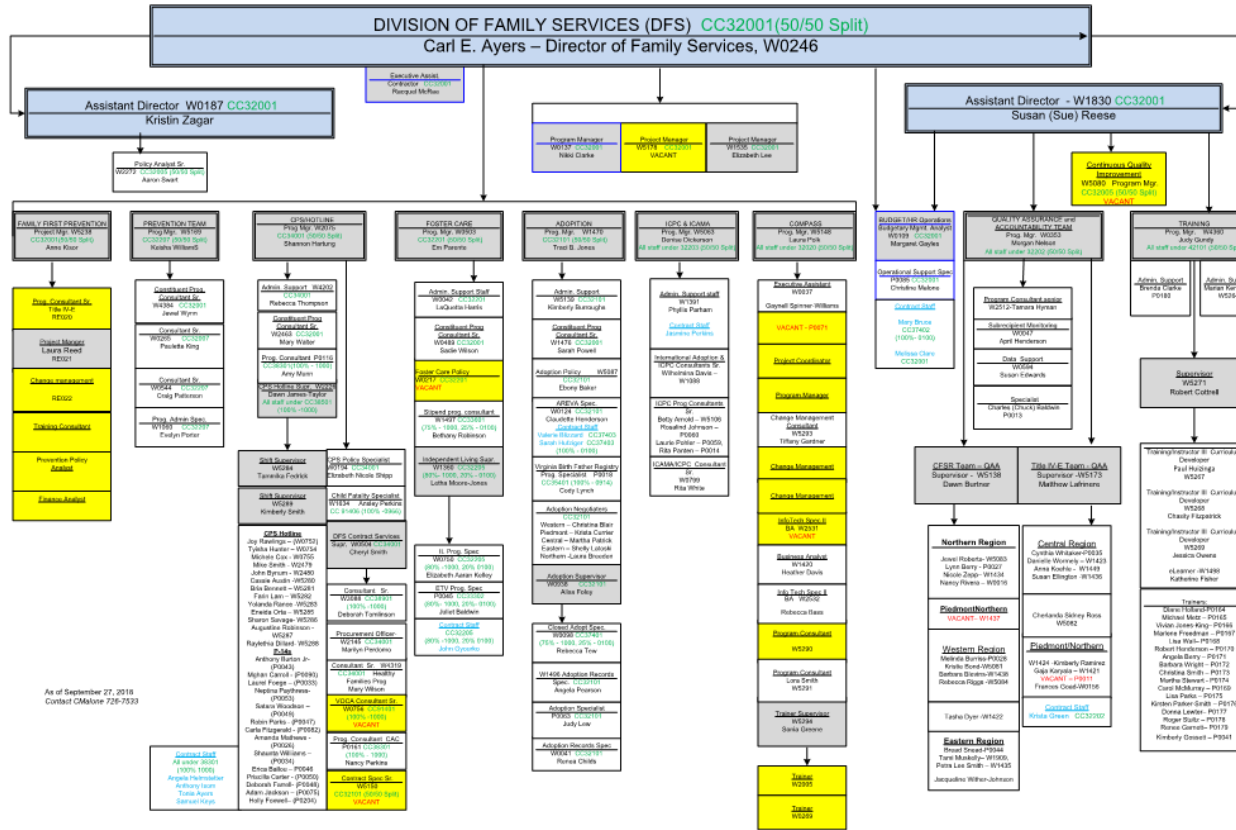
Child welfare programs are state-supervised and locally-administered by 120 LDSS. The VDSS and DFS organizational charts are presented on the following pages.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES



VDSS Overview
2018
Rev. Jan. 19, 2018

DFS ORGANIZATIONAL CHART



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 (Court Improvement Program). 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: 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. Specifically, on June 29 – July 2, 2017, NewFound Families hosted a “Camp-ference” for families and workers. The event offered respite, networking, learning opportunities, and a symposium focused on building a trauma-informed community, the opioid crisis, and identifying and parenting children with fetal alcohol syndrome. This upcoming November 2-3, 2018, NewFound Families will serve as co-host for the 2nd Annual VDSS Adoption Conference. Overall, NewFound Families continues to provide meaningful opportunities for foster, adoptive, and kinship families to benefit from peer support, skill building, and establishing sustainable community connections.

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

VDSS applied for and received a second Three Branch Institute award in July 2016. The Three Branch Institute is sponsored by the National Governor’s Association with partnership from the National Conference of State Legislatures, Casey Family Programs, National Council of Juvenile and Family Court Judges and National Council of State Courts. The Three Branch Institute focuses on bringing all branches of government (judicial, executive, and legislative) together to achieve common goals. Virginia was selected through a competitive process as one of 8 participating states, leading the effort by partnering with the Virginia Department of Medical Assistance Services, the Virginia Department of Health, the Virginia Supreme Court, the Virginia House of Delegates, the Virginia Senate and several other community partners. The Institute’s central focus this year is improving child safety and reducing child fatalities. Virginia has elected to focus on children under the age of four, with a special focus on children under the age of one, through the work of four primary goals: 1) Increase understanding of risk and protective factors that are predictive/associated with child maltreatment and child fatalities 2) Assess the effectiveness of existing screening, safety and risk tools and explore the development of new or expanded policies, practices and protocols 3) Strengthen existing efforts to enhance child safety through primary prevention and family engagement strategies across the systems and 4) Enhance child welfare recruitment and retention efforts in order to create and sustain a culture of safety in the workforce.

VDSS presented a webinar featuring the National Child Fatality Review Tool and its use by CPS for the investigations of child deaths. Goals for the participants included:

- Becoming familiar with the unique role and contribution of CPS to child fatality review teams in Virginia;
- Understanding the purpose of using a child fatality review tool;
- Knowing where to find and how to complete the tool;
- Recognizing the important and appropriate use of the Data Dictionary for the case report; and
- Practicing completion of the CPS portion of the tool.

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.

2018 Update

VDSS has continued with many collaborations that involve the partnership of youth, birth and kinship and adoptive families, including (but not limited to) CPS's Child Abuse Prevention Month/Conference and other initiatives (Page 18, 19), Foster Care initiatives including the development of a youth survey for those aging out of Foster Care (31, 32), and Independent Living Program (Education Stability) continuing to offer the New Generation *FosterPRIDE/AdoptPRIDE*, pre-service training and assessment step of the *PRIDE Model of Practice*, to potential foster parents, and efforts in 2019 to organize lists of community-based programs that serve LGBTQ youth, as well as LGBTQ affirming providers. In addition, VDSS will continue to work with Project LIFE and community partners to enhance services to foster youth and provide training, information and support to the LDSS and other stakeholders working with this population. (Pg. 47). Please refer to program areas for other initiatives involving youth, birth and kinship and adoptive families.

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 PROTECTIVE SERVICES

CHILD SAFETY SERVICES

Child Protective Services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children. CPS is child-centered, family-focused, and based on the belief that the primary responsibility for the care of children rests within their families. CPS encompasses the identification, assessment, investigation, and treatment of abused or neglected children. Virginia's specialized services are designed to: (1) protect children and their siblings; (2) prevent future abuse or neglect; (3) enhance parental capacity to provide adequate care; and (4) provide substitute care when the family of origin cannot remedy the safety concerns.

Children Served: In SFY 2017, there were 55,258 children reported as possible victims of child abuse or neglect in 36,894 completed reports of suspected child abuse or neglect. Of those children, 6,947 were involved in founded investigations, 9,796 were involved in unfounded investigations, and 38,515 in family assessments (differential response). In SFY 2017, family assessments accounted for nearly 71% of all CPS reports accepted by local department of social services. And, 38 children died as a result of abuse or neglect.

Over the last three years, there has been a 12% increase in the number of completed reports accepted by Virginia's local departments of social services and a 10% increase in the number of possible child victims. Founded dispositions have remained stable over the last three years only increasing by 2%. The number of completed family assessments has increased by 14% over the last three years. Child deaths have decreased by 19% over the last three years.

In Virginia, the CPS Program provides support to the LDSS at the state and local levels. At the state level, the CPS Program is divided into central (home) and regional offices. The role of the central office includes: (1) developing regulations, policies, procedures, and guidance; (2) implementing statewide public awareness campaigns; (3) explaining programs, policies, and services to mandated reporters and general public; (4) coordinating and providing training; (5) funding special grant programs; and (6) maintaining and disseminating data from the child welfare information system. The central office also operates a statewide 24-hour Child Abuse and Neglect Hotline. Regional offices provide technical assistance, case consultation, training, and monitoring to the 120 LDSS. LDSS staff are responsible for responding to reports of suspected child abuse or neglect and coordinating services for children who have been abused or neglected or who are at risk of being abused or neglected.

CHILD ABUSE 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 continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in now 80 communities across the state. The goals of the Healthy Families Program continue to include-improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2018. This amount was distributed to thirty-two (32) sites who were awarded based on a formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide organization, Prevent Child Abuse Virginia (PCAV). VDSS did not renew four contracts under the Rappahannock-Rapidan Health District. The Healthy Families programs in those same communities were managed by Culpeper County DSS for FY18 only. VDSS also awarded a new contract with The Up Center to re-establish a Healthy Families program serving in the city of Norfolk. PCAV worked with stakeholders in the Norfolk community to develop the program infrastructure to ensure that they were in position to support the program and its services.

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 2018, a total of twenty (20) programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$614,000), and state funds from the Virginia Family Violence Prevention Program (VFVPP) (\$500,000), totaling \$1,114,000 in combined funding to support evidenced-based and evidenced-informed 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 programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. Twenty contracts were renewed from the initial award issued in SFY2016 that supports the following geographic areas (two programs serve more than one region):

- Eastern - six programs serving: 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: counties of Floyd, Giles, Lee, Montgomery, Pulaski, Scott and Washington and Wise; and the cities of Bristol, Norton and Radford.
- Northern - four programs serving: counties of Arlington, Caroline, Clarke, 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: 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 Application (RFA) process along with VFPVP funds. Funding must be directed to statewide or local, community-based primary and/or secondary child abuse and neglect prevention services. Funds were previously distributed using a similar Request for Proposals (RFP) process. The Child Abuse and Neglect Prevention Program Request for Proposals (RFP) was originally released on January 23, 2015. In SFY 2018, twenty contracts totaling \$1,114,000 were renewed. Contracts for SFY 2019 will be based on the RFA process with the March 23, 2018 release. Contracts for SFY2019 will become effective on July 1, 2018.

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.

For FFY 2017, 163 performances were given across the state and 57,794 children attended. Data revealed that 717 children asked questions about the theme of the play and 151 children were referred to CPS. The Virginia Repertory Theatre subcontracted with PCAV for continued evaluation of the program.

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.

In SFY 2017, the Department of Criminal Justice Services (DCJS) separated the VOCA funding to VDSS into two categories, Purpose Area 1 for Children’s Advocacy Centers (CAC’s), and Purpose Area 2 for other specialized child abuse services. Currently, a combined total of 37 programs (Child Advocacy Centers(18) and other specialized child abuse services (19)), utilizing \$3,182,340 in federal VOCA funds, support child abuse and neglect treatment services for child victims across the state.

An RFP was released on April 1, 2016 for a total of \$1,702,340 million for Purpose Area 2. Programs could apply for one or more categories: Continuation, Expansion and Evidence Based/Evidence Informed. A total of 19 programs were awarded funding for SFY 2017 and all programs were renewed with level funding for SFY 2018.

The following geographic areas are served:

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

VDSS anticipates funding for the nineteen VOCA to continue at level funding for SFY 2019 from the Department of Criminal Justice Services (DCJS). In April 2018, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the nineteen programs to continue to provide services to children who are victims of child abuse and neglect.

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.

2018 Update

The State funds of \$1,231,000 to support 16 local CACs and the Child Advocacy Center of Virginia (CACVA) were awarded in SFY 2018 based on a formula proposed by CACVA and approved by the General Assembly and the Governor of Virginia. The formula used subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. In addition, local CAC programs received a total of \$1,482,000 in Victims of Crime Act (VOCA) funds from the Department of Criminal Justice Services (DCJS). The increase in funding enhanced the CAC programs and supported the addition of one new associate/developing CAC in Greenville/Emporia. CAPTA funds are used to support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees. Sixteen contracts were awarded to local CAC programs in FY 2018 representing the following geographic areas:

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

In SFY 2019, VDSS anticipates additional funding of \$300,000 from the General Assembly for the 16 existing Child Advocacy Programs and 2 additional programs in Chesterfield and Tazewell/Buchanan, as well the Child Advocacy Centers of Virginia (CACVA). State funds will be awarded to the 18 local CAC programs serving the above localities and CACVA. Additionally, in April 2018, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the Child Advocacy Centers to continue to provide services to children who are victims of crime.

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: Early Impact Virginia 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.

In SFY 2018, Virginia partnered with the state of Iowa to develop and launch a national training institute for home visitors. This national project is supported by a MIECHV Innovation grant. Early Impact Virginia is leading this work for Virginia. This innovative project offers all home visitors, regardless of background or model affiliation, free, on-line competency based training and includes My Career Compass a dynamic learning map that guides users through e-learning modules to develop the highest level of proficiency in each of the defined home visiting competency areas. The Institute will offer

national certification, continuing education units (CEUs), and undergraduate college credit. In addition to the foundational training offered through the Institute, EIV continues to offer classroom trainings in all regions of the state to build knowledge and advance skill building. In addition, in SFY 2018, EIV launched its second two-year Reflective Supervision Learning Community. This training and coaching model of professional development, continues to transform practice and is contributing to higher levels of staff job satisfaction and improved quality of services for families.

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.

2018 Update

VDSS continues to provide sub-grant funding to PCAV who facilitates VSPEC and the CBCAP Grant Administrator participates on the coalition. Efforts continue to identify and support best practices in parenting education for quality programs across Virginia.

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. The most recent plan was developed in 2016.

Child Abuse Prevention Month/Conference:

The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 1,300 packets were printed and distributed for April 2018 and the theme for this year was “Building Brighter Childhoods”. 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://http://pcav.org/2018capmpacket/> for wider distribution.

The 2018 conference was again limited to a total attendance of 175 participants for a one-day symposium with a total attendance of 175. The conference theme was “Prevention in Action”. Session topics included the following:

- *Primary Prevention in Child Welfare* – Plenary Speaker: Jerry Milner, Acting Commissioner for the Administration on Children, Youth and Families
- *Align: Optimizing Community-Based Primary Prevention* – Morning Speaker: Dyann Daley, Founder and CEO of Predict-Align-Prevent
- *Race for Results: Building a Path to Opportunity for All Children In Virginia* – Morning Speaker: Karina Jimenez Lewis, Senior Policy Associate in the External Affairs, Annie E. Casey
- *Predictive Analytics; Aligning Community Resources for Prevention* – Carl Ayers, Director of the Division of Family Services, VDSS & Jeff Price, Director of Research and Planning, VDSS

- *Balancing Tradition and Innovation—Building Authentic Parent Partnerships* – Corey Best, National Alliance of Children’s Trust
- *Collective Impact: The Role of Individuals and Systems in the Development of Trauma Informed Communities Across Virginia* – Jeanine Harper, MSW, LCSW & Melissa McGinn, MSW, LCSW

Child Abuse Prevention Month Proclamation: In support of national efforts, Virginia’s Governor designated April as Child Abuse Prevention Month in Virginia for 2018. In partnership with PCAV, VDSS participated in a ceremony to show solidarity in supporting Virginia's efforts in preventing child abuse and neglect in our State. The State’s Proclamation was shared with community partners and Virginia citizens. VDSS has also used social media (Facebook and Twitter) to support prevention month efforts.

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.

Since 2016, the State Child Fatality Review Team has provided valuable information and made recommendations to VDSS on child deaths involving children who die as the result of unsafe sleep environments and poisoning. VDSS utilized the information and recommendations provided by the State Child Fatality Review Team to inform policies and practices. The Team is in the final stages of completing its review of children who die as the result of drowning, and is preparing to finalize its findings and recommendations.

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.

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.
- Completion of Family Strengths and Needs Assessment; and
- Completion of Risk Reassessment

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

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. Two new reports were added in Safe Measures in 2016, 1) Completion of Family Strengths and Needs Assessment and 2) Completion of Risk Reassessment.

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 with 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 Prevention Advisory Committee (PAC), albeit periodically and with regard to CPS overlapping issues, e.g., Should Prevention staff be required to adhere to the CPS training standards, also serves as a stakeholder group for the CPS Program. Diversion, also, is an overlapping issue.

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. In SFY 2017, feedback was provided and solicited regarding the CFSR Round 3 results and PIP development.

Procedures for Identifying, Assessing, and Providing Comprehensive Services to Victims of Trafficking, and Related Training

CPS Program Guidance was updated in January of 2016 to incorporate the provisions of the Justice for Victims of Trafficking Act of 2015. Sex trafficking was added to the definition of sexual abuse, and information regarding screening of all children and youth at risk for sex trafficking as well as the recommended course, CWSE4000: Identifying Sex Trafficking in Child Welfare, was introduced. Program Guidance includes indicators of sex trafficking; that is, screening criteria, requirements of the LDSS upon discovery of victimization, and resources on which to rely, including instructions to report suspicion to law enforcement within 24 hours of identifying or receiving information suggesting that a child or youth has been trafficked and document notification in the automated data system, a link and phone listing to the National Human Trafficking Resource Center (NHTRC) and a listing for the U. S. Department of Justice. Guidance also suggests safety considerations specific to this type of victimization. Guidance also enumerates conceivable service needs related to a myriad of life domains, e.g., physical and mental health, education, and legal involvement, a list taken from Child Welfare and Human Trafficking, Child Information Gateway—to which there is a link.

On July 1, 2016, the definition of an abused or neglected child found in Section § 63.2-100 of the *Code of Virginia* was amended to include a child who is a victim of sex trafficking. Specifically, it states that an abused or neglected child means any child less than 18 years of age: “Who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the Trafficking Victims Protection Act of 2000, 22 U.S.C § 7102 et seq., and in the Justice for Victims of Trafficking Act of 2015, 42 U.S.C. § 5101 et seq.”

On July 1, 2017 the regulation which guides Virginia Child Protective Services became effective. The regulation, 22VAC40-705, also includes a definition of sex trafficking as well as a child who has been sex trafficked as an abused or neglected child. Specifically, 22VAC40-705-10: "Sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act as defined in § 18.2-357.1 of the *Code of Virginia*. And, in 22VAC40-705-30: D., Sexual abuse occurs when the child's caretaker commits, or allows to be committed, any act of sexual exploitation, including sex trafficking as defined in 22VAC40-705-10, or any sexual act upon a child in violation of the law. Otherwise noteworthy, sex trafficking is now included as a type of sexual abuse, sub-category per se, within the automated data system. Therefore, CPS staff can now track specific CPS reports that include an allegation of sex trafficking.

To date, 64 child victims of sex trafficking have been identified in Virginia’s automated data system.

Year	2011	2012	2013	2014	2015	2016	2017	2018*
# of victims	1	1	0	1	10	23	21	7

*1/18-7/18

Of the 64 child victims identified, 58% (37) of them were involved in Foster Care cases, 23% (15) of them were involved in CPS On-going cases, and the remaining 19% (12) were part of other child welfare cases. 92% (59) percent of the child victims were female and 8% (5) percent were male. The primary ethnicities of the child victims were 61% (39) Caucasian, 33% (21) African-American, 3% (2) Multi-racial, 1.5% (1) Asian, and 1.5% (1) Unknown.

Since adding sex trafficking as a type of sexual abuse in July 2017, 9 investigations have been conducted involving allegations of sex trafficking. In 2017, 4 investigations were conducted and all 4 investigations resulted in founded dispositions. To date, 5 investigations have been conducted in 2018 and 4 of those investigations were deemed to be unfounded and 1 investigation is pending disposition.

Virginia will continue to expand their efforts to identify, track, assess, and serve victims of child sex trafficking.

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.

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

Children and Families Served. The following tables show the number of children and families that received services by service type in FY2016 and FY2017 and 2018.

2016/2017/2018

Estimated Children and Families Served by Service Type for the most recent 12-Month Period 120 of 128 Agencies reporting 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 Served by Service Type for the most recent 12-Month Period 115 Agencies reporting March 2016 to February 2017		
Service Type	Total Children	Total Families
Preservation	7,561	7,061
Support	12,214	9,547
Reunification	1,998	1,727
*Adoption	38	22
Total	21,795**	18,373**
*\$1.5M 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.		
**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.		
Estimated Children and Families Served by Service Type for the most recent 12-Month Period 116 Agencies reporting March 2017 to February 2018		
Service Type	Total Children	Total Families
Preservation	7083	6646
Support	32,306	20,371
Reunification	1,741	1,474
*Adoption	57	72
Total	41,187**	28,563**
*\$1.5M 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.		
**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.		

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 21,795 children reported as served using PSSF funds for fiscal year 2016, an estimated 628 new founded dispositions were reported by LDSS. Of this number, an estimated 374 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.

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.

PSSF 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. 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. 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. 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. 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 program service type depending on needs of the family:

Service Array	
Adoption Promotion/Support Services	Intensive In-Home 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

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 more than 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 2017, of the 120 LDSS, 115 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 115 LDSS served 131 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 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. According to the Division of Family Services Sub-Recipient Monitoring Plan for SFY 2017, PSSF state staff is required to complete a combined total of 60 programmatic and financial monitoring reviews. Monitoring may be conducted on-site or through desk reviews.

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-founded disposition of abuse or neglect was determined; and
- Families served by ethnicity.

2018 Update

The PSSF Funding Application for 2019 were submitted in April 2018 with approval of 114 localities by the due date. The following PSSF services are provided to children and families:

- Family Preservation- These services are designed to help families alleviate crises and to allow children to remain safely in their own home. Services also support families who are preparing to reunify or adopt and assist families to obtain support to address their multiple needs in a culturally sensitive manner.
- Family Support- Services are primarily community-based prevention services which are designed to promote the safety and well-being of children and families; strengthen and stabilize families; promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources; create supportive networks to enhance child-rearing abilities; to help compensate for increased social isolation and vulnerability of families and to strengthen parental relationships and promote healthy marriages.
- Time-limited Reunification-These services are provided to children and families where the child is placed in a foster care setting. Services are designed to facilitate the safe and timely reunification of the child with the family.
- Adoption Promotion and Support Services- Services are designed to encourage more adoptions of children out of the foster care system when adoptions are in the best interests of the child. Services include both pre-and post-adoption services.

As in prior years, over one million dollars in PSSF funds are allocated for adoption initiatives at the home office level although some localities provide local adoption services.

Program Monitoring and Outputs

The PSSF state staff provides training to localities in service planning, outcome measurements, data management, budget development and appropriate utilization of funding. PSSF staff initiated a work plan to develop guidance for the program in the upcoming year. Ongoing monitoring of the program is conducted according to the Division of Family Services Sub-Recipient Monitoring Plan for SFY 2018. PSSF state staff are required to complete 6 programmatic and financial monitoring reviews per quarter.

Monitoring is conducted through onsite and desk reviews. Technical Assistance is provided to help localities determine the appropriate use of funding as well as to increase their knowledge in programmatic areas.

Quarterly and year-end reports are required of each locality to determine how well localities are meeting objectives and outcomes. The reports include:

- The number of children and families who are receiving prevention services;
- The number of children placed with relatives;
- The number of children who received Time-limited Reunification services and how many children were returned home; and
- Families served by ethnicity.

FOSTER CARE SERVICES

Children served.

2018 Update

On January 1, 2018, there were 4,580 children between the ages of zero and 17 in foster care. This represents a 3.03% decrease (143) in the overall number of children in care at the same point in time last year (4,723). An additional 605 youth between the ages of 18 and 21 were also being served on January 1. The majority of 18 and 19 year olds were receiving foster care services through Virginia's recent extension of foster care to 21 program, Fostering Futures. The youth age 20 on January 1 were being provided with independent living services.

Virginia continues to support increased use of foster family homes. On January 1, 2018 there were 3,795 foster care children (63.7%) in foster homes. On January 1, 2018, the percentage of all children and youth in non-relative foster home placements was 65.5% (3,398 children.) There were an additional 281 (5.4%) placed in pre-adoptive homes. The percentage of children placed in relative homes remained virtually the same: 5.26% on January 1, 2017 to 5.2% on January 1, 2018.

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 in 2016, from to 16.1% (810) to 15% (775). On January 1, 2018, 14.6% (759) of children in foster care were in congregate care placements which represents a slight decrease from 2017 (19).

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 slightly again to 77%. In 2016, the percent of children discharged to permanency was again 78%. For calendar year 2017, Virginia's permanency rate was 79.5%. Virginia continues to focus on reducing the number of children waiting to be adopted, but is also focused on increasing permanency outcomes of reunification and custody transfer to relatives. In particular, VDSS has been advocating for implementation of Kinship Guardianship in Virginia. Legislation enacting this program was passed in Virginia's General Assembly in the spring of 2018 and will go into effect on July 1, 2018.

Foster Care Unit: The objective of the Foster Care Unit 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, to increase their ability to find family homes,

to achieve timely permanency for children and youth in foster care, and to develop or maintain positive adult connections for all children they serve.

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 agency case reading/reviews, conduct technical assistance on foster care 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 on foster care to all localities.

The VDSS Child Welfare case review process is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. This child welfare review does not address all guidance and practice expectation in any of the child welfare programs. It is designed to assist local agency Directors, Assistant Directors, and program supervisors as they manage and develop the child welfare program. Additionally, the review and report are designed to support the development of cross program areas of practice that impact timely and appropriate child and family outcomes. For the review of foster care cases, the focus is on early and timely permanence for foster children including quality worker visits with foster children and parents/prior custodians, quality cross program family engagement practices, foster care placement stability, effective use of concurrent planning, and quality assessment, service planning, and service delivery. Additionally, this review also addresses the provision of mental and behavioral health services to the child and the use and management of psychotropic medications for children in foster care. A review is conducted in each LDSS in each region one time per year. The foster consultants use the findings to identify and provide targeted technical assistance and support to agency supervisors and managers to address areas needing improvement.

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 became 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 report has been developed in SafeMeasures® to permit monitoring of this activity.

In 2016, VDSS implemented Fostering Futures, the extension of foster care to 2, in Virginia. Since then, the average rate of entry into Fostering Futures is approximately 50% of all youth turning 18 in foster care. VDSS is in the process of developing a program evaluation plan which will permit analysis and reporting on outcomes for this population over time. Guidance will be updated in the fall of 2018 to address practice issues which arose in the first year of implementation, especially in regards to providing support to youth who are experiencing challenges to continuing their education or vocational training as a result of deficits in achievement related to educational instability, unaddressed mental health conditions or

substance abuse, and difficulties related to social and emotional stressors. VDSS is emphasizing the use of a team to support the youth in making decisions and through the provision of services and/or emotional support.

The 2018 General Assembly, passed legislation to established Kinship Guardianship in Virginia. VDSS is developing guidance to be released in June 2018, updating OASIS, and revising the state plan to include Kinship Guardianship.

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. Foster care guidance was updated again for 2017 to include the additional federal requirements of October 2016, related to locating runaways. 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. This change is also reflected in Foster Care guidance published this spring with an effective date of June 1.

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. 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. A Normalcy Steering Committee which includes youth, foster parents, state and local agency DSS representatives, and representatives of various licensing organization has been meeting for the last two years. This group has reviewed written materials, provided input on training, and will support continued efforts to implement normalcy in Virginia.

As of spring 2017, The Foster Care guidance has been revised to include direction to the LDSS around implementing “normalcy” for children and youth in foster care. VDSS has developed an eLearning, *Normalcy for Youth in Foster Care*, to provide training for LDSS approved foster parents to make

informed decisions and for LDSS staff as they support the foster families. This training has also been made available on the public website for congregate care staff and licensed child placing agency (LCPA) staff and therapeutic foster parents. VDSS is currently researching the option of providing liability insurance to foster parents. The Code of Virginia already permits VDSS to do so for LDSS approved families; but no funding has been made available, nor has the best procedure for doing so been determined. Finally, VDSS has requested assistance from the Capacity Building Center for States in developing a state-wide campaign to increase awareness and address barriers to implementation on a regional basis during calendar year 2017.

In order to meet the requirements regarding the provision of information about youth rights to youth, VDSS 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 plan and a statement of their rights which 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; required that a child be consulted about their preferred permanency goal; 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 was published in June 2016 in advance of the implementation of the Fostering Futures program. The remaining items have been addressed in a foster care guidance release in spring 2017.

In FY 18, VDSS will continue to support the implementation Normalcy across the state and will be partnering with the Capacity Building Center for States to plan and hold regional Normalcy forums. The forums will include youth, foster parents, LDSS staff and community providers and facilitate discussions around the benefits and challenges to implementing normalcy. The intention is for the forums to provide an opportunity to develop solutions to certain barriers and challenges, but also to allow for the recruitment and development of regional Normalcy "champions" who will be able to continue the conversation over time.

2018 Update

VDSS continues to support the implementation of Normalcy across the state and is partnering with the Capacity Building Center for States. The Normalcy Steering committee has been meeting on a monthly basis for the past year and developed a publication, "Normalcy for Virginia's Youth in Foster Care" that will be distributed to each LDSS for use with their foster families, LCPA families, and congregate care staff. Additionally, several surveys were developed to get a better understanding of the degree to which implementation has occurred across the state from the perspective of the LDSS worker, LCPA worker, foster parent and congregate provider. These survey will be distributed in June 2018 and results will be utilized to guide further implementation efforts. Youth input was solicited at the Youth Conference facilitated by Project Life, in Blacksburg, in May 2018. The 60+ youth in attendance were asked to identify the things that they were not allowed to do that their peers are allowed to do, simply because they

are in foster care. Some youth additional provided written 'statements' to be used in informational material in the future. The committee is currently actively working on plans for regional Normalcy forums to be held in the fall of 2018. The forums will include youth, foster parents, LDSS staff, congregate care staff and community providers and facilitate discussions around the benefits and challenges to implementing normalcy. The intention is for the forums to provide an opportunity to develop solutions to certain barriers and challenges, but also to allow for the recruitment and development of regional Normalcy "champions" who will be able to continue the conversation over time. The committee has developed regional planning teams to better support/plan to event that will occur in each of the 5 regions across the state. The Capacity Building Center for States participates in each of the regional planning meetings and will continue to provide support throughout the process.

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 SFY 2017, PAC was instrumental in providing input towards the foster care guidance manual. Members made numerous suggestions regarding the overall organization of the manual to make the manual more "user-friendly" while continuing to provide pertinent information regarding Virginia's Practice Model and a complete understanding of the Child and Family Services Review outcomes. As a stakeholder group, PAC reviewed and provided feedback on the permanency regulations as part of the final approval process. Virginia's efforts to develop a new Comprehensive Child Welfare System were discussed and the group was given the opportunity to make suggestions for the new system. Additionally, the group generated ideas and suggestions on ways to celebrate Reunification Month which will be June 2017.

2018 Update

VDSS held quarterly PAC meetings to solicit input and feedback from LDSS and stakeholders. PAC was given the opportunity to provide feedback on the current VEMAT training process and suggested a refresher training for workers who were trained previously and have not had the opportunity to rate VEMATs often. They provided valuable feedback on the OASIS screens that were being developed to update the foster care plan/service plan in OASIS. The Fostering Futures program was discussed to provide LDSS an opportunity to make suggestions for guidance clarification. As VDSS develops the mobility app for LDSS, PAC was consulted on the forms that should be made a priority for the new mobile app to assist workers while in the field. PAC was consulted regarding the publication produced by the Normalcy Steering Committee to support the implementation of normalcy as well as the youth survey

that will be given to youth as they age out of foster care. The group provided valuable feedback regarding the survey and shared ideas on how to administer the survey as well as the types of questions that should be asked. Lastly, PAC played an integral role in providing feedback during the stakeholder interviews for the CFSR as well as providing valuable input into the development of the CFSR PIP.

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, especially concerning the implementation of Fostering Futures. 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 expectation that youth turning 18 after July 1, 2016 be fully informed regarding the opportunities available to them through Fostering Futures and be provided with the opportunity to enter the program. OCS and VDSS also continued to work closely on the release of the revised Child and Adolescent Strengths and Needs (CANS) assessment instrument in early 2017. The tool is 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 provided introductory material to the CANS training thanking OCS for their partnership and pointing out the enhanced value of the revised instrument to LDSS.

SFY 2017 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.

2018 Update

Close collaboration with OCS has continued around clarifying and providing consistent guidance/technical assistance regarding allowable: placements and services for youth in the Fostering Futures program; transportation expenses to provide educational stability; and, supports to foster and adoptive families to prevent placement disruptions. VDSS has also been working with OCS on the development of Kinship Guardian Assistance guidance in regards to how the maintenance payments will be made for non-IV-E children and payment for the provision of services for this population.

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 provided training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. CIP has also been actively involved in the implementation of the Memorandum of Agreement (MOA) between DJJ and DSS promoting the continued collaboration between LDSS foster care staff and DJJ Court Services and facility staff when a child in foster care has been committed to DJJ. CIP has provided feedback around the various court proceedings which impact the child and suggested language to address best practice for the MOA. 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.

The Foster Unit has worked with the CIP this year on planning for a Guardian Ad Litem training to be held in the fall, and the implementation of Kinship Guardianship (re: the provision of training for the Juvenile and Domestic Court Judges.) The Foster Care Program Manager is now a member of the CIP Advisory Board; at a recent meeting, other members of the Board, including Judges, Guardian Ad Litem, and local government attorneys, provided input into the development of Virginia's CFSR PIP. Finally, the CIP's child welfare project focuses efforts on improving permanency outcomes for children in foster care 24 months or longer whose parents' rights have been terminated and for whom no permanent placement has been identified. The Foster Care Program Manager has been involved in the planning process as this project gets underway.

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. VDSS has 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. With the enactment of *Every Student Succeeds Act* (ESSA) in December 2015, the Fostering Connections Act education workgroup composed of VDSS, DOE, OCS, the Legal Aid Justice Center, and other key stakeholders, has been largely focused on revising the education stability joint guidance (last updated in 2013) to incorporate best practice, clarify policies and procedures, and incorporate the ESSA provisions for youth in foster care. The joint guidance was published in June 2017 and training is being provided.

2018 Update

Throughout 2017, VDSS partnered with VDOE to conduct numerous trainings throughout the state regarding the updated education stability joint guidance. Representatives from both VDSS and VDOE conducted the training together for school divisions as well as LDSS. As issues arise regarding educational stability for children in foster care, state representatives from VDSS and VDOE work together to ensure the issues are resolved.

Department of Medical Assistance Services (DMAS): (revised for 2018) 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 commissioned a study regarding the care of children in foster care provided through Medicaid in Virginia. The study addressed 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. A second iteration of this study was conducted in 2017. DMAS will use the annual follow-up studies to better assess if children in foster care are receiving the appropriate level of care. VDSS and DMAS will continue to work together to use the annual study findings to leverage managed care providers to incorporate outreach, risk identification and oversight strategies where problems are noted.

2018 Update

Additional information regarding VDSS' collaboration with DMAS is addressed in the Health Plan section of the report starting on page 111.

Permanency Subcommittee of the Child Welfare Advisory Committee (CWAC): The Subcommittee is composed of interested members of the full CWAC committee, and includes representation from VDSS, LDSS and DMAS; LCPA staff; foster parents; child welfare advocates; and, other stakeholders. When necessary, the Subcommittee may consult other relevant stakeholders and staff outside the Subcommittee and the full CWAC committee for input. The Subcommittee is the entity within CWAC to advise the full committee on issues pertaining to permanency within child welfare issues. The Subcommittee's focus is on several policy areas within child welfare programs:

- Adoption
- Health Care
- Transitions Out of Foster Care
- Family & Youth Engagement (the "practice" of Permanency)
- Support of Relative Placements
- Support of Return to Biological Family
- Educational Stability of Youth In Care

The objectives of the Subcommittee include:

- Advise the full CWAC committee on policy, training & practice issues within the Subcommittee scope.
- Advise the full CWAC committee on the pertinent areas of the five-year Child and Family Services Plan and any other relevant reports within the Subcommittee's scope.
- Advise the full CWAC committee on any relevant areas of the Subcommittee scope related to Virginia's Program Improvement Plan, if necessary.

In FY 2017, the Permanency Subcommittee supported the implementation of Fostering Futures, conducted a stakeholder survey on barriers to timely adoption, and provided input on the development of the youth advisory council, SPEAKOUT, as well as functioning at Virginia's Health Plan Advisory Committee (see below.)

2018 Update

The permanency sub-committee played an important role in providing input for the development of the CFSR PIP. Additionally, the group has provided input on strategies to improve timeliness to adoption; implementation of the Kinship Guardianship Assistance Program; and, raise awareness of the need for foster families and the successful achievement of reunification in many cases. More recently the group has begun to discuss the implications of the Family First Act on child welfare practice in Virginia and to consider how best to ensure that there is stakeholder input as VDSS begins to develop an implementation plan.

Health Plan Advisory Committee (HPAC): The work of HPAC was formally rolled into the efforts of the Child Welfare Advisory Committee's (CWAC) Permanency subcommittee. The group has formally incorporated the goal of reducing unnecessary prescription of psychotropic medication and raising awareness regarding the importance of assessing for and treating trauma among the foster care population. A Richmond area child psychiatrist with an interest in the topic has been recruited to work with the committee on this endeavor. The Permanency Subcommittee hosted a psychotropic medication policy workday in April 2017 to look specifically at foster care guidance re: assessment and monitoring of prescription medications for children in foster care. (Additional information about the results of the workday are addressed in the Health Plan section of this report.) The group has additionally committed to review data regarding the timeliness of routine medical and dental exams.

2018 Update

The Permanency Subcommittee sponsored a psychotropic medication management workday in May 2018. This meeting was attended by representatives from various stakeholder groups including state staff, LDSS, NewFound Families (VA foster parent association), LCPAs, Voices for Virginia's Children, Virginia Poverty Law Center, Commission on Youth, and DMAS. The meeting focused on developing recommendations regarding a uniform informed consent process for psychotropic medications, tools for LDSS to use in managing psychotropic medications, improved strategies for ensuring the LDSS staff are aware of resources/services provided by the MCOs for children with complex behavioral/medical/mental health needs, and as well as developing additional protocols.

Continuous Quality Improvement in Foster Care Services

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 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 is actively working towards providing an improved child welfare information system in the next five years. The implementation plan is based on stages. The initial stage will be a “mobility solution” to improve access to information in the field and accuracy and timeliness of documentation in child welfare cases. In addition, transcription services are now provided to each LDSS across the state.

Managing by Data

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, timely provision of physical and dental examinations, sharing of credit report findings with youth, and the 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. As information is entered by the LDSS, it will be used to identify unmet needs of the foster care population and to measure the success of practice interventions over time.

Feedback to Stakeholders

There are a number of ways that feedback is provided to stakeholders. The PAC meets quarterly and information about initiatives and proposed changes to Code, regulation, or guidance is shared with this group during these meetings. Another important way that information is provided to 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.

INDEPENDENT LIVING PROGRAM

Children Served:

According to Virginia's FFY 2017 National Youth in Transition Database (NYTD) Snap Shot, 1,396 foster youth ages 14 and over received independent living (IL) services compared to 1,511 in FFY 2016. Of the 1,396 youth, 53% received at least one IL service. Youth were served in all five regions of the state. In SFY 2018, 102 of 120 LDSS submitted funding applications to VDSS to develop programs in order to provide IL services to this population. The 18 local department of social services (LDSS) not participating did not have any age appropriate youth or had so few they opted to use other funding sources.

Service Description

The Chafee Program, also known as the Independent Living Program (ILP), is a component of the Virginia Department of Social Services (VDSS) foster care program and the Fostering Futures program, the extension of foster care to age 21 implemented in July 1, 2016. On February 9, 2018, the Family First Prevention Services Act (FFPSA), passed and signed into law (P.L. 115-123) as a part of the Bipartisan Budget Act, renamed the John H. Chafee Foster Care Independence Program to the **John H. Chafee Program for Successful Transition to Adulthood (Chafee Program)**. The FFPSA supports all youth who experience foster care at age 14 or older in their transition to adulthood, and clarifies that youth may be eligible if they aged out at an age other than 18 as long as they have not attained age 21 or (23 if the state has extended foster care to youth up to age 21). Because Virginia has the Fostering Future program, the Act allows the VDSS to expand the Chafee Program to youth who have aged out of foster care up to age 23. VDSS provided information on FFPSA and its amendments in the FY 2019 IL and Education and Training Voucher (ETV) Funding Package to all LDSS.

The VDSS staff is responsible for developing policies, procedures, and new programs as necessary to improve services to older youth statewide in accordance with the Chafee Program and the Education and Training Vouchers (ETV) Program. IL services are designed to help youth expected to remain in foster care until age 18, former care recipient between 18 and 23 years of age, and youth who were adopted after age 16 from foster care make the transition to self-sufficiency. Services include education; career exploration; vocational training; job placement and retention; training in daily living skills, budgeting and financial management skills; substance abuse prevention; and preventative health activities. The state uses objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

During FY 2018, VDSS made efforts to provide services to eligible Indian youth in the newly approved tribes in Virginia. Although VDSS were prepared to provide IL services, the tribes focused on other priorities at this time.

The Fostering Futures program provides the much needed support and assistance for participants as they transition into adulthood. This program provides a "safety net" for young people that will promote a safer transition to independence and reduce the risk of youth and young adults becoming victims of human trafficking. VDSS guidance 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.

Until the implementation of Fostering Futures in Virginia, youth were not in foster care when they reached the age of majority; however, youth who turned 18 in foster care before July 1, 2016 can voluntarily receive IL services until age 21, provided they are participating and making progress in an educational, vocational, or treatment program. All youth who have aged out of foster care since July 1,

2016 or who turned 18 while committed to the Department of Juvenile Justice directly from foster care, are eligible for the Fostering Futures program, which is designed to provide financial assistance and continued support and services so these young adults can pursue educational, vocational, and employment goals.

Annually, VDSS allocates its Chafee 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 were spent on services to assist youth in building competencies that strengthen individual skills, promote leadership skills and foster successful independence. These services were paid for by Chafee funds or provided by VDSS, LDSS, and Project LIFE. According to LDSS' IL Quarterly Reports, the primary expenditures of the basic allocations for FY 2018 were:

- *IL Non-Room and Board Expenditures:* graduation related expenses, school related expenses, GED exams, mentoring, driver's education course/school, medical services/purchases not covered by Medicaid, work uniforms/supplies, career attire, ID Card from DMV, job readiness training, vocational training, transportation expenses
- *IL General:* life skills trainings, IL workshops and conferences, refreshments and drinks at IL youth meetings/activities, training supplies, incentives

VDSS provided training and technical assistance (TA) 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. It is important to note that the FFPSA revises the limitation on the use of funds for room and board by clarifying that not more than 30 percent of the Chafee allotment may be expended for room and board for youth who have aged out of foster care and have not attained 23 years of age. 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 eviction. For FY 2018, the primary *IL Room and Board* expenditures of the basic allocations included: household items for apartment/dorm room, furniture, supplies, security deposits, apartment application fee, and emergency shelter. VDSS does not have a trust fund for foster care youth as allowed under the Social Security Act Section 477 (a)(1)(5).

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 Chafee 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. Additionally, youth that age out of foster care at age 18, regardless of whether or not they choose to receive services, may be eligible for Medicaid through age 26.

For FY 2019, Virginia will continue to support all youth who experience foster care at age 14 or older in their transition to adulthood through the provision of transitional services and opportunities to achieve meaningful permanent connections with a caring adult. VDSS will ensure youth are engaged in age or developmentally appropriate activities, positive youth development opportunities, and experiential learning that is similar to what their peers in intact families' experience. Educational support and services (e.g. financial, housing, counseling, etc.) will be made available to former foster care recipients between 18 and 23 years of age, those who exit foster care for other reasons, or those adopted or entered Kinship Guardianship Assistance Program (KinGAP) after attaining age 16, to complement their own efforts to achieve self-sufficiency. VDSS will extend the eligibility of the ETV to youth up to their 26th birthday, while placing a five-year limit on their total length of time to receive a voucher. VDSS will provide

regional IL and ETV trainings to include the FFPSA changes, this summer/fall to LDSS; and work with the Division of Public Affairs to develop statewide ETV marketing materials for LDSS, youth and key stakeholders (i.e., Project LIFE, Great Expectations, foster parents, etc.)

Project LIFE

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. These agencies 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/or to track older youth as required by National Youth Transition Database (NYTD). As a result, VDSS and LDSS benefit from additional support from a contractor such as Project LIFE (Living Independently, Focusing on Empowerment) on best practices and services to older youth in the achievement of goals.

Project LIFE is a program of United Methodist Family Services (UMFS) with and funded by VDSS. VDSS awarded a five-year contract in 2014 to UMFS to provide IL services statewide to youth in and transitioning out of foster care and support to LDSS. UMFS is an independent 501(c) (3) corporation in the Commonwealth of Virginia and 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 Chafee Program, 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. While efforts toward permanency may be delayed or challenges encountered, it is essential that VDSS has an integrated approach to achieving permanency while offering comprehensive preparation for adulthood for all children and youth.

Project LIFE’s contract goals focus on youth development and engagement, raising awareness about NYTD, and training and TA for LDSS workers. By the end of FY 2018, Project LIFE will have met and/or exceeded the benchmarks of the annual contract goals:

Contract Goals	July 2017 Benchmarks	As of April 2018 Actual (# participants)
Implement strategies and training for youth and workers that promote positive youth development and youth engagement	60 individuals (youth and adults) will participate in Youth-Adult Partnerships trainings statewide	67 individuals have participated in Youth-Adult Partnerships training statewide
Plan and implement training opportunities for youth in foster care and those aging out to develop or enhance their life, leadership, and advocacy skills.	Conduct two regional events in each region with a total participation of 175 youth, with at least one of these events per region focusing on community engagement.	124 youth have participated in regional events focusing on life, leadership, and advocacy skills

	250 youth will participate in local, regional, and statewide events addressing permanency, IL assessments, TPs, money management, and post-secondary education	769 youth (duplicated count) have participated in local, regional, and statewide events addressing permanency, IL assessments, TPs, money management, and post-secondary education
	50 youth will participate in local, regional, and statewide events focusing on employment and job readiness	99 youth have participated in local, regional, and statewide events focused on employment and job readiness
SPEAKOUT opportunities and/or opportunities for youth and alumni to develop leadership, and advocacy skills.	Project LIFE will coordinate with VDSS to assist with implementation of two face-to-face meetings per year and four virtual meetings per year.	Project LIFE assisted with implementation of two face-to-face meetings and four virtual meetings. A third face-to-face meeting is scheduled for May 2018.
Deliver training to youth on the importance of good credit reports and access their credit report.	100 youth will receive good credit training	82 youth have received good credit training statewide
Provide training, coaching, and technical assistance to LDSS staff on the purpose, importance, and requirements of NYTD	125 adults will participate in NYTD training or coaching statewide	132 adults have participated in NYTD training or coaching statewide
Continue initiative to help youth in foster care and those aging out to understand and participate in NYTD.	125 youth will participate in NYTD training statewide.	74 youth have received NYTD training
Increase the number of LDSS' receiving training, resources, and tools to assist youth in achieving permanency and preparation for adulthood.	Provide training, coaching, technical assistance, resources, and tools to a minimum of 750 adult stakeholders/partners	664 adult stakeholders/partners have received training, coaching, technical assistance, resources and tools

VDSS is committed to facilitating youth voice and engagement in policy development and program planning. In FY 2017, VDSS requested and received TA from the Capacity Building Center for States, a contractor with Children's Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues affecting youth in foster care. Due to the collaboration between the Center for States and VDSS, a youth advisory board was developed and the members came up with their own name, SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth). The youth elected officers, developed their mission and vision statements, and bylaws that outline the roles of adults and alumni supports, membership, annual meeting, and strategies for communicating and working with VDSS and Project LIFE. Although Center for States contract ended, VDSS continued this work by hiring a contractor to provide additional guidance and support to SPEAKOUT in planning and implementing their agendas, objectives, goals. Project LIFE played a crucial role in providing logistical support to youth advisory board.

For FY 2018, SPEAKOUT provided representation and input on the Normalcy Implementation Steering Committee and the LGBTQ advisory committee. Board members reviewed and provided feedback

around the VDSS Foster My Future website, the Fostering Futures brochure for youth, and the development of a Youth Exit Survey. The General Assembly passed legislation requiring VDSS to collaborate with Virginia Commission on Youth to create a youth exit survey to learn more about young people's experiences in foster care. VDSS will use the information collected to develop recommendations for improving foster care and better preparing youth for leaving care.

During FY 2018, Project LIFE coordinated two statewide conference for youth in and transitioning out of foster care. Project LIFE held its fall statewide youth conference in Hampton, VA on November 10-12, 2017. Seventy-one (71) youth attended the conference that focused on life after foster care. Youth and young adults participated in activities and workshops related to good credit, healthy relationships, education, youth-adult partnerships, and organization and time management. SPEAKOUT also gave a presentation to the youth participants by introducing the officers and members, providing the purpose of the youth advisory board, and recruiting youth to be a part of the board. On May 18-20, 2018 Project LIFE sponsored the spring statewide youth conference in Blacksburg, VA on the campus of Virginia Tech University. Approximately 68 youth attended the conference, "Channel Your Champion" which focused on advocacy. Virginia Delegate David Reid was the keynote speaker and his presentation was entitled, "The Next Great Generation." The youth participated in workshops and activities on topics such as public speaking, and communicating effectively. SPEAKOUT also presented at this conference.

Another highlight of the Spring conference was the annual FosterWalk that was facilitated by the Foster Care Alumni of America (FCAA). Project LIFE assisted with the FosterWalk event by getting foster youth involved in the event. Young people participated in the event by walking for the cause and volunteering at the event. Finally, during this conference, VDSS staff requested youth input on what normalcy means to them, and invited them to give feedback on the draft Youth Exit Survey.

National Youth In Transition Database

According to Virginia's FFY 2017 National Youth in Transition Database (NYTD) Snap Shot, 1,396 youth ages 14 and over received at least one independent living (IL) service. LDSS workers documented IL services in OASIS provided to youth. Services were reported in the areas of employment, education, independence preparation, interpersonal development/health, and financial assistance. Virginia has complied with NYTD requirements and surveys for the past four reporting periods with no financial penalty.

As in previous years, NYTD remained a priority for Virginia in FY 2018. VDSS' goal is to enhance NYTD collecting and reporting processes, and making changes to guidance and policy, as needed, to improve services statewide for youth in and transitioning out of foster care. 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. VDSS provided technical support and guidance to LDSS. The four services most often provided by LDSS were IL needs assessment, academic support, budget/fiscal management and other financial assistance. Because of the partnership between VDSS and LDSS, and youth presenting at the Project LIFE's youth statewide conferences, youth are aware of the purpose of the NYTD and the importance of taking the survey.

For FY 2019, VDSS and Project LIFE will continue to provide training and TA to LDSS to support young people, focus on improving the process for providing feedback to stakeholders and decision-makers on NYTD data, and comply with federal NYTD requirements. VDSS will share Virginia's NYTD Snap Shot with youth, LDSS and other stakeholders, which can be a resource to begin discussions about outcomes and gaps in services. In addition, VDSS will explore the possibility of working with VDSS Research Division to analyze the NYTD data, look at trends, and develop briefs on NYTD data.

Virginia does not have a NYTD Review scheduled in FY 2019. However, when VDSS is scheduled for such a review, the state will inform stakeholders (i.e., Permanency Advisory Committee (PAC), Child Welfare Advisory Committee (CWAC), and SPEAKOUT) of the NYTD Review for the state. Information on the NYTD Review will be presented at the CWAC and CWAC Permanency subcommittee meetings, where a wide-range of stakeholders are able to provide input and shared with the youth for their feedback.

Fostering Connections to Success and Increasing Adoptions Act

In accordance with options in the Fostering Connections to Success and Increasing Adoptions 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 support for youth who are adopted after reaching 16 years of age. The extension of foster care to 21 program, Fostering Futures, went into effect in Virginia on July 1, 2016. The program has provided much needed support and assistance for participants as they transition into adulthood.

In FY 2018, VDSS, in collaboration with internal and external partners, worked to ensure:

- youth has a permanent, life-long connection to a responsible, caring adult upon leaving the foster care system; and,
- youth is prepared 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.

For FY 2019, 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, and support in transitioning from foster care, emotional support, access to medication, and access to financial literacy resources.

Credit Checks for Foster Youth

Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia require that free annual credit checks be conducted on all youth age 14 and older in foster care. VDSS signed service agreements with the three nationwide Credit Reporting Agencies (CRA) (Equifax, TransUnion, Experian), and is the "head designate" with administrative rights to the systems which permits VDSS to run batch reports for youth in the custody of the LDSS.

During FY 2018, VDSS hired a contractor to assist in implementing the statewide credit check mandate. VDSS ensured that a signed consent form is on file from the LDSS prior to running the credit check of each youth. The credit checks were run in the month following the foster youth's birthday to identify cases of identity theft and misuse of personal information. Once the credit reports were received, VDSS provided the reports to the LDSS via interagency "pouch," which allowed 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. LDSS provide a copy of the credit report to the youth and put a copy in their file. LDSS has access to the Credit Check Guidebook and Sample Letters of Dispute forms developed by the state IL staff and found on VDSS' internal website. VDSS monitors the annual credit checks "contacts" in SafeMeasures to identify issues with compliance.

For FY 2019, VDSS will continue to ensure credit checks are conducted annually and provided at no charge to the youth, and provide guidance, resources and support to LDSS. The hiring of an employee to

focus on the credit checks mandate, will allow VDSS to be efficient in collecting and tracking data from LDSS regarding their progress in resolving issues and removing erroneous information/discrepancies from the youth's credit reports.

Education and Training Vouchers (ETV) Program

The ETV Program provides federal and state funding to help youth in and transitioning out of foster care receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Youth who were adopted from foster care after the age of 16 are also eligible for ETV funds. Vouchers of up to \$5,000 are available per year, per eligible youth.

Virginia administers its own ETV Program through the state IL staff and continues to use the allotted federal ETV funds to support eligible youth across the state. For SFY 2018, VDSS served approximately 250 youth through ETV. Of that number, 101 were new students. In addition, the ETV Specialist provided TA in response to over 430 inquiries on the ETV Program, including general eligibility information as well as complex case staffing and technical assistance requests from LDSS, youth-serving agencies, foster care alumni, and foster and adopted parents.

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. The local agencies are primarily responsible for serving the youth. All localities are eligible to participate in the ETV Program. However, some localities do not participate due to not having eligible foster care youth.

LDSS process ETV Student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. Although the ETV Program is integrated into the overall purpose and framework of the Chafee Program, this program has a separate budget authorization and appropriation from the general program. In December 2017, VDSS returned approximately \$76,900 in ETV funds to the federal government.

Youth in foster care with the guidance of their IL coordinators/workers create a transition plan that include a signed acknowledgement that the youth was provided their rights and that they were explained in an age appropriate way. Youth are then able to access ETV funds based on the ETV student application, educational needs, and availability of funding. 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.

In FY 2018, state IL staff worked diligently to identify strategic efforts to improve ETV Program access and bring awareness about the ETV Program to local supervisors and workers; developed updated marketing material geared toward a broader audience (i.e., young adults who may not be connected with a LDSS); and provided increased training and technical assistance (TA) to LDSS. Staff produced ETV Newsletters for LDSS IL Coordinators and community partners. The newsletters are geared to informing readers of programmatic changes and reminders, providing post-secondary financial and educational resource information, and strengthening the access to and consistency of the ETV Program throughout the state.

During FY 2018, VDSS piloted a new program, referred to as the Student Support Services, to support older youth in foster care and foster care alumni who are accessing education and training vouchers

(ETV) and enrolled in post-secondary programs. The pilot program was created in response to the known need for older youth in foster care or foster care alumni to have access to adult supporters in order to successfully surmount barriers to educational attainment. Barriers can encompass the universally experienced challenges within the age group as well as challenges more specific to the foster care alumni population. For many youth who have left or are exiting foster care, the presence of a caring, constant adult is not guaranteed, and relationships with caseworkers can be tenuous or non-existent at this point in their lives.

The Student Support Services program was geared toward youth ages 18-23 who reside or attend college/vocational school in the Central Region. Services were customized to individual needs, and included regular check-ins through the phone, email, or in-person meetings, community referrals, and collaboration with community partners. While the overall goal of the program is to provide individualized student support, the program also has the capacity to provide group activities for participants, ideally in conjunction with other community partners (LDSS, Great Expectations, and other providers). A master's level Social Work intern at VDSS provided the support services.

Participants for the pilot program were recruited through various means including meetings with LDSS IL Coordinators (ILCs) in the Central region; speaking at youth- and ILC-oriented community event; providing introductory articles for youth-oriented newsletters published by VDSS and Project LIFE; and meetings with Great Expectations leadership and coaches at the three local community colleges. In 2018, a MSW intern worked consistently with two students, each on at least a weekly basis. Services provided included supportive counseling, making appropriate community referrals for mental health needs, assistance in finding housing and employment, and coordinating transportation and educational services with LDSS and the community colleges. At the end of the 2017-18 academic year, despite significant barriers to school attendance and emergencies that arose in their personal lives, both students were still enrolled in their colleges with plans to continue either in summer or fall 2018 courses.

The new FFPSA extended ETV benefits up to age 26 to eligible youth including those adopted at age 16 from foster care, while limiting the youth's participation in the ETV program to five (5) years total. Since Virginia's governor signed two bills on April 4, 2018 giving authority to VDSS to implement KinGAP beginning July 1, 2018, foster youth whose custody is transferred to a relative at age 16 and over will be eligible for ETV services.

In FY 2019, VDSS will continue to pilot Student Support Services initiative to address issues of retention within post-secondary programs, particularly focusing on youth receiving ETV funds who may be experiencing stressors or challenges that could affect their eligibility. Services will include telephone or email check-in, new student orientations, outreach and training on the ETV program, and linking with resources (including ensuring collaboration with LDSS and other community providers). VDSS will also continue to review ETV quarterly reports submitted by LDSS, and monthly budget reports to ensure there are no duplication and funds are fully and appropriately utilized.

Further, VDSS will extend ETV services to eligible youth to age 26, and continue to develop and implement significant outreach efforts in partnership with LDSS, Project LIFE and public and private partners to increase in the number of eligible youth participating in the ETV program each year. VDSS will continue to collaborate with several educational initiatives and stakeholders such as the Great Expectations Program and the Fostering Connections to Success Education workgroup. These core initiatives help to strengthen the state's postsecondary education assistance program and promote academic achievement and educational stability.

Attachment E: Annual Reporting of Education and Training Vouchers Awarded

Name of State: **Virginia**

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2017-2018 School Year</u> (July 1, 2017 to June 30, 2018)	250	101
2018-2019 School Year* (July 1, 2018 to June 30, 2019)	271 (estimate)	120 (estimate)

Comments

During the 2017-2018 school year VDSS served approximately 250 youth, which is comparable to last year (SFY 2016-2017). For FY 2017, VDSS returned \$76,900 to the federal government, which was significantly less than the past two years. Once again, the state’s ETV Specialist position was vacant for approximately three months before being filled, which may have contributed to difficulties using the full allocation of ETV funds. However, for FY 2018, VDSS hired a contractor to assist with the program until the position was filled.

Education Stability

In FY 2018, VDSS played a significant role in promoting educational stability throughout the state, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. VDSS and Virginia Department of Education (VDOE) focus their efforts on improving the educational stability and attainment outcomes for children and youth in foster care. A multi-agency workgroup composed of VDSS, VDOE, Office of Children Service (OCS) and other key stakeholders finalized and published the updated *Fostering Connections and the Every Student Succeeds Act: Joint Guidance for School Stability of Children and Youth in Foster Care* in October 2017. The new Joint Guidance and corresponding revised school stability forms are available on the VDSS and VDOE public and internal websites.

Collaborative efforts centered on providing statewide joint trainings and TA to local school divisions and LDSS regarding school stability elements and procedures. Technical assistance was provided by VDSS and VDOE collaboratively to local school divisions and agencies and addresses questions and issues regarding providing appropriate notification of a student receiving foster care services; conducting the best interest determination process; immediate enrollment; coordinating transportation; addressing special education requirements; and other relevant components. The multi-agency guidance workgroup continued to discuss any new issues, ongoing technical assistance efforts, and improvements to training protocol related to the updated guidance and procedures.

VDSS previously mandated the VDOE State Testing Identification (STI) number be entered in OASIS, allowing VDSS and VDOE to share aggregated educational data for children in foster care. For the first time, disaggregated graduation rates for youth in foster care will be available from the 2017-18 academic year, which is a significant addition to the educational data previously available.

For 2018, VDOE and VDSS provided nine planned joint educational stability trainings across the state, reaching approximately 100 LDSS workers. Educational stability guidance updates were delivered to approximately 265 LDSS staff in June 2017, within the larger context of web-based Foster Care policy transmittal training. In addition, educational stability updates were presented to approximately 60 LDSS staff at various regional LDSS supervisors' meetings throughout the year. VDOE and VDSS collaboratively conducted a recorded webinar that is now available to both school division and LDSS staff online, providing an additional avenue through which workers can receive guidance and training updates. A full-length e-learning course was finalized and published in 2018. The e-learning course can be accessed by LDSS staff through the state's online training portal, the Virginia Learning Center.

By April 2018, over 80% of LDSS have designated individuals to serve as educational stability liaisons, which has enabled wider understanding of state-provided guidance within agencies as well as expedited best interest determination and school enrollment processes in general. LDSS liaisons serve as counterparts to the designated school division foster care liaisons, and work in tandem with state agency staff and school division staff to promote maintaining school stability whenever possible; to disseminate guidance information to other workers within their agency; and to receive specialized training to support school stability best practice.

For FY 2019, VDOE and VDSS will continue to provide training and TA to LDSS and local school divisions. The state contacts will respond to TA requests collaboratively to ensure consistent and accurate information is provided to LDSS and schools. In addition, VDSS will work with OCS/Children's Services Act (CSA) state points of contact on developing best practices and providing technical assistance to agencies, when relevant.

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 youth in foster care or foster care alumni attending community college. Great Expectations is primarily funded through donations and fund-raising efforts of the program which is now operating in 21 of Virginia's 23 community colleges. This program provides educational supports to assist this youth population in attaining their associates' degrees, vocational certificates, or GEDs. Supports include assistance in applying for college admission and financial aid (including linking students with the ETV Program); personalized counseling; career exploration and coaching; student and adult mentors; life skills training; individualized tutoring; internet-based resource center (www.greatexpectations.vccs.edu); and emergency and incentive funds for students.

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. The state ETV Specialist provides technical assistance to Great Expectations coaches to encourage greater access to the ETV program for youth attending community colleges. ETV staff focused efforts on facilitating collaboration and communication between LDSS workers and Great Expectations coaches through staff specific cases and arrange resources for youth in care. Great Expectations coaches and LDSS workers worked collaboratively and with VDSS staff on many occasions to identify eligible students and provide appropriate services and assistance through the ETV Program. Because of agency collaboration,

professionals, internal website, resource parents, and other stakeholders are better equipped to assist youth in educational attainment, a significant predictor of successful transitioning to adulthood.

Other Collaborations in FY 2018:

VDSS recruited stakeholders on local and state levels to assist in identifying and addressing issues facing LGBTQ youth in foster care and ensuring that prospective foster parents who are members of the LGBTQ population are welcomed. In response to the call for support in this area, VDSS received many offers of assistance. With the large number of people ready to help, a smaller internal steering committee met on April 13, 2018 to discuss strategies for moving forward and convening the larger group. In consideration of the depth and breadth of the crucial work, the steering committee recommended contracting with a consultant to provide support and guidance. The consultant can help VDSS utilize the various members' talents to strengthen guidance, practice, and leadership around LGBTQ considerations in foster care across the Commonwealth.

In addition, VDSS and LDSS will continue to offer the New Generation *FosterPRIDE/AdoptPRIDE*, a pre-service training and assessment step of the *PRIDE Model of Practice*, to potential foster parents. The new generation of *FosterPRIDE/AdoptPRIDE* is organized into the five group in-person sessions and four online clusters of courses. Cluster three (3), entitled *Cultural Issues in Parenting*, provides information on sexual orientation and gender identity to prospective foster and adoptive parents.

For FY 2019, VDSS will develop a timeline and advisory committee activities once a consultant is selected to work with the LGBTQ committee. VDSS anticipates releasing foster care guidance addressing practice expectation for LGBTQ youth in foster care in October 2018. VDSS will also seek educational/awareness resources that can be included in guidance for LDSS, Licensed Child Placing Agencies (LCPA)'s and resource parents, and start organizing lists of community-based programs that serve LGBTQ youth, as well as LGBTQ affirming providers. In addition, VDSS will continue to work with Project LIFE and community partners to enhance services to foster youth and provide training, information and support to the LDSS and other stakeholders working with this population.

A steering committee was formalized with representation from the VDSS Foster Care, Family Engagement & Resource Family, Licensing, and Training units, the Department of Behavioral Health and Developmental Services, and private foster and adoptive home providers, and youth to continue collaborative efforts in Virginia for implementing normalcy for children in foster care. The committee designed a survey for foster parents, and group home and residential program staff to provide input on current practice regarding normalcy. In addition, VDSS will be hosting "Normalcy" panel discussions of youth and foster parents for LDSS leadership and staff in the fall in each region across the Commonwealth to promote the practice of normalcy.

Affordable housing continues to be a need for young people transitioning out of foster care. There are limited housing options and support for at-risk youth statewide. The Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH), which was established to focus on youth homelessness in Virginia was recently put on hold until further notice. The IPPEYH, the "brain child" of Virginia's previous governor, mission was 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. In May 2018, this committee received notice that the new governor will continue this important work in FY 2019.

VDSS staff participated in the Youth Housing Stability Coalition Planning Summit on Friday, April 6, 2018. The Coalition, composed of various LDSS, community partners and youth, was formed to build alliances and a common knowledge base among those serving youth experiencing homelessness and housing instability in the Richmond area. The members of the Coalition have worked together for 10

months - learning and building relationships – and is now moving into a planning phase. A national consultant will assist in developing a coordinated community response, in partnership with directly affected youth that will guide Coalition’s efforts going forward.

VDSS in collaboration with several key stakeholders updated the document, *Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care*. This document is a tool for LDSS staff. 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.

Youth in foster care who had an open case and were receiving Virginia Medicaid at the age of 18, are eligible for Medicaid up to age 26. VDSS continued to coordinate with Department of Medical Assistance Services (DMA) and LDSS to implement provisions of the Affordable Care Act (ACA). 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. Youth should then maintain their eligibility to age 26. Virginia’s efforts to enroll former foster youth include utilizing social media (intra-agency and public websites), and working with the state foster parents’ association. In addition, 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 get them enrolled.

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 youth in foster care and foster care alumni gain access to a community college education, supports their educational attainment and academic success, and assist with the transition from the foster care system to adulthood. The program helps young people to establish and maintain personal connections and receive 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 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. Virginia has NYTD reports into SafeMeasures® (data pulled from OASIS) which allows LDSS and VDSS to review this data regularly to improve services and performance outcomes.

ILP Improvement Efforts

For 2019, VDSS' goal is to increase the full array of IL services and resources available to all 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:

- Provide support and resources to SPEAKOUT;
- Continue to partner with Project LIFE to engage youth and provide TA to LDSS;

- Collaborate with VDSS Office of Research and Planning and/or other internal and external partners to analyze the NYTD data, provide research briefs and develop strategies to improve services to youth;
- Engage and involve youth in service planning, committees, workgroups, policy and legislation that impact them;
- Provide TA to LDSS on permanency for older youth, youth engagement and other promising practices and resources that promote permanency and self- sufficiency; and
- Continue to implement the credit check mandate statewide and provide guidance to LDSS on addressing credit report discrepancies.

Training

For FY 2018, VDSS provided five regional trainings on the ILP and National Youth in Transition Database (NYTD), Education and Training Vouchers (ETV), Credit Checks and Educational Stability to 92 LDSS workers. VDSS and Project LIFE provided training and technical assistance to LDSS to support young people, focus on improving the process for providing feedback to stakeholders and decision-makers on NYTD data, and facilitated two IL Refresher Trainings to 23 participants in two local LDSS. In addition, VDSS in partnership with Project Aware offered a Youth Mental Health First Aid Training in the Central region where 11 LDSS workers and Project LIFE staff members attended and gained knowledge in identifying mental health needs for youth.

During FY 2018, DOE and VDSS provided nine planned joint educational stability trainings across the state, reaching approximately 100 LDSS workers. VDSS and DOE also provided several LDSS or school division-specific workshops, upon request. Collaborative trainings were provided in a variety of other forums, including the Virginia Association of Federal Education Program Administrators (VAFEPA) annual conference and the Office of Children’s Services’ (CSA) conference.

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

- ILP and ETV federal and state requirements including the FFPSA amendments;
- IL assessment and transition plans
- NYTD
- Educational Stability
- OASIS documentation for IL services
- Youth Engagement/Involvement
- Credit Checks
- Transition Planning

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 charts show Virginia’s adoption activities and funding for SFY 2017:

Adoption Activity SFY 2017	Funding Source	Allocation & Services
Adoption Support	SSBG	\$1,125,000 Post Adoption Legal Services (SSBG funds)
Adoption Recruitment formerly (One Church One Child)	SSBG and Adoption Incentive Funds	\$285,308 Recruitment (SSBG)
Adoption Services	title IV-B, Subpart 2 and State Funds	\$1,778,184 Adoption Services (title IV-B, 2 = \$1,422,547 and state match = \$355,637)
Adoption Subsidy	title IV-E and State General Funds	\$93,363,990 Adoption Subsidy (\$46,681,995 title IV-E and \$46,681,995 state match)
Adoption Assistance	State Funds	\$32,944,098 State Adoption (State funds)
Va Adopt Campaign	General Funds	\$1,500,00 Adoption Services (State funds)
Reinvesting Adoption	General Funds	4,910,804 Adoption Services (State Funds)

Adoption Assistance

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.

In SFY 2017, there were a total of 7,797 children served per month through adoption assistance. A total of 6,334 adopted youth received services through title IV-E adoption assistance. The total allocation for title IV-E Adoption Assistance was \$93,363,990. There were 1,464 adopted children who received services through state adoption assistance. The total allocation for state adoption assistance was \$32,944,095. The local departments of social services (LDSS) provided for a total of 776 adoptions in FFY 2017.

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 information on the AdoptUSKids at www.AdoptUSKids.org. AREVA supports the efforts of the Adoption Exchange Association. AREVA utilizes 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 Month Celebrations and other adoption celebratory events

throughout the month. For SFY 2017, the AREVA Coordinator assisted with the identification of youth who were featured in “30 Kids in 30 Days,” partnership with the local Richmond CBS television station; “30 Days of Hope,” partnership with the local Piedmont region WSLs; and, “The Blind Side Project,” partnership with The Leigh Anne Touhy Foundation “30 Kids in 30 Days”. Children available for adoption were featured daily and information was shared about foster-to-adopt for the month of November.

Two contract staff and one full-time state staff member continue to support adoption inquiries and the Adoption Exchange Resource of Virginia. In the last six months, two new contract staff were hired. A direct result of the changes demonstrated a 47% increase in the number of youth with photographs registered on AREVA.

Adoptioninquiries@dss.virginia.gov			
December 2017 – January 2018		February 2018	
Total Inquiries	438	Total Inquiries	336
Completed Follow-ups	438	Completed Follow-ups	336
Missing Follow-ups	2	Missing Follow-ups	0

Current (05-08-2018) AREVA Data:

Children w/Goal of Adoption, w/TPR	1,283
AREVA Listed with Photo	458
AREVA Listed No Photo	1,087

Source: Safe Measures

Adoption Contracts

Extreme Recruitment®

There are four contractors providing child specific adoption recruitment services under this funding stream. Extreme Recruitment® is a race to permanency for youth who have parental rights terminated and have been waiting the longest for an adoptive family or those who have characteristics that put them at risk of aging out of the system without permanency. The contractors are working in partnership with the youth’s permanency team to find persons related by blood or fictive kin (i.e., former foster families, teachers, coaches) who may be prospective permanency resources for the youth or a significant reconnection for the youth to ensure support after foster care. The contractors are C2Adopt, United Methodist Family Services (UMFS) Tidewater, UMFS Northern VA and Radford Department of Social Services. C2Adopt is providing services to all of the localities in the Central Region. UMFS Tidewater is contracted to provide services in the Eastern Region (e.g., Accomack, Brunswick, Dinwiddie, Franklin, Gloucester, Greensville-Emporia, Isle of Wight, James City, Mathews, Northampton, Prince George, Southampton, Surry, Sussex and York-Poquoson counties; and the cities of Chesapeake, Hampton, Newport News, Norfolk, Virginia Beach and Williamsburg). UMFS Northern VA is contracted to provide services in the Northern Region (e.g., cities of Alexandria, Arlington, Fredericksburg, Manassas,

Manassas Park; and Clarke, Culpepper, Fairfax, Fauquier, Frederick, Greene, Harrisonburg-Rockingham, King George, Loudon, Louisa, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah, Spotsylvania, Stafford, Warren and Winchester counties). Radford DSS is contracted to provide services in the Western Region (e.g., City of Radford; and Montgomery, Floyd, Grayson, Giles and Washington counties).

For SFY 2018 the contractors served a total of 66 youth. There were 41 children connected with relatives. There were 215 relatives identified during the search process. There were 26 youth in congregate care at the time of the Extreme Recruitment referral. There were 7 adoptions finalized as a result of the Extreme Recruitment contractors.

Post Adoption Services

A new RFP for Post Adoption Services contracts began on July 1, 2018. 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.

<p>C.A.S.E. Piedmont and Eastern Regions</p>	<p>During SFY2017 C.A.S.E. had the following outcomes: 16 clinicians completed all of the Training for Adoption Competency (TAC) 72 hour class; 12 consultations were offered by the C.A.S.E. consultant allowing all students to complete at least 6 consultations; 37 children and 29 families benefitted from the services provided by adoption competent therapists; the listings of Adoption Competent therapist in Virginia grew from 6 to 13; and 54 people participated in 3 WISE Up workshops, and 7 adults completed the 1 SAFE at School workshop delivered this year.</p>
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<p>Frontier Health Western</p>	<p>Frontier Health provided the following report of SFY2017 activities: Adoption Competent reading materials were provided to 9 community libraries and 9 High School libraries; Post Adoption Services partnered with One Church One Child to present the Heart Gallery; Two events were held during the grant period to provide respite for families and to facilitate positivity surrounding adoption; Post Adoption Services held an annual training available to members of the community interested in adoption, community leaders, community professionals, local departments of social services, other child placing agencies and foster and adoptive families; and Post Adoption Services hosted the quarterly adoption coalition for local DSS foster care and adoption specialists, other child placing agencies, and community partners.</p>
<p>DePaul Family Resources Piedmont</p>	<p>DePaul Family Resources reported the following outcomes for SFY2017: 95% of families reported satisfaction with the services; 100% of families made progress on at least one goal prior to discharge; 100% of parents reported improvement; 100% reported satisfaction with the parent support group; 92% reported satisfaction with the child support group; 100% of families recommended for clinical assessment received the assessment; and 89% reported satisfaction with outpatient services.</p>

Statewide Post-Adoption Services

VDSS utilizes Title IV-B, subpart 2 funds and the Virginia Department of Social Services (VDSS) to fund Request for Proposals (RFP) to provide a statewide system of post adoption services. After public comment and direction from the Commission on Youth, VDSS was advised to expand services across the Commonwealth. This UMFS contract expired June 30, 2016. A new RFP was issued in 2016 for SFY2017 for statewide post adoption services. The purpose of the new RFA was to provide innovative post adoption services and support to adoptive families across the commonwealth. These services 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). The contractors awarded the contract are as follows: Center for Adoption Support and Education (C.A.S.E) serving areas of the Northern, Eastern and Piedmont regions, Catholic Charitie of Eastern VA serving the Easter region, Children’s Home Society serving areas of the Central and Northern regions, DePaul Community Resources serving areas of the Western and Piedmont regions and United Methodist Family Services serving areas of the Central, Eastern and Piedmont regions.

<p>C.A.S.E. Northern Region</p>	<p>During SFY2017 C.A.S.E. reported the following outcomes: 10 clinicians completed the Training for Adoption Competency (TAC) course; 4 consults were completed this year with previous TAC students; 4 WISE Up and 2 Safe at School workshops were completed; and Annandale and Sterling offices of CASE are at capacity (about 30 families)</p>
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<p>Catholic Charities of Eastern Virginia Eastern Region</p>	<p>Catholic Charities of Eastern Virginia reported provided the following: 18 families attended Tier 1 sessions (one day, 4 hour sessions); 12 families attended the Tier 2 sessions (6 week support group); 100% of trained families indicated an increased knowledge of Trust Based Relational Intervention (TBRI) strategies; No families requested in-home services; 72% families reported improved behaviors as a result of the service while 28% reported children’s behaviors remained the same; and Two families participated in counseling services.</p>
<p>Children’s Home Society Central and Northern Regions</p>	<p>Children’s Home Society reported the following: Fewer families were approved than in previous years but there were more referrals for Family Support; 44% served reported improvement in knowledge of parenting strategies and confidence in parenting decisions; The average of Parental Stress Scale scores shows a 6% decrease in parental stress; and 8 of 10 adoptive placements achieved permanency through finalization.</p>
<p>DePaul Community Resources Western Region</p>	<p>DePaul reported the following: 6 families received Parent Engagement Services; 9 clients were referred for clinical assessments during this quarter, and the average length of time to completion of assessment was 6 days; 90% of families reported they participated in parent’s night activities and were satisfied with services; 100% of families responding to the survey reported that the frequency and type of activities were satisfactory.</p>
<p>United Methodist Family Services Central, Eastern and Piedmont Regions</p>	<p>United Methodist Family Services’ Adoptive Family Preservation program reported the following: 154 families were served; International families represent about a third of all adoptive families served; Support groups and supportive events occurred throughout the regions consistently; Monthly Project REST (Recharge, Enrich, and Stabilize Together) events occurred throughout the year; and Five large training events were held for professionals.</p>

Adoption Through Collaborative Partnerships (ATCP)

The goals of the Adoptions through Collaborative Partnerships strategy are to:

- Increase the number of finalized adoptions for the pool of children prioritized within this RFP;
- Utilize specific adoption processes (milestones) and provide services that prepare children and families for an adoptive placement and a final adoption;

- Support families through the stages of the adoption process; and
- Increase the pool of Virginia families interested, trained, qualified and dedicated to adopt eligible Virginia youth in foster care.

The primary outcome expected by VDSS from the use of collaborative partnerships is to achieve *finalized* adoptions for a minimum of 315 children and youth in foster care. The federal measure for timely adoptions is within 24 months of the eligible child's entry into foster care.

The secondary outcome expected by VDSS from the use of collaborative partnerships is to increase the pool of new/additional Virginia families trained, qualified and dedicated to adopt eligible. The pool of new/additional families ensures 1) available resources to meet the needs of Virginia children that continue to come into foster care and 2) home study services and training for Virginia families who have limited access to adoption services through the LDSS where they reside.

SFY17 was the final renewal of the contract. In SFY17, 689 children served by 12 contractors (9 private LCPA and 3 LDSS agencies). There continues to be an increase in the number of youth served since SFY2013. The typical child served by the ATCP contractors was: male; non-Hispanic white. For 87%, it was the first removal, typically at age 6 years, and usually through a court order or emergency removal. The most likely reasons for removal were: neglect, parental drug abuse, physical abuse, and inadequate housing. Nearly two-thirds (64%) had siblings or other relatives in foster care. Additional contractor outcomes for SFY17 are as follows:

- Contractors finalized adoptions for 307 children
- 45% available children served were adopted
- Contractors exceeded their adoption goals by 10%
- Average cost per adoption (payment to contractors): \$5,600 a, decrease by 10% from SFY16.

Foster and Adoptive Family Recruitment

The purpose of this contract is to develop and implement innovative service delivery approaches for foster and adoption recruitment statewide, and to recruit families for the purpose of adoption of children from foster care. This contract was formerly a sole source contract with Virginia One Church One Child (VA OCOC) established in the early 1990s for the purposes of recruiting foster to adopt families in African American churches. There are four contractors under the new contract; Connecting Hearts in Virginia, DePaul Community Resources, Lutheran Family Services of Virginia and Virginia One Church One Child. The current contract began July 1, 2017 ending June 30, 2018. The agreement has the option for two successive one-year renewal periods.

Connecting Hearts of Virginia

Children Served:

- Connecting Hearts served over 200 children through normalcy programs, Heart Gallery, and direct service events
- 82 children were featured through media campaigns
- 27 children were featured in the Heart Gallery of Waiting Kids
- Conducted over 224 general and strategic recruitment activities for the year. Recruitment activities included speaking engagements, media campaigns, vendor's tables, heart gallery features, summits, community campaigns, community groups, and more

Families Served:

- Connecting Hearts has served 372 families.
- Connecting Hearts refers families to 2 to 3 agencies most compatible for them. We referred all 362 families to an LDSS in addition to a private agency, TFC, and Family Match that may be compatible. We suggest families attend a minimum of two orientations at two different agencies to get an idea of which is compatible for them.

Collaborations:

Connecting Hearts collaborates with licensed child placing agencies across the state and likeminded organizations. We participate in a number of ongoing collaborations including:

- Child and Family Services League Board of Executives, Committee Member
- ADOPT, Co-Chair of Recruitment Committee
- Children's Home Society Collaborative Partners
- CWAC
- 2Smart2Start Monthly Town Hall Meetings
- Formed Families Forward
- Family-Match
- Jewish Family Services
- LDSSs across the state
- Private agencies across the state
- TFCs across the state

Successes:

- Connecting Hearts delivered over 500 normalcy items from 2016 – 2017
- During Connecting Hearts "30 Kids in 30 Days" Campaign, one of our youth, Malakai's photo and narrative went viral with over 52,000 shares.

DePaul Community Resources Foster Adoptive Family Recruitment

DePaul Community Resources is a 501(c)3 nonprofit human services organization that has been opening doors to hope and belonging for children, families, and individuals with unique challenges since 1977. DePaul was first awarded the Foster Adoptive Family Recruitment grant for the 2017-2018 fiscal year. This grant proposed a comprehensive plan to ensure improved outcomes for waiting children in the Western Region. This plan includes implementing recruitment activities; facilitating adoption awareness and education events; promoting child recruitment by assisting difficult-to-place children and teens, especially those in residential treatment centers and group homes; assist with completing child profiles and featuring the profiles in Heart Gallery venues; and tracking referrals of prospective foster-to-adopt and adoption homes referred for home studies for six months (FITT).

Families Served:

- DePaul Community Resources has held 4 Information Sessions.

- DePaul has referred families to LDSS for information on becoming a foster and/or adoptive parent. In instances in which LDSS indicated that they were currently unable to complete home studies, the family was referred to a LCPA.

Collaborations:

- Southwest Virginia Adoption Coalition-meetings held in both Wythe County and Lee County.
- One Church Once Child photo session in January
- National Adoption Day Committee for Smyth County, Washington County, and Bristol City.
- The Heart Gallery set up in November at the Settler's Museums' Festival of Trees in Big Stone Gap ran for almost two months consecutively and had over 1,000 visitors.
- The Heart Gallery was on display at the VDSS Adoption Summit in Richmond. Staff was present to answer questions from visitors.
- Summerdean church of the Brethren held an Empowered to Connect Conference and the Heart Gallery was on display for both days of the conference, with staff in attendance both days to answer questions.
- The Heart Gallery was displayed at the Virginia Tech Autism Conference, with staff available to answer questions.
- Heart Gallery brochures/flyers were available at the outdoor Family Fun Day Event in Bristol, VA, with staff available to answer questions.
- The Heart Gallery was displayed and detailed information was provided at a VDSS Western Regional Office supervisors meeting.
- Friends of Hicksville had a Foster Care and Adoption Awareness event that the Heart Gallery was displayed at and staff was available to answer questions.
- The Heart Gallery is scheduled to be featured at the Richard Lee Songwriter's Festival in Abingdon, VA. This festival raises funds for the Great Expectations Program and brings awareness to the community regarding foster care and adoption. This event is scheduled for May 25-27.

Children Served:

- DePaul Community Resources has served 17 children on the FAFR grant.
- Ten children were featured in Heart Gallery venues.
- DePaul participated in three child specific recruitment activities. These included Family Match, featuring a child in the DePaul newsletter, and featuring a child each month on the Montgomery County Sheriff's Office webpage.

Outputs:

- Six Recruitment Events
- Eleven Heart Gallery Set Ups.
- Twelve AdoptUSKids Responses

Lutheran Family Services

Families Served:

- Completed 8 Open Houses in the community to connect prospective foster/adoptive families with child-placing agencies;

- Sixty-nine people attended between September 2017 to April 2018; open houses are events in which a speaker discusses a topic relevant to foster care and/or adoption and then families are able to talk to individual child-placing agencies were invited to set up a table with their information.
- Participating child-placing agencies have included United Methodist Family Services, Virginia Beach Department of Social Services, The Bair Foundation, The UpCenter, Braley & Thompson, Commonwealth Catholic Charities, Catholic Charities of Eastern Virginia, Intercept Youth Services, Embrace TFC, First Home Care, The Bridge, Dominion Day Services and Adoptions from the Heart;
- Additional vendors related to foster care and adoption have attended such as Family Match and Anthem Insurance; and Heart Galleries were displayed at most open houses from October to April 2018.
- Completed 10 Awareness Presentations in the community; awareness presentations may be offered at the open houses or in separate community events. Presentations have consisted of general information about foster care and adoption, Trust Based Relational Interventions, and Newfound Families. Speakers have included former foster youth, adoptive parents, therapists, and a family recruiter.
- Completed 1 Block Party to connect prospective foster/adoptive families with child-placing agencies; approximately 20 families in attendance and 13 families who signed in allowing LFSVA to contact them in the future. Block parties are community events designed to invite the public to talk to individual child-placing agencies and meet adoptive and foster families; a second block party is scheduled for May 2018.

Collaborations:

- Identified 2 ambassadors who are adoptive parents in rural communities to help the agency connect to people and events in those communities; the ambassadors have helped to promote and participated in open houses and block parties.
- Displayed the Heart Gallery at the following community events:
- Community Partners Day in Virginia Beach on September 28, 2017 which had approximately 200 participants;
- Statewide Adoption Conference on November 1, 2017 which had approximately 100 participants;
- Norfolk DSS Conference on November 3, 2017 which had approximately 45 participants;
- Southeastern Regional Vendor Fair on March 2, 2018 which had approximately 100 participants;
- Newport News Post-adoption conference on March 10, 2018 which had approximately 80 participants; and
- Hampton DSS foster parent graduation on March 27, 2018, which had approximately 25 participants.
- Displayed the Heart Gallery at the following churches:
- St. Paul's Lutheran Church in Hampton in November 2017; and
- Apostle's Lutheran Church in Gloucester in January 2018.
- Completed 3 Focus Groups with current or former foster parents and current DSS workers.

Children Served:

- 14 children have been featured in the Heart Gallery
- Displayed the Heart Gallery at 17 events from September 2017 to April 2018

Outputs:

<i>Event</i>	Expected Events	Year to Date	Expected Attendees	Year to Date
<i>Heart Gallery</i>	20	17	N/A	N/A
<i>Focus Groups</i>	4	3	N/A	N/A
<i>Tracking database</i>	1	1	65 families	68 families
<i>Open Houses</i>	10	8	60 families	51 families / 69 participants
<i>Awareness Presentations</i>	12	10	165 participants	155 participants
<i>Block Parties</i>	2	1	40 families	20 families
<i>Wise Up Trainings</i>	2	1	30 participants	1 participant
<i>Ambassadors</i>	2	2	N/A	N/A

VA One Church One Child

Families Served:

- Held 15 Information Sessions. Information sessions discussed about children awaiting adoption, the adoption process in Virginia, what adoption is; and what is Foster-to-Adopt
- Referred 18 families to LDSS; Referred 8 families to LCPA’s

Collaborations:

- Eastern Area Committee to Strengthen Families- Regional Forum. VA OCOC provided Heart Gallery Display for this event held in Norfolk, VA, September, 2017.
- Heart Gallery Collaboration- November 1, 2017. VA Department of Social Services Statewide Adoption Conference, November 2017. Collaborated with Connecting Hearts, Inc., DePaul Community Resources, Lutheran Family Services of VA, and VDSS to offer statewide Heart Gallery.
- Shenandoah Valley DSS Adoption Celebration, Fishersville, VA, November 6 2017. Heart Gallery, brief presentation.
- Match and Networking Reception- November 30, 2017; Hosted by VA OCOC—Agency Participants included United Methodist Family Services; C2Adopt, Children’s Home Society; Richmond City DSS; Fairfax DSS, and VA Department of Social Services. More than 60 children featured. Families Served – 16.
- Northern VA Black History Month Association, February 24. Annual Gala. Organization of 200 members invited VA OCOC to Present Heart Gallery, place adoption information on 50 banquet tables, and make presentation to members at planning meeting.
- United Methodist Family Services/NOVA and Fairfax DFS collaborated with VA OCOC in presenting an expanded information session in Northern, VA on February 24 in Alexandria at the Bethlehem Baptist Church.
- Empowered to Connect – April 13 & 14; Trauma Informed Training by way of a Simulcast Conference sponsored by the Karen Purvis Institute of Child Development of the Texas Christian University. Hosted in Richmond, VA and in Fishersville, VA. Shenandoah Valley DSS staff supported and attended.
- C2Adopt and Connecting Hearts- “Minute to Win It” Match Party, May 5, 2018, Richmond, VA. OCOC was a part of the planning team, contributed paper products, beverages for breakfast and lunch, and secured ten (10) Volunteers from Capital One to assist in conducting this interactive

Match Event that served 15 waiting children and 17 families. Four families attending referred by VA OCOC.

- VDSS Adoption and Family Recruitment Consultants in Piedmont (Chasity Fitzpatrick) and Northern (Tara Gilbert). Collaborate with these consultants to meet and network with workers of these specific regions, to discuss recruitment concerns, and to get occasional input regarding family referrals.

Children Served:

- OCOC served 43 children.
- 38 children featured in the Heart Gallery.
- Conducted 40 recruitment activities to-date. 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, and presentations for specific children at information sessions and church conventions.

Outputs:

Recruitment Events	42
Heart Gallery Set Ups	16
AdoptUSKids Responses	85
Adoption Inquiries	79
Information Sessions	15
Families Referred	28

Adoption Initiatives

Recruitment & Market Segmentation

Adoption Share

Adoption-Share is a 501 (c) 3 tax exempt organization that exists to leverage technology to reform private and public adoption and to address a need within the adoption community for free exchange of information and resources relating to the adoption process. Adoption-Share and VDSS are in a sole source no cost contract for the purpose of the implementation of the Family Match Program.

The objective of Family-Match is to provide a better understanding of family-child compatibility for placements from the child welfare system. In addition, it will help identify the relative importance of different factors that make up families' preferences, children's preferences, case workers' preferences, and successful placement outcome. It also identifies correlation of attributes that include but are not limited to, personality, attachment, coping mechanisms, support structures, parenting styles with successful placements. Lastly, it provides a more detailed understanding of the matching experience of children and families in the child welfare system through data on the matching process. Through an efficient matching

system, Adoption-Share hopes to accomplish the following Secondary objectives through the Family-Match Demonstration Pilot: Decrease Time to Adoption Placement Increases Foster and Adoptive Family Satisfaction Increases Adoption Success Rate Decreases Number of Disruptions.

Nineteen local departments of social services and five privately licensed child-placing agencies have accounts with Family Match. There are 133 workers with an account on Family Match. There are currently 151 prospective adoptive families with profiles in Family Match. There are 117 completed profiles and 92 have been approved. Four families have placements.

- 44% of our families will take a placement 10 years or older
- 22 of these families will take 13 and older
- 72% will take more than one child.
- 62% will take a child of any gender
- 52% will take a child of any ethnicity
- 39.9 average age of prospective adoptive parent
- 88 we have validated the Mutual Family Assessment/Home Study

Connecting Hearts of Virginia

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.

2017 events

- Golf Event – included Heart Gallery, business and community leaders, and youth available for adoption awareness, October 16, 2017
- Connecting Hearts Match Event – Connecting Hearts partnered with One Church One Child, The UP Center, C2Adopt, and Richmond DSS on our quarterly Match Event, March 11, 2017
- Connecting Hearts “Match” Event—Connecting Hearts partnered with Richmond Department of Social Services, C2Adopt, HOPE Church, and UMFS on our quarterly Match Event, October 28, 2017
- 7th Annual Regional Forum Day – Connecting Hearts partnered on annual Regional Worker Forum for the Eastern Region to review barriers to permanency and possible solutions
- Shenandoah DSS Training – Foster and Adoption Worker Celebration Remembering the Older Child Training, May 18, 2017
- 3rd Annual Adoption Summit – Partnered with VDSS and orchestrated the Heart Gallery of Waiting Kids with all AFR partners in celebration of National Adoption Month; there was approximately 200 attendees from families to staff at both public and private agencies, November 1, 2017
- National Adoption Month Worker Celebration – Connecting Hearts partnered with VDSS's Tonya Belcher on hosting a Worker Celebration to honor Foster and Adoption Workers and simultaneously discuss barriers to permanency and perspective solutions, November 17, 2017
- Ongoing Photo Shoot Events for Waiting Kids—CH conducts photo events every other month to display at recruitment venues and websites, Connecting Hearts now also offers a Traveling Photography Service to facilitate the Heart Gallery Photos more conveniently
- Connecting Hearts Holiday Gift Party and Drive – Hundreds of normalcy gift items were collected for youth birth to 21-Years-Old in addition to Foster Care Alumni. There were over fifty

attendees at Connecting Hearts Holiday Gift Party and over 500 Holiday Gifts collected and distributed to youth across the state of Virginia, December 2017

- Connecting Hearts Birthday Bag and Bash Drive – Connecting Hearts launched our Birthday Bag and Bash Program in 2016. Since then, we have distributed birthday items to hundreds of youth across the state and also offer birthday deliveries to make the service more convenient for agency workers, January 2017 to Present.
- Connecting Hearts commits to 2-3 Awareness Events—Connecting Hearts commits to ongoing awareness events per month including educational events, recruitment, speaking engagement, and media related initiatives
- Family-Match – Connecting Hearts still partners with Family-Match in referring every Connecting Hearts family and Heart Gallery Children to the program
- Connecting Hearts Waiting Family Support Group—CH conducts monthly trainings and family engagement

International Adoption Data

United Methodist Family Services Adoption Family Preservation Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served through March, 2017

Families with International Adoptions: No disruptions/dissolutions since 4/1/2011

Six-year profile		One-year profile	
Families with international adoptions served since 4/1/11		Families with international adoptions served from April 2016 - March 2017	
Total families: 129 (unduplicated count) Total children: 191		Total families: 69 (unduplicated counts) Total children: 90	
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	2
No longer need services	41	No longer need services	8
No contact for 60 days	16	No contact for 60 days	9
Child turns 18 years old	0	Child turns 18 years old	0
Total closed	66	Total closed	19

All Families Served: In past the past year (April 2016 –March, 2017) there was 1 dissolution. In the past 6 years (since 4/11), there are 3 disruptions/dissolutions.

Six-year profile		One-year profile	
All families served since 4/1/11		All adoptive families served from April 2016 – March, 2017	
Total served: 536 (unduplicated count)		Total served: 282 (unduplicated count)	
Total 2 families whose cases were closed due to dissolution/disruption		Total 1 family whose cases were closed due to dissolution/disruption	
2 Foster Parent Adoptions		1 relative adoption	
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	1
Child out of home (no dissolution)	24	Child out of home (no dissolution)	8
Family moved	19	Family moved	3
No longer need services	147	No longer need services	37
No contact for 60 days	117	No contact for 60 days	42
Child turns 18 years old	0	Child turns 18 years old	0
Total closed	309	Total closed	91

Of the total 134 adoptive families served through March, 2017, 34 families have adopted internationally. These 34 families represent 25.40% of total families served in this fiscal year. In the 34 families, there are 45 children adopted internationally.

The cumulative numbers of international adoptive families served for FY16/17 are: 46 adoptive families, with 61 children being served. This represents a cumulative of 30.0% of all AFP families served for the year.

Primary Services provided by Adoptive Family preservation (AFP) for domestic and international adoptions

Case coordination and management utilizing a family systems approach and the high fidelity wraparound model. Each family receives access to services through their assigned Adoption Care Coordinator, who navigates the family through the process of determining service needs and developing a plan to address the identified needs.

Educational case management involving school advocacy, attendance at school meetings and coordination with other client providers to ensure optimal educational performance.

Supportive counseling for adoptive parents struggling with behavior management and therapeutic parenting.

Crisis intervention as needed to support families in identifying immediate support services to assist with stabilization.

Parent Coaching with an AFP Clinical staff or Therapist, who will assist the adoptive parents in understanding and identifying trauma, adoption and attachment issues in order to help them meet the needs of their adopted children in a more effective way.

Ongoing adoption competent trainings for professionals developed with the intention of increasing the pool of adoption competent providers. AFP therapists will be trained in adoption competent interventions, and will provide initial and ongoing training and consultation to other service providers in each of the identified service regions.

Adoption competent interventions in trauma and attachment work by AFP therapists, which includes individual and family therapy and a psychoeducational model to provide parents with the knowledge base for understanding effective interventions with traumatized children.

Individual and family therapy to support the mental health needs of adoptive families and to assist in creating stability within the adoptive placement.

Assessment and evaluation of the impact of trauma, core adoption issues and attachment patterns in adopted children. Family functioning and the adoptive parents own potential history of trauma and attachment may also be assessed and evaluated in order to ensure stability of the adoptive placement.

Crisis response services in collaboration with other providers to ensure that all families have a crisis plan and access to stabilization services as needed

Advocacy is supporting families toward securing services for their child and also being a source of support on behalf of the family at various team meetings and groups.

Adoptive Parent Support Partner who helps to empower adoptive families and ensure that the voice of both the youth and family are present and heard in the development of the service plan.

Access to community services and resources with the assistance of the Adoption Care Coordinator, who will work with the family to identify the appropriate services.

Monthly support groups and events hosted by each individual region, and specifically geared towards the needs of the families in that region.

Peer socialization groups such as the Girl's Group in the Central Region, which is developed to increase social support and social skill development for teens, while also connecting them with other youth who have lived through similar circumstances.

Respite Events through Project REST, which is an opportunity for adoptive parents to have the benefit of an extended number of hours to accomplish tasks, relax and re-energize, or reconnect with other family members. Children experience a day of therapeutic and fun activities that build skills they can use at home to calm down; build peer relationships that are successful, and have a chance to interact with other children who have lived through similar circumstances.

Clinical consultation with an AFP Therapist, who will assess the needs of the family and provide support and guidance as needed. Provided mainly professionals and providers who are on the family team or providing services to the family.

Parent Education and Training on issues related to trauma, attachment, behavior management, therapeutic parenting, the core issues of adoption, adoption narrative, trauma-informed parenting techniques and attachment theory based interventions.

Adoption Incentive Funds

In SFY 2017, VDSS received Adoption Incentive Awards in the amount of \$24,169. During FY 2017, local departments of social services had the opportunity to apply for adoption incentive funds through proposal submissions. There were approximately 25 agencies out of 120 local departments of social services across the Commonwealth that applied and were awarded funds. Local agencies utilized the funds to provide adoption trainings for post adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster to adopt families and celebrated adoptions during adoption month in November.

Virginia plans to utilize any future Adoption and Legal Guardianship Incentive funds in FY 2019 to support adoption services for families statewide. There are currently 35 agencies who have been approved in the current fiscal year to receive funds. The LDSS activities include the provision of post adoption and pre-adoptive training, speakers, purchase of materials to fund a LDSS resource library for families and to host adoption celebrations.

The program area has experienced challenges in expending adoption incentive funds. In 2017, local departments of social services were provided the opportunity to apply for funding through proposal submissions targeted at supporting adoptions and providing post adoption resources. Not all of the local departments applied for the funding or expended the funds timely during the fiscal year, resulting in a carryover of grant funding from fiscal year to fiscal year. The program continues to address the matter on a regional level through quarterly meetings and conference calls to solicit feedback from the local agencies on how best to appropriate the funds and ensure the funds are expended in their entirety.

Adoption Savings Project

VDSS DFS and the Division of Finance conducted the third title IV-E Adoption savings calculations and case reviews in 2017. As a result of the project above, more than \$3 million was calculated as adoption savings in FY 2017. VDSS spent the funds in FY 2017 on services to support and sustain adoptive placements for foster care adoptions. The Mutual Family Assessment Consultant and Specialist positions were hired beginning April 2016 and continue to assist local departments of social services in completing mutual family assessments for prospective foster and adoptive families which is required for a foster care or an adoption placement. In 2017, the Mutual Family Assessment Specialist received more than 90 referrals from across the Commonwealth and completed approximately 45 Mutual Family Assessment home studies. 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. Adoption Savings monies will be used in the same manner for FY 2019 by providing services to support and sustain adoptive placements for foster care adoptions such as MFA staff, preservation of adoption records and contractor support to assist LDSS, with the most youth legally free for adoption, in finalizing timely adoptions.

Adoption Month Proclamation and Awareness Events

In 2017 Governor Terence McAuliffe signed and issued a proclamation for November 2017 recognizing November as Adoption Awareness Month in Virginia. The 1st annual VDSS Adoption Conference was held. There were approximately 300 persons in attendance including LDSS and VDSS staff, community partners and foster and adoptive parents. One conference highlight featured a panel of young adult adoptees who shared their experiences through foster care and adoption in front of the 200+ conference attendees. The keynote speaker was Adam Pertman, President/CEO/Founder, National Center on Adoption and Permanency.

Governor Ralph S. Northam signed and issued a proclamation in August 2018 in advance of November's Adoption Awareness Month. VDSS will co-host the 2nd Annual VDSS Conference with NewFound Families, the state's Foster, Kin and Adoptive Family Association, November 2, 2018. The conference will focus on kinship adoption and working with kinship families. Dr. Ruth McRoy will be the keynote speaker.

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.

**The state-supported post-adoption services contracts are also available to families that have been adopted from other countries.*

The Division is working collaboratively with VDSS I.T. and Security on a document management project. Specifically, the Division will be working with a vendor to scan current adoption records from microfiche and new records into a digital platform. The work from SFY2017 continued as the project required proposed legislation, which passed in March 2018, and internal agency policies were required to move forward.

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.

Virginia completed 776 adoptions in FFY 2017. Results from the Child and Family Services Review, Permanency Outcome 1, rated achieving timely permanency in adoptions at 19.23%. DFS then conducted root cause analysis work to determine barriers to achieving safety, timely permanency, and well-being. DFS surveyed LDSS staff, community partners, conducted Town Hall listening sessions regionally across the state in specific program areas; child protective services, foster care, adoption, family recruitment, supervision and training. Specific to adoption, more than half of the respondents indicated barriers to achieving timely adoptions were due to inability to schedule court hearings timely in the juvenile and domestic relations court and circuit court. In addition, respondents noted scheduling conflicts for attorneys in termination of parental rights court hearings. The field also indicated minimal use of resources, such as permanent entrustments, when working towards concurrent planning.

Based on the aforementioned data, the adoption program plans to focus on strategies and activities to use along with a baseline of data through an exploration of state-wide usage of the Rapid Response Tool that is currently being used in the pilot stage with four LDSS through a VDSS collaboration with Casey Family Programs. Also, there will be a complete review of all cases with the goal of adoption during the Regional Consultants Agency Case Review monitoring report. VDSS will be able to utilize current data as a baseline and periodically review progress along with the initiation and review of PIP strategies and key activities. The use of these tools and review of progress will create a CQI process for review of timeliness to permanency via adoptions. The adoption program is also reviewing data at home office regarding timeliness of court documentation provided to complete the closed adoption record. In the last guidance update, the adoption program decreased the timeframe for creation of the closed adoption record from 30 days to 15 days to allow for more timely adoptions and more accurate reporting.

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. There have been 1,307 adoption assistance agreements have been negotiated or modified since the implementation of the program. In SFY2017 there were more than 1000 new agreements and more than 700 addendums negotiated. In SFY2017 there were more than 747 adoptions, the highest number of adoption the state has achieved.

*The program area has experienced some challenges in expending adoption incentive funds. For the past two out of three years, local departments of social services have had the opportunity to apply for funding through proposal submissions to support adoptions and post adoption resources. Not all of the local departments apply for the funding or expend the funds timely during the fiscal year, resulting in a carryover of grant funding from fiscal year to fiscal year. This year, local departments of social services who applied for funding last year were awarded additional funds this year. The program plans to address the matter on a regional level through quarterly meetings and conference calls to solicit feedback from the local agencies.

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.

Stakeholder Involvement

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.

Court Improvement Plan (CIP): This program is part of the Office of the Executive Director of the Virginia Supreme Court and 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 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.

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 and policy specialist comprise this unit supported by regional consultants. 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).

Adoption and Recruitment Regional 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 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):

The Community Resource, Adoptive, and Foster Family Training (CRAFFT) program is a joint initiative between the Virginia Department of Social Services and Norfolk State University, Virginia Commonwealth University, and Radford University. The CRAFFT program divides the state into five regions and assigns a CRAFFT Coordinator to each region. The CRAFFT program promotes the safety, permanency and well-being of children through the training of LDSS foster, kinship, adoptive, and resource parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goals are: 1) to increase the knowledge and skills of prospective and currently approved resource families through the development and delivery of standardized, competency-based, pre-and in-service training, as required by VDSS; and 2) to build capacity among (LDSS) to train and assess their own families.

To achieve the program goals, the CRAFFT Coordinators provide the following services:

- Deliver pre-service training sessions to prospective foster and adoptive parents using standardized curriculums: Parent Resources for Information, Development, and Education (PRIDE); *A Tradition of Caring* (ToC); and New Generation PRIDE (NG PRIDE)
- Develop and deliver in-service training for currently approved foster and adoptive families, based on input from local agencies, VDSS as well as families;
- Develop and maintain a regional training plan, based on results of the annual needs assessment;
- Conduct training courses for LDSS staff on foster and adoptive family development, assessment, and support which includes the following courses: Introduction to the PRIDE Model (CWS 3101); Mutual Family Assessment (CWS 3103) and Traditions of Caring a Day of Preparation for Workers;
- Collaborate with the Regional Adoption and Family Recruitment Consultants about regional training needs and around the delivery of the Mutual Family Assessment course (CWS 3103) which covers both assessment skills and a review of resource family approval policy and is team-taught;
- Collaborate with LDSS and NewFound Families-Virginia (Virginia's foster, adoptive and kinship parents' association) to promote membership, participate in NewFound Families activities, and develop relationships with regional NewFound Families board members and NewFound Families staff; and
- Participate in trainings, meetings, conference calls, and activities related to regional and statewide initiatives as needed and/or requested.

CRAFFT also helps local Departments of Social Services shape stronger families by supporting their capacity to assess and train foster and adoptive families. Technical assistance provided to LDSS staff includes:

- Identification of pre-service and in-service training needs of foster and adoptive families (Information gathered via completion of a Needs Assessment);
- Assistance with establishment of a plan to meet the pre-service and in-service training needs of foster and adoptive families. Plans include logistics such as identification of trainer (CRAFFT Coordinator, LDSS staff, or both as co-trainers) date, time, location, and topics;
- Identification of training needs of staff interested in providing pre-service and in-service training to foster and adoptive families;
- Assistance with establishment of a plan to meet LDSS staff training needs. Plans include logistics such as identification of course, prerequisites, date, time, and location (In region and out of region).
- Notification of upcoming trainings, events, and conferences offered by CRAFFT, neighboring agencies/organizations, and statewide entities; and
- Identification of free and for purchase training resources for foster, adoptive and kinship families.

CRAFFT also provides coordination of Regional Roundtable meetings for LDSS staff to meet with colleagues in their respective regions to share and exchange information, ideas, and resources on training, recruitment, development, and support of resource families. Additionally, the Coordinators invite guest speakers to the Roundtable meetings to share information on various regional and statewide programs and initiatives.

Pre-Service Training

During the 2016 calendar year, the CRAFFT Coordinators facilitated 245 pre-service training sessions for a total of 779 prospective foster and adoptive parents. The pre-service training was provided using the Parent Resource for Information, Development and Education (PRIDE) curriculum, the Traditions of Caring (ToC) curriculum, or the New Generation PRIDE (NG PRIDE) curriculum. Both the PRIDE pre-service training and the ToC training are comprised of nine in-person sessions and each session is three hours for a total of 27 hours of training. The New Generation PRIDE curriculum consists of five in-person sessions, and four on-line courses. Each in person session is three hours and the on-line courses are self-paced and each course takes a minimum of three hours to complete. The PRIDE pre-service curriculum and the NG PRIDE are designed for all prospective resource families (non-kinship and kinship) and the ToC curriculum is exclusively for kinship families.

The pre-service trainings facilitated by CRAFFT consisted of 25 New Generations PRIDE series, seven PRIDE series, and one Traditions of Caring series. The CRAFFT Coordinators also facilitated five NG PRIDE orientation sessions to inform prospective foster and adoptive families of the training requirements for the new curriculum. Additionally, the coordinators facilitated 23 PRIDE sessions towards the completion of three additional PRIDE series, eight sessions towards the completion of an additional Traditions of Caring series, and four sessions towards the completion of one additional NG PRIDE series.

In addition to the pre-service series that were solely facilitated by the CRAFFT Coordinators, they assisted and filled-in for LDSS staff that needed assistance with facilitating specific pre-service sessions but did not need assistance with an entire series. The CRAFFT Coordinators facilitated six PRIDE sessions and one NG PRIDE sessions to assist LDSS staff. Along with the scheduled pre-service training series that were facilitated in group settings, the CRAFFT Coordinators also facilitated pre-service series

or sessions for individuals or couples that needed training immediately due to time sensitive placement needs or for those that needed to make-up a missed session. During the 2016 calendar year, the coordinators facilitated 132 sessions for 66 individuals that had time sensitive placement needs or missed a session.

In-service Training

The CRAFFT Coordinators facilitated a total of 56 in-service group sessions for 761 current foster and adoptive parents. Additionally, the coordinators facilitated 11 in-service sessions for 18 foster and adoptive parents on topics that were specifically selected for their cases. The in-service sessions varied from one to six hours and some of the in-service trainings were conducted using the PRIDE Core curriculum. The PRIDE Core curriculum consists of 11 modules that includes the following topics: Module 1: The Foundation for Meeting the Developmental Needs of Children at Risk; Module 2: Using Discipline to Protect, Nurture, and Meet Developmental Needs; Module 3: Addressing Developmental Issues Related to Sexuality; Module 4: Responding to the Signs and Symptoms of Sexual Abuse; Module 5: Supporting Relationships between Children and Their Families; Module 6: Working as a Professional Team Member; Module 7: Promoting Children's Personal and Cultural Identity; Module 8: Promoting Permanency Outcomes; Module 9: Managing the Fostering Experience; Module 10: Under revision; Module 11 Understanding and Promoting Child Development; and Module 12: Understanding and Promoting Preteen and Teen Development.

In addition to the in-service sessions that were facilitated using the PRIDE Core curriculum, the coordinators facilitated in-service sessions that were developed by the CRAFFT program or other resources and these sessions included topics such as: The Parentified Child; Divided Loyalties; Trauma Informed Parenting; Life books; Parenting with Love and Logic; Understanding Educational Delays and IEPs, Strengthening Teamwork Skills; Supporting Visitation/Supporting Reunification; Managing Anger; Shared Parenting; Reunification/Letting Go; PRIDE in Review; Addressing Lying, Stealing and Hoarding Behaviors in Foster Children: Domestic Violence; Parenting the Sexually Abused Child; Navigating the Education System; Treat them Like Gold; Secondary Trauma in Families; and Foster Care Placement Agreement/Code of Ethics and Mutual Responsibility.

LDSS Staff Training and Support

The CRAFFT Coordinators provided assistance to local department of social services to help them increase their capacity for offering training for foster and adoptive parents more frequently. To accomplish this goal, the CRAFFT Coordinators provided the 2-day *Introduction to PRIDE* course for LDSS workers six times for a total of 43 LDSS workers and the *Tradition of Caring/Worker Preparation* course five times with a total of 87 workers in attendance. The CRAFFT Coordinators and the Adoption and Family Recruitment Consultants co-facilitated the two-day *Mutual Family Assessment (MFA)* course to provide policy and skills assessment information. The *MFA* course was provided 12 times and had a total of 75 attendees. The CRAFFT Coordinators also facilitated 15 roundtable meetings for agency workers to network and exchange ideas for training foster and adoptive families. A total of 251 workers participated in the roundtable meetings. Regional summaries are provided below.

Central Region: The Central Region CRAFFT Coordinator facilitated a total of 45 training sessions for a total of 158 prospective and current foster and adoptive parents. Forty-three of the sessions were pre-service trainings for a total of 138 prospective foster and adoptive parents and the remaining two sessions were in-service training for 20 current foster and adoptive parents. The Central Region CRAFFT Coordinator also facilitated 78 pre-service sessions for 22 foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Central Region

CRAFFT Coordinator facilitated a two-day *Introduction to PRIDE* course for 11 LDSS workers; the two-day Mutual Family Assessment course twice for a total of 17 LDSS workers; a one day Traditions of Caring Day of Preparation for Workers course for three LDSS workers, and two roundtable meetings for a total of 32 agency workers.

Eastern Region: The Eastern Region CRAFFT Coordinator facilitated a total of 65 training sessions for a total of 436 prospective and current foster and adoptive parents. Fifty-two of the sessions were pre-service trainings for a total of 232 prospective foster and adoptive parents and the remaining 13 sessions were in-service training for 204 current foster and adoptive parents. The Eastern Region CRAFFT Coordinator also facilitated 18 pre-service sessions for 21 foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Eastern Region CRAFFT Coordinator facilitated a two-day *Introduction to PRIDE* course for four LDSS workers; the two-day *Mutual Family Assessment* course three times for a total of 27 LDSS workers, and three roundtable meetings for a total of 85 agency workers.

Northern Region: The Northern Region CRAFFT Coordinator facilitated a total of 83 training sessions for a total of 322 prospective and current foster and adoptive parents. Sixty-two of the sessions were pre-service trainings for a total of 158 prospective foster and adoptive parents and the remaining 21 sessions were in-service trainings for 164 current foster and adoptive parents. The Northern Region CRAFFT Coordinator also facilitated 28 pre-service sessions for 15 foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a session. Additionally, the coordinator facilitated six in-service sessions for ten foster and adoptive parents on topics that were specifically selected for their cases. The Northern Region CRAFFT Coordinator facilitated the two-day *Introduction to PRIDE* course for seven LDSS workers; the two-day *Mutual Family Assessment* course three times for a total of 12 LDSS workers; the one-day *Traditions of Caring Day of Preparation for Workers* course once and four LDSS workers and four roundtable meetings for a total of 79 agency workers.

Piedmont Region: The Piedmont Region CRAFFT Coordinator facilitated a total of 53 training sessions for a total of 538 prospective and current foster and adoptive parents. Thirty-seven of the sessions were pre-service trainings for a total of 188 prospective foster and adoptive parents and the remaining 16 sessions were in-service training for 350 current foster and adoptive parents. The Piedmont Region CRAFFT Coordinator also facilitated one pre-service session for two foster and adoptive parents that missed a session and five in-service sessions for eight foster and adoptive parents on topics that were specifically selected for their cases. The Piedmont Region CRAFFT Coordinator facilitated a two-day *Introduction to PRIDE* course for three LDSS workers; a two-day *Mutual Family Assessment* course twice for a total of six LDSS workers; a *Traditions of Caring/Worker Preparation* course twice for a total of 79 LDSS workers; and two roundtable meetings for a total of 32 agency workers.

Western Region: The Western Region CRAFFT Coordinator facilitated a total of 55 training sessions for a total of 86 prospective and current foster and adoptive parents. Fifty-one of the sessions were pre-service trainings for a total of 37 prospective foster and adoptive parents and the remaining four sessions were an in-service training for 23 current foster and adoptive parents. The Western Region CRAFFT Coordinator also facilitated seven pre-service sessions for six foster and adoptive parents that needed training immediately due to time sensitive placement needs. The Western Region CRAFFT Coordinator facilitated the two-day *Introduction to PRIDE* course twice for a total of 18 LDSS workers; the two-day *Mutual Family Assessment* course twice for a total of 13 LDSS workers; a *Tradition of Caring/Worker Preparation* course for one LDSS worker; and four roundtable meetings for a total of 23 agency workers.

2018 Update

CRAFFT

The Community Resource, Adoptive, and Foster Family Training (CRAFFT) program is a joint initiative between the Virginia Department of Social Services and Norfolk State University, Virginia Commonwealth University, and Radford University. The CRAFFT program divides the state into five regions and assigns a CRAFFT Coordinator to each region. The CRAFFT program promotes the safety, permanency and well-being of children through the training of LDSS foster, kinship, adoptive, and resource parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goals are: 1) to increase the knowledge and skills of prospective and currently approved resource families through the development and delivery of standardized, competency-based, pre-and in-service training, as required by VDSS; and 2) to build capacity among (LDSS) to train and assess their own families.

To achieve the program goals, the CRAFFT Coordinators provide the following services:

- Deliver pre-service training sessions to prospective foster and adoptive parents using standardized curriculums: Parent Resources for Information, Development, and Education (PRIDE); A Tradition of Caring (ToC); and New Generation PRIDE (NG PRIDE)
- Develop and deliver in-service training for currently approved foster and adoptive families, based on input from local agencies, VDSS as well as families;
- Develop and maintain a regional training plan, based on results of the annual needs assessment(s);
- Conduct training courses for LDSS staff on foster and adoptive family development, assessment, and support which includes the following courses: Introduction to the PRIDE Model (CWS 3101); Mutual Family Assessment (CWS 3103) and Traditions of Caring a Day of Preparation for Workers;
- Collaborate with the Regional Adoption and Family Recruitment Consultants about regional training needs and around the delivery of the Mutual Family Assessment course (CWS 3103) which covers both assessment skills and a review of resource family approval policy and is team-taught;
- Collaborate with LDSS and NewFound Families-Virginia (Virginia's foster, adoptive and kinship parents association) to promote membership, participate in NewFound Families activities, and develop relationships with regional NewFound Families board members and NewFound Families staff;
- Participate in trainings, meetings, conference calls, and activities related to regional and statewide initiatives as needed and/or requested.

CRAFFT also helps local Departments of Social Services shape stronger families by supporting their capacity to assess and train foster and adoptive families. Technical assistance provided to LDSS staff is as follows:

- Identification of pre-service and in-service training needs of foster and adoptive families (Information gathered via completion of a Needs Assessment).
- Assistance with establishment of a plan to meet the pre-service and in-service training needs of foster and adoptive families. Plans include logistics such as identification of trainer (CRAFFT Coordinator, LDSS staff, or both as co-trainers) date, time, location, and topics.
- Identification of training needs of staff interested in providing pre-service and in-service training to foster and adoptive families.

- Assistance with establishment of a plan to meet LDSS staff training needs. Plans include logistics such as identification of course, prerequisites, date, time, and location (In region and out of region).
- Notification of upcoming trainings, events, and conferences offered by CRAFFT, neighboring agencies/organizations, and statewide entities.
- Identification of free and for purchase training resources for foster, adoptive and kinship families.
- Coordination of Regional Roundtable meetings for LDSS staff to meet with colleagues in their respective regions to share and exchange information, ideas, and resources on training, recruitment, development, and support of resource families. Additionally, the Coordinators invite guest speakers to the Roundtable meetings to share information on various regional and statewide programs and initiatives.

Pre-Service Training

During the 2017 calendar year, the CRAFFT Coordinators facilitated two hundred and twenty-three (223) pre-service training sessions for a total of six hundred and seventy-two (672) prospective foster and adoptive parents. The pre-service training was provided using the Parent Resource for Information, Development and Education (PRIDE) curriculum, the Traditions of Caring (ToC) curriculum, or the New Generation PRIDE (NG PRIDE) curriculum. Both the PRIDE pre-service training and the ToC training are comprised of 9 in-person sessions and each session is 3 hours for a total of 27 hours of training. The New Generation PRIDE curriculum consists of 5 in-person sessions, and 4 on-line courses. Each in person session is 3 hours and the on-line courses are self-paced and each course takes a minimum of 3 hours to complete. The PRIDE pre-service curriculum and the NG PRIDE are designed for all prospective resource families (non-kinship and kinship) and the ToC curriculum is exclusively for kinship families.

The pre-service trainings facilitated by CRAFFT consisted of twenty-eight (28) New Generations PRIDE series and five (5) Traditions of Caring series. The CRAFFT Coordinators also facilitated six (6) NG PRIDE information sessions to inform prospective foster and adoptive families of the training requirements for the new curriculum, six (6) extra content sessions, and three (3) make-up sessions. Additionally the coordinators facilitated three (3) PRIDE sessions towards the completion of a series that will be completed beyond this reporting period. In addition to the pre-service series that were solely facilitated by the CRAFFT Coordinators, they assisted and filled-in for LDSS staff that needed assistance with facilitating specific pre-service sessions but did not need assistance with an entire series. The CRAFFT Coordinators facilitated five (5) NG PRIDE sessions to assist LDSS staff. Along with the scheduled pre-service training series that were facilitated in group settings, the CRAFFT Coordinators also facilitated pre-service series or sessions for individuals or couples that needed training immediately due to time sensitive placement needs or for those that needed to make-up a missed session. During the 2017 calendar year, the coordinators facilitated eighty-three (83) sessions for fifty-two (52) individuals that had time sensitive placement needs or missed a session.

In-service Training

The CRAFFT Coordinators facilitated a total of forty-nine (49) in-service group sessions for five hundred and thirty-seven (537) current foster and adoptive parents. Additionally, the coordinators facilitated six (6) in-service sessions for thirteen (13) foster and adoptive parents on topics that were specifically selected for their cases. The in-service sessions varied from one to six hours and some of the in-service trainings were conducted using the PRIDE Core curriculum. The PRIDE Core curriculum consists of 11 modules that includes the following topics: Module 1: The Foundation for Meeting the Developmental Needs of Children at Risk; Module 2: Using Discipline to Protect, Nurture, and Meet Developmental Needs; Module 3: Addressing Developmental Issues Related to Sexuality; Module 4: Responding to the

Signs and Symptoms of Sexual Abuse; Module 5: Supporting Relationships between Children and Their Families; Module 6: Working as a Professional Team Member; Module 7: Promoting Children's Personal and Cultural Identity; Module 8: Promoting Permanency Outcomes; Module 9: Managing the Fostering Experience; Module 10: Under revision; Module 11 Understanding and Promoting Child Development; and Module 12: Understanding and Promoting Preteen and Teen Development.

In addition to the in-service sessions that were facilitated using the PRIDE Core curriculum, the coordinators facilitated in-service sessions that were developed by the CRAFFT program or other resources and these sessions included topics such as: The Parentified Child; Divided Loyalties; Trauma Informed Parenting; Life books; Parenting with Love and Logic; Understanding Educational Delays and IEPs, Strengthening Teamwork Skills; Supporting Visitation/Supporting Reunification; Managing Anger; Shared Parenting; Reunification/Letting Go; PRIDE in Review; Addressing Lying, Stealing and Hoarding Behaviors in Foster Children: Domestic Violence; Parenting the Sexually Abused Child; Navigating the Education System; Treat them Like Gold; Secondary Trauma in Families; and Foster Care Placement Agreement/Code of Ethics and Mutual Responsibility.

LDSS Staff Training and Support

The CRAFFT Coordinators provided assistance to local department of social services to help them increase their capacity for offering training for foster and adoptive parents more frequently. To accomplish this goal, the CRAFFT Coordinators provided the 2-day Introduction to PRIDE course for LDSS workers eight (8) times for a total of fifty-seven (57) LDSS workers and the Tradition of Caring/Worker Preparation course two (2) times with a total of eight (8) workers in attendance. The CRAFFT Coordinators and the Adoption and Family Recruitment Consultants co-facilitated the 2-day Mutual Family Assessment (MFA) course to provide policy and skills assessment information. The MFA course was provided eight (8) times and had a total of ninety (90) attendees. The CRAFFT Coordinators also facilitated nine (9) roundtable meetings for agency workers to network and exchange ideas for training foster and adoptive families. A total of one hundred and thirty-four (134) workers participated in the roundtable meetings.

Regional Summaries:

Central Region

The Central Region CRAFFT Coordinator facilitated a total of forty-four (44) training sessions for a total of one hundred and sixty-seven (167) prospective and current foster and adoptive parents. Forty-three (43) of the sessions were pre-service trainings for a total of one hundred and fifty-nine (159) prospective foster and adoptive parents and the remaining session was an in-service training for eight (8) current foster and adoptive parents. The Central Region CRAFFT Coordinator also facilitated sixty-one (61) pre-service sessions for twenty-eight (28) foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Central Region CRAFFT Coordinator facilitated a 2-day Introduction to PRIDE course twice for thirteen (13) LDSS workers; the 2-day Mutual Family Assessment course twice for a total of eighteen (18) LDSS workers; and two (2) roundtable meetings for a total of thirteen (13) agency workers.

Eastern Region

The Eastern Region CRAFFT Coordinator was on medical leave from January 2017 through March 2017. From April 2017 through December 2017 she facilitated a total of thirty (30) training sessions for a total of one hundred and forty-five (145) prospective and current foster and adoptive parents. Twenty-five (25) of the sessions were pre-service trainings for a total of sixty-one (61) prospective foster and adoptive

parents and the remaining five (5) sessions were in-service training for eighty-four (84) current foster and adoptive parents. The Eastern Region CRAFFT Coordinator also facilitated five (5) pre-service sessions for two (2) foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Eastern Region CRAFFT Coordinator facilitated a 2-day Introduction to PRIDE course twice for eighteen (18) LDSS workers; the 2-day Mutual Family Assessment course two times for a total of twenty-four (24) LDSS workers, the Traditions of Caring course once for four (4) LDSS workers, and two (2) roundtable meetings for a total of fifty-seven (57) agency workers.

Northern Region

The Northern Region CRAFFT Coordinator facilitated a total of one hundred and nineteen (119) training sessions for a total of four hundred and thirteen (413) prospective and current foster and adoptive parents. Ninety-three (93) of the sessions were pre-service trainings for a total of two hundred and ten (210) prospective foster and adoptive parents and the remaining twenty-six (26) sessions were in-service trainings for two hundred and three (203) current foster and adoptive parents. The Northern Region CRAFFT Coordinator also facilitated an in-service session for two (2) foster and adoptive parents on a topic that was specifically selected for their case. The Northern Region CRAFFT Coordinator facilitated the 2-day Introduction to PRIDE course twice for thirteen (13) LDSS workers; the 2-day Mutual Family Assessment course two times for a total of twenty (20) LDSS workers; the one-day Traditions of Caring Day of Preparation for Workers course once and four (4) LDSS workers and three (3) roundtable meetings for a total of fifty-three (53) agency workers.

Piedmont Region

The Piedmont Region CRAFFT Coordinator facilitated a total of seventy-one (71) training sessions for a total of four hundred and thirteen (413) prospective and current foster and adoptive parents. Fifty-nine (59) of the sessions were pre-service trainings for a total of two hundred and thirty-two (232) prospective foster and adoptive parents and the remaining twelve (12) sessions were in-service training for one hundred and eighty-one (181) current foster and adoptive parents. The Piedmont Region CRAFFT Coordinator also facilitated twelve (12) pre-service session for twenty (20) foster and adoptive parents that missed a session and three (3) in-service sessions for eight (8) foster and adoptive parents on topics that were specifically selected for their cases. The Piedmont Region CRAFFT Coordinator facilitated a 2-day Introduction to PRIDE course twice for thirteen (13) LDSS workers; a 2-day Mutual Family Assessment course twice for a total of twenty-eight (28) LDSS workers; and one (1) roundtable meeting for a total of seven (7) agency workers.

Western Region

The Western Region CRAFFT Coordinator position was vacant from May 2017 through December 2017. From January 2017 through April 2017, the Western Region CRAFFT Coordinator facilitated a total of eight (8) training sessions for a total of seventy-one (71) prospective and current foster and adoptive parents. Three (3) of the sessions were pre-service trainings for a total of ten (10) prospective foster and adoptive parents and the remaining five (5) sessions were an in-service training for sixty-one (61) current foster and adoptive parents. The Western Region CRAFFT Coordinator also facilitated five (5) pre-service sessions for two (2) foster and adoptive parents that needed training immediately due to time sensitive placement needs and two (2) in-service sessions for three (3) foster and adoptive parents on topics that were specifically selected for their cases. The Western Region CRAFFT Coordinator facilitated one (1) roundtable meeting for a total of four (4) agency workers.

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. On June 29 – July 2, 2017, NewFound Families hosted a “Camp-ference” for families and workers. The event offered respite, networking, learning opportunities, and a symposium focused on building a trauma-informed community, the opioid crisis, and identifying and parenting children with fetal alcohol syndrome. In 2017, NewFound Families engaged over 1,300 caregivers through social media as an online support chat group. Additionally, the website for NewFound Families averaged 2,803 hits per month in 2017. Overall, NewFound Families continues to provide meaningful opportunities for foster, adoptive, and kinship families to benefit from peer support, skill building, and sustainable community connections.

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.

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.

2018 Update

Assessment of Strengths and Gaps in Services

As part of the ACR, recruitment efforts are discussed and recommendations are made based on individual agency needs. Adoption and Family Recruitment Consultants review data reports and the number of kinship placements prior to conducting an ACR and incorporate the information into a written report that’s provided to the LDSS to. During the agency debriefing meeting the consultants also use this information to support the LDSS to develop ideas and strategies and implement their targeted and child-specific recruitment plans. The ACR process encourages an open and supportive relationship between the consultants and the LDSS staff and assists with identifying the ongoing training needs of both new staff and seasoned workers.

Adoption and Family Recruitment Consultants communicate regularly with the Extreme Recruitment staff, ATCP and other adoption contractors to discuss the progress of adoption referrals, the anticipated timeline to recruitment of families, placement and adoption finalization. The consultants also monitor the number of inquiries received and if the families are approved or denied to ensure that all opportunities for placements for children in foster care needing adoptive homes are available.

Gaps: Historically, the use of relative foster homes continued to be a major obstacle due to staff and community biases. During the 2018 GA, the kinship guardianship assistance program was established which will now address some of the previous gaps. Although, the lack of accurate foster and adoptive family data in OASIS continues to be problematic this issue is also being addressed.

Continuous Quality Improvement (CQI) for Permanency

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.

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 has been looking at information and 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).

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.

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. More detail about this program is included in the Child Welfare Training segment of this APSR.

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.

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 will be able to provide input.

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:

2018 Update

As of May 1, 2018, Virginia has 2,899 open ICPC cases and 3,941 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 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 concurrence 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.

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.

2018 Update

On April 18, 2016, Virginia on boarded with 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. It is anticipated that Arlington County Department of Human Services will join the LDSS that participate in NEICE.

2018 Update

The Commissioners of Social Services for the States of Virginia and Tennessee re-codified and signed the Border Agreement Addendum with an effective date of November 15, 2017. The Virginia Juvenile Court judges and court staff received training on March 9, 2018 and the Border Agreement agencies' supervisors and workers received their training on March 26, 2018. The following local agencies are currently on the NEICE system: Arlington, Chesapeake, Fairfax, Hampton, Harrisonburg/Rockingham, Newport News, Norfolk, Prince William, Stafford, Virginia Beach, and Wythe. We have trained 267 local agency workers.

2. PREVENTION SERVICES

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

- Give clarity to the definition of prevention that provides the framework for a common language to use across the continuum of child welfare services;
- Promote prevention services as a core program within the VDSS system;
- Develop the capacity of our local departments to recognize, promote, and support prevention services;
- Build a repertoire of prevention strategies and best practice guidelines that can be used by localities in their delivery of prevention services;
- Create a presence for prevention services in the DSS database so that services can be recorded and outcomes measured; and,
- 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:

- Parental resilience;
- Social connections;
- Knowledge of parenting and child development;
- Concrete support in times of need; and
- 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 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 was facilitated 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.

2018 Update

FFPSA revised the definition of "family support services" at section 431(a)(2)(B)(iii) of the act to include community-based services to support and retain foster families to provide quality family-based settings for children in foster care". The change in definition regarding Family Support Services now allows for an opportunity to access funding on the front-end of casework. This will aid in prevention of foster care placements while supporting children and families to receive services in a family home setting. This new legislation will provide funding to support the increase in foster home recruitment needs in relation to the approval of foster families as well as enhance the ability to retain the number of foster families. Through the increase of foster families, children will have stability and access to services and support for a longer period of time. Additionally, community-based services will potentially aid in the expansion of available services for children and families statewide. Foster families will have the benefit of obtaining services and resources to support the needs of children in the family home. Ultimately, stability and permanency may be achieved through meeting the needs of children within the community to reduce the need for placement in foster care. The long-term impact of the change in definition will provide more opportunity to improve the well-being of children that we serve. The change in definition will require that funding is used to support the placement of children with families and not through group homes. A reduction in congregate care will result from this change in child welfare practice.

In addition, FFPSA revised and renamed the definition of "family reunification services" (formerly time-limited reunification services") at section 431(a)(7)(A) effective October 1, 2018. The change now allows for reunification services to be provided for up to 15 months once a child is returned home. With changes to the definition of Family Reunification Services, children will have access to services for a longer period of time. The increase in the time of allowable services, children and families will have an opportunity to engage in services for a longer period of time which may aid in successful completion of services. Children will have the benefit of receiving services within their home. Families will have access to an array of services to include: in-home, mental health, family therapy, substance abuse, domestic violence, parenting skills training, counseling and parenting education.

As long as there is safety for children and families, the change in definition to both Family Support Services and Family Reunification, will contribute to keeping children in the home and connecting them to needed. Since there are no income restrictions, more children and families can be served. Although, there will likely be an increase in the number of those served, quality of service will continue to be a focus and have precedence over other aspects of service delivery.

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.

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.

Assessment of Strengths and Gaps

Strength: 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 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.

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 established an Advisory Group in order to help identify, refine, and prioritize issues of the study. The Advisory Group 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.

During the 2016 General Assembly Session, VDSS was directed to conduct a pilot project on data collection and reporting for LDSS in the Western region regarding facilitated care arrangements (i.e., foster care diversion). In addition to the 22 pilot agencies in the Western region, agencies in the Northern, Piedmont, Central, and Eastern regions of the state have volunteered to participate in the pilot –

specifically, Alexandria, Arlington, Fairfax, Prince William, Albemarle, Campbell, King William, Middlesex, New Kent, and James City.

Quarterly data will be collected for a period of 18 months with ongoing technical assistance and guidance provided by Family Services. Family Services will also establish a data sharing agreement with Child Trends to share and exchange data for the purpose of gaining an understanding of what the current kinship diversion practices are in Virginia. These diversion practices may include which staff are involved in facilitating diversion arrangements, under what circumstances the arrangements are made, child outcomes, and factors that influence these outcomes. Through this understanding, Family Services can begin to define elements of best practices for diversion and inform future data collection.

VDSS has been directed by Budget Amendment, Item 339(s) to 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. The SFFC model utilizes a network of volunteer host families to assist parents in securing a temporary alternative living arrangement due to unmanageable or critical circumstances. DFS will evaluate the pilot program and determine if this model of prevention is effective. Findings and recommendations generated from pilot project will be submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Commission on Youth by December 1, 2017.

During 2017, VDSS has continued to support piloting the foster care diversion program with Patrick Henry Family Services. The intent of the pilot is to provide alternative living arrangements, supervision, support and care for children who require placements due to varying reasons such as family issues, parental substance abuse, mental health challenges and child behavioral needs. Through ongoing communication and collaboration with the staff of Patrick Henry Family Services, the Safe Families for Children (SFFC) model is utilized to provide a framework for practice and service delivery. Continual data collection, case tracking and outcome monitoring is emphasized to aid in evaluating the effectiveness of the model and whether it may be replicated in other areas within the state. At the inception of this pilot, it was determined that all findings and recommendations will be reported to the Governor, the Chairmen of the House of Appropriations and Senate Finance Committees and the Commission on Youth. A report will be submitted by December 1, 2017.

For FY 2018, prevention practices will continue to be assessed, monitored and evaluated to identify methods to further enhance the program. Further, there is anticipation of stronger connections with prevention, CPS, Foster Care and Adoption. One primary function of prevention will focus on ways to better document and monitor diversion practices throughout LDSS. Additionally, emphasis will be placed on linking children to relatives and seeking such placements before entry into foster care. Regarding a prevention standpoint, LDSS will be encouraged to conduct casework practice, supervision and engagement practices via the use of the Practice Profiles guided by the Children's Practice Model. Ultimately, prevention will focus on aiding in achieving outcomes for children and families in areas of safety, well-being and permanency. Prevention will continue with practices centered around early intervention and strategies to respond to the needs of those requiring services short and long term. Additionally, it is expected that changes to guidance will be completed to provide clearer guidelines for practice. The possibility of utilizing a risk assessment tool will be considered to help support case decisions of closing cases and assessing for service referrals and community-based supports. Prevention will also focus on engaging with faith-based partners.

2018 Update

Prevention Services Guidance

New and revised Prevention Services guidance was released in April 2018 and posted online at the following locations: [FUSION](#) and [VDSS public website](#). The guidance presented in the Prevention Services chapter is an extension of VDSS' continued efforts to embrace a family engagement practice model. It is consistent with accepted strengthening families principles and with recognized best practices in early prevention and foster care prevention services.

The prevention chapter, which is incorporated into the larger VDSS Child and Family Services Manual, has been organized in the following order:

- Section 1: Overview of Prevention for Practice and Administration.
- Section 2: Early Prevention Services to Families.
- Section 3: Foster Care Prevention Services to Families (to be published).

The intent of the guidance is to provide an overview of prevention for administrative and direct service staff across all programs in the social services delivery system and their community partners in order to inform, build or enhance the provision of prevention services within local communities. The guidance also seeks to provide strategies for community outreach to the general public and for activities directed to individuals or groups who may be at risk of abuse or neglect. Furthermore, the guidance offers program managers, supervisors, and service workers involved in early prevention with best practice strategies for engaging families during an initial outreach contact, empowering families in decision making, maintaining family engagement and partnership when a family has requested services.

Significant changes in Section 1 and Section 2 include:

- Adding new guidance regarding training recommendations for prevention services staff.
- Providing a framework for shifting the approach to children and families from problem focused to solution focused throughout the casework process.
- Adding information regarding the administration of the Family Preservation & Support Program (FPSP), by way of federal Social Services Block Grant (SSBG) funds.
- Identifying public education and awareness activities that LDSS offer and examples of national community outreach, education, and awareness programs.
- Adding guidance on providing services to individual families served by LDSS and presents a model for initial contact and short-term assessment.
- Adding a new section which provides a link to the Domestic Violence (DV) chapter of the VDSS Child and Family Services Manual regarding universal screening for DV.
- Adding guidance regarding screening for sex trafficking as required by federal law, Preventing Sex Trafficking and Strengthening Families Act of 2014.
- Adding guidance regarding the assessment of reasonable candidacy for foster care and its documentation in the automated data system (OASIS).
- Adding information regarding the administration of the Adverse Childhood Experience (ACE) Questionnaire.
- Clarifying the basic elements of a service plan: Goals, Objectives, Tasks/Activities, and Services.
- Adding new section providing examples and links to evidence-based therapies, promising practices, and other therapies that help children manage issues and symptoms related to trauma.
- All sections: Updating links for the Code of Virginia and the Virginia Administrative Code (VAC) to reflect new online websites.

Transmittal training is offered to LDSS via a recorded session available in the Virginia Learning Center (VLC). Search the VLC for the following VDSS course: VDSS - FSWEB1017: Prevention Guidance Transmittal April 2018.

Prevention Advisory Committee

In April 2018, the Prevention Advisory Committee was reconvened 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 Prevention Advisory Committee will seek to meet 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 served an integral role in the development of the newly revised Prevention Services guidance and will continue its focus on the following areas: developing the capacity to capture and analyze the impact of prevention and kinship diversion efforts in our automated data system; exploring funding needs, including how to realign current prevention funding sources and identify additional funding sources; and establishing core competencies and identify additional training needs.

Diversion Data Pilot Project

Background

During the 2016 General Assembly Session, Budget Amendment, Item 343(c) directed VDSS to conduct a pilot project on data collection and reporting for LDSS regarding facilitated childcare arrangements (i.e. foster care diversion).

“The Department of Social Services shall work with local departments of social services on a pilot program in the western region of the state to evaluate the available data collected by local departments on facilitated care arrangements. The department shall, based on findings from the pilot program, determine the most appropriate mechanism for collecting and reporting such data on a statewide basis.”

Project Description

Data collected will assist in exploring the barriers to achieving safety and stability for children with kin and/or fictive kin caregivers in lieu of foster care placements.

Project Development

VDSS coordinated 32 pilot agencies (22 from Western region, and 10 volunteer agencies from across the state). A Diversion Data Reporting Tool was developed to assist in the collection of baseline data for this project with input from VDSS, the Child Welfare Advisory Committee, and LDSS.

Data Collection

VDSS collected baseline data from Child Protective Services (CPS), CPS Ongoing and Prevention cases where a diversion placement occurred in July 2016. VDSS compiled the data, which was submitted quarterly by local agency staff and was collected for a period of 18 months.

Evaluation Results

VDSS partnered with Child Trends in April 2017, working under the Annie E. Casey Foundation Kinship Diversion Study, to evaluate the Commonwealth’s diversion practices. There are two other states

involved in the Child Trends and Annie E. Casey Foundation Kinship Diversion Study. Through partnership with Child Trends, the goal is to begin to define elements of best practices for kinship diversion across the United States. VDSS is also working with the Office of Research & Planning to retrieve some administrative data from the automated data system (OASIS) - as these cases will serve as a “comparison group” so that additional analyses can be conducted regarding practices and outcomes for children in diversion cases and in non-diversion cases. The analytic process will be iterative, requiring ongoing feedback from Child Trends on the preliminary results. Results of this evaluation project will influence the development of VDSS guidance to include best practices within the prevention realm. Evaluation results may lead to recommended regulatory and/or code changes and inform future data collection processes.

Safe Families Pilot Project

During the 2016 General Assembly Session, been directed by Budget Amendment, Item 339(s) to 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. The SFFC model utilizes a network of volunteer host families to assist parents in securing a temporary alternative living arrangement due to unmanageable or critical circumstances. As part of its charge, VDSS examined the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other states go further and follow the Uniform Guardianship and Protective Proceedings Act (UGPPA), which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program took a similar approach. To accomplish this task, VDSS Division of Family Services consulted the Division of Licensing Programs in evaluating the effectiveness of the program, articulating findings, and providing recommendations.

VDSS acknowledges the intent of concerted efforts to support vulnerable families in the community without child welfare system involvement. These efforts create a medium for meaningful partnerships with community-based providers to offer temporary care for at-risk children in the community. This alternative can facilitate the support and strengthening of families and perhaps prevent at-risk children from being placed into foster care. The potential success of such efforts comes from the ability to recruit volunteers prepared to support vulnerable families over short periods of time, while being attentive to child safety, well-being, and permanency. Vulnerable families benefit from having access to extended community networks and local resources. In turn, the volunteers benefit from the sense of contributing to their respective communities.

VDSS believes in partnering with others to support child and family success in a child welfare system that is family-focused, child-centered, and community-based. The purpose of the pilot program was to evaluate a short term model of temporary custody for families in crisis to help prevent family disruption and children being placed into foster care. Thus, VDSS identified the following programmatic and practice recommendations in providing parents with support and respite while children reside in an alternative environment with the ultimate goal of reunification.

- **Recommendation 1:** A more rigorous evaluation of the Safe Families model’s impact on children and families in crisis is needed to justify broader implementation of the program in other communities.
- **Recommendation 2:** VDSS supports the enhancement of family-driven service models, like Safe Families, as a best practice in prevention. Thus, LDSS and other community-based organizations have the opportunity to work together as partners to strengthen the infrastructure and array of local prevention efforts.

The findings and recommendations of the evaluation have been finalized and can be viewed on the Virginia Legislative Information System (LIS) website: [RD549 - Report on Pilot Program - Temporary Placement of Children in Crisis – December 1, 2017](#).

3. QUALITY ASSURANCE AND ACCOUNTABILITY UNIT (QAA)

The current DFS Quality Assurance and Accountability Unit (QAA) is comprised of three key areas of responsibility: title IV-E Foster Care/Adoption Assistance, Child and Family Services Review (CFSR) and Sub-Recipient Monitoring (SRM). The QAA Unit staffing includes: a QAA program manager, two QAA supervisors, a sub-recipient monitoring 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 QAA Unit 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 approximately 90-120 days all children who enter foster care for the correct determination of funding eligibility. In addition, the unit reviews all established title IV-E foster care cases yearly to ensure on-going compliance to meet federal and state requirements. The Unit also monitors and ensures local departments are able to provide local financial data to support reimbursement requests. Data integrity of the OASIS reporting, with regards to foster care and adoption assistance clients, is also a responsibility for the Unit. They work closely with the VDSS Child Protective Services, Foster Care and Adoption Program Managers to ensure coordinated communication and application of compliance guidance and regulations. Additionally, the QAA unit provides quarterly IV-E reports to the regional offices and local agencies. These reports include state, regional and local error rates based on federal error types.

For the first time in August 2016, VDSS/DFS passed a primary federal title IV-E review.

Sub-recipient Monitoring

The sub-recipient 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. Sub-recipients 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 programs.

4. CONTINUOUS QUALITY IMPROVEMENT UNIT (CQI)

The Continuous Quality Improvement (CQI) program within the Division of Family Services provides consultation and technical assistance to all units within the division at the state level; regional directors, consultants, and contractors; and local departments of social services (LDSS). The program follows the five key components of CQI as identified by the Children's Bureau, ACY, US DHHS, as well as numerous practitioners and scholars across child welfare nationally.

These key components of CQI are:

- Foundational Administrative Structure
- Quality Data Collection
- Case Record Review Data and Process
- Analysis and Dissemination of Quality Data
- Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

Case Record Review Data and Process

In late 2016, the division adopted a two-pronged approach to case file reviews. Following the successful model of monthly visits to monitor and maintain valid and reliable IV-E expenditures, the QAA unit began bi-monthly visits to each LDSS in the state. These New Child Welfare Case Reviews provided the opportunity for state-level consultants to visit and become familiar on a regular basis with each LDSS, and to measure compliance with basic best practices. Measures reviewed for these visits included items such as: was the investigation/family assessment (FA) completed and approved in OASIS timely (60 days); Does the case have a current foster care service plan with a goal and concurrent goal; and Child's birth certificate, social security card, 501's; appropriate system checks.

The second part of the Division's new case review process includes the five regional offices across the state. In January 2017, each regional consultant began a process to review all LDSS in their region with a protocol of in-depth case file reviews and discussions with each agency. Consultants in child protective services, permanency and foster care, adoption, and resource families perform these reviews and provide both the local agency and the Division with a narrative summary and data appendix. CQI analyses these data and provides reports to VDSS leadership monthly with reporting to regional directors and consultants set for the next ROCO meeting in October 2017. The following is the agreed process:

“This Child Welfare Case Review is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. This child welfare case review does not address all guidance and practice expectations in any of the child welfare programs.

To adequately address all items in the review, the expectation is that the regional review team will spend a work day at the agency to include record reviews as needed, informal interaction with LDSS staff, and the debriefing meeting.

Through the case review process, VDSS intends to:

- Increase consultant face to face availability and the development of supportive relationships with LDSS staff with sensitivity to staff turnover;
- Use targeted observations to support appreciative inquiry and development of LDSS strategies to enhance practice;
- Facilitate opportunities to explore with LDSS how to use training and practice profiles to support LDSS staff development;
- Utilize data collected to assess systemic issues and identify state-level responses or supports as needed by region or state-wide; and,
- Provide a written report documenting findings of the review and strategies identified by the LDSS to support the development of cross program areas of practice that impact timely and appropriate child and family outcomes.

Following an agency case review, VDSS' follow-up with the LDSS will be largely dependent upon the assessed need of the LDSS. VDSS is not requiring a formal Program Improvement or System Improvement Plan.

In LDSS where concerns are identified around meeting basic expectations of the program in terms of protection or safety of children, responses are likely to be more directive and follow-up will need to include periodic monitoring and checking in around these issues until such time as they are resolved. Program managers and regional directors should be involved in the development of a plan with these LDSS.

In LDSS where LDSS are generally meeting the basic expectations, follow-up will be focused on providing support for practice enhancement including the use of the coaching strategies and the practice profiles in encouraging staff development. This may include providing additional resources or facilitating discussions between LDSS with similar challenges or goals, or who can provide support to each other.

After the agency reviews have taken place, the child welfare case review reports should be completed within two weeks of an agency visit. The report should be approved by the regional director and then sent to the LDSS and placed on the W drive; W:/Family Services/Agency Case Reviews/Corresponding regional folder. Once the report has been posted notify the child welfare program managers and CQI program manager (Eleanor Brown) via email. QAA has extensive communication with the program managers, program policy consultants and program regional consultants regarding the CWCR findings. This includes areas of identified inconsistencies that have led to better review tools or updates to program guidance as well as identified areas needing to be reviewed. In addition the reviews have identified areas of needed targeted technical assistance that is then provided to the agency by the program regional consultants. This has included some immediate interventions by the regional consultant based on the issues identified in the course of a review. The CWCR findings are included in the Agency Case Review process as a way for the regional consultants to identify certain strengths and areas needing improvement prior to the review to allow for a more targeted assessment and communication during their exit interviews. The QAA unit also attends all regional director and supervisor meetings to provide updates and findings of the title IV-E, CFSR, and CWCR and to allow for additional feedback from the local agencies. QAA currently collects data based on the findings of the reviews and reports these findings to leadership. VDSS is currently working on a more in-depth plan of reporting this data to the regional offices and local agencies so they can build upon their own internal CQI system.

Analysis and Dissemination of Quality Data

CQI relies on several other sources of information or "listening buckets" to provide the clearest and most in-depth knowledge about experiences of children and families across the state, as well as the workers who strive to serve them. Data and information from the case file reviews are a valuable source of information about practice. The recent Training Mandate analysis provides excellent information about the status of workers across child welfare in Virginia.

In addition, as part of the Transformation in Child Welfare for Virginia, a focus on "Managing by Data" is quite prominent for the Division. Specific tools to measure both process and outcomes evolved from this work and form the basis of analysis and dissemination of quality data. These tools include VCWOR, SafeMeasures, and the Chapin Hall Data Center. VCWOR is maintained by the VDSS ORP and provides reports directly from the state electronic case management system OASIS. It is the report of record and includes measures of CPS, foster care, well-being, and adoption. Safe Measures, from the National Council on Crime and Delinquency (NCCD), allows state and local agencies to obtain data and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. Finally, Virginia has renewed its contract with the Chapin Hall

Data center to obtain longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. CQI is in the process of sharing these data with localities upon request, and identifying specific analytic reports to share with small to mid-size agencies that lack staff to perform research or analysis.

Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

In response to Virginia's 2013 CFSR, Virginia developed the Child Welfare Advisory Committee to provide for regular dialogue across a wide variety of stakeholders and decision-makers across the state. This group meets bi-monthly and is comprised of state, regional, and local department of social services leadership; other state entities involved with children and families such as VDOE, VDH, OSA, DJJ, and CIP; private providers of child welfare services and adoption services; and interested scholars in child welfare. In the past year, several of Virginia's recent initiatives, e.g. Practice Profiles, Three Branch Initiatives, Substance Exposed Infants and Plan of Safe Care, have benefited from input and dialogue with CWAC.

In particular, Virginia has a long practice of identifying a concern, studying various approaches, piloting a promising intervention, studying results from the pilot, making modifications, and if feasible taking the initiative statewide. The recent campaign for Safe Sleep is an example of this approach.

The Senior Policy Analyst is responsible for several key areas of reporting to the Division's Federal Partners with the US DHHS, ACF, Children's Bureau including development/coordination of: Virginia's Five Year Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), Title IV-E State Plan and quarterly Program Improvement Plans (PIP); and the title IV-E Training Grant to LDSS. Both the Program Manager and Senior Policy Analyst support the Division's CFSR process, as well as reporting on all Program Improvement Plans.

2018 Update

VDSS- DFS continues to work with QAA and the Children's Bureau to undergird the CFSR PIP process and intends to utilize and expand on the model as listed with all localities within the next two reporting years.

5. DIVISION OF FAMILY SERVICES TRAINING

VDSS decentralized all of its training units in June 2014, and the mandated in-service CORE child welfare training system is now fully integrated into the Division of Family Services (DFS). This statewide competency-based skills training system is delivered by a team of four curriculum developers (three eLearning & instructor-led), 16 part-time trainers, a trainer coordinator, a training support staff, and a training program manager. DFS Training added 5 additional part-time contract trainers from local agencies during this year to provide needed training to fulfill our required training mandate by June 30, 2018. Program specific on-going guidance training (guidance transmittal training) is conducted by VDSS program staff from the Home or Regional Office.

The training developed by Family Services Programs is the legacy training system that started over thirty 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. 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 email notifications 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 regional training schedules are posted on the Family Services Training Fusion website for a period of six months for planning purposes. All required and specialty training course descriptions for both on-line and instructor led sessions are also listed on the Family Services Training SPARK website. 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. All new course development is advertised on Fusion and flyers are emailed to all family services specialists, supervisors, and directors statewide. Additionally, all mandated training requirements are listed in the DFS Guidance Manuals.

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.

In FY 2017, VDSS and DOE worked with other key stakeholders including CSA and the Legal Aid Justice Center to revise the education stability joint guidance (last updated in 2013) to incorporate best practice, clarify policies and procedures, and incorporate the ESSA provisions for youth in foster care. VDSS and DOE provided multiple trainings throughout the state to LDSS, school division staff and community providers (such as the Richmond School Social Workers Association) to provide a thorough understanding of the impact of new requirements and expectations for implementations to ensure not only compliance but to further Virginia's leadership role in understanding and implementing educational stability practice.

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.

2018 Update

VDSS and DOE continue to work 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.

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 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. 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 Virginia's Child Welfare Advisory Committee (CWAC).

Child Welfare Advisory Committee

While multiple stakeholders provide input to DFS, CWAC is the primary organization to advise VDSS on child welfare issues in Virginia. 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 to include sub-committees focused directly on strengthening state efforts related to safety, permanency and well-being. In particular, the Permanency subcommittee of CWAC focuses on the well-being of children in foster care and has been charged with providing oversight for the Health Care Oversight and Coordination plan. The CQI subcommittee of CWAC focuses on resources, tools, and communications that support implementation of CQI across the diverse 120 LDSS. 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 continued to guide 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 January 2017, the Permanency Regulation was amended to include the requirement that if a child has not had a dental appointment in the past six months, and it is developmentally appropriate, a dental

appointment shall be scheduled as soon as possible. The medical and dental evaluation requirements have been specified in the Foster Care Chapter of the VDSS Child and Family Services Manual since July 2015, whether or not the child has Medicaid coverage.

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 permitted 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.

2018 Update

During FY 18, VDSS incorporated monitoring of medical and dental appointment into both the Child Welfare Case Review (CWCR) process and the Agency Case Review process. The CWCR includes a review of every new foster care case within the first few months. The CWCR report notes when children are not provided with required appointments within the timelines specified, and the LDSS must submit a corrective action plan to address how they will address these requirements in the future. For the Agency Case Review process, a regional Foster Care consultant review the report for medical and dental exams in SafeMeasures® and include in the on-site debriefing and agency report any issues identified as well as technical assistance. Both review processes provide an opportunity to ensure that LDSS understand the policy and regulatory requirements and are adhering to them. *For FY 19*, VDSS will continue to monitor compliance and support LDSS in ensuring that all children in care receive medical and dental exams as required by guidance and regulation.

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 regarding the care of children in foster care provided by the MCOs. 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 2016, DMAS reported 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%	98%
Central	92%	97%
Northern	98%	93%
Charlottesville	94%	98%
Halifax	92%	92%
Roanoke	97%	97%
Southwest	97%	99%

Note: DMAS regions do not coincide with VDSS regions.

Coordination of Care

In addition to improving documentation and monitoring abilities, the revision to the Health screens in OASIS permits a Health Report to be printed for each child in foster care. The report includes known health information for the foster child and the child's birth family, any diagnosis, medications prescribed, dates of last dental and physical, immunization status, and health providers' contact information. 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 is also 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 medication.	a. Increased percentage of children who receive pediatric medical exams within 30 days prior to starting psychotropic medications.
	b. Increased percentage of children who receive psychiatric diagnostic evaluations within 14 days prior to starting new psychotropic medications.
	c. Increased percentage of children with medication plans implemented.
	d. Decreased percentage of children under age 6 receiving atypical antipsychotic medications.
	e. Decreased percentage of children receiving multiple psychotropic medications.

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 Family Assessment and Planning Teams (FAPT) 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 became 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. The revised version of CANS and the enhanced CANS on-line system became available in early 2017.

The revised version of the CANS 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. Guidance is being developed which will direct LDSS to utilize the trauma module as well as various behavioral indicators captured in the CANS as a screening tool to determine when a child in foster care should be referred for additional trauma assessment and/or services. Revisions in the CANS on-line 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.

2018 Update

VDSS had planned to revise OASIS to permit an interface between the CANS system and OASIS. The goal of having the CANS data integrated automatically into the service plan was eventually abandoned. Additionally, the plan to revise of the service plan in OASIS was set aside; the limitations to the system resulted in a product that would not have improved service planning and would have been difficult for families to navigate. Instead, guidance has been developed which emphasizes integrated assessment and treatment planning for children and families and the screening and referral for treatment of trauma.

For FY 19, additional guidance (in the Introduction to the Child and Family Services Manual and the Foster Care chapter) will be published which addresses consideration of screening and referring for trauma treatment for children and parents of children being served, and self-care and secondary traumatization (for Family Service Specialists.)

Psychotropic medication protocol and addressing trauma

VDSS has continued to work towards reducing the unnecessary or inappropriate prescription of psychotropic medication to children in foster care through two primary strategies. The first involves raising awareness and improving LDSS practice regarding the monitoring of psychotropic medication prescribed to children in foster care. The second involves partnering with DMAS to incorporate the medical review of psychotropic prescriptions when appropriate through requirements established in their contracts with the MCOs. The Permanency Subcommittee of CWAC continues to provide stakeholder input to these efforts; this group serves as the Health Plan Advisory Committee for Virginia.

LDSS staff 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 through enhancements to Foster Care Guidance. Additionally, through the Learning Collaborative, the VDSS training unit developed an eLearning course which serves as an orientation to the effects of trauma on children as well as an in person course which focuses 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.

Additionally, 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. This information is now available in a report in SafeMeasures® which makes it possible for LDSS supervisors, regional permanency consultants, and home office staff to monitor the incidence of psychotropic medication use.

In 2017, the Permanency Subcommittee hosted a psychotropic medication policy workday to look specifically at innovative practices which has been undertaken in several LDSS and regions. Participants also focused on the importance of addressing informed consent for youth who are prescribed medication, as this is an area that SPEAKOUT, Virginia's Youth Advisory Council, has identified as needing improvement. As a result of the workday, VDSS is working to make additional resources available to LDSS to guide decision-making around the process of having a child or youth evaluated for the possible prescription of psychotropic medication and the monitoring of existing prescriptions of time. Particular focus will be given to enhancing foster care guidance to address the involvement of the birth parent in

decision making, the informed consent process for youth in foster care, and the provision of adequate information to the child's caregivers to ensure that meaningful reports about changes in the child's behaviors, or evidence of side effects, are reported to the prescriber.

2018 Update

Most recently, the Permanency Subcommittee again hosted a psychotropic medication policy workday. This meeting was attended by 25 representatives from various stakeholder groups including state staff, local departments of social services, Virginia's Foster Parent Association, licensed child placing agencies, Voices for Virginia's Children, Virginia Poverty Law Center, Commission on Youth, and Department of Medical Assistance Services. The meeting focused on improving coordination between the MCOs and LDSS in regards to children with complicated medical, behavioral, and/or emotional needs; standardizing the informed consent for medications process (including ensuring the youth and the biological family are involved in decision-making); and, providing local departments of social services staff the resources needed to effectively monitor psychotropic medications. Recommendations from the workday included 1) the development of a standardized consent form which includes best practices steps/activities and requires the signatures of both the worker and a designated 'medication consent reviewer' who has a greater level of training and expertise and, 2) the development of an on-line 'medication consent reviewer' certification course. The group felt strongly that the front line staff are not adequately equipped to advocate on behalf of the children on their caseload. While they felt training was helpful, they suggested that having a more experienced person review the prescription of new medication prior to consent being given would create a coaching opportunity. LDSS staff also made many suggestions about how to make information regarding trauma treatment, MCO case management, and psychotropic medications accessible.

In FY 19, VDSS will continue to focus on improving practice around the monitoring of the use of psychotropic medications with children in foster care. In particular, efforts to ensure that caregivers, children and youth, and their biological parents are provided with information about medications being recommended and have an opportunity to participate in decision-making will be a major focus. VDSS intends to develop a consent form which will include information about the medication being prescribed, its intended use, and potential side effects. The form will include check boxes for the worker to verify that this information has been provided to the caregiver responsible for providing the medication to the child; that birth parent(s) were involved in decision-making; that youth are involved in decision-making; and, that under what circumstances the LDSS will monitor more closely and/or consider obtaining a second opinion. The worker will complete all the activities and pull all the information together to present to a 'medication consent reviewer' in the LDSS. This person or persons will be selected by the Director and annually certified. In FY 19, VDSS will also be developing an online medication consent certification course. Additionally, VDSS will provide a dedicated webpage where information about the MCO foster care points of contact and links to verified web sources where information about usual doses, purposes, and potential side effects are available. The Permanency Subcommittee of the Child Welfare Advisory Committee will continue to examine current and proposed policies and procedures in an effort to ensure that medication is not overprescribed and are being prescribed appropriately.

Procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed

Also in FY 19, in accordance with the requirements of the FFPSA, Virginia will enhance procedures and protocols established in guidance to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses. Although the work to address monitoring and prevention of over-prescription of psychotropic medication has not previously included a focus on the prevention of inappropriate

diagnoses, the projects described above can be easily enhanced through the inclusion of information and specific training material addressing the risks of inappropriate diagnoses and guidance around the worker's responsibility to intervene and strategies to do so. Initial guidance to address this requirement was published via Broadcast in August 2018 here:

http://www.dss.virginia.gov/files/division/dfs/iv_e/iv_e_plan_links/broadcasts/FamilyFirst_FosterCare_family-.pdf.

The direction provided in the Broadcast will be incorporated into the guidance manual in October/November 2018. For the spring of 2019, VDSS will be revising and updating the on-line course addressing the provision of oversight regarding the prescription of psychotropic medication for children in foster care and adding a module specifically for medication consenters (as described above.) Content regarding risks of over diagnosis and strategies for use in addressing concerns will be incorporated into the revised content. VDSS can, additionally, work with DMAS and the MCOs to establish a protocol for requesting reviews of diagnoses based on an agreed upon set of criteria. Finally, over the next year, Virginia plans to increase the use of relative foster homes as well as family based placements, generally. Increased capacity will reduce the overall number of youth who are placed in non-family home settings.

Data sharing agreement and coordination of mental health services with DMAS

In 2014, 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 medications. DMAS instituted this policy for children covered by fee-for-service Medicaid. However, this only addressed about 10% of the children in foster care, as the majority of children in foster care were transitioning to MCOs.

Since that time, however, the MCOs have been incorporating a medical review process for psychotropic medication into their protocols for all children who are enrolled in their plan, including children in foster care. Specifically: 1) Payment for the prescription of typical and atypical antipsychotic medications for any member under the age of 18 requires prior service authorization. The drug must be prescribed by a psychiatrist or neurologist or the prescriber must supply proof of a psychiatric consultation. The antipsychotic must be prescribed within FDA approved daily dosing guidelines. The member must have appropriate diagnosis, must be participating in a behavioral management program and written, informed consent for the medication must be obtained from the parent or guardian; and 2) Most antipsychotics are not FDA approved for use in children ages 5 and under. Requests for coverage of antipsychotics in children age 5 and under is generally not considered to be medically necessary and will be reviewed thoroughly before service authorization is granted. Finally, DMAS is closely monitoring the degree to which children and youth who are prescribed psychotropic medication are also receiving mental or behavioral health interventions. Over the next year, DMAS and VDSS will continue to work together to evaluate the impact of the MCO policy changes.

In 2016, DMAS engaged the Health Service Advisory Group (HSAG) to conduct a baseline study regarding the care children in foster care are provided through Medicaid. HSAG utilized 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?*

For the baseline study, HSAG identified approximately 500 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 evaluated: 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.

DMAS has contracted with HSAG to conduct follow up studies to evaluate changes over time with the provision of care for the foster care population. In October 2017, a second year of findings was published. The executive summary of this report can be found at:

http://www.dmas.virginia.gov/Content_attachments/mc/2016%20Foster%20Care%20Focused%20Study.pdf

Findings: Overall, 7,030 children in foster care at any time from July 1, 2015, through June 30, 2016, were included in the study population, and 4,282 of these children were continuously enrolled with one or more MCOs throughout the study period with enrollment gaps totaling no more than 45 days. Although the number of foster children receiving Medicaid decreased from CY 2016 to CY 2017, the proportion of children continuously enrolled throughout the study period increased. Of the 7,030 children in the study population during CY 2017, 67.6 percent (n=4,749) were also in the study population for the CY 2016 study period.

In regards to preventative care, behavioral health and prescription of psychotropic medications:

Study Indicators by Domain	Rate as of June 30, 2015 (%)	Rate as of June 30, 2016 (%)	Difference Statistically Significant?
<i>Preventative Care</i>			
<i>Expected Well-Child Visits</i>	41.3	31.5	Yes
Members With at Least One Well-Child Visit in the First Six Months of the Study Period	37	28	Yes
Members With Zero Well-Child Visits	44.3	54.3	Yes
<i>Expected Immunizations</i>	11	9.8	No
<i>Access to Primary Care Providers</i>	92.1	92.8	No
Members With at Least One Visit in the First Six Months of the Study Period	79.3	80.6	No
Members With Zero Visits to PCP-Type Providers	7.9	7.2	No
<i>Annual Dental Visit</i>	87.6	85.2	Yes
<i>Behavioral Health</i>			
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>	1.9	1.5	No
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	86.0	100.0	Yes
<i>Overall Use of Psychosocial Care for Children and Adolescents on Antipsychotics</i>	97.8	98.9	No
<i>Follow-Up After Hospitalization for Mental Illness— Follow-Up Within 7 Days</i>	43.7	86.7	Yes
<i>Follow-Up After Hospitalization for Mental Illness— Follow-Up Within 30 Days</i>	74.2	91.7	Yes
<i>Prevalence of Antidepressant Medication</i>	25.6	27.4	No

<i>Prevalence of Children Prescribed ADHD Medication</i>	42.9	44.3	No
<i>Members Newly Prescribed ADHD Medication</i>	9.0	36.5	Yes

Conclusion include:

- During the second year of statewide managed care service delivery, children in foster care continuously enrolled with one or more MCOs continued to receive expected preventive medical and behavioral health care across several domains. Utilization rates were generally stable from CY 2016 to CY 2017, with no statistically significant differences in the rates of children accessing PCP-type providers, or receiving prescriptions for antidepressant or ADHD medications. Significant differences between CY 2016 and CY 2017 for selected behavioral health indicators resulted largely from changes within small groups of children eligible for the study indicators, as well as changes to the Healthcare Effectiveness Data and Information Set (HEDIS[®]) technical specifications from which the indicators were developed. For example, differences in ADHD medication utilization, as well as an expanded number of medications included in the applicable HEDIS drug list, could be responsible for the increase in foster children classified as having new ADHD prescriptions during the study period. Most continuously enrolled foster children had at least one visit with a PCP-type provider and at least one visit with a dentist during the study period. CY 2017 utilization rates for these services were consistently high, with minimal change from CY 2016. Although there was a statistically significant decrease in dental utilization and the demographic characteristics of study members were similar between CY 2016 and CY 2017, substantial dental utilization rate differences were observed from CY 2016 to CY 2017 by geographic region, rather than other demographic factors (e.g., gender or age). This finding could be cross-referenced against provider network data to determine if it represents a change in the availability of dentists serving foster children.
- Contrary to the generally positive results for measures based on administrative data, the lower CY 2017 rates for preventive care measures based on medical record documentation (i.e., Expected Well-Child Visits and Expected Immunizations) were heavily impacted by lower medical record submission rates (i.e., fewer CY 2017 cases had at least one of the requested medical records submitted by the PCP-type provider than occurred for the cases sampled during CY 2016). Additionally, a larger number of CY 2017 cases with submitted records did not have supporting medical record documentation of at least one visit containing the five components of a well-child visit, or a comprehensive immunization history, when compared to CY 2016 cases. Consequently, fewer records were received overall, and among the received records, fewer had comprehensive documentation of well-child visits or complete immunization histories.**

**These findings underscore challenges associated with obtaining comprehensive medical records for children in foster care. Results across the six behavioral health utilization indicators suggest that foster children continuously enrolled with one or more MCOs received thorough, consistent care. Although HEDIS specifications for several behavioral health measures changed from CY 2016 to CY 2017, non-statistically significant changes in the relatively high rates of antidepressant and ADD/ADHD medication prevalence underscore the at-risk nature of the foster care population. Additionally, the increased utilization of therapeutic services may indicate more thorough and consistent behavioral health care, despite underlying changes in the HEDIS specifications used for measure determination. More children using antipsychotic medications also received first-line psychosocial care from CY 2016 to CY 2017, and more children hospitalized for mental illness received follow-up care within 30 days of discharge. These

findings suggest a higher level of comprehensive behavioral health care among this high-risk population during CY 2017.

The results of the study cited above have not been as helpful as anticipated in determining the degree to which children in foster care are actually receiving the care expected primarily due to limitations of the methodology and access to comprehensive records.

For FY 19, VDSS will continue to work with DMAS to monitor provision of medical and dental services, as well as the prescription rates for psychotropic medications.

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, receipt of data through DMAS confirms 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 provide 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 the 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 eight 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, information about tools, process, frequency, etc. for screening processes for both children and parents has been made available to LDSS on the VDSS website. The absence of such was identified as one of the major weaknesses of the current system in terms of being trauma-informed. Additionally, the trauma module of the CANS and trauma training is now available for LDSS staff.

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 can 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 element of Virginia's health plan is that the MCOs are 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.

In FY 19, DMAS will be implementing a new MCO contract which will require that all MCO provide state-wide coverage, to ensure that when a child in foster care changes placement, their care can continue to be coordinated through the original MCO.

There are no plans, at present, for VDSS to develop medical homes in the Commonwealth.

However, 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. In particular, Magellan, the behavioral health MCO for DMAS, has instituted a small work group to look at a particular integrated model of health/mental health care currently being provided through the Children's Hospital of the King's Daughters (CHKD) in the Tidewater area. Their medical home model includes the

integration of services across their health system including the immediate screening and referral for evidenced-based treatment interventions for children in foster care and their families.

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 18 in the fee-for-service population, including children in foster care. Similar authorization requirements for medical review of psychotropic medication prescription for children in foster care served through the MCOs in Virginia have been instituted.

Partial findings of the HSAG study were presented to the CWAC Permanency subcommittee to inform recommendations regarding enhancements of the foster care psychotropic medication monitoring policy. The work that Fairfax County LDSS has done in instituting 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 was also shared.

The CWAC Permanency sub-committee 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);
- Youth; and,
- Birth parents.

How the State actively consults with and involves physicians or other appropriate 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 (NewFound Families), 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 getting them enrolled. All youth who turn 18 while in foster care are automatically evaluated for Medicaid in one of two eligibility categories and automatically enrolled into the 26 category should they exit care. These youths 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, 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 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, local opportunities for mentors and continuing support services, work force 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 can identify a health care power of attorney using the form on the Virginia Department of Health’s website, entitled “Virginia Advance Medical Directive.”
<http://www.vdh.virginia.gov/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf>

Additionally in the **Plan for Successful Transition** section of the 90 day Transition Plan, the following information is reviewed and collected:

Health Care and Insurance (e.g., contact information, policy numbers)			
I have health insurance:		Yes	No
Name of insurance company:			
Policy ID #:			
Phone number of insurance provider:			
Date of last medical exam:		Date of next medical exam:	
Date of last dental exam:		Date of next dental exam:	
I have identified someone to make health care treatment decisions on my behalf if I become unable to make them (a Health Proxy/ Healthcare Power of Attorney) using the form on the Virginia Department of Health’s website, entitled “Virginia Advance Medical Directive”. Yes No (circle one)			

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 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. As of April 4, 2017, 95.05% of children in foster care had been visited monthly and 77.46% of these visits had taken place in the child's residence. Steps taken to address compliance include:

- Continued communication 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 Foster Care Consultants continue to reach out to provide technical assistance specifically to those LDSS whose compliance rate appears 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 the federal requirement. 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, and routine use of FPMs statewide has contributed to children being placed more frequently in their home community which decreases travel time for workers. As Virginia continues to focus 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 focused on monthly caseworker visits. While results of these reviews are mixed, the opportunity to emphasize the importance of these visits has been greatly enhanced.
- A significant challenge identified by the LDSS to meeting the requirement is documenting the visits in OASIS timely. The state is in the early stages of procuring a mobility application that will ultimately allow workers to access OASIS in the field to facilitate the documentation of worker visits immediately following the visit. The projected availability of the mobility application is Fall 2018. Additionally, the state is actively exploring ways to provide transcription services to LDSS to assist them in completing documentation within appropriate timeframes.

Regional Consultants began completing annual case reviews with agencies to support good practice and identify areas of practice that need to be strengthened. Regional Foster Care Consultants visit two agencies per month, review 5 foster care cases per agency, and gather information and provide feedback to the LDSS. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits in addition to ensuring that documentation is meaningful and addresses the safety, permanency, and well-being of the child. VDSS continued the practice of regional consultants

completing agency case reviews for each agency on an annual basis. The cases being selected for review for foster care are those which have been open between 9 and 12 months. Reviewing cases early in the foster care timeline permits a focus on early permanency efforts including concurrent planning, relative searches, and family engagement. The case review process permits VDSS to assess the degree to which LDSS are experiencing challenges and/or successes in these areas and to provide timely and specific feedback and TA to the LDSS as part of the debriefing process. The items reviewed currently include items a number of items which are directly related to the CFRS instrument. As VDSS moves forward in developing a CFRS PIP, the review instrument used for the case review process may be modified to better target those practice areas which are the focus of the PIP.

2018 Update

As of April 4, 2018, 95.17% of children in foster care had been visited monthly and 76.74% of these visits had taken place in the child's residence.

VDSS continues to practice the strategies listed above to ensure compliance with monthly worker visits and to ensure the visits are meaningful and address the child's safety, permanency, and well-being.

B. NATIONAL YOUTH IN TRANSITION DATABASE

2018 Update

According to Virginia's FFY 2017 National Youth in Transition Database (NYTD) Snap Shot, 1,396 youth ages 14 and over received at least one independent living (IL) service. LDSS workers documented IL services in OASIS provided to youth. Services were reported in the areas of employment, education, independence preparation, interpersonal development/health, and financial assistance. Virginia has complied with NYTD requirements and surveys for the past four reporting periods with no financial penalty.

As in previous years, NYTD remained a priority for Virginia in FY 2018. VDSS' goal is to enhance NYTD collecting and reporting processes, and making changes to guidance and policy, as needed, to improve services statewide for youth in and transitioning out of foster care. 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. VDSS provided technical support and guidance to LDSS. The four services most often provided by LDSS were IL needs assessment, academic support, budget/fiscal management and other financial assistance. Because of the partnership between VDSS and LDSS, and youth presenting at the Project LIFE's youth statewide conferences, youth are aware of the purpose of the NYTD and the importance of taking the survey. For FY 2019, VDSS and Project LIFE will continue to provide training and TA to LDSS to support young people, focus on improving the process for providing feedback to stakeholders and decision-makers on NYTD data, and comply with federal NYTD requirements. VDSS will share Virginia's NYTD Snap Shot with youth, LDSS and other stakeholders, which can be a resource to begin discussions about outcomes and gaps in services. In addition, VDSS will explore the possibility of working with VDSS Research Division to analyze the NYTD data, look at trends, and develop briefs on NYTD data.

C. TIMELY HOME STUDIES- MUTUAL FAMILY ASSESSMENTS

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	1,061	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=4; 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 (concurrency)	39
Legal custody to relative (concurrency)	39
Treatment complete	96
Sending state jurisdiction terminated (concurrency)	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: 1,175
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
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; #Placements OUT of VA brought into Compliance=1

Total Number of Agreements Out of Virginia Terminated

Adoption Finalized	81	
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	Total: 893
Other	381	

Number of children returned to Sending state=102

2018 Update

Virginia can no longer provide this ICPC report because during this reporting period, the state switched to the NEICE system. The NEICE report is below.

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.

2018 Update

Arlington, Chesapeake, Hampton, Henrico, Prince William and Stafford, County were added to the NEICE system during 2017-2018. The following is the NEICE placement report for 4/1/16 to 4/30/17:

Home Studies Request In **	915
Home Studies Request Out **	611
Placements In *	262
Placements Out *	139
Private Adoptions In	155
Private Adoptions Out	60
Residential Placements In	312
Residential Placements Out	143

*Number of children placed during the reporting period

**Parent/Foster/Relative/Public Adoption

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.

2018 Update

Virginia can no longer report on international adoptions because the NEICE system does not differentiate between international and private adoptions.

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 of Juvenile Justice.

Juvenile Justice Transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. 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).

2018 Update

SFY 2018 Juvenile Justice Transfers (Custody Transfers to a non-relative)= 63 (Source: OASIS)

SFY	Total Discharge to AFCARS = "6"	Committed to Corrections 6147	Custody Transfer to a Non Relative 14853	Custody Transfer to Another Agency 5232	Custody Transfer to CA Relative 16068 (Inactive)
2015	85	27	51	6	1
2016	106	26	63	14	3
2017	125	37	64	9	15
2018	117	43	63	8	3

G. COLLABORATION WITH TRIBES

Virginia has 11 state and federally-recognized tribes and are as such: Cheroenhaka (Nottoway); Chickahominy Tribe Eastern Division; Chikahominy; Mattaponi; Monacan Indian Nation; Nansemond Indian Nation; Nottoway; Pamunkey; Patawomeck; Rappahannock; and the Upper Mattaponi Tribe. The Pamunkey Tribe was officially recognized by the Bureau of Indian Affairs on July 2, 2015 and after an appeal was dismissed, is now fully recognized. The following were recognized on January 29, 2018:

- Chickahominy Indian Tribe
- Eastern Chickahominy Indian Tribe
- Upper Mattaponi Indian Tribe
- Rappahannock Indian Tribe
- Monacan Indian Tribe
- Nansemond Indian Tribe

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. Several tribes participated in the stakeholder interviews as part of the CFSR process. Follow up letters will be sent to each Virginia tribe to begin/continue 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.

Barriers to collaboration: VDSS will continue to make attempts to build/maintain relationships with the federal and state tribes in Virginia although there has been little to no response in past attempts to build relationships. As noted in the chart below, the number of Native American children involved in the child welfare system in Virginia is extremely low, so it's not surprising that the tribes have not demonstrated an interest in collaborating with VDSS. Additionally, since child welfare in Virginia is state supervised and locally administered, it is challenging for VDSS to engage tribes across the state when the tribes would be more interested in building relationships with their LDSS and services providers within their communities.

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.

Federally Recognized Tribes and Contact Information

- Jerry Fortune, Rappahannock Tribe indianbrav21@gmail.com
- Pamela Thompson, Monacan Nation pamelathompson4@gmail.com
- Anita Mayo, Monacan Nation anitacmayo@gmail.com; anita.mayo@vdh.virginia.gov
- Allyn Cook-Swartz, Pamunkey Tribe allyn.cook-swartz@pamunkey.org
- Chief Anne Richardson, Rappahannock Nation chiefannerich@aol.com
- Yvonne Epps-Giddings, Nottoway Indian Tribe of Virginia ygiddings@comcast.net

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

2018 Update

On January 29, 2018, the following tribes received full recognition as federal Tribes:

- Chickahominy Indian Tribe
- Eastern Chickahominy Indian Tribe
- Upper Mattaponi Indian Tribe
- Rappahannock Indian Tribe
- Monacan Indian Tribe
- Nansemond Indian Tribe

These Tribes, along with the previously recognized Pamunkey Tribe, are now awarded additional protections under the federal Indian Child Welfare Act (ICWA). ICWA addresses the protection and stability of children and their families who are of American Indian, Alaskan Eskimo or Aleut heritage prior to and during child custody proceedings. In 2016, the federal government released changes to ICWA which added several requirements for child welfare agencies in relationship to children who belong or may belong to federally recognized tribes. These changes were addressed in previously released Child Protective Services (CPS) guidance (specifically section 4). A communication to local departments of social services as well as state staff was issued on February 9, 2018. VDSS is responsible to provide services to tribal children.

Tribal members have been invited and have attended CWAC meetings with other stakeholders across the Commonwealth. Much work has been done to garner participation with Tribes. On May 3, 2018, letters were mailed to the following federally- and state-recognized tribes: Cheroenhaka (Nottoway); Chickahominy Tribe Eastern Division; Chickahominy; Mattaponi; Monacan Indian Nation; Nansemond Indian Nation; Nottoway; Pamunkey; Patawomeck; Rappahannock; and the Upper Mattaponi Tribe. The letter invited them to a roundtable discussion to engage in a dialogue about the ICWA and to establish guidelines for working with children who come into contact with LDSS who might be of American Indian or Alaskan Native heritage.

On June 7th, a Roundtable meeting was held with representation from VDSS as well as the Nottoway and Rappahannock Tribes. The meeting was well-received by the Tribes and all agreed to continue the open dialogue in the future. Please see additional notes attached to the APSR September Submission for additional topics discussed at the Roundtable that dealt specifically with communications strategies, trainings and other ideas to improve compliance with ICWA that Virginia has begun to develop in partnership with Tribes. A recommendation from the Tribes during that meeting was for VDSS to host another meeting where program managers could provide a general overview of child welfare programs in Virginia. Invitations were sent via email and the post office to all of the federal- and state-recognized tribes in Virginia on August 15, 2018. The meeting was held on September 19, 2019. At that time, Virginia communicated that they would share a copy of the approved APSR to tribes for review.

Ongoing coordination for CFSP/APSR: VDSS is anticipating holding a quarterly meeting with Tribes for continued dialogue, partnership and for the identification of ways VDSS can support Tribes, including addressing issues regarding:

- Notification of Indian parents and Tribes of state proceedings involving Indian children and their right to intervene;
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

Virginia will be working with the Tribes to initiate conversations and technical assistance in determining eligibility for benefits and services for Indian youth in care and will strive in the coming year to continue to ensure fair and equitable treatment for Indian youth in care, especially as it relates to CFCIP.

Barriers: Virginia has relatively minimal experience at the state level with working with the Tribes due to the fact the Commonwealth had no federally recognized tribes until recently. The process of building relationships between the Tribes and the State is lengthy and will take time and education on both the parts of the State and the Tribes.

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

Statewide Oct-Dec 2016	# of Children by CPS Report Type	% Native American Children
Referrals	28,875	0.19%
Accepted	14,605	0.20%
Family Assessment	8560	0.22%
Investigated	3439	0.26%
Founded	1258	0.32%

Statewide Jan-Dec 2016	Male	Female
All Children in Foster Care Services	3822	3513
# Native American Children	10 (.002%)	8 (.002%)
Age at Current Removal		
0-3years	2	2
4-10years	5	1
11-14years	2	1
15-16years	1	4
17-18years	0	0
Diagnosed Disability		
Yes	2	5
No	5	2
Unknown	3	1

Case Plan Goal		
Adoption	4	4
Independent Living	0	1
Relative Placement	2	1
Return Home	4	2
Exits from Care		
Reunification	0	1
Adoption	2	1
custody transfer to another relative	1	0
Other	3	2
Still in care	4	4

ACYF-CB-PI-13-05 and Title IV-E Requirements

In response to ACYF-CB-PI-13-05, Virginia revised foster care guidance to meet the requirements to establish and maintain procedures to work collaboratively with a federally recognized 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 May/June 2017. 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.

Virginia continues to work 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. Eventually, this information will be located in an introductory chapter to the entire child welfare manual since it is pertinent to all program areas. 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. First, 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 shall be documented in OASIS about how a determination about the child’s potential American Indian status was made. The specific contact purpose will permit VDSS to pull reports to track this activity. Secondly, during the new QAA process where the QAA teams review all new foster care cases, the QAA reviewers assess the LDSS’ initial compliance with ICWA requirements. When there have been indications that the child is an American Indian child, the QAA team has involved the Regional Foster Care Consultant to provide technical assistance to ensure ICWA requirements are addressed early on in the case, including that these activities are documented appropriately.

Finally, Virginia foster care guidance strongly encourages LDSS to contact Virginia tribes and work with them to address the needs of children associated with state recognized tribes. 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. The New Worker Foster Care Policy Refresher Course (for workers hired prior to 2013) also stresses ICWA requirements. The Foster Care Manual was posted effective June 2017.

2018 Update

When there have been indications that the child is an American Indian child, the QAA team has continued to involve the Regional Foster Care Consultant to provide technical assistance to ensure ICWA requirements are addressed early on in the case, including that these activities are documented appropriately.

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.

Task: 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

VDSS reports the number of child abuse and neglect fatalities caused by child abuse or neglect annually to the National Child Abuse and Neglect Data System (NCANDS). This data only includes child death investigations determined to be founded for child abuse or neglect by the LDSS. VDSS works collaboratively with a number of entities such as the Virginia Department of Health, Office of the Chief Medical Examiner (OCME), Division of Health Statistics, and Law Enforcement/Commonwealth’s Attorneys; however, VDSS does not use information from the State’s vital statistics department, law enforcement agencies, or OCME’s offices when reporting child maltreatment deaths to NCANDS due to the difference in governing laws, policies, and roles of each respective agency. As described below, the roles and tasks of each entity vary making the use of information from the collaborative partners beyond the scope of what is required to be reported to NCANDS. Accordingly, VDSS does not plan to expand the use of information from the State’s vital statistics department, law enforcement agencies, or OCME’s offices when reporting child maltreatment deaths.

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

- 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 Services, 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.

	SFY 2014	SFY 2015	SFY 2016
Child Death Investigations	124	131	129
Founded Disposition*	47	52	46
Unfounded Disposition*	73	72	80

This information does not reflect pending investigations and appealed findings

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. Respectively, the alleged perpetrator being in a caretaking role is a statutory requirement, specifically listed in § 63.2-1508 of the *Code of Virginia*, in order to meet the CPS report or complaint validity test. 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.

In concert with the Three Branch Initiative, and more specifically with a new High Impact Strategy (formally established on April 4, 2017) related to a statewide collective impact safe sleep campaign, connection with the VDSS Healthy Families Grant Administrator and in turn Program grantees is considered as integral. Home visiting has been discussed as a key component to the protection of infants, particularly to mitigate infant mortality. Further, the dyad may also be applied to ensure that substance-exposed infants receive post-natal monitoring in the home so as to evaluate safety and well-being as well as to facilitate follow-up services for the child and his/her caregiver/family.

2018 Update

In regards to Virginia’s ongoing safe sleep campaign to reduce infant mortality, informing door hangers were developed and will be reproduced for use by local departments in an effort to bolster the safe sleep message. Of the 80 unfounded reports identified in the chart above, 59 of the reports (73.8%) involved a child less than one year of age. And, 52 of the 80 reports (65%) were sleep-related. This means the actual surface the child slept on, with whom the child was sleeping, or how the child was sleeping. This includes children who suffocated or accidentally asphyxiated due to their sleep environment. The preliminary aggregate number of child deaths that occurred in SFY 2017 are as follows:

	SFY 2017
Child Death Investigations	123
Founded Disposition*	45
Unfounded Disposition*	69

** This information does not reflect pending investigations and appealed findings.**

In an attempt to enhance the review of child deaths, VDSS collaborated with the OCME to develop two training curriculums. The first training is for new CPS Regional Consultants/CFRT Coordinators (precipitated by two retirements this SFY, one in 12/17 and one 3/18). The second is for new members of the five (5) Regional Child Fatality Review Teams.

The National Center for Fatality Reviews and Prevention released Version 5.0 of its Child Death Review (CDR) Report Form (also referred to as the Data Tool).

VDSS, in accordance with CAPTA (P.L. 108-36 (42 USC §5106a)), revised its Preliminary Child Fatality Report Form to include near-fatality information. Also noteworthy regarding near-fatality, a definition of the same was added to Regulation 22VAC40-705, effective July 1, 2017.

I. POPULATIONS AT RISK FOR MALTREATMENT

VDSS continues 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.

The State Child Fatality Review Team has provided valuable information and assisted in developing recommendations for the Commonwealth to address child deaths involving children who die as the result of unsafe sleep environments. In addition to the work with the State Child Fatality Review team, VDSS in partnership with Virginia’s Children’s Cabinet received a briefing from the Alliance regarding the Commission to Eliminate Abuse and Neglect Fatalities and used this information to inform policies and practices. Most significantly, the Commonwealth started the first statewide Safe Sleep campaign in August 2017. The Safe Sleep campaign was part of Virginia’s Three Branch efforts to address the fact

that 65-70% of both founded and unfounded CPS Child Fatality Investigations are due to unsafe sleep practices occurring in the familial home.

As part of the statewide campaign, VDSS created the Safe Sleep 365 website to educate parents and caregivers regarding safe sleep practices. The practices focus on the core principles of Alone, Apart and Always. The website includes educational resources, tips and support. To date, there have been multiple hits to the website. In addition, VDSS developed a partnership with The Baby Box Company to equip parents across the Commonwealth with vital education and resources needed to give their babies a safe, healthy, and equitable start in life. Furthermore, VDSS developed a partnership with Children's Hospital of Richmond at Virginia Commonwealth University and The Baby Box Company to equip Virginia's new and expecting families with safe sleep education. As of May 31, 2018, 6,451 individuals have completed the safe sleep educational requirement through Baby Box University and 3,226 Baby Boxes have been distributed at no cost to any of the participants. Virginia is also continuing with its pilot study with the Virginia Commonwealth University Medical Center and School of Social Work to make safe sleep education, Baby Box distribution and a follow-up nurse home visit within 7-days of discharge available universally to all new parents.

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia had response times spelled out through Regulations in the past, this was the first time the Commonwealth mandated a response time based on the age of the child. We know that for FY2017, 34% of all Founded CPS cases involved children under the age of four. Furthermore, we know that for abuse and neglect fatalities, 85% of these involve children under the age of three.

The number of child deaths (28) for children age birth to 12 months remained the same in 2016 and 2017; however, the number of child deaths for children age 13 months to 3 years decreased from 12 in 2016 to 10 in 2017. Children under the age of five remain at high-risk of death. In 2017, 78% of investigated child deaths suspected of being caused by abuse or neglect involved children victims under the age of five.

As of January 1, 2018, there were 1,279 children under the age of 5 in foster care. Of these children, 1,100 were in placements which were not permanent. That is, they were not in pre-adoptive placements waiting adoption finalization or on trial home visits. This is 61 fewer children in this age group than last year, which represents a 4.5% decrease.

VDSS continues to identify, track, and serve victims of sex trafficking. The online training course remains available on the public domain. Since inception, 519 individuals employed with VDSS (state and local agency staff) have completed the online training. In addition, there have been 2,589 page views on the public domain. Virginia continues to use the automated data system to track victims of sex trafficking. Virginia provides sample trafficking screening tools and resources on working with victims of sex trafficking in CPS and Foster Care guidance. Virginia has been working with the Virginia State Crime Commission on a statewide study on sex trafficking in Virginia that will be submitted to the General Assembly.

To date, 64 child victims of sex trafficking have been identified in Virginia's automated data system.

Year	2011	2012	2013	2014	2015	2016	2017	2018*
# of victims	1	1	0	1	10	23	21	7

*1/18-7/18

Of the 64 child victims identified, 58% (37) of them were involved in Foster Care cases, 23% (15) of them were involved in CPS On-going cases, and the remaining 19% (12) were part of other child welfare cases. 92% (59) percent of the child victims were female and 8% (5) percent were male. The primary ethnicities of the child victims were 61% (39) Caucasian, 33% (21) African-American, 3% (2) Multi-race, 1.5% (1) Asian, and 1.5% (1) Unknown.

Since adding sex trafficking as a type of sexual abuse in July 2017, 9 investigations have been conducted involving allegations of sex trafficking. In 2017, 4 investigations were conducted and all 4 investigations resulted in founded dispositions. To date, 5 investigations have been conducted in 2018 and 4 investigations were deemed to be unfounded and 1 investigation was still pending disposition. Virginia will continue to expand their efforts to identify, track, and serve victims of child sex trafficking.

J. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

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 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.

Individualized services for children in this age group are determined at the local level through the Family Assessment and Planning Teams who are aware of local services provided through the schools, the community service boards, and private providers.

In addition to the services noted above, VDSS continues to direct that developmentally appropriate services are provided to this age group. These services include, but are not limited to:

- Medicaid's Early Intervention Program
- Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT)

- Infant and Toddler Early Intervention Program (Child Protective Services guidance outlines under what circumstances the referral is required by CPS)
- Head Start and Early Head Start

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 placement 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.

As of January 1, 2017, there were 1,340 children under the age of 5 in foster care. Of these children, 1,087 were in placements which were not permanent. That is, they were not in pre-adoptive placements waiting adoption finalization or on trial home visits. This is 96 fewer children in this age group than last year, which represents an 8% decrease. Forty-seven percent of these children were female and 53% percent were male. The majority of the children, 55%, were white. Thirty percent were black and 11% were of mixed race.

2018 Update

Through Virginia's Three Branch efforts, extensive work has been occurring since 2016 to increase child safety and reduce child fatalities throughout the Commonwealth. A large portion of this work has focused on addressing safety for children not only under the age of five, but even more specifically for children under the age of three.

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia has had response times spelled out through Regulations in the past, this is the first time the Commonwealth has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one, but was expanded to cover our most vulnerable populations. We know that for FY2017, 34% of all Founded CPS cases involved children under the age of four. Furthermore, we know that for abuse and neglect fatalities, 85% of these involve children under the age of three.

The Commonwealth also began the first statewide Safe Sleep campaign to address the fact that 65-70% of both founded and unfounded CPS Child Fatality Investigations are due to unsafe sleep practices occurring in the familial home. While these efforts are explained in more detail in other parts of the APSR, it is important to note the statewide campaign kicked off in August 2017 and will continue again this fall. Furthermore, the innovative partnership Virginia entered into with the Baby Box company has been a major success. As of May 31, 2018, 6,451 individuals have completed the safe sleep educational requirement through Baby Box University and 3,226 Baby Boxes have been distributed at no cost to any of the participants. Virginia is also continuing with its pilot study with the Virginia Commonwealth University Medical Center and School of Social Work to make safe sleep education, Baby Box distribution and a follow-up nurse home visit within 7-days of discharge available universally to all new parents.

As of January 1, 2018, there were 1,279 children under the age of 5 in foster care. Of these children, 1,100 were in placements which were not permanent. That is, they were not in pre-adoptive placements waiting adoption finalization or on trial home visits. This is 61 fewer children in this age group than last year, which represents a 4.5% decrease. Forty-seven percent of these children were female and 53% percent were male. The majority of the children, 59% were white. Twenty six percent were black and 11% were of mixed race.

K. PROGRAM IMPROVEMENT PLAN UPDATES

Adoption and Foster Care Analysis and Reporting System (AFCARS) PIP

This Program Improvement Plan was initially submitted in August of 2012 following the AFCARS review in June 2010. Virginia continues to submit updates to our federal partners at least twice a year. Our most recent submission was January 2018, with the next submission due in July 2018.

2018 Update

VDSS is continuing work on the AFCARS PIP as well as the AFCARS Data Quality Plan. In January 2018, the Division of Family Services and the Division of Information Systems released OASIS 4.0. Among other modifications and fixes, OASIS 4.0 included new features for searching for cases/clients and adding clients to referrals/cases, a security patch for Structured Decision Making (SDM) and a new Diligent Search screen. These enhancements were directly tied to the AFCARS PIP, Child and Family Services Reviews (CFSR) and security requirements. Work continues on additional modifications to OASIS screens to meet the remaining requirements of the AFCARS PIP, to include modifications to the extraction code/mapping for data submitted to the Administration for Children and Families (ACF) twice a year. Virginia hopes to have the next round of changes implemented/deployed to OASIS by late summer or early fall 2018.

IV. STATEWIDE ASSESSMENT OF PERFORMANCE

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.

The third round of Virginia's Child and Family Services Review (CFSR), conducted between April 1, 2017, and June 1, 2017 indicated that although progress has been made towards improving our child welfare system, there are still areas needing improvement. Specifically, VDSS is not in substantial conformity with seven out of seven CFSR outcome areas and three out of seven systemic factors. These outcome areas and systemic factors include Case Review System; Staff and Provider Training; Service Array and Resource Development, respectively. Data from the these case reviews were used to assess performance and a Program Improvement Plan is being negotiated with ACF. Key areas for concern include the following:

- Inadequate assessment of safety and risk for children;
- A lack of service provision for children and families;
- Foster families who can provide for the identified needs of the child;
- Improved efforts to include parents and family members in case planning;
- Placing children with relatives while in Foster Care;
- Moving children from Foster Care to permanency; and,
- Achieving permanency in a timely manner.

Additional themes for improvement include:

- High rates of caseworker turnover approaching 30 percent;
- Low rates of staff completion of mandated training; and,
- Inconsistent practice and performance throughout the state.

VDSS worked closely with the Capacity Building Center for States and utilized a collaborative process to review CFSR results, which consisted of extensive problem identification and root cause analysis with local staff and stakeholders to identify goals and potential strategies through multiple focus groups and surveys. In addition, the Children’s Bureau CFSR team met with VDSS program managers to provide technical assistance on how to pull and utilize CFSR data from the Online Monitoring System (OMS).

VDSS explored various approaches to implementing identified strategies to maximize performance. Namely, VDSS’s Office on Research and Planning created a methodology to identify the 20 designated local departments of social Service (LDSS) localities in which the PIP implementation plan will direct its focus. To address inconsistencies in practice, the PIP implementation team is comprised of representatives from the 20 PIP LDSS regional directors, Child Welfare Advisory Committee (CWAC) members, state program managers, and state leadership. Approximately seven topics-focused workgroups will be established to develop and implement strategies and activities in a sequenced manner throughout the 20 PIP LDSS localities over the two-year PIP implementation period. Workgroup members will consist of front line staff, supervisors, LDSS leadership, state program managers, regional consultants, CWAC members, and parent and youth representatives. Once the PIP is approved VDSS believes that the prioritizing efforts toward building a stronger CQI system will strengthen safety, permanency and wellbeing outcomes and performance.

CHILD AND FAMILY OUTCOMES

A. SAFETY

OUTCOME I: 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).

Timeliness of initiating investigations of reports of child maltreatment remains a key priority in Virginia. Since the last review, program guidance was revised (in July 2017) requiring a 24-hour response to any valid report of suspected child abuse or neglect involving a victim child under the age of two years old. Additionally, Regulation 22VAC40-705 was revised/became effective on July 1, 2017 requiring the interview or observation of the victim child(ren) occur within the determined response time. LDSS across the Commonwealth continue to take steps to improve their response times and Regional Consultants have identified strengths and opportunities for change in each of our LDSS through the ACR reviews. The reviews have highlighted the need for consistency in practice and performance across the Commonwealth.

As detailed in the corresponding chart, the percentage of first contact completely timely increased by 2% from 2016 to 2018 and the percentage of first contact attempted timely increased by 27%. The time to first meaningful contact completed within 24 hours increased by 12% and within 5 days decreased by 11% from 2016 to 2018. In addition, timeliness of completed first contact with victim (within response time priority) increased by 16% and timeliness of first contact with victim (within response priority) not completed timely decreased by 34%.

Furthermore, during the CFSR case review and subsequently through the CWCR, findings highlighted concerns with timeliness of initiating investigations and family assessments. In looking at timeliness of initiating investigations and family assessments, data analysis showed that turnover rates, the type of abuse, distance, race and gender of the victims and of the alleged abuser, and the day of the referral did not significantly impact timeliness of initiating investigations. Town hall events with supervisors and workers identified the following barriers; difficulty locating clients, lack of information in the referrals, lack of time when assigned multiple RIs, family resistance, lack of time to make a second attempt, delay in assigning, and not following SDM screening protocols consistently. Because 67% of the cases were initiated timely, Virginia will focus efforts to address the 33% through enhancing worker awareness of the impact of delays on child safety, supervisor triage protocols, and utilizing real time data and CQI processes.

2016-2018 Data Comparison

Reports included in SafeMeasures®. Results are shown for referrals received during months indicated in percentage of contacts completed.

Timeliness of First Contact	Feb-16	Feb-17	Feb-18
Completed timely	83	84	84.6
Attempted timely	3.3	3.9	4.2
Time to First Meaningful Contact	Feb-16	Feb-17	Feb-18
Contact pending	6.9	6.2	4.6
Within 24 hours	39.7	30.4	44.3
Within 48 hours	12.6	13.1	12
Within 72 hours	7.4	7.1	6.6
Less than six days	14.2	15.3	9.2

Less than 11 days	11	10.5	15.7
11+ days	5.2	4.8	4.9
Closed without contact	1.8	2.2	1.4
Timeliness of First Contact with Victim (within response time priority)	Feb-16	Feb-17	Feb-18
Completed Timely	59.9	64.4	69.2
Attempted Timely	4.4	4.1	6.1
Not timely	35.4	30.2	23.4
Pending	0	0	0

OUTCOME II: 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

LDSS across the Commonwealth utilize services to protect children in their own homes and prevent removal or re-entry into foster care; however, variations in application, funding, and resources have contributed to inconsistent practices. Virginia's CFSR findings showed that in-home cases were performing at 75% for item 2. Specifically, the CFSR found: (1) safety services were more likely to be provided in in-home cases than foster care cases; (2) LDSS did not consistently respond appropriately in case with parental and paramour substance abuse; and (3) safety plans to address identified issues were not consistently developed and monitored. Additionally, Virginia found LDSS were more likely to provide services in family assessments than in investigations despite services not always being immediately available and workload demands causing delays in services. Lack of available resources, family resistance, role variation, and complex case transfer processes have been identified as additional barriers to the provision of services. Furthermore, it was clear that workers and supervisors did not understand the difference between safety services (i.e. immediate daycare) and risk prevention services (i.e. mental health treatment). Virginia will be taking steps to strengthen guidance and worker training regarding the provision of safety-related services.

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 provides guidance that mandates the use of the Structured Decision Making® (SDM) Family Strengths and Needs Assessment (FSNA) and Risk Reassessment tools in In Home cases. Additionally, guidance is provided on the development of Service Plans. SafeMeasures® tracks the completion of the FSNA and Risk Reassessment tools. Virginia's CFSR findings showed that item 3 was substantially achieved in 67% of the cases with Foster Care and Differential cases performing at or about 70% and In Home cases performing at 44%.

Based on these results, Virginia will be making a significant effort to address the deficits noted in In Home cases. Virginia has a requirement to open high and very high risk CPS cases and about 85% of all

high and very high risk cases are opened by the LDSS. Further data analysis showed that although safety and risk tools were being completed, alleged victims and household members were not always seen and involved in the planning, and services were not initiated. Town hall events highlighted workers and supervisors lack of understanding of the tools and lack of “belief” in the tools. As a result, there is a disconnect in the overall practice regarding the connection between timeliness, visits, family engagement, use of tools to help import decision making, importance of remediating safety needs, initiating services, and documentation.

There is not a strong foundation for In Home case practice which has led to inconsistency in practice, assessments, visits, and documentation as Virginia offers one training on In Home case practice and assumes that other foster care training courses can supplement ongoing training. Ongoing work with children in the home with high or very high risk requires a skill set that focuses on family engagement and establishing a relationship, identifying individualized needs, establishing and monitoring case plans and progress with families while continually assessing safety and risk. Attention to ongoing case practice at both the supervisor level and worker level is needed to create consistency in practice with using SDM tools to include the FSNA tool, creating individualized case plans, and establishing a frequent visitation schedule focusing on quality contacts so that the family members are empowered to participate in case planning and FSNA is used to help support case decision making.

A Stakeholder Survey was conducted on risk and safety. CASA respondents were consistent in saying that LDSS assesses but is not always addressing both risk and safety, reporting a near four percentage-point difference. Data reports that the LDSS assesses more strongly with safety as compared to risk by approximately seven (7) percentage points. Foster Parents do not identify a substantial difference between assessment and addressing safety and risk in the foster care setting. However, there is a 10-12 percentage-point difference with safety as compared to risk in those settings. This suggests that foster parents’ perception may be that LDSS emphasizes and communicates safety while assessing risk and that Foster Parents may be more familiar with safety terminology and action steps to that end. Data present minimal difference for Family Services Staff in assessment verses addressing safety or risk. Unlike CASA and attorneys, staff report doing better for risk than for safety by 5-7 percentage points but with a high number in the “unable to determine” category. This may reflect a distinction between safety and risk for Family Services Staff.

B. PERMANENCY

OUTCOME III: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Virginia is not in substantial conformity with Permanency Outcome 1 as it was substantially achieved in 18% of the 44 applicable cases reviewed. While 70.5% of the 44 applicable cases were rated a Strength in placement stability (Item 4), placement changes were planned in only 40% of 20 applicable changes. Review of placement data for the cohort of children, who entered and exited care from 2011 through October 2017, indicated that number of placements increased with an increase in the length of time a child was in care. Forty percent of had one placement and an additional 21% had two. However, the remaining 20% had three or more placements.

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 includes 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

2018 Update

Below are data from Virginia’s CFSR State Data Profile as of June 2017, as well as data comparisons for children in Foster Care April 2017 and April 2018.

Virginia’s State Data Profile (June 2017)	Virginia	National Measure	
Permanency Composite 4: Placement Stability			
Measure C4-1 <=two placements for children in care less than 12mths	84.9	>=86.0	
Measure C4-2 <=two placements for children in care 12 to 24 mths	66.34	>=65.4	
Measure C4-3 <=two placements for children in care 24+ mths	40.34	>=41.8	
FPM for Placement Change Report (SafeMeasures)	Apr-16	Apr-17	Apr-18
FPM before placement change	7.5	7.3	5.6
FPM after placement change	1.2	3.4	1.9
FPM for other reason	6.4	5.3	9.6
No recorded FPM	84.9	84	83
Number of Placement Settings in All Foster Care Episodes	Apr-16	Apr-17	Apr-18
0-2 placements	57.9	57.8	56.8
3-5 placements	27.5	26.5	27.1
6-10 placements	10.4	10.8	10.8
11-15 placements	2.3	3	3.3
16 – 20 placements	1.2	1.2	1.2
21+ placements	0.7	0.7	0.8

CFSR Round 3 Results:

Overall rating of 70% of the applicable cases were rated as a strength

- 95% of the current placements were determined to be stable
- Placements for children with behavioral challenges or requiring a change in level of care were most likely to not be stable

Analysis: In general, increasing the number of approved foster homes will provide youth with an opportunity to enter into a placement that is conducive to meeting their needs as it relates to overall well-being, health and safety. Currently, Virginia has approximately 2200 approved foster home providers. Input from Town Halls indicated that LDSS struggle to find appropriate foster home placements for teenagers and especially for teenagers with challenging behaviors and/or special needs. Workers also indicated that foster parents could benefit from better training, especially in regards to working with children who have experienced trauma, and additional supports/resources. Workers cited availability of

supportive services as a barrier to maintaining placement stability. Many identified the need for additional foster home placements for teenagers where foster parents had specific training and additional support for meeting the needs of older children (e.g. intensive case management or specialized services for the child). Staff identified issues in regards to the treatment foster care parents not really being better equipped to handle children with difficult behaviors than the LDSS approved parents. Results from the statewide staff survey included foster parent burnout and increasing/escalated needs of the child topped the list of reasons why foster parents are no longer interested in fostering children.

Item 5. Permanency Goal for Child

2018 Update

CFSR Round 3 Results:

- Overall rating of 64% of the applicable cases were rated as a strength.
- In 81% of the cases reviewed the goal was appropriate
- In 83% of the cases reviewed, the permanency goals in effect during the PUR were established timely
- 75% of TPRs were filed timely or exceptions were noted in the case records

In regards to timely permanency, CFSR findings indicate that Virginia must make significant improvements in regards to establishing appropriate permanency goals (Item 5= 64% rated a Strength) and achieving permanency (Item 6= 25% rated a Strength) for children in foster care.

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

2018 Update

Virginia’s performance on State Data Profile (7/1/2015 – 6/30/2017)	Virginia	National Standard
Permanency Composite 1: Timeliness & Permanency of Reunification		
Component A: Timeliness of Reunification		
Measure C1-1: Exits to reunification <=12 months	55.19	>=75.2
Measure C1-2: Exits to reunification length of stay	10.46 mths	<=5.4mths
Measure C1-3: Entry cohort reunification in < 12 months	26.89	>=48.4
Component B: Permanency of Reunification.		

Measure C1-4: Re-entries to foster care in less than 12 months	5.02	9.9
Permanency Composite 2 Timeliness of Adoptions		
Component A: Timeliness of Adoptions of Children Discharged From Foster Care.		
Measure C2 - 1: Exits to adoption in less than 24 months	31.86	>=45.7
Measure C2 - 2: Exits to adoption length of stay	29.77	<=27.3mths
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.		
Virginia's performance on State Data Profile (7/1/2015 – 6/30/2017)	Virginia	National Standard
Measure C2 - 3: Children in care 17+ months and not Reunified	28.96	>=22.7
Measure C2 - 4: Children in care 17+ months and not reunified/legally Free for Adoption	13.1	>=10.9
Component C: Progress Toward Adoption - Children Legally Free		
Measure C2 - 5: Legally free children adopted <12 months	13.29	>=53.7
Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time		
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time		
Measure C3 - 1: Children in care >=24 months w/TPR who discharged to Permanency prior to age 18yrs	92.29	>=98.0
Measure C3 - 2:		
Component B: Growing up in foster care		

Measure C3 - 3: Children in care >=36 months who emancipated or reached age 18yrs	60	<=37.5
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Measure (SafeMeasures Reports 12 months ending)	Mar-16	Mar-17	Mar-18
Discharges to Reunification within 12 Months	53.5	55.4	51.9
Discharges to Adoption in 24 Months.	36.3	30.2	33.3

CFSR Round 3 Results:

- Overall rating of 25% of the applicable cases were rated as a strength
- Concerted efforts towards timely achievement were seen in:
 - 38% of cases with a plan of reunification
 - 18% of cases with a plan of guardianship
 - 19% of cases with a plan of adoption

The areas of concern show and Virginia is working to improve that:

- Lack of agency efforts was the most frequently cited reason for lack of timely goal achievement
- Not filing TPRs and court delays and denials were cited as second most frequent reasons for not achieving a timely goal (adoption)
- Not engaging and/or assessing relatives as a placement resource was a theme throughout many cases.
- Concurrent goals are/were in place but only one goal is being worked.
- 3 cases had ICPC-related delays
- 2 cases had delays due to the 6 month placement guideline

Analysis: Virginia completed 776 adoptions in FFY 2017. Results from the Child and Family Services Review, Permanency Outcome 1, rated achieving timely permanency in adoptions at 19.23%. DFS then conducted root cause analysis work to determine barriers to achieving safety, timely permanency, and well-being. DFS surveyed LDSS staff, community partners, conducted Town Hall listening sessions regionally across the state in specific program areas; child protective services, foster care, adoption, family recruitment, supervision and training. Specific to adoption, more than half of the respondents indicated barriers to achieving timely adoptions were due to inability to schedule court hearings timely in the juvenile and domestic relations court and circuit court. In addition, respondents noted scheduling conflicts for attorneys in termination of parental rights court hearings. The field also indicated minimal use of resources, such as permanent entrustments, when working towards concurrent planning.

Based on the aforementioned data, the adoption program plans to focus on strategies and activities to use along with a baseline of data through an exploration of state-wide usage of the Rapid Response Tool that is currently being used in the pilot stage with four LDSS through a VDSS collaboration with Casey Family Programs. Also, there will be a complete review of all cases with the goal of adoption during the Regional Consultants Agency Case Review monitoring report. VDSS will be able to utilize current data

as a baseline and periodically review progress along with the initiation and review of PIP strategies and key activities. The use of these tools and review of progress will create a CQI process for review of timeliness to permanency via adoptions. The adoption program is also reviewing data at home office regarding timeliness of court documentation provided to complete the closed adoption record. In the last guidance update, the adoption program decreased the timeframe for creation of the closed adoption record from 30 days to 15 days to allow for more timely adoptions and more accurate reporting.

For children with the goal of reunification, in only 37.5% of the cases was the agency making concerted efforts to achieve reunification in a timely manner. In the Town Halls, many staff indicated that safety issues could not be addressed quickly (within 6 months) especially when the reason for entry included parental substance abuse. Of concern, staff cited the identification of other non-safety related problems (for example, inadequate employment or housing) after the child(ren) entered care which needed to be resolved before reunification would be considered. Barriers to addressing identified problems quickly included limited access to providers who complete assessments, limited or lack of services to address substance abuse, mental health, and trauma needs available in the community, limited resources to address unstable housing, high expectations of the court and other professionals involved regarding safety and placement decisions, and inadequate transportation resources for parents. Additionally, staff cited difficulties in being able to increase the number and length of visits between children and parents as a barrier to moving towards reunification more quickly.

Challenges in making concerted efforts to achieve timely reunification also impact efforts to achieve permanency through transfer of custody to a relative. In only 18% of applicable cases was agency found to be a Strength. VDSS's concurrent planning practice is intended to ensure that LDSS are working towards relative custody transfer (or another permanency goal) at the same time that they are making efforts to achieve reunification. In Town Halls, workers identified the use of FPMs for concurrent planning as helpful and several cited LDSS practice of meeting more often with parents and relatives as particularly helpful in moving cases along the permanency timeline. However, issues around large caseloads; conflicting priorities; difficulty in coordinating schedules with the family, relatives, and professionals; lack of facilitator availability; and, limited or no access to transportation for the parent were frequently raised as concerns limiting efforts to conducting FPMs as policy requires. Staff additionally commented on barriers to involving relatives in concurrent planning including: parental resistance to relative involvement, difficulty obtaining names and/or contact information for potential relative resources, and time and effort required to make ongoing efforts to involve relatives.

Virginia received an overall rating of Area Needing Improvement for Item 6A because only 19.23% of the 26 applicable foster care cases with the goal of adoption were rated as a Strength. Although Virginia achieved the highest number of adoptions to date, 747 finalized adoptions in SFY 2017, Virginia has not demonstrated a sense of urgency in achieving timely adoptions. Virginia averages between 33-36 months from foster care entry to finalized adoption. In addition to data, Virginia conducted surveys and town halls to obtain statewide feedback regarding barriers to achieving timely adoptions, specifically around agency practices related to concurrent planning, use of entrustments for the purpose of termination of parental rights, and engagement with city attorneys and Guardians Ad Litem for the purpose of case planning. As a result of the statewide survey and Town Hall meetings, more than 88% of the respondents reported that scheduling the initial hearing and setting a date on the docket along with court continuances were reported barriers to achieving timely finalized adoptions. More than 50% percent of respondents reported that they utilize permanent entrustments sometimes for the purpose of termination of parental rights. As a result of the Rapid Response Survey (comprised of agency subject matter experts), out of 102 responses, 39% commented that appeals and juvenile and domestic court related concerns such as; court continuances, attorney issues and judges' decisions regarding termination of parental rights, as the top two barriers to achieving timely finalized adoptions, thus determining the root cause regarding timely finalized adoptions and the need to collaborate with the Court Improvement Project (CIP).

As a result of the feedback, quantitative data was collected regarding appeals as it was the most significant barriers identified in the qualitative feedback. In a comprehensive review of adoption data as of 6/1/2018 from SFY 2010-2017, there were 5,376 adoptions; Black (28%), Multi-Race (10%), Other (2%), White (60%); Female (47%), Male (53%); overall average time in care for adoptions; female: 33 months, male: 34 months. Key findings from the data revealed about 44% of all adoptions reviewed had at least 1 appeal on 1 parent. VDSS 'wins' an appeal (either from upheld or withdrawn appeal) 95% of the time or higher. Further research here is recommended to find out the 'why' regarding Eastern Region's noticeably fewer appeals as compared to other regions. Roanoke City DSS and Roanoke County DSS both have about a 60% appeal rate.

OUTCOME IV: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

Item 7. Placement with Siblings

CFSR Round 3 results indicate that Virginia is not in substantial conformity with Permanency Outcome 2 as it was substantially achieved in only 30% of the 44 applicable cases reviewed. The three items with the lowest ratings were Visiting with parents and siblings (Item 8, 35%); Relative placement (Item 10, 34%); and, Relationship of child in care with parents (Item 11, 30%).

2018 Update

CFSR Round 3 Results:

Overall rating of 69%

- In 35% of cases reviewed, the child was not placed with siblings
- There was often not a valid reason noted when the child was not placed with siblings

Item 8: Visiting With Parents and Siblings in Foster Care

2018 Update

2016-2018 Data Comparison

Monthly Client Visits with Family & Siblings for children in care for the month (SafeMeasures)	Apr-16	Apr-17	Apr-18
Children with at least one face-to-face visit recorded with a family member	30.6	28.7	35.8
Children who saw all their siblings	28	21.9	22.7
Children who saw some of their siblings	2.9	2.9	2.5

CFSR Round 3 Results:

Overall rating of 35%

- Efforts to ensure the frequency and quality of visits with siblings was found in 50% of applicable cases.
- The state made such concerted efforts to ensure frequent quality of visits was sufficient with:
 - mothers in 41% of the cases
 - fathers in 44% of the applicable cases

In regards to visitation, LDSS made concerted efforts to ensure frequency of visits were sufficient to maintain or support continuity of the relationship with mothers in 48% of the cases and with fathers in 50% of the applicable cases. The quality of the visits was sufficient to maintain or promote the continuity of the relationship with the mother in 55% of the cases and with fathers in 67% of the applicable cases. In Town Hall meetings, the most frequently cited successful strategy for engaging parents in case planning was the provision of visitation with the child or children. However, workers reported wide differences in practice between agencies. Many reported that all visitation began with one hour of supervised visitation each week at the DSS office. Initial visits were generally supervised by the assigned Foster Care worker. In some agencies, additional DSS staff (case aides or service support workers) were assigned to assist with facilitating visits. Some workers reported that they were able to access funding to contract with a provider to offer therapeutic visitation to parents who needed additional support and coaching regarding parent-child interactions. Other staff reported that the delays in accessing funding or their localities' unwillingness to fund this type of services creates significant barriers to providing additional visitation.

Concerted efforts to promote, support, and otherwise maintain a positive nurturing relationship between the child and his or her mother was found to be a Strength in 37% of applicable cases and with his or her father in 39%. Review of the CFSR cases indicates that there is a tendency to focus on the parent from whom the child was removed in regards to maintaining a relationship. Additionally, workers are not routinely enlisting foster parents as resources to support birth parent involvement in meeting the needs of the child.

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.

2018 Update

CFSR Round 3 Results:

- Overall rating of 47% of applicable cases were rated as a strength
- Kinship placements were more likely to facilitate connections to neighborhood, faith, extended family, school, and friends
- There were significant variations in practice regarding identifying

connections and preserving them

Item 10: Relative Placement

2018 Update

2016-2018 Data Comparison

Kinship Care Placements for Children in Care (SafeMeasures)	Apr-16	Apr-17	Apr-18
Kinship foster care placement.	6.2	3	5.9

CFSR Round 3 Results

Overall rating of 34% of applicable cases were rated as a strength

- Child's current or most recent placement with relative only 7% of the time
- In 100% of those cases the child's placement was considered stable and appropriate to his/her needs.

Analysis: The child's current or most recent placement with a relative was rated a Strength only 7% of the time. However, in 100% of those cases the child's placement was considered stable and appropriate to his/her needs. Despite previous efforts to increase the use of relatives as foster parents, the current statewide relative foster parent placement rate remains 5%. In the statewide staff survey, only 50% of respondents reported that his/ her agency approves relatives as foster. About 29% of respondents reported that their agency does not approve relatives due to family not being available and or willing. Respondents also reported that the top three barriers to relatives being approved are associated with relatives not completing the training/approval process, financial hardship, and lack of interest or involvement. It was also noted that relatives do not want to negatively impact their family relationships. Virginia's lengthy list of barrier crimes is frequently cited as a challenge to approving relatives to foster family members. For relatives who submit to a background check for the purpose of becoming a potential relative placement, 90% of relatives are identified as eligible which is contrary to the general belief that relatives can't meet the approval process. The low overall rate of placement with relatives, however, suggests that many relatives may be screened out for consideration by the LDSS prior to the point of submitting to background checks.

Item 11: Relationship of Child in Care With Parents

2018 Update

CFSR Round 3 Results

- Overall rating of 30% of applicable cases were rated as a strength
- The state made such concerted efforts with mothers in 37% of the cases reviewed, and with fathers in 39% of the applicable cases

C. WELL-BEING

OUTCOME V: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

Item 12. Needs and Services of Child, Parents, and Foster Parents

2018 Update

Overall rating of 34% of applicable cases were rated as a strength (3 parts)

Assessment of Needs/Provision of Services Children - Item 12A

- 77% of the cases reviewed were rated as strength for assessing needs/services for children
- This was more likely a strength for children in foster care (77%) and alternative response cases (82%) than children in in-home cases (67%)
- 66% of the cases reviewed were rated as strength for providing services to meet the needs for children. This was more likely a strength for children in in-home cases (71%) and alternative response cases (79%) than children in foster care (59%)

Assessment of Needs/Provision of Services Parents – item 12B

- Overall rating of 33% of applicable cases were rated as a strength
- Only 14% of cases were rated as a strength in assessing needs and providing services to parents of children in foster care cases and 56% in in-home cases
- While improvement is needed for all parents, mothers were more likely to have needs assessed (62%) and services provided than fathers (41%)

Assessment of Needs/Provision of Services Foster Parents – item 12C

Overall rating of 69% of applicable cases were rated as a strength for assessing needs and providing services to foster parents.

Analysis: Virginia is also not in substantial conformity with Well-being Outcome 1 as it was substantially achieved in only 25% of 44 Foster Care cases reviewed. Assessing and providing services to meet the needs of the child, parents, and foster parents (Item 12) was found to be an Area Needing Improvement because only 25% of the 44 applicable cases were rated a Strength. LDSS did better with assessing the child's needs (77.27%) than providing appropriate services (59.46%). This was also true for mothers where assessments were conducted in 44.83% of the cases, but appropriate services were provided in only 37.93% of the cases. For fathers, assessments were conducted in only 20% of the cases, and appropriate services were provided in only 21.74% of the cases.

In Town Hall meetings, workers expressed concerns about the challenges in assessing parents' needs and providing appropriate services. They cited parental non-compliance, lack of transportation, and unavailability of services as particularly challenging. When barriers to providing services to parents was specifically addressed, workers noted difficulty quickly accessing funding for services based on their particular locality practices as an additional barrier.

Item 13. Child and Family Involvement in Case Planning

2018 Update

CFSR Round 3 Results:

Overall rating of 48% of applicable cases were rated as a strength in:

- 41% of the applicable foster care cases
- 44% of the applicable in-home services cases
- 65% of the applicable alternative response

Concerted efforts were made to involve:

- Children in 68% of applicable cases
- Mothers in 60% of the applicable cases
- Fathers in 48% of the applicable cases

2016-2018 Data Comparison

Monthly Caseworker Visits	Mar-16	Mar-17	Mar-18
SafeMeasures Face-to-face contact with caseworker during the month	92.5	90.4	94.1
VDSS/ORP Monthly Worker Visits Report	>95.0	>95.0	>95.0

Analysis: Involvement of the child and family in case planning was rated a Strength in only 41% of 39 applicable cases. The child was most frequently involved (73.08%). Mothers were involved in 48.28% of cases and fathers were the least involved in 26.09% of applicable cases. Foster Care guidance recommends the use of monthly Child and Family Team Meetings which bring parents, older children, foster families, services providers, relatives, attorneys, and Court Appointed Special Advocates (CASA) representatives to the table to review progress, discuss challenges or barriers, and make adjustments to the family and/or child’s service plan as needed. Where the LDSS are using this model, agency case reviews find a much higher level of ongoing communication and engagement with all birth and foster parents. Where this model is not being routinely used, efforts to engage the parents and monitoring and adjustment of services is frequently cited as an area needing improvement. In the Town Halls, while acknowledging that regular Child and Family team meetings were beneficial in moving cases forward, workers cited difficulties in engaging parents and relatives as reasons not to hold these meetings.

Item 14. Caseworker Visits With Child

2018 Update

- **CFSR Round 3 Results**
- Overall rating of 77% of applicable cases were rated as a strength.

- Adequate frequency and quality visits with children are occurring more often in foster care and differential response cases than in-home cases.
- Frequency:
 - 91% at least 1 time per month
 - 9% less than 1 time per month
 - Sufficient Quality:78%

Analysis: Although worker visits are consistently occurring on a monthly basis with 95% or more of the children in care, contact with child (Item 14) was found to be a strength in 77% of applicable cases. A closer look at the CFSR cases and results of VDSS's Agency Case review process indicate that workers are not maximizing the effectiveness of the time they spend with children. In particular, they are not systematically assessing safety or adjusting the frequency of their contacts based on case circumstances.

Item 15. Caseworker Visits With Parents

2018 Update

CFSR Round 3 Results

- Overall rating of 40% of applicable cases were rated as a strength
- Adequate frequency and quality visits with parents are occurring more often in in-home and differential response cases than foster care cases
- The frequency of caseworker visits with mothers (64%) were more likely to be rated a strength than for fathers (55%) however the quality of visits was more often a strength with fathers (60%) than mothers (57%)

Analysis: For worker contact with parents (Item 15), the pattern of worker visits with the mother was found to be sufficient in only 31% of cases reviewed, and the quality of the contact was found to be sufficient in only 36.36% of cases. For the father, the pattern was found to be sufficient in only 21.74% of applicable cases, and the quality was found to be sufficient in only 28.57% of cases. A closer look at the CFSR and Agency Case Review findings, indicate that workers tend to make greater efforts to engage the parent from whom the child was removed.

OUTCOME VI: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Item 16. Educational Needs of the Child

2018 Update

CFSR Round 3 Results:

- Overall rating of 86% of applicable cases were rated as a strength.
- Adequate assessment in 91% of cases
- Concerted efforts to provide appropriate services in 88% of cases
- 89% of the applicable foster care cases
- 80% of the applicable in-home services cases
- 67% of the applicable in-home alternative response cases

OUTCOME VII: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Item 17. Physical Health of the Child

2018 Update

CFSR Round 3 Results:

- Overall rating of 82% of applicable cases were rated as a strength

Case rated strength:

- 77% of the foster care cases
- 100% of the in-home services cases
- 100% of the applicable alternative response cases
- In 79% of the cases reviewed, it was determined the agency provided appropriate oversight of prescription medication for physical health issues of the child.

Item 18. Mental/Behavioral Health of the Child

2018 Update

CFSR Round 3 Results:

- Overall rating of 51% of applicable cases were rated as a strength
- Adequate assessment 74% of 47 cases
- Appropriate services provided 68% of 47 cases
- Appropriate oversight of prescription medications 52% of 23 cases

Case Type Comparison:

- Foster Care 50% of 34 cases
- In-Home 20% of 5 cases
- In-Home Alternative/Differential Response 75% of 8 cases

AGENCY SYSTEMIC FACTORS UPDATE

FACTOR I: STATEWIDE INFORMATION SYSTEM

Item 19. Statewide Information System

Virginia is operating a statewide information system, the Online Automated Services Information System (OASIS) that is fully capable of determining the legal status, demographics, location, and goals for every child who is (or within the immediately preceding 12 months, has been) in Foster Care. OASIS is the system of record for Foster Care cases, with supporting documents such as copies/scanning capabilities 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 The Adoption and Foster Care Analysis and Reporting System (AFCARS), National Youth in Transitions Data (NYTD), The **National Child Abuse and Neglect Data System** (NCANDS), as well as monthly worker contacts. Reports and analysis of OASIS data are obtained by state, regional and local family services staff through several tools: the secure VDSS website SPARK, the Virginia Child Welfare Outcome Reporting utility (VCWOR), and the software tool SafeMeasures®. Detailed examples of reports are provided in Attachment 19. Each tool is available 24/7 except for routine maintenance or emergencies.

Local department staff is 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 the child 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. The exception is the entry of the information regarding 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 (LPCA) 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 members 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/children are identified by client id numbers. Information can be searched using either case numbers, client id numbers, or name. 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 Health screens. These health screens allow for detailed history of diagnoses, providers, immunizations, and medications (including psychotropic). 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.

Virginia's QA plan for data validation and reconciliation relies on federal data quality reporting and several state ongoing activities as described below:

- The September 2016 Virginia Child and Family Services Review (CFSR 3) Data Profile provided an assessment of Virginia's OASIS systems' data quality. For the AFCARS Data Quality Checks, Virginia has passed all benchmarks for the 11B thru 17B submissions. For the NCANDS Data Quality Checks, Virginia is passing all data element checks for NCANDS 2013-14 thru 2016-17 submissions.
- The VDSS Division of Family Services (DFS) contracts with the National Council on Crime and Delinquency for the software SafeMeasures®. This software tool provides reports and analysis of OASIS data. DFS and the Office of Research and Planning (ORP) maintain a monthly call with this vendor to review these reports as well as any data issues identified by any of the three parties. The SafeMeasures® software provides Quality Assurance (QA) reports to examine data quality issues such as: Children in Foster Care Cases without Open Placement Settings; AWOL Settings not Closed; Open Cases That May Contain Duplicate Clients; Children in Cases without a Social Security Number; Duplicate Perpetrators; etc. For each of these data issues' reports, the software tool has the capacity to drill down to the region, locality, agency, caseworker, and child level; or to obtain a full list of clients. Using data from these reports, DFS is able to obtain Information for follow-up. For example, using the report - Children in Foster Care Cases without Open Placement Settings and the Active Foster Care Children Report– DFS found the following:

2018 Update

Of the 5,232 clients in FC on 02/01/18:

- 102 clients did not have a placement record
- 22 entered care in January 2018
- 80 entered care prior to January 2018
- 24 LDSS with 1 youth missing placement record
- 14 LDSS with 2 youth missing placement record
- 1 LDSS with 3 youth missing placement record
- 6 LDSS with 4 youth missing placement record
- 4 LDSS with 5+ youth missing placement record

While these data indicate that the missing placement is often the first placement, some of these missing placements are for children who have been in care over one year. Despite the small numbers, these data issues' reports are reviewed regularly by DFS and/or ORP. In addition, all reports available from the SafeMeasures® tool report on missing data points, which allows DFS and ORP to follow-up where the amounts of missing data are substantially high (approximately 5%). Follow-up on these data issues is conducted with the appropriate LDSS or regional offices, to either correct inaccurate data input, address problems with casework practice, and conduct follow-up review. Other data issues that have been assessed in the past include the reduction of the proportion of duplicate cases to below 10% and the development of new data indicators such as substance abuse, child physical, mental and dental status; ICWA status, etc.

In May of 2017, Virginia released a Request for Proposal (RFP) and its objective was to solicit proposals from qualified vendors to enable the VDSS (Department) and the 120 local departments of social services (LDSS) in Virginia to use mobile technology to enhance and support documentation and data collection

efforts and increase family engagement time for LDSS Family Service Specialists (FSS) and Supervisors performing child welfare work outside of their offices.

The goal of the RFP is to acquire and deploy a commercial off-the-shelf (COTS) enterprise mobile software solution that supports a more effective use of FSS time by allowing them to document and access sensitive case information, including personally-identifiable information (PII), regardless of the time of the day or their location, in order to improve overall productivity and provide operational efficiencies. A secondary gain will be the time FSS are able to spend with children and families in the field rather than having to return to the office to complete paperwork.

Virginia seeks a solution that will provide for a configurable, COTS mobile application that will run concurrently and interface with the Department's current child welfare information system, OASIS, along with related databases.

The expectation is this effort will result in the establishment of a contract that will provide the means to satisfy the majority of the Virginia's immediate and future CCWIS Enterprise Mobile Software needs.

As of May 2018, Virginia has completed the initial RFP review process and is in the procurement stage of a COTS mobile software solution. Virginia hopes to award the contract in late 2018.

2018 Update

In Fall 2017, VDSS created the Data Governance Council, a multi-year, collaborative effort between the Virginia Department of Social Services (VDSS) and the Virginia League of Social Service Executives (VLSSE). The purpose of the Council is to manage a data cleanup effort of current child welfare information systems in preparation for a new case management system.

The Council will also establish data control rules in the collection and documentation of information to ensure that data is timely, complete, accurate, consistent and monitored and serve as an advisor to the Division of Family Services.

Membership includes representatives of the Division of Family Services (DFS), Office of Research and Planning (ORP), membership or designees from the Children and Family Services Committee (C&F) of the VLSSE, and representatives from local departments of social services (LDSS).

The Council is responsible for creating a timeline and execution of a plan to cleanup data in current child welfare information systems, establishing data controls to govern the creation and/or entry of information in the new child welfare information system, and reporting efforts and/or making requests to the broader social service system.

Additional responsibilities include: making recommendations to VDSS in the prioritization of data cleanup efforts, assisting in the creation of a comprehensive timeline to cleanup data elements in current child welfare information systems, providing feedback on the impact of cleanup efforts on workloads to front-line workers and supervisors, assisting VDSS in developing creative approaches to data cleanup, making recommendations to ensure data controls are in place for the new child welfare (CCWIS) and document management (DMIS) information systems and assisting VDSS in communicating and soliciting information or opinions regarding the above efforts.

The Resource Directory in our case management system contains inaccurate data in regards to resources such as, LDSS and LCPA foster and adoptive homes, children residential facilities, etc., as resources are not consistently end-dated in the system when they are no longer active. Virginia recognizes the importance of ensuring the quality and integrity of the data in our system and has begun a data clean-up

process in conjunction with the Data Governance Council (referenced in Item 19). The Council identified the need to begin the larger clean-up process by first focusing our attention on the Resource Directory within OASIS. Thus far, the category of children's residential facilities have been completed and we are starting to address LDSS approved homes. VDSS was able to secure a contract position to assist with data clean-up efforts surrounding LDSS approved homes. Once this is complete, VDSS will begin work on other categories within the Resource Directory.

VDSS has also engaged in creating Rapid Response Teams (RRTs) originally set for CCWIS that are now also assisting DFS in CFSR PIP surveys to further our root cause exploration with Town Halls and focus groups in preparation for developing and implementing the PIP.

FACTOR II: CASE REVIEW SYSTEM

Item 20. Written Case Plan

There is the requirement in the Code of Virginia regulation, as well as guidance, that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan. Foster Care and CPS guidance and related Code sections instruct representatives of the department to involve parents and children 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 agreement or within 30 days of signing a temporary entrustment for a placement of 90 days or more. Virginia Code and Guidance for this item is included as an attachment to this report ([Attachment 20.1 submitted in 2017](#)).

In response to new federal requirements of VDSS first issued Broadcast #9531 on January 14, 2016. The Broadcast ([Attachment 20.2 submitted in 2017](#)), served to highlight the new federal requirements and provide LDSS the means to capture them in the OASIS Foster Care Service Plan and Service Plan Review. In addition to the Broadcast, DFS also provided job aids to support LDSS in complying with case plan requirements ([Attachment 20.3 submitted in 2017](#)).

The Education and Health screens in OASIS now facilitate the collection of required information. New reports permit the information to be printed and attached to the Service Plan and Review and submitted to the court. The Independent Living Transitional Plan has been modified to meet federal requirements, and has been attached to the Service Plan and Review, and will be updated at least annually.

Timeliness of foster care service plans are monitored through a proxy measurement of the timeliness of court hearings. The court must receive the plan prior to the hearing, which is generally 30 days in advance or 14 days prior for the Dispositional Hearing. A court hearing would not ever be held without a plan. An example of the report used by DFS to monitor these court hearing dates is provided as an attachment to this report ([Attachment 20.4 submitted in 2017](#)).

Items about client service plans were included in the DFS Stakeholder Surveys conducted in Spring/Summer of 2016 ([Attachment 20.5 submitted in 2017](#)). Responses serve to validate the need for the new DFS case monitoring process piloted in the fall 2016 and begun formally in January 2017. More about this initiative is provided for Systemic Factor III: Quality Assurance. Highlighted below were the following:

- The case planning process is well monitored for provisional changes, as nearly 57% of LDSS Supervisors send their case plans back to workers for said changes. DFS asserts this as a strength for children and families in the case planning process.
- Responses for physical, mental, and dental health, as well as education, included some negative perceptions. These should improve over time as DFS now has the ability to gather and monitor the inclusions of these data in OASIS through SafeMeasures® reports.
- Of concern is the relatively large proportion of foster parents; 14.6%, believe that they are not involved in the foster child's case planning. This is an item for further investigation, follow-up, and monitoring in the future.
- Foster Parent responses were >20% negative for timeliness of permanency goals, and appropriateness of goals.
- Attorney responses were >10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency
- In contrast to the above two findings, CASA responses were <10% negative for timeliness of permanency goals, appropriateness of goals, and inclusion in plans of progress made towards achieving permanency.
- CASA responses were also <10% negative for the LDSS utilizing Family Partnership Meetings (FPM) or a similar type meeting when doing case planning.

2018 Update

VDSS, in working to complete the development of the CFSR PIP, will have strategies and key activities addressing Family Partnership Meetings. Upon approval of the PIP, this verbiage will be included in the September 2018 submission of the APSR.

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) VDSS uses and provides a Guide, developed specifically for attorneys and judges who handle child welfare cases ([Attachment 21.1 submitted in 2017](#)). Formal reviews are 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. Petitions for permanency planning hearings are filed 30 days prior to the scheduled court date for the hearing which will be held within 10 months of the dispositional hearing (§ 16.1-282.1). For all and any review, considerations include the child's safety, the continuing necessity for foster care placement, compliance and progress with the case plan for both child and family, transition planning for youth 14 or older whether an out-of-state placement is viable. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

SafeMeasures® includes the Approved Court Hearing Status Report ([Attachment 21.2 submitted in 2017](#)). 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. VDSS monitors the SafeMeasures® report regularly. Because the LDSS are permitted 30 days to enter the court hearing information, DFS always looks at reporting from two months earlier. When the percent of timely hearings drops below 90%, the regional Foster Care consultants are provided with information about specific

LDSS. They then reach out to those LDSS to encourage and insure timely data entry. In most cases, the LDSS have simply failed to enter the hearing/ panel review information appropriately. On one occasion, when one LDSS was actually not having hearings as required due to staff shortages, the consultant and Regional Director worked with the LDSS Director to develop an action plan to improve compliance.

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 on a timely basis, the Juvenile Case Management System (JCMS) includes an electronic scheduling feature that lists the court's 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 using this feature 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.

Virginia's Court Improvement Program (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 if necessary. 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 disposition of a child in need of services, child in need of supervision, etc.).

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.

In Virginia's most recent Title IV-E Review the following were noted as strengths (Virginia 2016 Title IV-E Foster Care Eligibility Review, page 7):

Court Orders

As seen in the previous IV-E review, all court orders reviewed included the required judicial finding. As such, there were no error cases or non-error cases with ineligible payments because a required judicial finding was not made. All court orders reviewed included explicit and timely documentation of contrary to the welfare or best interest and reasonable efforts findings. Court orders also were individualized to be child-specific. These explicit and child specific details are important to help maintain a level of accountability, guide future court determinations with respect to achieving permanency and provide clarity for establishing eligibility. Many court orders reviewed also contained specific instructions on actions to be completed to move the cases towards achieving the permanency plan.

Frequent Permanency Hearings

Cases reviewed found frequent permanency hearings resulting in timely judicial determinations and court involvement to monitor case planning and progress toward goal achievement for the child. Virginia continues to work with the CIP to monitor timeliness of these hearings and ensure that DFS is obtaining timely findings that the agency is making reasonable efforts to finalize a permanency plan for a child.

In the DFS Stakeholder Surveys conducted in Spring/Summer of 2016, included were items about periodic reviews ([Attachment 21.3 submitted in 2017](#)). Highlights from respondents included:

- Several items will require follow-up with key stakeholders to understand their perspective on timeliness and appropriateness of permanency goals for foster care youth, and to strategize efforts to improve these elements of practice.
- CASA stakeholders responded >10% that a foster care review hearing is only sometimes held no less frequently than every 12 months after ordering permanent foster care or termination of parental rights.
- Staff also responded >10% that permanency goals are not established in a timely manner.

2018 Update

- VDSS-DFS anticipates conducting yearly surveys with stakeholders (staff, youth, families, judges, partners, etc.)

Reviews completed timely/not timely from SafeMeasures (2016-2017)

Court Hearing Status (children in care Dec 2016 – Jun 2017)	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
Current	86.1%	86.4%	85.3%	84.6%	85.1%	84.5%	85.3%
Not Current	6.6%	6.4%	6.7%	7.2%	7.2%	7.2%	7.3%
Not Found	0.8%	0.9%	0.7%	0.8%	0.8%	0.8%	0.8%
In Care <60 Days	6.5%	6.3%	7.2%	7.5%	7.0%	7.5%	6.6%
Total	100%	100%	100%	100%	100%	100%	100%

Item 22. Permanency Hearings

As with periodic reviews, permanency hearings address considerations of the child’s safety, the continuing necessity for foster care placement, compliance and progress with the case plan for both child and family, transition planning for youth 16 or older, and whether an out-of-state placement is viable. Virginia Courts use standardized forms for both Petitions for Permanency Planning and Permanency Planning Orders ([Attachments 22.1 and 22.2, submitted in 2017](#)).

Data regarding timeliness of the court hearing in this section are generated from case information entered into Virginia's Juvenile Case Management System (JCMS) by local Juvenile and Domestic Relations District Court clerks. The data provided were extracted on November 10, 2016, and represent federal fiscal years (FFY) 2013-2016. All data reflect averages and cases considered as of that date. The information provided is defined by Case Type (cases for which data is being reported); Goal Type (goal of a child in foster care for which data is being reported); Time Frame (period of time covered by the data); and Average Days (baseline and annual level of the measure for the time frame covered by the data). In addition, accuracy of the data provided is dependent upon information being accurately and properly entered into JCMS. Performance measures that rely on the disposition of an underlying case (i.e. Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, Relief of Custody) or the date at which a child was placed from disposition into foster care (Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor, or Delinquency Felony) pull the most recent underlying case type filed to determine whether requirements are met to be included in the data.

Time to First Permanency Hearing

This measure provides the average number of days between the date of disposition hearing on the underlying case and the date of the first permanency planning hearing on the case [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]. Cases considered in the data include the first Permanency Planning hearing held for a child that: is filed beginning on the first day in the reporting period up to the last day in the reporting period; has a disposition hearing and result code of 'F' (Finalized); has an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, or Relief of Custody with a finalized disposition of Legal Change in Custody or Child Protective Order Issued and Legal Change in Custody; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor; or Delinquency Felony, the result of which was the entry of the child into foster care.

Virginia Code § 16.1-282.1 provides, "In the case of a child who was the subject of a foster care plan filed with the court pursuant to § 16.1-281, a permanency planning hearing shall be held within 10 months [(11 months if prior to July 1, 2014)] of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 is reviewed...." The review pursuant to § 16.1-281 is to occur at the time of the dispositional hearing on the underlying petition, or within 60 days (75 days if prior to July 1, 2014) of a child's placement into foster care when such placement is the result of a Child in Need of Services, Child in Need of Supervision, Status Offense, or Delinquency petition. These time line requirements support a permanency hearing being held within 12 months of a child entering foster care. Data available since 2013 indicate improvement in the time to first permanency hearing. FFY 2016 data suggests that initial permanency planning hearings are being held in a manner consistent with Virginia's time line requirements and are supportive of a permanency hearing being held within 12 months of a child entering foster care.

Time to First Permanency Hearing by Case Types	Baseline FFY 2013	Year 1 FFY 2014	Year 2 FFY 2015	Year 3 FFY 2016	Difference From Previous 2015 vs 2016	Difference From Baseline 2013 vs 2016
	Average (Days)	Average (Days)	Average (Days)	Average (Days)		
All Cases	320	292	272	254	-6.62%	-20.63%
Abuse or Neglect/At-Risk	326	296	273	257	-5.86%	-21.17%
Relief of Custody (CR) Cases	313	297	275	262	-4.73%	-16.29%
Entrustment Agreement (ET) Cases	227	214	243	179	-26.34%	-21.15%
Other Cases (CS, DF, DM, TR, ST)*	399	376	313	345	10.22%	-13.53%

Source: Virginia's Juvenile Case Management System (JCMS) extracted 11/10/16, representing FFY

2018 Update

Includes:

- Virginia Court Improvement Program
- Statewide Court Performance Measure Data
- Federal Fiscal Years (FFY) 2016, 2017

Introduction

These data are generated from case information entered into Virginia's Juvenile Case Management System (JCMS) by local Juvenile and Domestic Relations District Court clerks. **The data provided were extracted on June 4, 2018. All data reflect averages and cases entered into JCMS as of that date.**

The following defines the information provided.

- Case Type: The cases for which data is being reported.
- Goal Type: The goal of a child in foster care for which data is being reported.
- Time Frame: Period of time covered by the data.
- Average (Mean) Days – The measure for the time frame covered by the data.

Note the following regarding the data reported:

- The accuracy of the data provided is dependent upon information being accurately entered into JCMS.
- Performance measures that rely on the disposition of an underlying case (i.e. Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement) or the date on which a child was dispositioned into foster care (Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency or Status Offense) pull the most recent underlying case type filed to determine whether requirements are met to be included in the data.

Time to First Permanency Hearing

This measure provides the average number of days to the date of the first permanency planning hearing (i) from the date of the disposition hearing on the underlying abuse or neglect, at-risk of abuse or neglect, or entrustment agreement case through which the child entered foster care; or (ii) from the date child is placed foster care, if placed as a result of a child in need of services, child in need of supervision (truancy/runaway), delinquency, or status offense case.¹

Virginia Code § 16.1-282.1 provides, “In the case of a child who was the subject of a foster care plan filed with the court pursuant to § [16.1-281](#), a permanency planning hearing shall be held within 10 months of the dispositional hearing at which the foster care plan pursuant to § [16.1-281](#) is reviewed....” In the cases identified at (i) above, the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed at the disposition hearing, which is held within 60 days of the child’s placement in foster care in cases of abuse or neglect and at-risk of abuse or neglect; or within 45-75 days of filing a petition for approval of an entrustment agreement. In the cases identified at (ii) above, the initial foster care plan is generally reviewed within 60 days from the date of placement in foster care. Therefore, the measures set out below include an additional 60 days in the category of “Other Cases” (those involving a child in need of services, child in need of supervision, delinquency, or status offenses), when compared to the measures for abuse or neglect, at risk of abuse or neglect, and entrustments.

These time line requirements support a permanency hearing being held within 12 months of a child entering foster care. See next page:

Case Types	FFY 2016	FFY 2017	Difference from Previous Annual Rate (2016 vs 2017)
	10/1/15-9/30/16	10/1/16-9/30/17	
	Average (Days)	Average (Days)	
Abuse or Neglect (AN) and At-Risk of Abuse or Neglect (RI) Cases	258	258	0%
Entrustment Agreement (ET) Cases ²	189	172	-8.99%
Other Cases (CS, DF, DM, TR, ST) ³	343	309	-9.91%

Summary of Findings:

Abuse or Neglect and At-Risk of Abuse or Neglect Cases

The average days calculated for the above-referenced case types is from the date of the disposition hearing on the underlying case to the date of the hearing on the initial permanency planning case. Data

¹ Cases considered in the data include the first permanency planning case held for a child that is filed within the report date parameters, has a finalized disposition hearing, and has an underlying case of: (1) abuse or neglect, at-risk of abuse or neglect, or entrustment agreement with a finalized disposition of change in legal custody (LC) or child protective order issued and change in legal custody (FD), or (2) child in need of services, child in need of supervision (truancy/runaway), delinquency or status offense, the result of which was the entry of the child into foster care.

² The data do not include permanent entrustment agreement cases, which move directly to Virginia’s annual foster care review upon termination of parental rights.

³ The category “Other Cases” includes: CS-child in need of services, DF-delinquency felony, DM-delinquency misdemeanor, TR-child in need of supervision and ST-status offense.

available for FFY 2017 suggest that initial permanency planning hearings are being held in a manner consistent with Virginia's time line requirements, which are consistent with federal related requirements. Specifically, at an average of 258 days (8.5 months), a permanency planning hearing was held within 10 months from the date of the dispositional hearing on the underlying abuse or neglect or at-risk of abuse or neglect case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

Entrustment Agreement Cases

The average days calculated for this case type is from the date of the disposition hearing to the date of the hearing on the first permanency planning case. Data available for FFY 2017 suggest that initial permanency planning hearings are being held in a manner consistent with Virginia's time line requirements, which are consistent with federal related requirements. Specifically, at an average of 172 days (5.7 months), a permanency planning hearing was held within 10 months from the date of the dispositional hearing on the underlying entrustment agreement case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

Other Cases (CS, DF, DM, TR, ST)

The average days calculated for "Other Cases" is from the date of the child's placement into foster care to the date of the hearing on the first permanency planning case. Data available for FFY 2017 indicate that a permanency hearing is held in a manner consistent with Virginia's time line requirements, which are consistent with federal related requirements. Specifically, at an average of 309 days (10.2 months), a permanency planning hearing was held within 12 months of placement into foster care for children entering as a result of one of these case types. The FFY 2017 average reflects a 10% decrease from the FFY 2016 average of 343 days (11.2 months).

Time to Subsequent Permanency Hearings

This 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. The data are reported by permanent goal type (i.e. Adoption (AD), Placement with Relative (PR) or Return Home (RH)) and those with the goal of Another Planned Permanent Living Arrangement (APPLA). Cases considered in the data include Permanency Planning cases and 12-month Foster Care Review cases or, if the child's goal is Another Planned Permanent Living Arrangement, 6-month Foster Care Review cases: held after the first Permanency Planning case; filed beginning on the first day in the reporting-period up to the last day in the reporting period; have an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement, or Relief of Custody with a finalized disposition of Legal Change in Custody or Child Protective Order Issued and Legal Change in Custody; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor, or Delinquency Felony, the result of which was the entry of the child into foster care, and which have a first Permanency Planning case; and include a permanent goal (i.e. Return Home, Placement with a Relative or Adoption) or a goal of Another Planned Permanent Living Arrangement. Data does not include Permanency Planning cases or Foster Care Review cases for children with the goal of Permanent Foster Care or Independent Living. Data include Permanency Planning cases or Foster Care Review cases at which a foster care plan is disapproved and a subsequent permanency hearing is held within 30 days.

Virginia Code §§ 16.1-282.1, 16.1-282.1 A2, and 16.1-282.2 provide for the review of the status of a child in foster care no less than every 12 months following the initial permanency hearing. These hearings and time frames are described briefly below. Virginia Title IV-E Reviews for 2013 and 2016 are included as attachments to this report as well for more detail information ([Attachments 22.3 and 22.4, submitted in 2017](#)).

- Virginia Code § 16.1-282.1 provides that at the conclusion of the initial permanency planning hearing, the court may approve an interim plan and, if so, requires a second permanency planning hearing be held within 6 months.
- Virginia Code § 16.1-282.1 A2 provides that the Court review a foster care plan for any child with the goal of another planned permanent living arrangement (APPLA) every 6 months.
- Virginia Code § 16.1-282.2 provides that “The court shall review a foster care plan annually for any child who remains in the legal custody of a local board of social services or a child welfare agency and (i) on whose behalf a petition to terminate parental rights has been granted, filed or ordered to be filed, (ii) who is placed in permanent foster care, or (iii) who is age 16 or over and for whom the plan is independent living.”

Data available since 2013 indicate that subsequent permanency hearings, at which a permanent goal is approved, are held more frequently than every 12 months. Additionally, subsequent permanency hearings where the approved goal is Another Planned Permanent Living Arrangement are being held every six months.

Time to Subsequent Permanency Hearings

Goal Types	Initial Baseline (FFY 2013)	Year 1 (FFY 2014)	Year 2 (FFY 2015)	Year 3 (FFY 2016)	Difference From Previous Annual Rate (2015 vs 2016)	Difference From Baseline (2013 vs 2016)
	Average (Days)	Average (Days)	Average (Days)	Average (Days)		
All Permanency Goals*	213	224	220	198	-10.00%	-7.04%
Adoption (AD) Goal	253	269	227	229	0.88%	-9.49%
Placement with Relative (PR) Goal	177	160	197	150	-23.86%	-15.25%
Return Home (RH) Goal	180	206	225	183	-18.67%	1.67%

Another Planned Permanent Living Arrangement (APPLA) Goal	179	180	161	168	4.35%	-6.15%
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* Permanency goals include AD, PR, and RH.

The DFS Stakeholder Survey included items about Periodic Reviews ([Attachment 22.5 in 2017 submission](#)) and highlights of the responses included:

- Data suggest that nearly 28% of foster parents responded that goals for reunification to adoption were not established in a timely manner. This perspective needs further examination to understand more fully if this is an issue of setting reasonable expectation or another practice issue.
- DFS will be working to see how the reasonable expectations can be incorporated in foster and adoptive parent initial and in-service training.

2018 Update

Analysis of Hearing Timeliness by Type from SafeMeasures (below):

Type of Hearing (children in care Jun 2017)	Court Hearing /Review Current (#)	Court Hearing /Review Current (%)	Court Hearing/ Review Not Current (#)	Court Hearing/ Review Not Current (%)	Total All Hearing Types (#)	Total All Hearing Types (%)
60 Day Dispositional	650	97.74%	15	2.26%	665	100.00%
Adm. Panel Review	401	96.16%	16	3.84%	417	100.00%
Court Review	1515	90.18%	165	9.82%	1680	100.00%
Permanency Planning	1595	90.99%	158	9.01%	1753	100.00%
Supervisory Review	8	88.89%	1	11.11%	9	100.00%
Grand Total	4169	92.15%	355	7.85%	4524	100.00%

VDSS and the Court Improvement Program (CIP) of Virginia have partnered in a joint project to focus on children in foster care who have been in care for 24 or more months, whose parents' rights have been terminated, and who have no permanent placement identified in order to improve permanency and stability for these children. Please see attached PPT (CIP_joint_project_ppt_043018.pdf). The CIP in Virginia will be providing more data prior to the September submission of the APSR regarding reviews/court and timeliness.

Item 23. Termination of Parental Rights

Termination of parental rights is viewed very conservatively by judges across Virginia; and data about TPR court hearings and continuances is difficult to obtain on a regular basis. However, several new reports have been added to the SafeMeasures® software tool that provide DFS the ability to monitor clients for multiple time periods as they progress from goal change to adoption. Steps included in these new reports follow clients from goal of adoption, to TPR, placements in pre-adoptive homes, adoption petitions waiting final orders, and clients who are adopted. An example of these reports is provided as an attachment to this report ([Attachment 23.1 in 2017 submission](#)). An analysis of clients with a goal of adoption in October 2015 followed through October 2016 shows substantial success in moving children forward in the TPR and adoption process. This progress is shown in the summary provided below:

**Progress towards Adoption
October 2015 to October 2016**

Source: SafeMeasures 10/30/2015 and 10/30/2016

Status October 30, 2015	Status October 30, 2016								
	Total	Adoption: Pre-Adoptive	Adoption: Non-Finalized	Foster Home	Congregate Care	Other	Adoption	Other Permanency	Other Discharge
# in Adoption Non-Finalized Family	493	0	76	1	1	7	401	0	7
# in Pre-Adoptive Family	81	81	0	0	0	0	0	0	0
# Available for Adoption	675	53	58	248	114	42	85	7	68
# Not Available - TPR on Appeal	139	42	27	32	6	6	21	5	0
# Not Available - TPR not recorded	154	21	21	57	3	21	22	2	7
Subtotal	1542						529		
# with Adoption Goal > 10/30/2015							107		
Total Maintained or Progressed		197	182						
Total Adopted							636		
12 month successes									1,015

Time to Filing Petition for Involuntary 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 a question on the current Foster Care Plan screens in OASIS where the LDSS has to indicate if the child has been in care 15 out of the last 22 months (Part B). This screen prompts the worker to address why the LDSS has not filed a termination petition if both the “15 out of 22 months” and the “not filing a petition” boxes are both checked. The screens ensure that the issue is at least reviewed by the LDSS when developing the foster care plan. Additionally, the court receives this information when the foster care plan is submitted and has an opportunity to address in the hearing any failure to meet this requirement. While no specific reporting tools are readily available to monitor compliance with this policy; special analysis of OASIS data, by either DFS or ORP staff, is made available on request. Also additional reports can and will be added to SafeMeasures® to regularly monitor compliance with this requirement.

Data available from the Juvenile Case Management System, since 2013, indicate improvement in the time to filing of petitions for involuntary termination of parental rights. FFY 2016 data showed that petitions for termination of parental rights are being filed approximately 12 months following the disposition hearing on the underlying case or, if applicable, the child’s foster care date when placement is the result of a Child in Need of Services, Child in Need of Supervision, Status Offense, or Delinquency petition. This measure provides the average number of days between the date of the disposition hearing of the underlying case (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 file date of the Involuntary Termination of Parental Rights (TP) case.

Cases considered in the data include Involuntary Termination of Parental Rights cases: filed beginning on the first day in the reporting period up to the last day in the reporting period; with an underlying case of Abuse or Neglect, At-Risk of Abuse or Neglect, Entrustment Agreement or Relief of Custody with a finalized disposition hearing; or Status Offense, Child in Need of Services, Child in Need of Supervision (Truancy/Runaway), Delinquency Misdemeanor or Delinquency Felony, the result of which is the entry of the child into foster care.

2018 Update

Part 1 – Permanency for CY17 of children in foster care 24 months or longer with TPR (Source VCWOR CSSTO 2/28/2018):

Region	# who exited foster care to permanency	# who aged out of foster care
Central	76	14
Eastern	101	15
Northern	93	17
Piedmont	184	14
Western	99	12
Total	553	72

LDSS Size	# who exited foster care to permanency	# who aged out of foster care
Small	17	7
Medium	160	27
Large	376	38
Total	553	72

Part 2-Children in foster care 24 months or longer, with a goal of adoption, whose parents’ right have been terminated, and who have no permanent placement identified. (Source: SafeMeasures and VCWOR as of 3/31/2018):

Child Race	TPR Ordered - not in adoptive placement
White	202
Black	174
AmericanIndianAlaskanNative	0
Asian	0
Hawaiian/PacificIslander	0
Multi-racial	37
Unable to Determine	4
Total	417

Gender	TPR Ordered - not in adoptive placement
Male	220
Female	197
Total	417

LDSS Size	TPR Ordered - not in adoptive placement
Small	22
Medium	127
Large	268
Total	417

Region	TPR Ordered - not in adoptive placement
Central	85
Eastern	97
Northern	114
Piedmont	81
Western	40
Total	417

Age at Entry	TPR Ordered - not in adoptive placement
<1year	38
1-5years	101
6-9years	135
10-12years	96
13-15years	47
16-18years	0
19+years	0
Total	417

Age on 3/31/18 and TPR Status	TPR Ordered - not in adoptive placement (as of 3/31/2018)
<1year	0
1-5years	70
6-9years	68
10-12years	82
13-15years	107
16-18years	90
19+years	0
Total	417

Age on 3/31/18 and TPR Status	TPR Ordered - not in adoptive placement (as of 3/31/2018)
<1year	0
1-5years	70
6-9years	68
10-12years	82
13-15years	107
16-18years	90
19+years	0
Total	417

Agency Level by Exit Reason	still in care	reunification	adoption	custody transfer to another relative	emancipation	transfer to another agency/to corrections	child death	Total
Small	41	0	17	1	7	2	0	68
Medium	257	4	156	3	27	3	0	450
Large	541	8	368	4	38	7	1	967
Total	839	12	541	8	72	12	1	1485

Region by Exit Reason	still in care	reunification	adoption	custody transfer to another relative	emancipation	transfer to another agency/to corrections	child death	Total
Central	145	4	72	0	14	1	0	236
Eastern	170	0	101	2	15	7	0	295
Northern	210	4	89	4	17	0	0	324
Piedmont	189	3	181	1	14	3	1	392
Western	125	1	98	1	12	1	0	238
Total	839	12	541	8	72	12	1	1485

Time in Care as of 3/31/2018	TPR Ordered - not in adoptive placement (as of 3/31/2018)
24 - 35 months (2 to under 3 years)	169
36 - 47 months (3 to under 4 years)	86
48 - 49 months (4 to under 5 years)	79
60+ months (5 or more years)	83

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 (*Attachment 24.1 in 2017 submission*). Both foster parents and birth parents are to be provided notice of each hearing by the court. Foster parents and pre-adoptive parents are to be notified by the court 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. Again, Virginia Petitions for Permanency Planning (*Attachment 22.1 in 2017 submission*) and Permanency Planning Orders (*Attachment 22.2 in 2017 submission*), include notice for parents, foster parents, pre-adoptive parents, or relative caregiver.

The case worker also provides and discusses with the foster parent, pre-adoptive parent, or relative caregiver 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 the right to be heard at the 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 with respect to the child during the time the child is in their care.

In the DFS Stakeholder Survey of Spring/Summer 2016 (*Attachment 24.2 in 2017 submission*), foster parents responded negatively to their notice and participation in reviews. Results suggest more work is needed by DFS, in collaboration with the new Virginia CIP Director, to understand these results and reduce barriers to foster parents regarding court hearings.

- 15.38% responded that they do not receive notice of upcoming foster care reviews
- 39.2% responded that they do not feel like their opinion is valued in court.
- 51.61% responded that they are not asked about their foster child in court.
- Responses from attorneys, CASA, supervisors and FSS staff are more positive with <10% responding negatively to these same questions.
- When asked who during the court proceedings asks you about the foster child (check all that apply), foster parents responded: Judge 47.62%; DSS Attorney 35.24%; GAL 49.50%; and Other 35.24%. These responses also require follow-up to understand whether these are realistic perceptions as they indicate low participation encouraged by participants in the hearings.

FACTOR III: QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System

The Division of Family Services uses three distinct yet coordinated processes for accomplishing Quality Assurance and Accountability (QAA) and Continuous Quality Improvement (CQI). These three processes comprise Virginia's QAA/CQI Plan. The plan covers all 139 geographic jurisdictions that comprise 120 Local Departments of Social Services within the state (*Attachment 25.1 submitted in 2017*). Each process is described briefly here.

Quality Assurance and Accountability (QAA)

The purpose of the QAA team is to monitor local agencies in three specific areas that include: title IV-E Foster Care/Adoption Assistance, Child and Family Services Review (CFSR) and Subrecipient Monitoring (SRM). The unit has a staff of 31 including a program manager, supervisors, full and part-time program consultants, two full-time data analysts, and a part-time data analyst. The unit is also 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 clients. In addition the unit provides financial reconciliations between the states and local agencies for all family services budget lines directly related to services for children and families.

The QAA team administer three types of reviews for LDSS: title IV-E ongoing reviews, Child Welfare Case Reviews (CWCR), and Child and Family Services Reviews(CFSR). Ongoing reviews are designed to provide continuous quality control and support to the LDSS by reviewing all open title IV-E cases at least once each fiscal year. CWCR are held every three months for each LDSS. CWCR review 10 CPS referrals, 5 CPS Ongoing and 5 Foster Care cases and funding determinations on every child who enters foster care. These reviews are designed to ensure safety, permanency and well-being and that appropriate eligibility determinations are made within approximately 90-120 days of children entering foster care.

The QAA reviews includes face-to-face interaction with staff, supervisors, and the local department director. It includes an on-site debriefing meeting where findings from the reviews are discussed with agency leadership and staff. During the debriefing, the regional consultant may connect the LDSS with a program consultant for specific technical assistance, resource material, and direct suggestions for practice improvement. Follow-up and agency actions taken on the report focuses on providing support for practice enhancement including the use of the coaching strategies and the Practice Profiles in encouraging staff development. This may include providing additional resources or facilitating discussions between LDSS with similar challenges or goals, or who can provide support to each other.

All CWCR cases are evaluated to ensure they are in full compliance with state and federal requirements. The review process includes examination of systems and documentation to include: Online Automated Service Information System (OASIS) and the hard copy case record. In addition, the QAA team works collaboratively with regional staff to provide additional technical assistance if needs are identified. The goal of these reviews is to provide results that are meaningful and useful to the LDSS and will improve outcomes for children and families around safety, permanency, well-being and funding. The reviews consist of CPS investigation/family assessment; ongoing and foster care case files. The reviews will provide regional consultants and agencies targeted areas to better serve the children and families involved in child welfare. These reviews provide a proactive approach as the referrals/cases will be reviewed within 90 to 120 days from opening.

2018 Update

The QAA team anticipates reviewing the same level of cases throughout this fiscal year. The number of cases anticipated to be reviewed for title IV-E ongoing is 3,031. The number of CPS referral, CPS ongoing and foster care cases anticipated to be reviewed is 9,600. The number of foster care cases and funding determination will fluctuate based on the number of children entering foster care.

The DFS completed a state led federal CFSR review in the Spring of 2017. Reports of the federal review for 2017 are available from the Children's Bureau CFSR Web Portal. Due to substantial conformity not being met DFS will have to enter into a Program Improvement Plan (PIP), which is scheduled to be approved in September 2018. In February 2018 QAA began reviewing 140 PIP Monitored CFSR cases a year. Case reviews will continue throughout the PIP. The QAA Monitoring Team will visit each LDSS

every three months for compliance on basic practice requirements (*Attachments 25.2-25.4 accompanying MS Excel files in 2017 submission*).

Please see attachments with the 2018 APSR submission for quarterly reporting for IV-E and CWCR findings.

VDSS Regional Consultants will also visit each LDSS once within a calendar year to review cases at a more detailed level (*Attachments 25.5 – 25.9 accompanying PDF documents in 2017 submission*). Results of these reviews will be compared to corresponding data in the OASIS system, and aggregate data for each LDSS will also be generated via reports from OASIS for CQI (see below). These ongoing case review processes will not only serve DFS for Quality Assurance, but also as an ongoing data validation.

In addition to this renewed focus on reading case files in local agencies, and increased state and regional presence in the local agencies, Virginia continues to use several groups for feedback. Quality Assurance and Accountability specifically uses the Quality Assurance Network (QAN) to gain input about casework problems, documentation, data issues, etc. QAN is a group of LDSS staff with a specific focus on Quality Assurance and Quality Improvement in their daily work. Membership currently consists of 52 local employees. The group has been meeting every quarter since its inception in summer 2015. Agenda topics addressed by the group include performance assessment reports, specific problem-solving for local issues either with communicating to agency staff around QI and data or definition and measurement of key child welfare indicators.

Continuous Quality Improvement (CQI)

The purpose of the CQI team is to identify and use information about child welfare practices in Virginia to improve outcomes for children and families. The team is made up of a program manager. In addition to specific responsibilities of follow-up to QAA and liaison to stakeholder groups for data input, the team also at times serves as coach and consultant to the Division on how to translate data and analysis into ideas for improvement – using the Plan-Do-Check-Act model of Quality Improvement.

Specific quality improvement efforts within the Division in the past year include 1) analysis and recommendations of workflow for the Divisions Adoption Unit, to provide greater efficiency and effectiveness; 2) increased use of data by DFS program managers; and 3) improved coordination of reporting and analytic requests to the VDSS Office of Research and Planning.

To support LDSS in quality improvement, Virginia has several data and reporting systems to identify areas needing improvement. These include the Virginia Child Welfare Outcome Reporting system (VCWOR), Virginia's contract with SafeMeasures® as a reports tool; and its contract with Chapin Hall for longitudinal, cohort data. SafeMeasures® reports are currently used to monitor benchmarks in areas such as caseworker monthly visits, TPR Status, and placement stability (*Attachment 25.10 in 2017 submission*). Extensive use of these data for CQI however, has not occurred for several years in Virginia. The CQI team's work plan for 2017 includes a renewed focus on using data to improve practice, through regional trainings and forums. The divisions Quality Assurance Network and the Child Welfare Advisory Committee (CWAC) Subcommittee for CQI are two such vehicles for this work. Increased use of longitudinal analysis to examine practice trends and outcomes is also a part of the 2017 work plan. Finally, results of the DFS Stakeholder Surveys are used by CQI to inform existing or future improvements. This Survey is conducted annually with stakeholder groups including: Family Services staff and Supervisors, Foster and Adoptive Parents, Foster Youth, Attorneys, Judges, and CASA.

FACTOR IV: STAFF AND PROVIDER TRAINING

Item 26. Initial Staff Training

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. There are both on-line and instructor led courses.

For CPS workers, 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 – online

For Permanency staff, courses include:

CWSE1002 Exploring Child Welfare
CWSE5692 Recognizing & 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

As part of the Division’s CQI activities, Stakeholder Surveys were conducted in the spring of 2016 to gain feedback on a variety of topics. Questions on training of child welfare staff in Virginia LDSS were specifically included in the surveys of Family Services Staff and Family Services Supervisors. Feedback from these surveys is provided in [Attachment 26.1 in 2017 submission](#). The most striking results of this feedback are that the survey respondents are very positive about training; yet the Mandate Analysis ([Attachment 26.2 in 2017 submission](#)) indicates that training participation is substantially low.

2018 Update

- A Mandated Training Analysis was conducted in 2017. The results and decisions made can be found in the Training Portion of the APSR.
- An analysis was conducted by Butler on VDSS’ training model. The results and decisions made can be found in the Training Portion of the APSR.

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 that 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.

LDSS 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 must describe 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.

Ongoing training was also included in the DFS 2016 Spring/Summer Stakeholder Survey. Response for these items is provided in *Attachment 27 in the 2017 submission*. Again the positive feedback about training is in contrast to the low participation evidenced in the Mandate Analysis.

2018 Update

- A Mandated Training Analysis was conducted in 2017. The results and decisions made can be found in the Training Portion of the APSR.
- An analysis was conducted by Butler on VDSS' training model. The results and decisions made can be found in the Training Portion of the APSR.

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 foster and adoptive families in order for them to meet the needs of children receiving services funded by Title IV-E. 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.). The ten hours of in-service training is recommended and encouraged, but not mandated by LDSS for their foster and adoptive parents. The in-service training hours are provided as a guideline to allow providers opportunities for discussions and review related to the child's safety, permanency and well-being. A guideline for in-service training is provided, rather than a mandate, so that a family in progress towards fulfilling the 10 hours does not have a child unnecessarily removed from their home.

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 needs. The VDSS Adoption and Foster Recruitment 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. Using the PRIDE curriculum, the Community Resource, Adoption and Foster Family Training (CRAFFT) program promotes the safety, permanency and well-being of children through the training of LDSS foster/adoptive parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of foster/adoptive 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:

- Development and delivery of additional in-service training for foster and adoptive families, based on input from families as well as the local agencies and VDSS;
- Development and maintenance of a regional training plan, updated as-needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
- Close work with the Regional Adoption and Foster Recruitment 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;
- Collaboration with the Regional Adoption and Foster Recruitment 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;
- Collaboration with LDSS and Virginia's Adoption, Foster, and Kinship Association (NewFound Families) to promote membership, participation in the annual NewFound Families conference/training, and development of relationships with regional NewFound Families board members and NewFound Families staff; and,
- Conducting of regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding foster and adoptive parent development and support; informing agencies of current state or program initiatives related to foster and adoptive parent training; and allowing 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. The table below describes the training for SFY 2016 for foster and adoptive families.

Region	# Agency responses	PRIDE	MAPP/OTHER	CRAFFT	# of Approved Families
Central	20	18	0	11	72
Piedmont	24	22	2	17	190
Northern	24/25	25	0	9	249
Western	20/22	17	0	3	118(6-10)
Eastern	23	23	0	19	147

In the DFS 2016 Spring/Summer Stakeholder Surveys, foster parents were asked to respond to questions about their training experiences. Responses are detailed in [Attachment 28 in the 2017 submission](#). In general responses were favorable with <10% of respondents with a negative perspective of their training experiences.

2018 Update

Stakeholder surveys are being reviewed at this time to further assess needs as it pertains to the CFSR PIP.

FACTOR V: SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services

Virginia has in place several programs and funding streams to provide for the diverse service needs of at risk children and their families across the state. Each area is described briefly in the following pages and attachments.

Virginia Children’s Services Act (CSA): 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, including youth either in foster care, or eligible for foster care. The need for services is determined by local Family Assessment and Planning Teams (FAPT) on a case-by-case basis, and the funding is limited to six months of services unless an extension is granted. The purpose of the funds is to avoid out-of-home or out-of-community placements of at-risk children. The funding varies by locality and type of service. Localities also have Community Policy and Management Teams (CPMT) with primary responsibility to coordinate long range, community-wide planning for needed resources and services in the community. Since 2006, the General Assembly now requires local CPMTs to report to the Office of Children’s Services (OCS) on gaps and barriers in services needed to keep children in their local community. For SFY 2015, these data are reported on the OCS website (<http://www.csa.virginia.gov>).

Services Provided throughout Virginia and Identified Service Gaps (***) indicates service gap)

Acute Psychiatric Hospitalization***	Maintenance - Child Care Assistance	Residential Case Management
Applied Behavior Analysis***	Maintenance - Clothing Supplement	Residential Daily Supervision
Assessment/Evaluation***	Maintenance - Enhanced	Residential Education
Case Support	Maintenance - Independent Living	Residential Medical Counseling
Crisis Intervention***	Maintenance - Transportation	Residential Room and Board
Crisis Stabilization***	Material Support	Residential Supplemental Therapies
Family Partnership Facilitation	Mental Health Case Management***	Respite***
Family Support Services***	Mental Health Skills Building	Special Education Related Services***
Chafee FC Ind. Pg./Independent Living Services***	Mentoring***	Sponsored Residential Home Services
Individualized Support Services	Other (Emergency Shelter Care)***	Substance Abuse Case Management***
Intensive Care Coordination (ICC)***	Outpatient Services***	Therapeutic Day for Children & Adolescents***
ICC Family Support Partner	Private Day School***	Transportation***
Intensive In-Home Services***	Private Foster Care Support-Supervision-Administration	Treatment Foster Care Case Management

Maintenance - Basic***	Private Residential School	Utilization Review
Adoption Services		
Post-Adoption Services		

The overall response rate for reporting service availability and gaps in SFY 2015 was 87%. The top three agencies/systems actively engaged in completing the CPMT Service Gap Assessment were: Court Services Units (95%); School Systems (94%); and Local DSS (94%). Services provided across the state and those identified as gaps in SFY 2015 are shown in Table 29 below. Finally, Virginia Code, §2.2-2648 D.17 also requires that the State Executive Council (SEC) for Children’s Services develop and report aggregate performance measures for the Children’s Services Act Program. This report is available at: <http://www.csa.virginia.gov/dashboard/2015%20Outcomes%20Report.pdf>

The DFS 2016 Spring/Summer Stakeholder Survey included many items about services and the availability of services (*Attachment 29.1 in 2017 submission*). Responses suggest that while services in the community are available to the LDSS, stakeholders and LDSS staff report more could be available to meet families’ and children’s needs. Data suggest increasing the availability of services that work to reduce the risk of re-entry into foster care.

Promoting Safe and Stable Families (PSSF): Promoting Safe and Stable Families (PSSF) funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program funding is flexible and may be provided through local public or private agencies, individuals, or any combination of resources. These PSSF funds are used for direct and/or purchased services to preserve and strengthen families, avoiding unnecessary out-of-home or out-of-community placements, reunification of children and their families, or finding and achieving new permanent families for those children who cannot return home.

A local planning body determines what community services and/or goods are needed on behalf of the children and families in their respective communities. Receipt of funding is based upon a rigorous state review and approval process for each individual community plan and each plan is developed from a comprehensive, community-based needs assessment.

The total amount of Virginia’s SSBG-FPSP funds dedicated to prevention is estimated to be approximately \$1,100,000. A formula is used to determine the portion of available funds that can be allocated to any individual locality. Variables used for the formula include the following:

1. Population estimates ages 0-17 (Virginia Department of Health 2011)
2. Poverty estimates ages 0-17 (Census Bureau, SAIPE 2011)
3. Number of valid CPS complaints reported by VDSS (Apr 2012 – Mar 2013)
4. Number of unduplicated children served as reported by Comprehensive Services Act (SFY 2012)
5. Intake complaints for ages 0-17 reported by the Virginia Department of Juvenile Justice (SFY 2012)
6. Number of adult and children substance abuse consumers reported by the Virginia Department of Behavioral Health and Developmental Services (SFY 2012)
7. Number of children receiving special education services as reported by the Virginia Department of Education (Dec. 2012)

Virginia Enhanced Maintenance Assessment Tool (VEMAT): Another key source of services for at-risk youth and their families in Virginia is through the Virginia Enhanced Maintenance Program. This VEMAT program provides for additional funding for foster or adoptive parents when the involved child has special needs beyond basic maintenance (e.g. treatment foster care, special medical devices, etc.) The purpose of VEMAT is to assess an individual child's behavioral, emotional and physical/personal care

needs in order to determine if an enhanced maintenance payment to a foster or adoptive parent is necessary. The Assessment Tool and Process were revised in 2012. A copy of the Tool is provided in *Attachment 29.2 as an accompanying PDF document with the 2017 submission*, and the Guide to Parents in *Attachment 29.3 as an accompanying PDF document in the 2017 submission*.

2018 Update

Please review: Services Outcome Measures Office of Children's Services (OCS)

http://csa.virginia.gov/content/doc/CSA_Performance_Measures_Outcome_Indicators_Report_FY2017.pdf

and, Service Gap Analysis Survey Results from OCS

http://csa.virginia.gov/content/pdf/FY2016_CSA_Service_Gap_Survey.pdf

Item 30: Individualizing Services

Each of the programs and services described in Item 29 include mechanisms to determine specific needs of the child. For CSA services, each child is assessed by the FAPT to determine specific needs across the service systems (e.g. educational, social service, mental health, etc.). For PSSF funds, each locality implements a risk assessment relative to service needs in submitting applications for funding from this source to the state. The VEMAT tool is applied to each individual child and family to determine the degree of additional funding needed to serve the unique needs of the child. In the CSA annual survey of locality services and gaps, respondents are asked to identify gaps in populations served. Results from the 2015 CSA Gaps Report include the following populations served and those where gaps in services exist (identified with an “***”):

Autism ***	Pre-School Age
Intellectual Disability/Developmental - Disability	Elementary School Age
Mental Health issues in the school	Middle School Age
Potentially Disrupting or Disrupted Adoptions	Transition Age (14-17)
Sex Offending Sexually Reactive Behaviors	Transition Age (18-21) ***
Substance Abuse*	

The DFS 2016 Spring/Summer Stakeholder Survey included items about individualizing services for children and families (*Attachment 30 in 2017 submission*). Responses suggest that, while stakeholders feel some services are not available to meet families’ needs, the available community services can be personalized to individual families and children. Examining the DFS survey data in conjunction with the CSA services and gaps feedback, indicates that available services may be more easily tailored compared to services where a gap is indicated. It may be useful to clarify in future surveys or discussion groups which practices operationalize individual, person-centered case planning. In addition, the use of Family Partnership Meetings (FPMs) across Virginia in 2015 provides an evidence-based practice that encourages diverse input to the services provided to the child and family. The following table illustrates FPMs in Virginia for CY2016 by Region and Case Type.

Region	Total # of FPMs	% with Participation beyond LDSS	% with No Participation beyond LDSS
Central	769	98.40%	1.60%
Eastern	980	94.90%	5.10%
Northern	2,274	87.20%	12.80%
Piedmont	1,034	95.60%	4.40%
Western	990	96.20%	3.80%
Total	6,047	92.80%	7.20%

Case Type	Total # of FPMs	% with Participation beyond LDSS	% with No Participation beyond LDSS
Adoption	11	0.00%	100.00%
ICPC	1	0.00%	100.00%
CPS	1808	5.90%	94.10%
Prevention/Support	520	5.60%	94.40%
Intake	24	4.20%	95.80%
Foster Care	2352	8.90%	91.10%
CPS/Foster Care	215	15.30%	84.70%
Other	1116	5.30%	94.70%
Total	6047	7.20%	92.80%

2018 Update

Stakeholder interviews regarding FPMs and interview data from other state agencies are being reviewed from the CFSR PIP.

FACTOR VI: AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 31: State Engagement and Consultation with Stakeholders Pursuant to the Child and Family Service Plan (CFSP) and Annual Progress and Services Report (APSR)

VDSS gains valuable input from multiple stakeholder groups in order to develop goals, objectives, and actions relative to both the CFSP and APSR. Both the CFSP and the APSRs are posted on the VDSS website. Input and feedback is solicited from members of these groups during their regular meetings. Often they form subgroups to assist DFS with specific projects. The most predominant stakeholder groups and areas of involvement are described briefly here.

Child Welfare Advisory Committee (CWAC) meets semi-monthly for a three-hour agenda and includes primarily local DSS agencies, private child and family services agencies; law enforcement; local community services boards; state departments of education, health, medical assistance services, and behavioral health and developmental services; VDSS-DFS managers and policy specialists. The process used to maximize resources of this stakeholder group is 1) to provide input and/or data for the initial stages of a new program; 2) to collaborate with DFS in during the early stages of implementation; 3) to provide suggestions and/or data for improvement and modification. Specific initiatives based on CWAC involvement in the past include: Virginia Practice Profiles, Diversion Pilot, Fostering Futures, Adoption Negotiators, Adoptive Family Recruitment (i.e. Family Match Program), Mutual Family Assessments,

and the new Virginia Three Branch grant to address child fatalities in Virginia. Agenda and minutes of CWAC meetings are shared on the VDSS public website. Additional communication with members to solicit input, reactions, feedback, and active participation between meetings is also undertaken, often within the CWAC subcommittees. CWAC currently has two active subcommittees which are Permanency and Continuous Quality Improvement (CQI).

The Permanency Subcommittee of CWAC is the entity which advises the full committee on issues pertaining to permanency within child welfare issues. The subcommittee is composed of interested members of the full CWAC committee, and includes representation from an array of stakeholder groups including foster parents. When necessary, the subcommittee may consult other relevant stakeholders and staff outside the Subcommittee and the full CWAC committee for input. The subcommittee is currently considering adjusting when meetings are held to increase the degree of diverse participation to include former and current foster care youth. The Subcommittee focuses its scope on several policy areas within child welfare programs:

- Adoption
- Health Care
- Transitions Out of Foster Care
- Family & Youth Engagement (the “practice” of Permanency)
- Support of Relative Placements
- Support of Return to Biological Family
- Educational Stability of Youth In Care

The CQI Subcommittee of CWAC is charged with several responsibilities described below. Membership in the CQI Subcommittee draws from the same pool of diverse stakeholders as CWAC. Participants are those with knowledge and/or experience in the work of Continuous Quality Improvement. The subcommittee is co-chaired by a CWAC member and VDSS-DFS CQI Program Manager. The group convenes approximately six times per year (every two months), either through conference calls or meetings that coincide with CWAC meetings. Reports and recommendations from the subcommittee are subsequently forwarded to CWAC for discussion.

- Provision of feedback and sharing of results for data analyses of outcomes and national indicators
- Provision of assistance to DFS in planning and implementing appropriate program improvements
- Service as a channel of communications among each member’s professional arena regarding child welfare policies, programs, and practices
- Being knowledgeable of the elements of the Child and Family Services Plan, Annual Progress and Services Report, Child and Family Services Review, as well as program changes needed to improve outcomes
- Provision of input on development and implementation of Program Improvement Plans (PIP) that address areas of improvement for positive outcomes for children and families, and the systemic factors that support positive outcomes.

The QA/Managing by Data Network provides a direct link to the CQI Subcommittee. The Network is comprised of staff at local departments of social services (LDSS) involved on a regular basis in the work of Quality Assurance, Continuous Improvement, and Managing by Data. This group provides real-time/real-world perspectives to examine current local processes, identify areas of improvement, report/submit recommendations to CWAC CQI, and guide evaluation of improvement outcomes.

The Permanency Advisory Committee (PAC) is comprised of LDSS, state and regional staff and is the stakeholder group for state-local dialogue. There is also representation from the foster parent association who attends (foster parent) and from Project Life (youth serving contractor.) The PAC meets three times per year and is staffed by DFS program managers for Permanency and Adoption. Activities and input from this group have focused most recently on the NYTD database, evaluation of DFS/VDSS training program, Family Engagement Model, differential response system/structured decision making, and youth transition planning.

CPS Policy Advisory Committee is comprised of LDSS, state and regional staff and is the stakeholder group for state-local dialogue. The Committee meets two to four times per year and is staffed by the DFS program manager for CPS. Areas of focus for this group have included input to the OASIS Service Plan Revisions scheduled for 2017; CAPTA requirements for substance exposed newborns; Virginia's Practice Profiles; and the Virginia Three Branch grant to study and make recommendations to prevent child fatalities in Virginia.

Three Citizen Review Panels interact with the Child Protective Services unit within the Division, and provide responses to their recommendations in December of each year (*Attachment 31.1, 31.2, 31.3*). The three Citizen Review Panels are: Child Abuse and Neglect Committee of the Family and Children's Trust Fund (FACT) Citizen Review Panel; the State Child Fatality Review Team; and Children's Justice Act (CJA)/Court Appointed Special Advocate (CASA)

NewFound Families is a statewide non-profit adoption, foster, and kinship association which provides educational, advocacy, support services, and training opportunities for foster, adoptive, and kinship children and families. Virginia contracts with this group for services that help Virginia children and families. They are also very active members of CWAC

The VDSS Advisory Group is a small group of Directors from local DSS agencies that meet monthly with the Chief Deputy Commissioner for VDSS. The Director of Virginia's Division of Family Services represents the state child welfare perspective with this group, and gains input from the local agencies about state-led recommendations and initiatives.

Virginia's Youth Advisory Council, currently under development, represents the investment of VDSS towards increasing opportunities for "youth voice" to inform policy and practice decisions. We have been working with the Capacity Building Center for States through 2016 towards the development of a formal VDSS youth advisory group. At a state-wide Youth Conference in November, information about this project and what a youth advisory council is was presented to foster care youth in attendance. Current and former foster care youth have been recruited from all five regions in the state and the first "leadership development weekend" was held Jan 21-22. A second development weekend is scheduled for March. An annual meeting will be held for all foster care youth in attendance at the May Youth Conference. At that time, the advisory council members will solicit input from the larger group about setting priorities and in regards to any issues the advisory group has committed to addressing in 2017.

The VDSS Normalcy Steering Committee was developed to assist with implementation of the Reasonable and Prudent Parent Standard across the state. The committee is comprised of state and local DSS representatives, foster parents, youth, private licensed child placing agencies, Department of Behavioral Health and Developmental Services staff, and VDSS licensing staff. Meetings are held bi-monthly and have focused on developing training for all foster parents, staff, congregate care providers, and LDSS workers and will be completed February 2017. The committee is beginning work with the Capacity Building Center for States to hold forums across the state regarding implementation of normalcy. The forums will include representatives from another state that have implemented normalcy and will encourage dialogue among participants to explore their concerns regarding implementation.

The Pamunkey tribe is Virginia's 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. He is an invited member of CWAC, but has yet to attend.

2018 Update

- Please see attachments previously sent for CWAC minutes for 2017 Meetings.
- Please see Foster Care Section of the APSR to read more about the CIP youth conference and the SPEAKOUT Group updates for 2017.

Item 32: Coordination of CFSP Services with Other Federal Programs

Within VDSS, staff and leadership within the state Division of Family Services partners with the following state groups:

Division of Benefit 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 of Child Support Enforcement - 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.

Office of Newcomer Services - Newcomer Services oversees federal foster care cases and DFS staff has supported the development of guidance for those children.

Division of Early Childhood Development - 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.

Division of Licensing Programs - Similarly, staff has worked with Licensing Programs to ensure guidance and regulations are consistent.

Virginia's Office of Children's Services (OCS) manages the single state pool of funds to purchase services for at risk youth and their families, and was established by the Virginia Children's Services Act (CSA) in 1993. The 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 State Executive Council which is chaired by the Secretary of Health and Human Resources. Members include agency heads and representatives from agencies including:

- Department of Social Services
- Department of Health
- Department of Education
- Medical Assistance Services
- Juvenile Justice

- Behavioral Health & Developmental Svcs
- CIP, Supreme Court of Virginia, OffExecSec
- Local governments
- Private providers
- State House of Delegates
- State Senate
- Clients

Virginia Department of Education (DOE) and DFS have accomplished much work together 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 or in the role of mandated reporters.

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. 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.

Virginia Department of State Police and DFS representatives worked together to establish effective and efficient procedures for implementing the federal requirement for national fingerprint checks for foster/adoptive families.

Virginia's Infant and Toddler Connection Program was coordinated by the DFS CPS Unit 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.

Virginia's Court Improvement Program. 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.

2018 Update

- Please review the Coordination of CFSP Services with Other Federal Programs--NSCAW MOU with RTI for Round 3, project funded by ACF (attached PDF).
- Please refer to the Three Branch Federal Grant NGA in the APSR on page 348.

FACTOR VII: FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Item 33: Standards Applied Equally

Licensing of LDSS Foster and Adoptive Homes

The Foster and Adoptive Family Home Approval Standards set out the approval requirements for foster and adoptive family home 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, DMV checks required for all adults in the home, tuberculosis screening requirements, and a provision allowing for 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 have been unable to contact their LDSS.

Monitoring of LDSS licensing of foster and adoptive homes is provided through the Virginia Title IV-E review process. While not all children in foster care in Virginia are served with Title IV-E funds, all foster and adoptive homes provided by the state must be approved to take children covered by title IV-E. Therefore, families included in IV-E reviews provide a valid and reliable sample of all families approved by Virginia's LDSS. The past two Title IV-E Reviews for Virginia are provided in [Attachments 22.3 and 22.4](#) in 2017 submission.

Licensing of Private Child Placing Agencies (LCPA) and Residential Centers (RC)

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, treatment foster care, adoptive homes, and 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.

General Procedures and Information for Licensure [22 VAC 40 80-10 et seq.] establishes the requirements and processes that provide for licensing of Child Placing Agencies and Children's Residential Centers. 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 as described above (22 VAC 40 131 and 22 VAC 40 151).

Monitoring of LCPAs and RCs, including approval of foster and adoptive parents, is the responsibility of the VDSS Division of Licensing and the Virginia Department of Behavioral Health and Developmental Services. In order to determine continued compliance with standards during the effective dates of the license, the VDSS and VDBHDS representative will make announced and unannounced inspections of the facility or agency during the hours of its operation. The licensee is responsible for correcting any areas of noncompliance found during renewal or monitoring inspections. All licensed child welfare agencies shall be inspected at least twice a year. At least one unannounced inspection of each licensed facility shall be made each year. 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 six months.

The DFS Spring/Summer 2016 Stakeholder Survey included items about the Divisions assessment and actions to address child safety and risk (Attachment 33.1). Several interesting observations of these data are briefly described here. CASA respondents are consistent in saying that LDSS assesses but is not always addressing both risk and safety, reporting a near four percentage-point difference. Data reports that the LDSS assesses more strongly with safety as compared to risk by approximately seven (7) percentage points. Foster Parents do not identify a substantial difference between assessment and addressing safety and risk in the foster care setting. However, there is a 10-12 percentage-point difference with safety as compared to risk in those settings. This suggests that foster parents' perception may be that LDSS emphasizes and communicates safety while assessing risk and that Foster Parents may be more familiar with safety terminology and action steps to that end. Data present minimal difference for Family Services Staff in assessment verses addressing safety or risk. Unlike CASA and attorneys, staff report doing better for risk than for safety by 5-7 percentage points but with a high number in the "unable to determine" category. This may reflect a distinction between safety and risk for Family Services Staff.

2018 Update

- Please review the Summary of Regional Consultant Agency Case Reviews Jan-Jun 2017 (attached).

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.

In November 2016, Virginia DSS received notification of substantial compliance with federal eligibility requirements for the Period Under Review (PUR) of 10/1/2016 – 3/31/2016. The review team determined 79 of the 80 cases in the review sample had met all eligibility requirements. In the section of the report describing “Areas needing Improvement” reviewers noted that processes put in place between VDSS and VDHADS/Office of Licensing had improved both the monitoring and documentation of appropriate safety checks for foster family homes and child care institutions; and that assurance of children being placed in safe homes and facilities had improved as well (Attachment 34.A)

Results from the state’s most recent Title IV-E QAA Reviews provide a measure of child safety, including Criminal Background Checks. For FFY 2016, the error rate for New Case Validations was 5.22% (120 errors in 2,299 cases). For Ongoing Reviews the error rate was 7.49% (197 errors in 2629 cases). Both rates were below the benchmark of 10%.

2018 Update

- For FFY 2017, the error rate for foster care funding cases was 6.44% (137 errors in 2,126 cases). The foster care funding error rate was below the benchmark 10%. For Ongoing Reviews, the error rate was 10.04% (126 errors in 1,255 cases).
- Please see Citizen Review Panel Reports sent via email to CB (Kimberly Murphy).

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 basis of sexual orientation and gender identity. The racial characteristics of children in foster care compared to foster families as of May 1, 2016 are provided in the table below (Source: VCWOR data).

Race	Child #	Child %	Foster family #	Foster Family %
Black	1,614	33%	850	18%
Multi-Race	462	10%	104	2%
Other	136	3%	21	0%
White	2,634	54%	1,520	31%
None Listed	0	0	2,351	49%
Total	4,846	100%	4,846	100%

Virginia has over the past several years developed a comprehensive plan for recruitment of foster and adoptive families for children in care. This plan is included in [Attachment 35.1](#). 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 and explores 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.
- Guidance also touches on support and retention of resource parents.

In addition, DFS uses a statewide recruitment system, Virginia Adoption Resource Exchange of Virginia (AREVA), to support efforts to find Adoptive homes 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 given to all families, community stakeholders, and supportive agencies that have worked to find permanent placements for foster children during the month of November.

<http://adoption.com/directory/virginia/adoption-resource-exchange-of-virginia-areva>

In October 2015, VDSS Family Services contracted with the M Network, a marketing firm from 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 LDSS as pilot agencies to serve as a focus/advisory group for materials developed by the contractor. The contract with M Network ended in winter 2016, following the development of Virginia market segmentation data. For the remainder of 2016 DFS worked with VDSS Public Affairs to develop marketing 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.

The DFS 2016 Spring/Summer Stakeholder Survey included items about the recruitment of foster and adoptive families in Virginia (Attachment 35.2). Data suggest that the majority of Foster and Adoptive Parents feel that the recruitment process is sensitive to racial and ethnic diversity with children who are in Foster Care. Attorneys and CASA reported no substantial difference in their perception of the LDSS in promotion, support, and maintenance of positive relationships between a child in foster care and his/her mother and father. CASA indicates a greater difference between mother and father as compared to Attorneys. It can be asserted that CASA is closer to the family to make this observation outside of the court.

Respondents indicated that efforts to preserve a child's connections to his or her community are lower with several respondent types, including Attorneys, LDSS supervisors and CASA. DFS needs to understand this response in more depth. Foster Parents responded more negatively to issues of connections to family, community, faith, and school compared to supervisors, attorneys or CASA. One assertion could be that the environment from which children were removed may be too volatile as it related to overall safety and risk.

Data suggest that attorneys highly rated the LDSS practice of encouraging relative placements and LDSS' efforts to locate relatives for the child's placement. At the same time, even if a relative is located, there are some systemic barriers to using relative placements. Policy in Virginia requires a relative home to be a licensed foster home. DFS needs to explore this further, as other stakeholders have a different perspective. Attorneys may not observe that internal staff works to locate relatives, but only see the results of lower numbers of children placed with relatives. CASA also rates relative placement activities much higher than attorneys with the assertion being that they are closer to the case outside of court.

LDSS staff and supervisors report that strong efforts are being made to have parents be involved in case planning. They also report efforts in placing siblings together in foster care and having visitation between siblings be a priority.

Finally, it is noted that survey improvements can be made where "sometimes" is difficult to interpret while it has been shown to be a category with high response rates.

2018 Update

The VDSS, Family Recruitment unit hosted its first inaugural Foster Parent Appreciation and Recruitment Expo "Impacting Lives for a Lifetime" during Foster Care Month. The event was open to both current and prospective foster parents throughout the state to participate in a unique opportunity honoring current foster parents for their dedication and support and to promote awareness for those interested in learning more about how to become a foster parent. The expo was designed to also engage participants in informal discussions designed to increase their understanding of our state's foster care needs and the available resources and support for foster parents. Statewide, radio partners also were engaged in promoting this event to educate citizens of the Commonwealth regarding ways they can support Virginia's children in foster care. A café' style model was used to promote dialogue focused on approval requirements, home study process, pre-service requirements, ongoing training, foster parent roles and responsibilities, challenges and rewards of being a foster parent, normalcy and foster care experiences from a child's perspective. Current foster parents also shared personal insight and emphasized the importance of peer to peer support. In addition to this statewide event, local agencies plan recruitment activities throughout the year. Local agencies target recruitment practices and efforts to secure adoptive placements. Agencies have continued to collaborate with local news media websites, conduct radio interviews, secure display tables at community events and attend speaking engagements. Some agencies have staff who are dedicated to working with relatives regarding training, approval and

development of supports. To further support older youth in foster care, additional outreach efforts included a social media campaign. During the recent year, the Foster Parent ID card initiative was implemented to highlight the significant role of foster parents. Through this new project, each foster parent will have the opportunity to obtain a foster parent ID card that solidifies their partnership with VDSS, local agencies and the community.

In support of Virginia's child specific diligent recruitment efforts, Connecting Hearts, DePaul, Lutheran Family Services and One Church One Child, participated in the expo and provided information regarding children needing an adoptive placement.

VDSS purchased marketing materials that reflected the expo theme to support branding. T-shirts, magnets, rack cards, take-away bags and lunch totes were all supplied at the expo and are available to local agencies for future recruitment events.

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 and ensures the safety of children as they move across state lines.

The Interstate Compact on the Placement of Children (ICPC) is statutory uniform law in all 50 states, the District of Columbia and the U.S. Virgin Islands. The Compact is intended to ensure the protection of children who are placed across state lines for foster care and adoption and to ensure that, when placed, appropriate retention of responsibility and communication among all parties involved will remain until lawful Compact termination. Procedures for the interstate and inter-country placement of children are intended to ensure that the proposed placement is not contrary to the interests of the child and are in compliance with state laws and regulations.

The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides the administrative structure by which states adhere to the Consolidated Omnibus Budget Reconciliation Act (COBRA). ICAMA also is the mechanism by which the provision of Medicaid to children with state-funded adoption assistance is facilitated when such children move from state to state. Each ICAMA member state has a designated point of contact and follows the ICAMA protocol to ensure that eligible adopted children receive Medicaid in their states of residence. Currently, 47 states and the District of Columbia are members of ICAMA, including Virginia. Non- member states include New York, Vermont and Wyoming.

Virginia has codified both compacts and abides by the associated regulations. The data below provide measures of timeliness for processing cases through the (ICPC) statutory uniform law.

ICPC Administrative Program Support Specialist

Supports programmatic and administrative functions of the Interstate/Inter-country Placement Program; Work involves providing clerical support of the unit, purchasing supplies and processing bills, monitoring constituent correspondences, coordinating and monitoring unit assignments, assisting customers in a confidential manner, utilizing the telephone, electronic file retriever and personal computer, and various computer applications.

Placement Requests into Virginia (April 1, 2015 to April 30, 2016)

Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30 Days	31-60 days	61-90 days	Over 90 days
	207	35	36	137

Placement Requests out of Virginia (April 1, 2015 to April 30, 2016)

Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30 days	31-60 days	61-90 days	Over 90 days
	61	15	11	71

2018 Update

Virginia can no longer provide the placement information listed above because the NEICE system cannot delineate statistics in this type of report. Barriers to timely processing of these cases include completing background checks on providers, completing home studies and a lack of commonality and sharing of home studies across states.

For many years, Virginia used the Access to Adoption Reports and Resource Information System (ARRIS) system to process ICPC cases. In 2016 Virginia began use of the National Electronic Interstate Compact Enterprise program (NEICE) for this purpose. 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. Launched in November 2013 as a pilot project with six states, the pilot agencies significantly shortened processing times and reduced administrative costs. Virginia was added to the NEICE system in April 2016. Many states, however, have not adopted NEICE. This requires Virginia to continue to use both systems. From January 1, 2017 to December 30, 2017, Virginia processed 2,878 ICPC cases in the NEICE system. From January 1, 2017 to December 30, 2017, Virginia processed 141 ICPC cases and 386 ICAMA cases in the ARRIS system.

The ICPC and ICAMA unit within DFS is responsible for processing these cases. The unit is comprised of the following staffing components.

Program Manager & Deputy Compact Administrator: Manages the Interstate/Inter-country Program; Serves as Deputy Compact Administrator for the Interstate Compact on Adoption and Medical Assistance and Interstate Compact on the Placement of Children; Supervises classified Interstate Specialists; Provides interpretation, consultation, enforcement, and training on ICAMA and ICPC and related Federal and State laws, regulations, policies, procedures, and social work practices governing the inter-jurisdictional placement of children into and out of the Commonwealth.

Program Consultants ICPC (6): Manage an Interstate Compact on the Placement of Children caseload for the inter-jurisdictional placement of children for foster care and adoption. Ensure compliance with Compact and related laws, regulations, policies, procedures and social work practices governing the interstate placement of children into and out of the Commonwealth and timely provision of services to children placed through the ICPC; Includes International Adoptions and Residential Placements and the Interstate Compact on Adoption and Medical Assistance (ICAMA) caseload. Provide technical assistance on ICPC and ICAMA.

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					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	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 2017	Prevention Team	<u>2017 a)</u> The existing Prevention guidance has been reorganized and submitted for review. The prevention chapter, which is incorporated into the larger VDSS Child and Family Services Manual, has been organized in the following order: Prevention Overview of Prevention for Practice and Administration (introduction); Early Prevention; and Prevention of Foster Care (to be published).
	b) Collaborate with Prevent Child Abuse, VA and VA Rep Theater to renew and support a contract for	Copy of contract and performance schedule	July, yearly	CPS Program Manager CPS Prevention	<u>2017 b)</u> VDSS contracts annually 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 among 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

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	the delivery of a sexual abuse prevention play to be presented to school-aged children statewide.				continued evaluation of the program. VDSS and PCAV jointly provide training on child sexual abuse to each touring cast. In SFY 2016, 47,678 children participated in one of the 166 performances of the child sexual abuse prevention play “Hugs & Kisses” held in 106 schools.
	c) Co-sponsor with Prevent Child Abuse VA, a statewide conference /event.	Copy of conference program	April, yearly	CPS Program Manager CPS Prevention	2018 b) For FFY 2017, 163 performances were given across the state and 57,794 children attended. Data revealed that 717 children asked questions about the theme of the play and 151 children were referred to CPS. The Virginia Repertory Theatre subcontracted with PCAV for continued evaluation of the program. VDSS and PCAV staff provided training on child sexual abuse to each touring cast member.
	d) Reconvene the Prevention Advisory Committee to establish an ongoing opportunity for collaboration,	Minutes/outlines from stakeholder meetings	March 2014, and ongoing quarterly meetings	Prevention Team	2018 c) The 2018 conference was again limited to a total attendance of 175 participants for a one-day symposium with a total attendance of 175. The conference theme was “Prevention in Action”. Session topics included the following: <ul style="list-style-type: none"> • <i>Primary Prevention in Child Welfare</i> – Plenary Speaker: Jerry Milner, Acting Commissioner for the Administration on Children, Youth and Families

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	feedback, and evaluation e) Provide TA	Record of TA provided	Ongoing	Prevention staff	<ul style="list-style-type: none"> • <i>Align: Optimizing Community-Based Primary Prevention</i> – Morning Speaker: Dyann Daley, Founder and CEO of Predict-Align-Prevent • <i>Race for Results: Building a Path to Opportunity for All Children In Virginia</i> – Morning Speaker: Karina Jimenez Lewis, Senior Policy Associate in the External Affairs, Annie E. Casey • <i>Predictive Analytics; Aligning Community Resources for Prevention</i> – Carl Ayers, Director of the Division of Family Services, VDSS & Jeff Price, Director of Research and Planning, VDSS • <i>Balancing Tradition and Innovation—Building Authentic Parent Partnerships</i> – Corey Best, National Alliance of Children’s Trust • <i>Collective Impact: The Role of Individuals and Systems in the Development of Trauma Informed Communities Across Virginia</i> – Jeanine Harper, MSW, LCSW & Melissa McGinn, MSW, LCSW

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
					<p><u>2017 c)</u> Conference was held on April 27, 2017 with 162 persons in attendance; featured keynote speakers on such matters as the link between poverty and neglect and the ill-effects of the opioid crisis on newborn children; exhibitors and the FACT award ceremony were also continued program staples.</p> <p><u>2017 d)</u> Prevention Advisory Committee minutes and outlines will be made available via the SPARK webpage under Child Welfare Advisory Committees</p> <p><u>2017 e)</u> 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</p>

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
					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	<p>a) Identify and promote best practice service models for prevention, family preservation and support to localities annually and as requested.</p> <p>b) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal</p>	<p>Information distribution</p> <p>PSSF quarterly reports</p>	<p>Yearly</p> <p>Yearly – with annual report</p> <p>2015</p>	Prevention, Family Engagement, and Resource Family Unit Administrator (all)	<p><u>2018 Update</u> Reports were submitted by localities and reviewed by PSSF Administrator to ensure that funding was utilized in accordance with federal and state requirements.</p>

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	<p>requirements.</p> <p>c) Revise allocation process to highlight best practices and provide support for those practices</p> <p>d) Provide training sessions, TA, and present at conferences (as appropriate) for localities and other stakeholders on the use of the allowable uses PSSF funding.</p>	<p>Revised allocation process</p> <p>On-going, as-needed</p>			<p>PSSF Administrator provides training at regional meetings to localities. Training focuses on overview of PSSF, allowable expenditures, reporting requirements and outcomes. TA assistance is provided on a weekly basis to localities to address questions of how to utilize funding, develop the budget and how to complete the application.</p>

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	e) Disseminate the Child Welfare Funding Package in sufficient time annually for localities to complete a community needs assessment and develop a comprehensive proposal.	Child welfare package	Yearly		<p><u>2018 update</u> The PSSF application package along with instructions were distributed to all localities. In addition, the PSSF Administrator provided TA in completing the application.</p>
	f) Conduct monthly onsite and desk reviews of localities PSSF program to ensure consistency with PSSF	Sub-recipient monitoring reports	Monthly		<p><u>2018 update</u> Onsite and desk reviews are conducted monthly by the PSSF Administrator in accordance with the Division of Family Services Sub-recipient Monitoring Plan. Reports are completed and posted following the review</p>

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	federal requirements and state guidelines				
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	<u>2016 a)</u> Child Abuse and Neglect Prevention Program RFP Number: FAM-15-059 See below
	b) Develop and implement formula for Healthy Families Programs statewide	Copies of funding formulas; Description of funded programs Copies of RFPs, Description of funded programs	July, yearly	Healthy Families Grant Manager	<u>2016 b)</u> FAM-15-084 Healthy Families Home Visiting Programs See below
	c) Utilize child abuse and neglect treatment funds for support	Copies of funding formulas;	July, yearly	CPS VOCA Program Grant Manager	<u>2016 c)</u> Victims of Crime Act (VOCA) Child Abuse/Neglect Treatment Program RFP NUMBER: FAM-16-064

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	services to child victims. d) Develop and implement formula for Child Advocacy Programs.	Description of funded programs	July, yearly	CAC Program Grant Manager	<u>2016 d)</u> 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 b) Explore multiple options for	Kinship training Diversion policy in each program area's manual OR	2016 and ongoing 2016 2017	Prevention staff, Family Engagement staff DFS training Prevention staff	<u>2017 (a)</u> KINGAP We are waiting for legislation and guidance to be developed and implemented before we roll out this new training. Work is also needed on the Kinship Family Assessment tool.

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services

Goal: Strengthen families to ensure safety of children

Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	<p>supporting kinship care relationships for children at risk of entering or in the foster care system.</p> <p>c) Write Legislative study SB 284 and follow recommendations</p> <p>d) Support state collaborations that focus on increasing awareness and training of kin (<i>relatives</i>)</p>	<p>standalone guidance for diversion throughout the continuum of child welfare</p> <p>Legislative study</p> <p>Collaborations developed</p>	<p>January 2016</p> <p>July 2017</p>	<p>Prevention Staff</p> <p>Regional Resource Family consultants</p>	<p>This objective has been completed.</p>

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services

Goal: Strengthen families to ensure safety of children

Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	<p>as valuable resources in creating permanency options for children who cannot live with their birth parents.</p> <p>e) Provide ongoing support and involvement of staff in local and regional initiatives to train and support kinship care providers.</p> <p>f) Promote use of a person locator tool at all stages</p>	<p>TA provided</p> <p>Webinar, onsite trainings, and TA</p>	<p>Ongoing, as-needed</p> <p>Ongoing, as-needed</p>	<p>Prevention staff, Regional Resource Family consultants, CRAFFT</p> <p>DFS training, Resource Family contractor</p>	

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services

Goal: Strengthen families to ensure safety of children

Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	<p>of the child welfare continuum</p> <p>g) Train local workers using Diligent search and Family Engagement</p> <p>h) Use Permanency Roundtables to promote kinship</p> <p>h) Conduct a pilot project on data collection and reporting for LDSS regarding facilitated care (diversion) arrangements</p>	<p>e-learning course Training</p> <p>Record of PRT held</p> <p>Quarterly data collection from LDSS for a period of 18 months</p>	<p>2015 2016</p> <p>Ongoing</p> <p>2018</p>	<p>DFS training</p> <p>Strengthen Families Project Manager</p> <p>Prevention staff</p> <p>Prevention staff</p>	<p>2017 (g) e-Learning Training on Diligent Search and Family Engagement began in FY16 but the staff has left and we anticipate work to pick back up on the course this fall. DEVELOPMENT.</p>

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	i) Partner with 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	Report of the evaluation findings and recommendation submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Commission on Youth	December 2017		
5. Provide guidance to local departments on dynamics of domestic violence in all services within the	a) Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on	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

Goal: Strengthen families to ensure safety of children

Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
child welfare continuum	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, FPM, and service provision	FPM/DV Subject Matter expert training	July 2014	DFS training	
	b) Vet draft with stakeholder groups and make recommended changes	Minutes from stakeholder meetings Training developed	Dec 2014	Prevention staff	<u>2017</u> Ongoing

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	c) Train child welfare workers on the domestic violence screening and assessment tools	Record of TA provided	2015	DFS training	2017 (c) CWS4040: Domestic Violence and FPMs was developed and piloted in May, 2017. This course will be expanded to two days and begin quarterly training in August, 2017.
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	Webinars, e-learning course, onsite trainings, and ongoing TA	2014 and ongoing	CPS and Prevention Teams	This objective has been completed.
	b) Develop a new client screen in OASIS for documenting Reasonable Candidacy to ensure that	Included in OASIS 3.14 Release	January 2015		Completed

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	adequate supporting documentation is maintained in the automated data system and client files 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		Completed

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.

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
- *Rappahannock 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 (2018 Updated list)

- Chesterfield CSB
- Culpeper DSS
- Danville CSB
- Fairfax Dept. of Family Services
- Family Lifeline (Henrico)
- Family Lifeline (Petersburg)
- Tri-County Community Action Agency
- Hampton City
- Hopewell City
- HumanKind
- IN-MED (Loudoun)
- JMU-Page County
- JMU-Shenandoah
- Middle Peninsula Northern Neck CSB
- Mountain Empire Older Citizens, Inc.
- Newport News DSS
- NVFS (Alexandria)
- NVFS (Arlington)
- NVFS (Prince William)
- Piedmont Community Services
- Quin Rivers, Inc.
- Rappahannock Area CSB
- Ready Kids, Inc.
- Richmond City DSS

- Sentara RMH Family Connection
- Va. Beach Department of Public Health
- Western Tidewater Dept. of Health
- Winchester Medical Center-NSV
- The Up Center
- Children's Trust
- Skyline CAP (Fauquier/Rapp)
- Skyline CAP Orange/Madison)

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

- *Center for Children and Family Services*: provides trauma-informed individual and family counseling to children that have been abused and neglected and adults molested as children.
- *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.
- *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.
- *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.
- *Loudoun Citizens for Social Justice*: provides therapeutic counseling to children who are victims of domestic abuse, sexual assault, and neglect.
- *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 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.

- *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.
- *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.
- *Transitions Family Violence Services*: provides, through the use of art therapy, 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.
- *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 services 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.
- *ReadyKids*: provides ongoing therapeutic counseling using evidence-based methodologies for the treatment of victims of child abuse and neglect.
- *Bristol Department of Social Services*: provides evidenced informed/evidenced based treatment services utilizing Trauma Focused Cognitive Behavioral Therapy(TF-CBT), Eye Movement Desensitization and Reprocessing for Adults(EMDR) and Parent Child Interaction Therapy to child abuse and neglect victims and adults who are survivors of child sexual abuse.
- *Family Services of Roanoke*: provides individual play therapy to child abuse victims and individual counseling and group therapy to adult survivors of sexual abuse.
- *Middle Peninsula Northern Neck Community Services Board*: provides intensive individual and family therapy to address trauma and behavioral health issues as well as supportive services to include support groups and connections to other community resources.
- *Mountain Empire Older Citizens, Inc.*: provides crisis intervention and mental health treatment services to children who have been sexually and/or severely physically abused.
- *Rappahannock Area Community Services Board*: provides outpatient therapy to youth victims of child abuse and neglect and families utilizing Pre and Post PTSD Scales, Trauma-Focused Cognitive Behavioral Therapy as well as connection to community resources, supportive services and psychoeducation.

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					
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	2018 1a) see below
	b) Utilize Extreme Recruitment as a targeted recruitment method	Extreme recruitment contract	July 2016 Yearly	Adoption Contract Administrator	<u>2018 1b)</u> see below
	c) Utilize general recruitment through	General recruitment contract	July 2016 July 2017		<u>2018 1c)</u> see below

Primary Strategy: Engage Families and the Community to Support Permanency for Children
PERMANENCY
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
	<p>market research methods</p> <p>d) Update AREVA photo listing to be more accurate</p> <p>e) Increase marketing/ awareness of Putative Father registry</p> <p>f) Update Heart Gallery</p>	<p>Updated photo listings</p> <p>Marketing campaigns</p> <p>Link to Galleries</p>	<p>Dec 2016</p> <p>Yearly</p> <p>Ongoing, as-needed</p>	<p>AREVA coordinator</p> <p>Adoption Program Manager</p>	<p><u>2018 1d)</u> see below</p>

Primary Strategy: Engage Families and the Community to Support Permanency for Children
PERMANENCY
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
	g. Increased Foster & Adoptive Family Recruitment	Foster & Adoptive Family Recruitment contract	July 2017 – June 2018	Adoption Contract Administrator	
2. Increase use of Post Adoption Contract and Communications (PACCA) to help sustain adoptions	<ul style="list-style-type: none"> a) Review PACCA – determine how to collect information b) Training of staff about PACCA c) Training for bio-parents, adoptive parents, youth on PACCA 	Revised guidance PACCA training curriculum	2017	Adoption Program Manager	PACCA guidance is in the Child and Family Services Manual, Chapter E, Foster Care. The June 2017 guidance clarifies information about the role and responsibility of the agency completing the PACCA and that the PACCA is not required for the child to maintain contact with the biological family.

Primary Strategy: Engage Families and the Community to Support Permanency for Children
PERMANENCY
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	<p>a) Develop a model of Concurrent Planning for Virginia</p> <p>b) Update foster care and family engagement guidance to include concurrent planning model</p> <p>c) Train/promote understanding of concurrent planning as a means of permanency</p>	<p>Concurrent planning model</p> <p>Updated guidance</p> <p>Curriculum for training</p> <p>Curriculum for training</p>	<p>2017</p> <p>2017</p> <p>2018</p> <p>2018</p>	<p>Foster Care Program Manager</p> <p>DFS training/CIP</p>	<p><u>2017 a)</u> Foster Care guidance has been updated to include a Concurrent Planning model. effective June 2017. Completed.</p> <p>2017 b) Foster Care guidance has been updated to include policies/procedures for Concurrent Planning effective June 2017. Family Engagement guidance is currently being revised..</p> <p><u>2017 c)</u> The training was revised and is being offered regularly in each region. Completed. CWS3071 Concurrent Permanency Planning is developed and currently trained quarterly.</p>

Primary Strategy: Engage Families and the Community to Support Permanency for Children
PERMANENCY
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
	<p>d) Develop joint training opportunities – COURTS, GAL, CASA</p> <p>e) Continue use of family engagement and teaming</p>	Family partnership report	quarterly		<p><u>2017 d)</u> Foster Care Program Manager and Policy Specialist presented workshop on concurrent planning at annual adoption summit in November 2016. Ongoing. 2018: COMPLETED.</p> <p><u>2017 e)</u> VDSS is providing incentive payments to LDSS for each FPM conducted which meets policy guidelines. Data on number of FPMs completed is reviewed quarterly. 2018: COMPLETED.</p>
4. Utilize Relative Placement (kinship) as permanency options	<p>a) Assess relatives for longevity prior to placement</p> <p>b) Examine CSA policies concerning placement with family</p>	<p>Assessment tool</p> <p>Summary of recommendations</p>	<p>2014</p> <p>2015 2016</p>	<p>Foster Care Program Manager Prevention and Resource Family Program Manager</p> <p>Manager and ICPC staff</p>	2014a). Completed

Primary Strategy: Engage Families and the Community to Support Permanency for Children PERMANENCY					
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
	c) Explore ways to increase relative placements	Summary of recommendations	2015 2016		
	d) Explore ICPC issue of difficulty obtaining relative home studies	Summary of recommendations	2015 2017		

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 Virginia Birth Father Registry-trainings in 2016 to all 5 regions and LDSS upon request to train on purpose and use of Areva. 2017 Update- implement same schedule.
- Objective 2: staff training, TA around PACCA- none to be provide to LDSS at this time.
- Objective 3: staff training, TA around concurrent planning, partnership with CIP, J&DR courts, CASA
- Objective 4: staff time to examine the issues

2018 Primary Strategy: Engage Families and Community to Support Permanency for Children (PERMANENCY)

The Foster Care guidance in regards to Concurrent Planning has been substantially revised and enhanced. This guidance has been published and is effective June 2017. Webinars to review changes to Guidance will be conducted in late May and June and will provide an opportunity to review the Concurrent Planning Model and policies and procedures with LDSS staff and supervisors. Additionally, the Family Engagement guidance is

currently being revised. Publication is planned for the end of 2018 and will provide another opportunity to “refresh” LDSS staff understanding of the model, requirements, and benefits. Concurrent planning was included as an element on the QAA review so each foster care case is now being reviewed to determine if the LDSS has appropriately identified and begun working towards a concurrent goal. The Foster Care portion of the Agency Case Review is also looking specifically at LDSS practice around efforts to achieve the concurrent plan. The review processes has generated inquiries from the field, which permit additional training to LDSS staff. VDSS staff has presented on the model and its impact on achieving permanency at various events and regional consultants routinely provide TA. The training course of Concurrent Planning was revised in 2016, and attendance is being encouraged. Additionally, VDSS is providing financial incentives on a quarterly basis to LDSS for each FPM conducted which meets policy requirements. These funds can be utilized to support FPM practices through the purchase of supplies or equipment, training of staff, or providing financial assistance to extended family members to facilitate their participation. Use of incentives has resulted in a steady increase in the number of FPMs each quarter since implementation.

Challenges/ barriers to improving permanency outcomes include: staff turnover at the LDSS level and difficulty hiring due to lack of qualified applicants; lengthy training period and limited supervisory/coaching support at the LDSS; multiple priorities; increasing numbers of children entering foster care due to parental and extended family drug abuse where kinship care is not an option.; and, continued philosophical resistance to approving relatives as foster parents and using regular team meetings to strengthen family engagement and casework practices.

Plans for FY 19: Family engagement guidance will be completed and training provided. VDSS is planning to host a Family Engagement Conference to refocus attention on the array of family engagement practices which result in better permanency outcomes for children: relative search and engagement; relative placement; teaming; facilitating parental decision-making re: services and permanency planning; FPM facilitation skills; and working with the non-custodial parent. Additionally, Kinship Guardianship Assistance will go into effect on July 1, 2018. New guidance and training re: KinGAP will be provided in June 2018. In August, additional ‘refresher’ training will be provided re: using the emergency approval process to approve relatives as foster parents. Supporting the implementation of KinGAP will provide an opportunity to emphasize to LDSS the importance of relative caregivers in permanency planning.

2017 Objective 1 a)

The Adoption Through Collaborative Partnership (ATCP) Contracts were renewed for SFY 2016; 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 2016 are below:

- 680 children served by 12 contracts (one contractor has two contracts)
- Finalized adoptions for 267 children
- 39% of children served were adopted.
- Contractors met 84% of their goals in 2015
- Average cost per adoption (payment to contractors) - \$6,115

The Adoption Through Collaborative Partnership (ATCP) Contracts will end in FY17. A new RFA will be issued for ATCP in spring 2017.

2017 Objective 1b)

The contracts were awarded to C2Adopt, 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.

During SFY 2016 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.

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).

2017 Objective 1d)

AREVA guidance is in the Child and Family Services Manual, Chapter E, Foster Care. The June 2017 guidance reflects the following revisions:

- Clarifies that deferments may be extended for an additional 30 or 60 days upon written request of the supervisor.
- Adds that the AREVA Coordinator will follow up on the deferment every three to six months for an update on the child.
- Clarifies the steps for families to register with AREVA.
- Clarifies the process for registering children with AREVA and required deadlines.
- Emphasizes the use of the AdoptUSKids’ publication called “Lasting Impressions: A Guide for Photo-listing Children” that provides tips and worksheets for how to write strength-based narratives for the photo-listings.

2017 Objective 1 e)

House Bill 2216 changed the Virginia Putative Father’s Registry name to Virginia Birth Father’s Registry that will be effective on July 1, 2017. The intent of the name change is to increase an understanding of the purpose of the registry.

2017 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 51 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 2016 for waiting youth.

2017 Objective 1 g):

The Adoption Unit of the Division of Family Services realized in the 1990s that a state system of post adoption services was critical. If a family knows that adoption services are available to them after their adoption is legally finalized, they are more likely to consider and proceed with adopting children with special needs. At that time, there were no coordinated services available to children and families after the final order of adoption. Some of the large local departments of social services provided selected post legal adoption services, but smaller local departments of social services were unable to provide any services. The Adoption and Safe Families Act (ASFA) of 1997 made federal funding available to the states for the provision of post legal (after finalization) adoption services to families who adopt children with special needs. Using Title IV-B, subpart 2 money, the Virginia Department of Social Services (VDSS) issued a Request for Proposals in October 1999 to launch a statewide system for these services. After a competitive process, a contract was awarded to United Methodist Family Services (UMFS) to establish a statewide system for Virginia coined Adoptive Family Preservation (AFP). Although considered a statewide adoption services network with staff willing to travel considerable distances, the AFP program has never been reasonably accessible to families in far western and remote eastern localities. This AFP contract expired June 30, 2016. A new RFP was issued for SFY2017 for statewide post adoption services. The purpose of the new RFA was to provide innovative post adoption services and support to adoptive families in the five Department of Social Services Regions (Western, Piedmont, Central, Northern and Eastern). These services should be 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). The contract period will be July 2017 – June 2018 with two 1 year renewal options.

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
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	Action plan and identification of a CQI model to implement process improvements at VDSS	July to Sept 2014	CQI Manager	2017 The CQI unit expanded in summer 2016 to include Federal Reporting of the CFSP/APSR; Title IV-E PIP Report; CFSR Statewide Assessment; and Title IV-E Training Grant. Following Virginia's 2017 CFSR, the CQI system within DFS will focus on aligning PIPs with existing CQI structures and tools for support LDSS and the Division.--2018- Ongoing
	b) Decide on Model	Model chosen	2015		
	c) Test model at DFS	Summary of findings Protocol	2015		
	d) Develop systems wide feedback protocol	Record of TA provided	Ongoing		
	e) Explore state level Technical Assistance	Summary of key points/concerns from 2014 retreat.	June 2016		
	a) Revisit 2014 retreat with VDSS, DFS, and regional leaders, along with community partners		December 2016		
	b) Use resources from the 2014 Retreat; CQI Academy, Center for States, CB; Regional consultants; DFS	Revised CQI website materials & links.			

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	PMs; QA/MBD Network; and CWAC CQI subcommittee to revise CQI communications (website, resources, committees' purpose, etc.)				
2. Expand the utilization of Quality Service Reviews (QSR) by implementing the use of a Supervisory Tool based on the QSR protocol to assess quality on a consistent basis at the point of practice in all LDSS.	a) Train field test agencies in b) Field test the instrument	Curriculum Summary of findings	August 2014 Nov. 2014	CQI Unit	<u>2017</u> The federal OSRI was used December 2015 through September 2016. Beginning January 2017 a combined IV-E and QAA review process is being piloted. Supervisory Tool developed, distributed, and trained through the DFS Training Unit.
3. Adoption Assistance Review Team to work in collaboration with Federal partners to identify if VDSS current review protocol meets federal requirements for	a) Assess if the AART current review instrument meets federal requirements b) TA request c) Draft of tool	Summary of findings Incorporation of federal feedback in to AART review process into tool Results of field test Guidance Curriculum for training Summary of	July, 2015 Sept, 2015 Jan 2016	AART Supervisor	<u>2016</u> 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.

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
Adoption Assistance case monitoring	d) Field test e) Develop guidance f) Training g) Statewide roll out h) Monitoring	Report on monitoring	July 2016 Sept 2016 Ongoing	AART team	
4. Establishment of a standardized title IV-E protocol for conducting ongoing and new case validation reviews	a) Develop electronic review instrument b) Incorporate into VDSS guidance c) Receive feedback of effectiveness of process d) Monitor for effectiveness of use	Instrument Revised guidance Summary of feedback reflected in changes to the tool Summary of usage	December, 2015 March 2016 June 2016 July 2016 Ongoing	Title IV-E Supervisor	<u>2017 Update</u> In August 2016 Virginia passed the primary IV- E Review.
5. Develop an electronic application and	a) Incorporate title IV-E automation into OASIS	OASIS	July 2017 undetermined	Title IV-E Supervisor	<u>2016</u> IV-e automation will be incorporated into the RFP

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
evaluation of title IV-E	<p>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</p> <p>c) Monitoring of OASIS stratified data</p>	<p>Trained and incorporated into VDSS guidance and procedures</p> <p>Receive feedback of effectiveness of process</p> <p>Reduced data errors in OASIS</p>			<p>for the replacement system for OASIS. Until money is allocated for a new system, this objective will remain on hold.</p> <p><u>2017 Update</u></p> <p>In progress.</p>
6. Increase use of data driven decision making in	a) Review CPS on Timeliness of Contacts, Response Times,	Copy of reports Copy of broadcasts	December 2016	CPS Program Manager CPS Policy Specialist	

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
Virginia's child welfare system	<p>Referral Time Open and Duplicate Clients on a monthly basis to identify problem areas</p> <p>b) Identify and prioritize problem agencies and workers</p> <p>c) Develop and implement a plan to improve practice</p> <p>d) Increase use of SafeMeasures®</p> <p>e) Add CQI measures to SafeMeasures® – supervisory dashboard</p> <p>f) Use NYTD survey outcomes and services provided</p> <p>c) Identify and prioritize data issues stemming</p>	<p>Copy of reports</p> <p>Copy of reports and action plans</p> <p>SafeMeasures® e-learning</p>	<p>January 2017</p> <p>December 2016</p> <p>January 2017</p>	CPS Regional Consultants	

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>from case reviews</p> <p>d) Increase use of SafeMeasures® to identify critical areas of concern.</p> <p>e) Increase use of SafeMeasures® focusing on new measures for Family Strengths and Needs Assessment and Risk Reassessment measures</p>				
7. Evaluation of training	a) Utilize in class evaluations that look at curriculum	Summary of evaluations	2015 2016	DFS training	<u>2017</u> Complete.

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>content, the trainer, and other training needs</p> <p>b) Implement Learning Labs for transfer of learning</p> <p>c) Track classes in KC to monitor what has been taken by local dept. workers</p> <p>d) Continue to conduct training needs assessment</p>	<p>Data on transfer of learning</p> <p>Summary of reports for directors</p>	<p>2016</p> <p>2015</p>		
8. Prepare and conduct the 2017 state led CFSR	<p>a) Collaborate with the Children’s Bureau and all 120 state localities in preparation for the state conducted 2017 CFSR</p> <p>b) Incorporate as many requirements of the state conducted 2017 CFSR into the statewide case review</p>	<p>Ongoing communication with Children’s Bureau through conference call series, emails, site visits, etc.</p> <p>During 2016, completed reviews of in 120 localities with incorporation of federal review requirements and standards.</p>	<p>Ongoing</p> <p>Completed December, 2016</p>	QAA Manager	<p><u>2017</u></p> <p>Virginia will participate in the 3rd round of the CFSR in 2017 and is planning to complete a state-led review. The CFSR team is reviewing cases using the OSRI and the federal data base in preparation and for the review. Virginia is working in partnership with the regional office to prepare for the review.</p>

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>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 of QA process</p> <p>Develop and pilot training for 2017 CFSR</p> <p>c) Conduct the state-led CFSR based on the approved case review Criterion 1 by Children’s Bureau</p> <p>e) Selection of localities for 2017 CFSR</p>	<p>Completed all development and required training and presentation of one pilot.</p> <p>Receipt of approval from Measurement and Sampling Committee of CB for case review process</p> <p>During Fall 2016, QAA staff attended regional directors meetings and conducted the selection of localities for 2017 CFSR.</p>	<p>Completed December, 2016 – April, 2017</p> <p>March – June, 2017</p> <p>Completed October, 2016</p>		
9. Specify responsibilities and	a) Develop a tool for monitoring	Virginia tool for monitoring.	Tool developed April 2016;	CQI manager	<u>2017</u>

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
tools for monitoring, supporting, and evaluating improvement plans based on LDSS Areas Needing Improvement (ANI) from the state CFSSR reviews held in 2016, the federal review in 2017, and on-going.	b) Develop trend report c) Develop communication plan for sharing information with LDSS	Quarterly Report to Division PMs and Regional consultants, noting trends and improvements reported Communication plan for all LDSS regarding supports available, improvements suggested, etc.	communication and collaboration ongoing June 2016 First Qtrly report of trends and improvements shared June 2016 and ongoing		Data from the new QAA reviews as well as Regional Specialists' Agency Case Reviews are collected and will be analyzed after the six month pilot period.
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 b) Groups develop specific purpose, roles, and connections to each other and the Division	Committees are restructured Agendas for committees have specific with outputs of recommendations, reports, etc.	April 2016 December 2016 and ongoing	CQI manager and committee chairpersons	<u>2017</u> Two groups of LDSS QA/CQI staff provide input to the CQI process 1) Quality Assurance Network and 2)CWAC Subcommittee for CQI. Each meet every other month.
11. Develop cohesive data reporting and analysis processes for CQI, in	a) Meetings with Office of Planning and Research to identify key reports used/ needed	Reports identified and documented	June 2016 Ongoing	CQI manager, Asst. DFS director, OPR staff, DFS	<u>2017</u> New case review processes will be evaluated summer 2017. ORP and SafeMeasures reports

Primary Strategy: Managing by Data and Quality Assurance					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
collaboration with QAA.	b) Develop communications on ways to use data for CQI	Increased understanding and use of data by Division managers, regional consultants, LDSS		Program Managers CQI committees	underway to assist LDSS with their own monitoring of critical success factors in CPS, Permanency, Adoption, and Recruitment.

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.

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); b) Investigate funding source availability for older youth c) Investigate effective strategies for achieving permanency for older youth based on entry reason	Reports Summary of available funding Summary of suggestions	2017 2018	Foster Care Program Manager Partners – CSA, CIP, MH	<u>2017 a) and b)</u> Ongoing -Data around youth entry into foster care, partnership with OCS, data. 2017 c) The MOA is currently being updated to include the foster care population of youth who will be released from commitment before turning 21.
2. Increase youth involvement in service planning and developing transitional planning to	a) Develop strategies to increase the level of youth involvement in program planning,	Development of youth network Summary of input	2016	IL state coordinator	Training for staff, support for newly-created youth advisory council

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
promote permanency and self-sufficiency.	<p>implementation and evaluation.</p> <p>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.</p> <p>c) Involve youth network in providing input into foster care policy</p>	<p>Curriculum for training</p> <p>Bill of Rights</p>	<p>Ongoing after formation</p> <p>2016 2017 and ongoing</p> <p>2017</p>		<p>2017 c) VDSS requested and received technical assistance from Capacity Building Center for States, a contractor with Children’s Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues</p>

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
	<p>development, conducting life skills and self-advocacy training, and increasing youth's understanding of the concept of achieving permanency.</p> <p>d) Provide training and technical assistance to LDSS in developing appropriate youth-driven service plans that focus on transitional living plans for older youth.</p> <p>e) Establish a Foster Youth Bill of Rights</p>	Increased participation of alumni in request for information/input	2016 2017		<p>affecting youth in foster care. Youth stakeholders have also been invited to attend the Normalcy Steering Committee meetings and participate in other stakeholder groups. See below.</p> <p><u>2017 d)</u> CWS 3091- new course</p> <p><u>2017 e)</u> a Youth Bill of Rights has been incorporated into the Transition Plan document that each youth in care must complete at least annually and submitted to Court with the Foster Care Plan. Completed.</p>

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
	f) Increase linkage between foster care youth and Foster Care Alumni				<u>2017 f)</u> Again this fiscal year, foster youth, Project LIFE, VDSS will participate in two FosterWalk events with members of the Foster Care Alumni of America-Virginia Chapter during Foster Care month (May) to promote awareness of the need for permanent connections for older youth in foster care.
3. Increase Post-Secondary Education and Training opportunities	a) Improve collaboration between LDSS and Great Expectations	Marketing and promotion of post-secondary education	2015	IL state coordinator	<u>2017 Update</u> -Partnerships with DOE/Great Expectations, ETV funding.
	b) Identify vocational training opportunities statewide	Efforts to share information	2016		
	c) Make information re: vocational and educational opportunities available statewide				

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				
4. Facilitate transitions to Adult Services	<p>a) Ensure information is available to LDSS and youth for youth who will qualify for adult services as they transition out of FC</p> <p>b) Improve Guidance to address transition planning for this population specifically</p> <p>c) Identify gaps in services for youth who will still need services but will not qualify</p>	<p>Updated guidance</p> <p>Recommendations for services</p> <p>Curriculum</p>	2016	DARS, DFS training Foster Care Program Manager	<p><u>2017 Update</u> Training for staff, partnership with DARS, continued refining of guidance</p> <p>2017 b) VDSS in collaboration with several key stakeholders updated and published the document, Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care. This document will be used as a tool for LDSS staff.</p>

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
	for adult services d) Develop training for CW staff re: eligibility and transition planning for this population				<u>2017 (d)</u> ADS 2052-exploitation Completed CWS3091: Transition Planning for Older Youth in Foster Care, 2016
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	Updated guidance	2015	Foster care program manager, IL state coordinator	<u>2017 a)</u> Funding for Fostering Futures was approved and the program began July 1, 2016. Completed.
	b) Redefine IL living arrangement to better meet the needs of older youth who continue to receive services through LDSS		2015		<u>2017 b)</u> Guidance was published June 2016. Completed.
			2017		<u>2017 c)</u> VDSS participates in the

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
	<p>c) Explore addressing issues of youth homelessness, access to MH and trauma services</p> <p>d) Develop strategies for publicizing information about Medicaid to 26</p> <p>e) Explore potential continuation of CASAs working with youth 18 and older (permitted by law)</p>	<p>Summary of suggestions for service delivery</p> <p>Publication</p> <p>Summary of findings</p>	<p>2015</p> <p>2017</p>		<p>Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH) where these issues are being addressed collaboratively</p> <p>2017 e.) Through the review of Code necessary to develop guidance for the implementation of Fostering Futures, it was determined that the Juvenile Court can extend the order for a CASA volunteer to continue to work with a youth participating in the Fostering Futures program. This information has been broadly communicated to the CASA offices. Completed.</p>

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

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

2017 Objective 2

During FY 2017, VDSS requested and received technical assistance from Capacity Building Center for States, a contractor with Children’s Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues affecting youth in foster care. VDSS partnered with the Capacity Building Center for States to ensure the youth board is developed and sustained. Project LIFE played a crucial role in providing logistical support. A group of 10 youth and young adults from all over Virginia, who are in foster care or alumni of the foster care system, participated in two weekend planning meetings (January and March 2017). The group named themselves SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding theTruth). During the planning meetings, SPEAKOUT developed their mission and vision statements, and bylaws that outline the roles of adults and alumni supports, membership, annual meeting, and strategies for communicating and working with VDSS and Project LIFE. SPEAKOUT has determined that the total membership will include 25 youth; 4 from each region and 5 at-large members. SPEAKOUT will elect officers, finalize their strategic plan for the coming year, and recruit to fill the vacancies remaining on the board at the statewide spring youth conference scheduled for May 19-21,

2017 in Richmond, VA. In regard to youth involvement/engagement and youth network, Project LIFE's will meet and/or /exceed the FY 2017 benchmarks of the contract goals by the end of the fiscal year,

Contract Goals	Benchmark (# of participants)	Actual (# of participants as April 2017)
Implement strategies and training for youth and workers that promote positive youth development and youth engagement	60	70
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	13
Deliver public speaking training to youth to prepare them to speak to audiences.	25	15
Deliver training to youth on the importance of good credit reports (ages 18 and over)	100	92
Provide training and technical assistance to LDSS staff on the purpose, importance, and requirements of NYTD	125	151
Train youth ages 14 and over on NYTD	125	111
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	703
Provide local, regional, and statewide events focusing on post-secondary education	50	56
Provide training, technical assistance, resources, and tools to LDSS in partnership with VDSS and other stakeholders/partners	500	1084

For Foster Care Month in FY 2017, Project LIFE and foster youth will participated in two FosterWalk with members of Foster Care Alumni of America (FCAA)-Virginia Chapter. The FosterWalks were held in the Central and Piedmont 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.

2017 Objective 4

VDSS in collaboration with several key stakeholders updated and published the document, *Virginia Department of Social Services Transition of Youth with Disabilities Out of Foster Care*. This document will be used as a tool for LDSS staff.

2017 Objective 5

Effective July 1, 2016, Virginia implemented the Fostering Futures program statewide. VDSS developed and provided training to LDSS supervisors and staff on two additional chapters of Foster Care guidance entitled, *Independent Living Program, serving youth ages 18-21*, and *Fostering Futures (extension of foster care to 21)*. Because Fostering Futures, excludes those youth who turned 18 in foster care prior to July 1, 2016, it was necessary to provide guidance specific to the population of 18 to 21 year olds being served. Along with a previous chapter, *Achieving Permanency for Older Youth*, these three chapters provide guidance to the local departments of social services (LDSS) regarding working with youth in and transitioning out of care and reinforce the need for all children and youth to learn life skills and engage in age or developmentally-appropriate IL activities.

Primary Strategy: Infrastructure improvement					
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 b) Select localities to pilot c) Review quarterly reports on satisfaction and address issues	Contract or agreement List of localities Timely note entry	2018	Assistant Director	<u>2017</u> As part of Virginia's efforts to create a modern child welfare information system modeled on the new Comprehensive Child Welfare Information System (CCWIS) regulations noted in Objective 2, VDSS has released an RFP to solicit bids for a mobile solution to support front-line workers. VDSS is interested in purchasing a Commercial of the Shelf (COTS) or Software as a Service (SaaS) product that can be configured for a Summer 2018 deployment. During joint application design (JAD) requirement-gathering sessions with front-line workers, the concept of a mobile solution was identified as the most requested functionality in a new CCWIS system. Workers identified potential time-savings and timely documentation as the primary motivations.

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
2. Explore the possibility of implementing a new child welfare information system	<ul style="list-style-type: none"> a) Develop requirements b) Request Funding c) Design (if funded) d) Training (if funded) e) Roll-out (if funded) 	Up and running system to include financial data and improved reporting functions.	2019	Assistant Director	<p><u>2017</u> In 2016, Virginia submitted a PAPD and received Federal funding to plan for a new CCWIS-approved system. As part of the planning process, VDSS contracted with a technology consulting firm to assist VDSS in the collection of functional requirements as well as the drafting of documentation necessary for an IAPD. Between October and December of 2016, 35 JAD sessions were held around the state with 286 participants from 77 localities. Participants included front line workers, supervisors, directors, office managers, and stakeholders. In addition, because VDSS strongly believes that stakeholders should have access to relevant case data, two of the JAD sessions were held with foster parents and two were held with foster youth and alumni. An additional 676 individuals provided feedback</p>

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
					for the new CCWIS system through a survey sent out in December 2016. It is anticipated that VDSS will submit an IAPD during the summer of 2017 for federal financial participation to fund a modular CCWIS system.
3. Implement title IV-E Automation in OASIS to incorporate local financial data and OASIS data for title IV-E to include reasonable candidacy	<ul style="list-style-type: none"> a) Create requirements for automation b) Review requirements and give approval for development c) Completed UAT when development is complete d) Provide training to the field e) Implement new OASIS screens 	Virginia is currently creating and assessing requirements for implementation of title IV-E automation in Virginia's future CCWIS. It is anticipated these requirements will not be implemented in OASIS.	2022	Assistant Director, QAA program manager	<u>2017</u> As part of the CCWIS JAD sessions noted in Objective 2, local office managers, state IV-E reviewers and state financial teams were consulted to establish requirements for a financial module to integrate with the CCWIS architecture. Included in these requirements are specific functional requirements to automate title IV-E eligibility determinations and tools to monitor and update information necessary for the maintenance of ongoing eligibility.
4. Improve tools available in SafeMeasures® to state and local workers to allow for a broader	<ul style="list-style-type: none"> a) Review current reporting b) Determine reports to be created c) Implement new reports 	New reports	Ongoing	DFS program managers	

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
range of reporting elements.					
5. Begin use of market segmentation to identify prospective foster and adoptive families.	<ul style="list-style-type: none"> a) Create and share list of targeted recruitment criteria b) Use ESRI software to analyze existing adoptive and foster families c) Follow T/TA recommendations from NRC on Diligent Recruitment 	<p>Criteria</p> <p>Summary of work done</p> <p>Foster & adoptive families, increased number of families</p>	2015 2016	Adoption program manager, Resource Family program manager	<p>a) Completed. Shared targeted information with the Regional Consultants in 2016.</p> <p>b) Completed. The Virginia Department of Social Services (VDSS) Division of Family Services conducted a market segmentation analysis of foster care and adoptive families (also referred to as “resource families”) who cared for children placed in either home-based foster homes or in adoptive homes between July 1, 2010 and June 30, 2013. We used a technique called “market segmentation”,¹ which involves classifying U.S. residential neighborhoods into unique segments based on demographic and socioeconomic characteristics and using this information to inform marketing and outreach efforts. Market segmentation is based on the assumption that people who live near each other</p>

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
					<p>– for example, in the same neighborhood – share similar demographic and socioeconomic characteristics and may predictably participate in similar leisure activities, engage in the same civic organizations, shop at the same grocery and retail stores and restaurants, and get their news and entertainment from the same media sources (e.g., radio, TV, newspapers/magazines, Internet). Market segmentation has been used by several states to identify potential resource families.</p> <p>c) Completed. Regional Consultants shared the ESRI findings with the LDSS to develop recruitment strategies.</p>
6. Improve local staffs' abilities to conduct and document service needs assessments and develop relevant services plans in the	<ul style="list-style-type: none"> a) Develop requirements for changes to service planning in OASIS b) Development of new service planning c) UAT of new screens 	<p>Requirements doc</p> <p>Draft of screens</p>	<p>May 2014 Feb 2015</p> <p>Sept. 2014 2016</p>	DFS staff	

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
automated data system (OASIS)	d) Training of changes to service plan e) Roll out of new service plan screens	Testing results Curriculum Updated screens	Jan 2015 2016 April 2015 2016/2017 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

Primary Strategy: Focus on Child 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 b) Create a report that tracks medical exams within 30 days of entry in care c) Create a report that tracks well child visits	Updated guidance Reports created	2014 2015	Foster Care Program Manager	<u>2017 a)</u> Guidance has been updated and will be effective June 2017_ Completed <u>2017 b,c,d)</u> Reports to track medical/dental exams can now be accessed in SafeMeasures® Completed.

Primary Strategy: Focus on Child 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) Create a report that tracks dental exams				
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 b) Children in foster care are assessed, reassessed and evaluated with CANS	CANS usage report Updated guidance	2015 2017 2018 2015	Foster care program manager	Completed
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 b). Increase awareness of trauma to child welfare staff c.) Identify and promote best practice in a trauma-informed child welfare system d). Explore the possibility of increasing the availability of qualified	Screening tool Materials shared Materials shared	2015 2015 2015 2016	Prevention Program Manager/Foster Care Program Manager	2017 a) The revised CANS requires that the trauma modules be completed for all child welfare cases. The trauma module in combination with behavioral indicators captured in the CANS can be used as a screening to identify the need for additional assessment and/or treatment for children.

Primary Strategy: Focus on Child 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
	trauma treatment providers in VA e). Train foster and adoptive families on trauma-informed care	Summary of findings Curriculum for training	2017 2015		2017 (e) In progress.
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 b) Track children who are currently prescribed and taking psychotropic meds c) Develop a strategy for assessing risk among children taking psychotropic meds d) Develop protocol for reviewing high risk cases	Guidelines and updated guidance List of children Strategy and protocol	2016 2016 2016 2018	3 Branch coordinator, Foster Care Program Manager	2017 b) a report has been developed in SafeMeasures® to track incidence of psychotropic medication prescription.

Primary Strategy: Focus on Child 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 children will have stable school enrollments	<p>a) School-aged children, when changing foster care placements, have a best interest determination done jointly by the LDSS and the appropriate school division</p> <p>b) Develop protocols with LDSS to implement strategies which will allow children to remain close to their home and school communities</p>	<p>Report on BID,</p> <p>Updated guidance,</p>	<p>2015</p> <p>2016</p> <p>2017</p>	Foster Care Program Manager, 3 Branch Coordinator, IL state coordinator, DFS training	<p><u>a)</u> Completed</p> <p><u>b)</u> Completed</p>

Primary Strategy: Focus on Child 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) Develop protocols that will help children when they cannot remain in their home schools to maintain connections d) Develop e-learning training on immediate enrollment BID	Protocol developed, Curriculum on immediate enrollment	2015 2016		2017 d) Collaboratively, VDSS and DOE are providing trainings to local DOE and LDSS workers An eLearning course CWSE3020: Educational Stability for Youth in Foster Care is currently being updated to add ESSA requirements.

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.

2017 Objective 5

VDSS and DOE are working together to update the Joint Guidance to incorporate new requirements of ESSA. Publication of the guidance during the summer of 2017, will provide an opportunity to train LDSS on BID procedures and the ESSA requirements. The eLearning course addressing Educational Stability is also being updated.

VI. MEASURES

The chart below list measures 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.

2018 Update

Transformation Outcome	Source and Date	Standard	Virginia	Status
Discharges to Permanency	VCWOR CSSTO Feb2018	86%	78.89%	
Congregate Care Placement	VCWOR CSSTO Feb2018	16%	15.79%	
Current Family Based Placement	VCWOR CSSTO Feb2018	85%	84.21%	
Foster Care Out-of-Home Visits	SafeMeasures Apr2018	95%	94.80%	
Foster Care Visits in Child’s Residence	SafeMeasures Apr2018	50%	78.10%	
CFSR Outcomes	Source and Date	Standard	Virginia	Status
Time in Care: Reunification within 12 months	VCWOR CFSR Dec2017	75.20%	56.29%	
Reentries within 12 months	VCWOR CFSR Dec2017	9.90%	7.47%	
Time in Care: Adoption within 24 months	VCWOR CFSR Dec2017	45.70%	33.46%	
24 Month Discharges to Permanency	VCWOR CFSR Dec2017	29.10%	32.55%	
<= Two placements in care < 12 months	VCWOR CFSR Dec2017	86%	83.90%	
Safety Outcomes	Source and Date	Standard	Virginia	Status
No Recurrence of Maltreatment	VCWOR CFSR Dec2017	94.60%	98.04%	
No Abuse While in Foster Care	VCWOR CFSR Dec2017	99.68%	99.97%	
CPS Ongoing Contacts Made	SafeMeasures Apr2018	90%	79.40%	
Referral Contacts with Response Priority	SafeMeasures Apr2018	90%	88.20%	
Well-Being Outcomes	Source and Date	Standard	Virginia	Status
Updated Education Records	SafeMeasures April2018	---	75.20%	
Physical Examination Current	SafeMeasures Apr2018	---	71.00%	

VII. Additional Reports

Continuation of Operations Planning

Division of Family Services Continuity of Operations Plan

As of 9/01/18

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. It is now updated every December. 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

- 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. All hotline workers now have laptops and the capacity to work off-site.
- 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. The Foster Care Program Manager maintains a current list of children in foster care off-site.
- 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.
- 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.
- 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 and Family Services COOP coordinator:

Aaron Swart: Work: 804-726-7381
 Cell: 804-525-0032
 E-mail: aaron.swart@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. The VDSS COOP 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 for inclusion in the DSS and Commonwealth disaster plans.

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 the Foster Care Program Manager. 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 at the state-run shelters 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 continue 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. 24-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. Carl Ayers, Division Director, is the interim 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.

Several test drills have been completed department wide with exercises that have been completed in efforts to ensure the plan is as comprehensive as it can be (fire drills, tornado drills and actual drills 9/17/2018-shelter in place activities and monitoring of staff safety during tornado warnings). As a result of Hurricane Florence, statewide deployment and adherence to FEMA policy at shelters was observed, along with disaster planning implementation and evacuee response, including updating and implementing the division-wide phone tree. A debriefing occurred with all leadership staff on 9/17/18, a survey was administered to all staff who were deployed to operate the State Managed Shelters to assist with improving the operation and performance, and a larger agency debriefing is scheduled to occur in late 2018. In 2017 and 2018, changes have included updating the business functions and staff information due to a high number of retirements and new staff. The 2018 COOP Plan has been updated to reflect staff and responsibility changes, including designating a new COOP coordinator and program management changes to the phone tree.

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 2018

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.

VDSS continues to be eligible to receive Child Abuse Prevention and Treatment Act (CAPTA) funds. There was one change made to the Code of Virginia regarding substance-exposed infants. Effective July 1, 2018, § 32.1-73.12 of the Code of Virginia designated the Department of Health as the lead agency for services for substance-exposed infants. This code change does not affect the State's eligibility for the CAPTA state grant.

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)).

There are no substantial changes being made to Virginia's CAPTA plan this year. Several new initiatives have been added to the previously approved plan. Highlights of Virginia's new initiatives include:

- Development and implementation of a QAA plan for the CPS/APS state-wide hotline.
- Utilization of additional tools to improve response times.
- Creation of a subgroup of the Child Protective Services Policy Advisory Committee to develop a uniform safety plan that can be incorporated into the new CCWIS (COMPASS) and that compliments the safety and protective factors identified through the use of the SDM Safety Assessment Tool.
- Provide guidance on the management of Plans of Safe Care (POSC) for substance-exposed infants and the addition of a tracking feature for POSC in the automated data system.
- Creation of new service plan in the automated data system that will incorporate results of the FSNA and Risk Reassessment tools.
- Update guidance regarding 2018 legislative changes involving out of family investigations involving school employees and clarify gross negligence and willful misconduct standards in out-of-family investigations involving school employees.
- Provide additional training information and resources to regional consultants on appeals.
- Provide guidance, training, and data analysis on the use of diversions.

With the signing of the Family First Prevention Services Act on February 9, 2018, Virginia is receiving additional funds under CAPTA. While decisions are still being made for the expenditure of the entirety of the additional funding, the state is targeting the funds to address challenges in our statewide CPS Intake system, including the statewide CPS Hotline.

Through the state's Quality Assurance and Accountability monitoring process, areas for improvement have been noted in the intake function by LDSS. As a strategy to address these challenges, VDSS through the CPS Hotline has begun a pilot project centralizing intake functionality for multiple LDSS and is presently performing this function for three LDSS with two more agencies who are waiting to onboard as soon as capacity is expanded.

The plan is for the majority of the funding to be used to move forward with the initiation of a centralized intake system for the Commonwealth. While the funds will not be sufficient for statewide implementation, the additional funding will provide for expansion of the current pilot efforts.

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.

For SFY 2018, a total of twenty (20) programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$614,000), and state funds from the Virginia Family Violence Prevention Program (VFP) (\$500,000), totaling \$1,114,000 in combined funding to support evidenced-based and evidenced-informed 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 programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. Twenty contracts were renewed from the initial award issued in SFY2016 that supports the following geographic areas (two programs serve more than one region):

- Eastern - six programs serving: 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: counties of Floyd, Giles, Lee, Montgomery, Pulaski, Scott and Washington and Wise; and the cities of Bristol, Norton and Radford.
- Northern - four programs serving: counties of Arlington, Caroline, Clarke, 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: 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 Application (RFA) process along with VFP funds. Funding must be directed to statewide or local, community-based primary and/or secondary child abuse and neglect prevention services. Funds were previously distributed using a similar Request for Proposals (RFP) process. The Child Abuse and Neglect Prevention Program Request for Proposals (RFP) was originally released on January 23, 2015. In SFY 2018, twenty contracts totaling \$1,114,000 were renewed. Contracts for SFY 2019 will be based on the RFA process with the March 23, 2018 release. Contracts for SFY2019 will become effective on July 1, 2018.

In SFY 2017, the Department of Criminal Justice Services (DCJS) separated the VOCA funding to VDSS into two categories, Purpose Area 1 for Children's Advocacy Centers (CAC's), and Purpose Area 2 for other specialized child abuse services. Currently, a combined total of 37 programs (Child Advocacy Centers(18) and other specialized child abuse services (19)), utilizing \$3,182,340 in federal VOCA funds, support child abuse and neglect treatment services for child victims across the state.

An RFP was released on April 1, 2016 for a total of \$1,702,340 million for Purpose Area 2. Programs could apply for one or more categories: Continuation, Expansion and Evidence Based/Evidence Informed. A total of 19 programs were awarded funding for SFY 2017 and all programs were renewed with level funding for SFY 2018.

The following geographic areas are served:

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

VDSS anticipates funding for the nineteen VOCA to continue at level funding for SFY 2019 from the Department of Criminal Justice Services (DCJS). In April 2018, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the nineteen programs to continue to provide services to children who are victims of child abuse and neglect.

The State funds of \$1,231,000 to support 16 local CACs and the Child Advocacy Center of Virginia (CACVA) were awarded in SFY 2018 based on a formula proposed by CACVA and approved by the General Assembly and the Governor of Virginia. The formula used subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. In addition, local CAC programs received a total of \$1,482,000 in Victims of Crime Act (VOCA) funds from the Department of Criminal Justice Services (DCJS). The increase in funding enhanced the CAC programs and supported the addition of one new associate/developing CAC in Greenville/Emporia. CAPTA funds are used to support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees. Sixteen contracts were awarded to local CAC programs in FY 2018 representing the following geographic areas:

- Piedmont – four programs serving counties of Albemarle, Franklin, Roanoke, Augusta; and the cities of Roanoke, Salem, Staunton, and Waynesboro.
- Central – one program serving counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George; and the cities of Richmond, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving counties of Arlington, Fairfax, Rockingham, and Loudoun; and the cities of Harrisonburg, Winchester, and Alexandria.

- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville and Franklin.
- Western – three programs serving counties of Lee, Montgomery, Pulaski, Washington and Scott; and the cities of Radford, Norton, and Bristol.

In SFY 2019, VDSS anticipates additional funding of \$300,000 from the General Assembly for the 16 existing Child Advocacy Programs and 2 additional programs in Chesterfield and Tazewell/Buchanan, as well the Child Advocacy Centers of Virginia (CACVA). State funds will be awarded to the 18 local CAC programs serving the above localities and CACVA. Additionally, in April 2018, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the Child Advocacy Centers to continue to provide services to children who are victims of crime.

In SFY 2018, Virginia partnered with the state of Iowa to develop and launch a national training institute for home visitors. This national project is supported by a MIECHV Innovation grant. Early Impact Virginia is leading this work for Virginia. This innovative project offers all home visitors, regardless of background or model affiliation, free, on-line competency based training and includes My Career Compass a dynamic learning map that guides users through e-learning modules to develop the highest level of proficiency in each of the defined home visiting competency areas. The Institute will offer national certification, continuing education units (CEUs), and undergraduate college credit. In addition to the foundational training offered through the Institute, EIV continues to offer classroom trainings in all regions of the state to build knowledge and advance skill building. In addition, in SFY 2018, EIV launched its second two-year Reflective Supervision Learning Community. This training and coaching model of professional development, continues to transform practice and is contributing to higher levels of staff job satisfaction and improved quality of services for families.

VDSS continues to provide sub-grant funding to PCAV who facilitates VSPEC and the CBCAP Grant Administrator participates on the coalition. Efforts continue to identify and support best practices in parenting education for quality programs across Virginia.

The Virginia General Assembly continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in now 80 communities across the state. The goals of the Healthy Families Program continue to include- improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect.

Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2018. This amount was distributed to thirty-two (32) sites who were awarded based on a formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide organization, Prevent Child Abuse Virginia (PCAV). VDSS did not renew four contracts under the Rappahannock-Rapidan Health District. The Healthy Families programs in those same communities were managed by Culpeper County DSS for FY18 only. VDSS also awarded a new contract with The Up Center to re-establish a Healthy Families program serving in the city of Norfolk. PCAV worked with stakeholders in the Norfolk community to develop the program infrastructure to ensure that they were in position to support the program and its services.

The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 1,300 packets were printed and distributed for April 2018 and the theme for this year was “Building Brighter Childhoods”. 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://>

<http://pcav.org/2018scapmpacket/> for wider distribution.

The 2018 conference was again limited to a total attendance of 175 participants for a one-day symposium with a total attendance of 175. The conference theme was “Prevention in Action”. Session topics included the following:

- *Primary Prevention in Child Welfare* – Plenary Speaker: Jerry Milner, Acting Commissioner for the Administration on Children, Youth and Families
- *Align: Optimizing Community-Based Primary Prevention* – Morning Speaker: Dyann Daley, Founder and CEO of Predict-Align-Prevent
- *Race for Results: Building a Path to Opportunity for All Children In Virginia* – Morning Speaker: Karina Jimenez Lewis, Senior Policy Associate in the External Affairs, Annie E. Casey
- *Predictive Analytics; Aligning Community Resources for Prevention* – Carl Ayers, Director of the Division of Family Services, VDSS & Jeff Price, Director of Research and Planning, VDSS
- *Balancing Tradition and Innovation—Building Authentic Parent Partnerships* – Corey Best, National Alliance of Children’s Trust
- *Collective Impact: The Role of Individuals and Systems in the Development of Trauma Informed Communities Across Virginia* – Jeanine Harper, MSW, LCSW & Melissa McGinn, MSW, LCSW

Child Abuse Prevention Month Proclamation: In support of national efforts, Virginia’s Governor designated April as Child Abuse Prevention Month in Virginia for 2018. In partnership with PCAV, VDSS participated in a ceremony to show solidarity in supporting Virginia's efforts in preventing child abuse and neglect in our State. The State’s Proclamation was shared with community partners and Virginia citizens. VDSS has also used social media (Facebook and Twitter) to support prevention month efforts.

VDSS has also included providing a plan of safe care for substance exposed infants in the service array language for State administered funding for the Promoting Safe and Stable Families and the Family Preservation and Support Program (State Funds). VDSS has also provided approximately \$1,000,000 in additional funding to local departments of social services to provide resources to families who are at risk due to substance abuse/misuse and for the purpose of substance abuse testing and treatment for children and families to ensure a child’s safety, permanency and well-being and to provide an informed decision regarding child removal, family support services, family reunification or termination of parental rights.

[Provide an update on the state’s continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder of CAPTA, as amended by the Comprehensive Addiction and Recovery Act.](#)

As part of Virginia’s Federal Child Abuse and Prevention Treatment Act Plan, VDSS has been at the forefront of ensuring the identification and treatment of substance exposed infants and ensuring that the Commonwealth is meeting all requirements established by the 2016 Comprehensive Addiction and Recovery Act and the subsequent required changes in the Child Abuse and Prevention Treatment Act (CAPTA). VDSS’ efforts include:

- Handle with C.A.R.E
VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group established statewide standards of care guidelines for pregnant mothers and substance-exposed infants and developed the plan of safe care outline.
- Report of Barriers to the Identification and Treatment of Substance-Exposed Infants

VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in the Commonwealth. The complete report was submitted to the Secretary of Health and Human Resources. A consistent listing of barriers to treatment for mothers and SEI were noted across the Commonwealth and helped lead to the 2018 legislative change of establishing the Virginia Department of Health as the state agency responsible for coordinating services for SEI.

- **Guidance and Training**
VDSS updated CPS guidance to mirror the 2017 legislative and regulatory changes. VDSS staff provided regional trainings to local department staff on legislative, regulatory, and guidance changes. VDSS staff and regional consultants also provided training on SEI and POSC at a number of public and private sector service agencies.
- **Plan of Safe Care Toolkit**
VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across Virginia to promote consistent implementation. The toolkit includes guiding principles of POSC, points of intervention chart, POSC flow chart, POSC template, and screening and resource information
- **Perinatal Substance Use: Promoting Health Outcomes brochure**
VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- **SEI Awareness Week**
Beginning in July of 2017, the General Assembly passed a resolution declaring the first week in July each year as Substance-Exposed Infant Awareness Week. VDSS collaborated with the Virginia Department of Behavioral Health and Developmental Services to raise awareness of the declaration of SEI Awareness Week.
- **SEI Decision Tree Tool**
VDSS drafted a SEI decision tree tool to facilitate decision making with regarding the screening of SEI reports and sought stakeholder feedback.
- **eLearning Course**
An eLearning course regarding family engagement and parental substance abuse is under development in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The course will provide best practices when responding to reports involving children affected by in utero exposure to alcohol or drugs and address the service needs of pregnant and parenting women and other caregivers who use opiates and/or other substances of abuse. Additionally, the course will include direct application of the practice profiles and trauma informed practice working with substance exposed infants and their families. Further information is included under the Child Welfare New Course Development and e-Learning section.

[Provide information on any changes made to implementation and/or lessons learned from implementation.](#)

Virginia is in the early stages of implementation and efforts have been focused on evaluation of barriers to the identification and treatment of SEIs and recommendations to address barriers.

Despite current laws and efforts of public and private sector service agencies, the number of substance-exposed infant (SEI) cases reported to local departments of social services continued to increase. As a result of the continued increase, the Virginia General Assembly passed House Bill 2162 during the 2017 session, which mandated the formation of a work group to identify barriers to the identification and treatment of SEIs and make recommendations to mitigate those barriers. VDSS was assigned leadership of the work group and charged with: (1) reviewing existing Virginia policies and practices and models from other states, and (2) developing legislative, budgetary, and policy recommendations for the

elimination of barriers to treatment of SEIs in the Commonwealth. Work group members were comprised of key stakeholders from both private and public sectors. At the conclusion of the work group, VDSS prepared a technical report titled *Report of Barriers to the Identification and Treatment of Substance-Exposed Infants* which was submitted to the Secretary of Health and Human Resources. A consistent listing of barriers to treatment for mothers and SEI were noted across the Commonwealth and helped lead to the 2018 legislative change of establishing the Virginia Department of Health as the state agency responsible for coordinating services for SEI.

Report of Barriers to the Identification and Treatment of Substance-Exposed Infants identified the following barriers:

- Collaboration across disciplines and sectors occurs in some localities and regional areas, yet it is far from comprehensive in scope and coverage.
- Absence of a clear understanding of the breadth and totality of resources in the community and what other federal, state or local agencies do.
- Lack of consensus about Plans of Safe Care and other SEI-related mandates, particularly how they apply to specific agencies' responsibilities.
- Limited data collection, and challenges with sharing what data is collected.
- Insufficient services for pregnant and postpartum women, particularly for long-term substance abuse interventions that encompasses the needs of the whole family.
- Insufficient efforts to integrate the father and broader caregiver support system into prevention efforts.
- Lack of opportunities for multidisciplinary prenatal intervention.

Report of Barriers to the Identification and Treatment of Substance-Exposed Infants made the following recommendations:

- Multi-sector state, regional, and local partners can benefit from working together on this issue (e.g. forming multidisciplinary teams).
- Explore universal screening options (currently required under § 54.1-2403.1) and testing as methods to identify more substance-using pregnant women.
- Support a multidisciplinary approach during the prenatal period as the most effective intervention plan.
- Improve the existing referral system between the hospitals and local CSBs as required by § 32.1-127(6).
- Identify data points to be collected (to include, but not limited to) annual reporting requirements mandated by the Child Abuse and Prevention Treatment Act (CAPTA), and a reliable data system to understand both the scope of the problem and the short- and long-term outcomes of interventions.
- Increase collaboration between LDSS, hospitals, adoption agencies, and other partners at the time of hospital discharge of the mother and/or infant so that all partners and support networks can be present to coordinate an approach. Integrate the Plan of Safe Care into the discharge plan and include family members and other caregivers in plan objectives.
- Support a trauma-informed approach to identification and treatment of SEIs and their full family and caregiver constellation.
- Improve availability of home visiting programs to support pregnant women with a SUD and/or a SEI to ensure adherence to, and continuity of, the Plan of Safe Care.
- Improve workforce development options for LDSS, CSBs, and other private and community partners related to SEIs. Many professionals do not understand the complexity of the SEI issue.

Virginia's implementation will continue to be informed by the barriers identified and recommendations made in *Report of Barriers to the Identification and Treatment of Substance-Exposed Infants*.

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Provide an update on any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation.

As part of Virginia's Federal Child Abuse and Prevention Treatment Act Plan and the subsequent changes required by the Comprehensive Addiction and Recovery Act of 2016, VDSS has participated in a breadth of collaborative work with public and private service agencies. VDSS' endeavors include:

- **Handle with C.A.R.E:** VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group was led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and facilitated collaborative work among DBHDS, VDSS, Virginia Department of Health, Department of Medical Services, Early Impact Virginia, Virginia Home Visiting Consortium, Managed Care organizations, Virginia Hospital and Healthcare Association, and prenatal care providers.
- **Report of Barriers to the Identification and Treatment of Substance-Exposed Infants:** VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in the Commonwealth. The report was the product of collaborative work between work group members, town hall meetings, and an online survey.
 - The work group was comprised of 56 members who were recruited from a variety of organizations, stakeholder groups, and sectors to ensure depth of knowledge and varying perspectives on SEI issues were represented.
 - Five town hall meetings were conducted across the Commonwealth. Two hundred and forty four participants registered to participate in the town hall meetings, representing VDSS, LDSS, health departments, CSBs, hospitals, medical centers, educational institutions, home visiting programs, law enforcement, and early intervention service agencies.
 - The online survey was circulated to a variety of stakeholders and experts across the Commonwealth. Participation in the survey was voluntary, responses anonymous, and no compensation was provided. The survey collected 134 responses.
- **Training:** VDSS staff and regional consultants provided training on SEI and POSC to a number of public and private sector service audiences, including Medication Assisted Treatment providers, the Court Appointed Special Advocate/Children's Justice Act Citizen Review Panel, and home visiting programs.
- **Plan of Safe Care Toolkit:** VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across in Virginia to promote consistent implementation across the state. The toolkit has also been distributed by the Department of Behavioral Health and Developmental Services to community service boards and medication assisted treatment providers across the state. Virginia has also shared the toolkit with other states to assist with their implementation.
- **Virginia Neonatal Perinatal Collaborative:** VDSS participates on this newly-formed general assembly supported multi-disciplinary committee. VNPC committee membership includes pediatricians, neonatologists, neonatal and pediatric nurse practitioners, NICU and nursery nursing staff, social service, public health, lay members, and others with interest in improving child health outcomes. The Virginia Neonatal Perinatal Collaborative (VNPC) was formed to ensure that every mother has the best possible perinatal care and every infant cared for in Virginia has the best possible start to life. The committee utilizes an evidence-based, data-driven collaborative process that involves care providers for women, infants and families as well as state and local leaders. VCPN distributed the Vermont Oxford Network's Process Improvement

Bundle to hospitals across the state to track the length of stay for babies born with Neonatal Abstinence Syndrome. VDSS attended the first annual summit hosted by the VNPC in October 2017. VDSS will be participating in the second annual summit hosted in October of 2018.

- **Perinatal Substance Use: Promoting Health Outcomes brochure:** VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- **SEI Decision Tree Tool:** VDSS drafted a SEI decision tree tool to facilitate decision making with regarding the screening of SEI reports and sought feedback from key stakeholders.
- **eLearning Course:** An eLearning course regarding family engagement and parental substance abuse is under development in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The training will be available to staff at VDSS, DBHDS, VDH, and other community partners who request access in the Virginia Learning Center.

[Provide an update on the state's monitoring of plans of safe care to determine whether and in what matter local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.](#)

The Report of Barriers to the Identification and Treatment of Substance-Exposed Infants identified monitoring of plans of safe care and service delivery and referrals as barriers and made recommendations to improve the state's monitoring of plans of safe care and service delivery and appropriate referrals for substance-exposed infants and affected family members and caregivers. The specific barriers identified and recommendations made in the report are captured in the Implementation/Lessons learned section above. Virginia will be working in the coming year(s) to improve the monitoring of plans of safe care and service referrals and delivery.

Furthermore, Virginia is making system enhancements to the automated data system to record and track the completion of plans of safe care and service referrals and delivery to comply with National Child Abuse and Neglect Data System (NCANDS) as required by the Comprehensive Addiction and Recovery Act of 2016.

[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.](#)

Virginia has taken steps to address the amendments to CAPTA relating to sex trafficking since 2015. In December 2015, VDSS developed and published an online 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 in December 2015. In January 2016, VDSS implemented new CPS guidance statewide that addressed sex trafficking as it pertained to universal screening of all children and services for victims of sex trafficking. Numerous webinar sessions were conducted to brief CPS staff on the needs of sex trafficked victims. On July 1, 2016, the Code of Virginia, § 63.2-100 added a new section to the definition of "child abuse and neglect" to include an identified victim of sex trafficking or of severe forms of trafficking as defined in P.L. 114-22. In April 2017, sex trafficking was added as a specific type of sexual abuse in the automated data system. Effective July 1, 2017, Virginia's regulations included sex trafficking as a type of sexual abuse.

VDSS continues to identify, track, and serve victims of sex trafficking. The online training course remains available on the public domain. Since inception, 519 individuals employed with VDSS (state and local agency staff) have completed the online training. In addition, there have been 2,589 page views on the public domain. Virginia continues to use the automated data system to track victims of sex

trafficking. Virginia provides sample trafficking screening tools and resources on working with victims of sex trafficking in CPS and Foster Care guidance. Virginia has been working with the Virginia State Crime Commission on a statewide study on sex trafficking in Virginia that will be submitted to the General Assembly.

To date, 64 child victims of sex trafficking have been identified in Virginia’s automated data system.

Year	2011	2012	2013	2014	2015	2016	2017	2018*
# of victims	1	1	0	1	10	23	21	7

*1/18-7/18

Of the 64 child victims identified, 58% (37) of them were involved in Foster Care cases, 23% (15) of them were involved in CPS On-going cases, and the remaining 19% (12) were part of other child welfare cases. 92% (59) percent of the child victims were female and 8% (5) percent were male. The primary ethnicities of the child victims were 61% (39) Caucasian, 33% (21) African-American, 3% (2) Multi-race, 1.5% (1) Asian, and 1.5% (1) Unknown.

Since adding sex trafficking as a type of sexual abuse in July 2017, 9 investigations have been conducted involving allegations of sex trafficking. In 2017, 4 investigations were conducted and all 4 investigations resulted in founded dispositions. To date, 5 investigations have been conducted in 2018 and 4 investigations were deemed to be unfounded and 1 investigation was still pending disposition. Virginia will continue to expand their efforts to identify, track, and serve victims of child sex trafficking.

[Describe any technical assistance the state needs to improve practice and implementation in these areas.](#)

Virginia anticipates needing technical assistance to assist with the implementation of a centralized statewide CPS intake system. As noted, Virginia plans to utilize the additional CAPTA funds available through the Family First Prevention Services Act to address challenges with the statewide CPS Intake system, including the statewide CPS Hotline. Through the state’s Quality Assurance and Accountability monitoring process, areas for improvement were noted in the intake function by LDSS. As a strategy to address these challenges, VDSS through the CPS Hotline has begun a pilot project centralizing intake functionality for multiple LDSS and is presently performing this function for three LDSS with two more agencies who are waiting to onboard as soon as capacity is expanded. As Virginia continues to focus on moving forward with the initiation of a centralized intake system for the Commonwealth, technical assistance in the form of peer-to-peer support from other states with centralized intake systems would provide Virginia with the opportunity to learn about the practices of other states’ centralized intake systems to assist with Virginia’s implementation.

CAPTA

Virginia State Plan

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 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 Note: New formal classes now available. For CPS it is CWS2001R, a combination of an e-learning pre-requisite and two-day class room training.**
7. Review and evaluate statewide and by locality the number and percentage of cases being screened out. **Ongoing**
8. Develop and implement a method to review a sample of screened out cases to determine level of agreement. **Completed**
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 **Modified due to legislative changes.**
16. Collaborate with the Training Unit to develop a specialized training for those staff performing on-call duties. **Completed**
17. Create new e-learning course for advanced injury identification for all child welfare staff. **Completed**
18. Create template for Plans of Safe Care for SEI. **Completed**
19. Revise CPS guidance to require 24-hour response for any report involving a child less than 2 years of age. **Completed**
20. *Create a subgroup of the Child Protective Services Policy Advisory Committee to develop a uniform safety plan that can be incorporated into the new CCWIS (COMPASS) and that compliments the safety and protective factors identified through use of the SDM Safety Tool.*

2016 Update

In January 2016, CPS implemented a requirement to use SDM tools in on-going CPS cases. At this time, the case can be completed without ever completing any of the SDM tools. In the Fall of 2017, the system will require they be completed before a worker has the ability to close the case. This new requirement is

now being addressed in a number of reviews including those Agency Case Reviews completed by CPS Regional Consultants and bi-monthly reviews by a Quality Assurance Team.

2017 Update

The following data has been extracted from Safe Measures for all cases that were open during the month of February 2017. (Data retrieved 5-15-2017)

- Safety Assessment and Risk Reassessment before case closure report captures whether or not a safety and/or risk reassessment was completed. In 27.6 cases, both tools were completed; 9.7% completed the safety tool; 14% completed the risk reassessment tool; and 48.7% were missing both.
- FSNA Completion report shows how many cases completed a Family Strengths and Needs Assessment (FSNA) within 30 days of case opening. For all cases open during the month of February 2017- 39.3% were completed; 50.4% were not completed; and 10.3% were pending (opened less than 30 days).
- Risk Reassessment report shows how many cases open during the month of February that were open more than 90 days received a risk reassessment- 28.7% were completed; 41.2% were not completed; and 30.0% were pending (open less than 90 days).

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. This “study” is now being completed through an internal process of monthly case reviews by the Regional Consultants. CQI staff are assisting the Program Manager by analyzing both the quantitative and qualitative information gleaned from agency visits and respective data collection.

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 2018 APSR

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.

The DSS Training Unit completed a new on-line e-learning course: CWS 2090 Injury Identification in Child Welfare.

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 dispositions were added to the guidance that was published in October 2016. Sample dispositional assessments will be provided in guidance by December 2016.

2018 Update

CPS Program Regional Consultants are conducting Agency Case Reviews (ACR) annually on each local CPS program within their respective regions. One of the review elements is the evaluation of ten (10) invalidated CPS reports in order to assess appropriate decision-making. Their findings are pending aggregation in order to develop statewide trends.

CPS Guidance has been revised to reflect a required 24-hour response to any valid CPS report involving a victim child under the age of two years old and to include a model plan of safe care template.

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-- **Completed**
8. Add new information on standards of care for substance exposed infants and the substance abusing family members--**Completed**
9. *Provide detailed information in guidance regarding Plans of Safe Care to include who is responsible for managing the plan.*
10. *Provide sample screening tool for trauma*
11. *Modify the automated data system to include a means to report the development of a Plan of Safe Care.*

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.

The In-Depth Technical Assistance from the National Center on Substance Abuse and Child Welfare has ended formally but the work groups have continued to address the issues of systems of care in dealing with SEI and maternal substance use. The three workgroups included maternal, legislative and child issues. The maternal group completed a survey of opiate treatment program services for pregnant women and continues to finalize guidance for Opiate Treatment Program (OTP) Guidelines for Pregnant Women, a template for OTP Wrap-Around Services and a Template entitled "My Delivery Plan". The legislative group conducted a survey of all Community Services Boards (CSB) and their outreach efforts to prenatal providers and birthing hospitals and as a result, drafted recommendations for CSB to work with prenatal providers and birthing hospitals. The child workgroup continues to draft guidance for developing plans of safe care and has a draft template for Multisystem SEI Hospital Discharge Plan. This group has developed a brochure regarding Plans of Safe Care.

The Virginia workgroup has been asked to mentor future sites who will also receive in-depth technical assistance grants.

In June 2016, a conference was held for approximately 200 participants from various professions involved with maternal substance use and SEI. Guest speakers provided educational information about Plans of Safe Care and the two-day event concluded with local service providers collaborating and planning their next steps to deal with this critical issue.

The CPS Program, in conjunction with the Department of Behavioral Health and Developmental Services (DBHDS), has revised the guidance provided to local CPS programs regarding Plans of Safe Care. Said revision includes circumstances warranting a Plan of Safe Care coupled to a sample template that can be used to assess and identify the needs of the child, mother, and any other caregiver(s) of the child who are likely to ensure the child's care.

The CPS Program has submitted a service request to modify the automated data system so that the development of a Plan of Safe Care can be documented. This change is in progress at this time. The guidance and training provided to local staff with regard to the recent guidance changes includes detailed information about the differences among a safety plan, Plan of Safe Care, and Service Plan.

Further, VDSS is working with the DBHDS on a number of different projects regarding substance-exposed infants and Plans of Safe Care. Since 2015, VDSS has been a part of the In-Depth Technical Assistance project supported by The National Center on Substance Abuse and Child Welfare (NCSACW). Details of our products are listed on their IDTA website: <https://ncsacw.samhsa.gov/technical/idta.aspx?id=23>. The work of this multiagency group continues as a member of the policy academy for the next round of states receiving the IDTA.

Virginia is also in the final stages of a legislative multidisciplinary workgroup that was formed to identify the barriers to treatment of substance-exposed infants. Final recommendations will be submitted in December to the attention of the Governor and General Assembly.

Lastly, an informational brochure for health care providers regarding Perinatal Substance Use-Legal and Practice Implications-was revised and published in July of 2017. This brochure has been updated to include information on Safe Sleep and Plans of Safe Care as well as all state laws that address these issues. The brochure can be found here, under CPS Publications: <http://www.dss.virginia.gov/family/cps/index.cgi>.

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. **Ongoing**

10. *Provide helpful tips on practices which will improve response times and documentation of all contacts*
11. *Conduct Agency Case Reviews to identify trends and issues regarding initiating timely responses.*
12. *Revise SafeMeasures® report for contact with victims to identify children under age 2 are seen within 24 hours.*

2018 Update

The numbers of referrals open longer than 60 days in 2017 has increased by 5% from 48% to 53%. However, the number of reports between 45 and 60 days has slightly increased from 15% to 17%. Timeliness of first attempted or completed contacts statewide has increased 2% from December 2015 (88%) to December 2016 (90%). The Eastern region did see an improvement of 2% from December 2015 (92%) and December 2016 (94%).

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 (percentage) of referrals open longer than 60 days has increased from 52.6% to 55.0%. The number of reports between 45 and 60 days has increased from 12.8% to 16.3% as well. Timeliness of first attempted or completed contacts statewide has increased nearly 5% from December 2015 (88%) to December 2016 (92.5%). The Western region did see an improvement of 2% between December 2014 (91%) and December 2015 (93%). The Eastern region did see an improvement of 4% from December 2015 (92%) and December 2016 (96%). 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. This was incorporated into the refresher course, CWS2001R. Guided discussions regarding the assessment of safety and risk, determined through the use of the SDM tools, are included within the Curriculum-**Completed**
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.*
8. Add risk tool revalidation and review of all SDM tools by the CRC **Ongoing**
9. *Include review and practice of intake, safety and risk tools in CPS refresher course.*

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.

2017 Update

In the upcoming year, a validation study will be conducted by the Children's Research Center (CRC). SDM implementation is a practice intervention and a system intervention. When DSS staff actively assists in their development, these systems are better tailored to local needs. In addition, by upgrading both the SDM system and DSS's practice model, workers are more likely to view the SDM system as a decision-support tool that helps to guide thinking and conversations with families. When an entire organization commits to SDM system principles, the system can form a core element of agency operations. CRC employs several strategies to build strong working relationships with agencies.

2018 Update

The validation study has been initiated. Per the contract between VDSS and CRC (entered on 6/18/17), the project steering committee convened as did the advisory groups in August of 2017. There was an advisory group for intake, one for investigation/assessment, one for case planning, and one for ongoing services. This activity was followed by case reading by CRC, which occurred in February of 2018. Next steps include risk validation/review of archived data, expanded advisory teams, i.e., workgroups, to review the totality of study results and provide recommendations to the steering committee for implementation, documentation (in the form of a revised manual), and 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. Scheduling for Fall 2017*
15. *Continue practice model reform through implementation of the Practice Profiles and coaching model*

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.

During 2016, VDSS conducted initial implementation of the eleven (11) Practice Profiles which operationalize the Virginia Children's Services Practice Model. A total of two hundred and fifteen (215) staff from sixty-two (62) local agencies participated in a training series and received follow-up technical assistance as part of the pilot year. This represents a significant investment in building worker and supervisor skills. VDSS initiated an engagement with Rutgers University in 2016 to study the impact of the Practice Profiles on case practice. Work continues on providing coaching training to implement the Practice Profiles, with two new courses. The Practice Profiles have been integrated in the new CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention and Supervisory Series. Training will be integrating the use of Practice Profiles in mandated training transfer of learning tools.

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**

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*
9. *User testing for the revised service plan will begin Spring of 2017, final release anticipated in Fall 2017.*
10. *Statewide training for trainers and super-users will be conducted in August through September 2017, prior to service plan release.*

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.

The IT developers are currently testing and revising the requirements set forth for the service plan service request. State staff continues to provide subject matter expertise to the developers. The anticipated completion of the new service plan is Fall 2017. As indicated above, the new service plan will include ability to capture the assessed family risk at the conclusion of the investigation or family assessment and then update with each reassessment of risk. CPS on-going workers will have ability to reassess safety using the SDM safety tool in the case anytime safety changes. The results of the identified strengths and needs will populate into the service plan and allow development of objectives to focus on identified priority needs.

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*
9. Reconvene the Out of Family Advisory Committee and have annual meetings **In Progress**
10. *Update CPS Program Guidance to reflect 2018 law changes related to out-of-family investigations off/findings against public school employees.*

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**

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.

2018 Update

A part-time Out-of-Family Specialist has been re-employed, and is in the process of re-establishing the advisory committee per [§ 63.2-1527](#) of the *Code of Virginia*. In addition, 2018 legislative changes necessitate Program Guidance revision so as to direct local departments of social services to report, without delay, a founded disposition of child abuse or neglect against a public school employee 1) to the local school board, regardless of whether that employee remains an employee of that school division and 2) to the Department of Education (DOE)/State Superintendent of Public Instruction if that employee holds a license from DOE. In regards to the latter, the local department must, too, report to DOE if the founded disposition is reversed or dismissed on appeal.

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 **Completed**
12. Develop and disseminate an orientation packet for new members of the regional child fatality teams **Completed**
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.* **Received July 2016-Ongoing**
14. Provide technical assistance to local agencies regarding completion of National Child Death Review Tool- **Completed**

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 an assessment of how the teams are 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 was 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.

VDSS applied for and received a second Three Branch Institute award in July 2016. The Three Branch Institute is sponsored by the National Governor's Association with partnership from the National Conference of State Legislatures, Casey Family Programs, National Council of Juvenile and Family Court Judges and National Council of State Courts. The Three Branch Institute focuses on bringing all branches of government (judicial, executive, and legislative) together to achieve common goals. Virginia was selected through a competitive process as one of 8 participating states, leading the effort by partnering with the Virginia Department of Medical Assistance Services, the Virginia Department of Health, the Virginia Supreme Court, the Virginia House of Delegates, the Virginia Senate and several other community partners. The Institute's central focus this year is improving child safety and reducing child fatalities. Virginia has elected to focus on children under the age of four, with a special focus on children under the age of one, through the work of four primary goals: 1) Increase understanding of risk and protective factors that are predictive/associated with child maltreatment and child fatalities 2) Assess the effectiveness of existing screening, safety and risk tools and explore the development of new or expanded policies, practices and protocols 3) Strengthen existing efforts to enhance child safety through primary prevention and family engagement strategies across the systems and 4) Enhance child welfare recruitment and retention efforts in order to create and sustain a culture of safety in the workforce.

VDSS presented a webinar featuring the National Child Fatality Review Tool and its use by CPS for the investigations of child deaths. Goals for the participants included:

- Becoming familiar with the unique role and contribution of CPS to child fatality review teams in Virginia;
- Understanding the purpose of using a child fatality review tool;
- Knowing where to find and how to complete the tool;
- Recognizing the important and appropriate use of the Data Dictionary for the case report; and
- Practicing completion of the CPS portion of the tool.

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*

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 and Adult 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, **Ongoing**
2. Train the Hotline staff on the updated intake, safety and risk assessment tools to ensure a family-focused, solution-focused and strength-based approach to responding to calls of suspected child abuse and neglect. **Ongoing**
3. Ensure that the Hotline phone number is published in all directories across the Commonwealth. **Follow-up**
4. Establish emergency procedures and protocols for the State Hotline. **Completed**
5. *Develop and implement a CPS/APS Hotline QAA plan to address the issues impacting the quality of work demonstrated by the Hotline.* **Ongoing**
6. *Collaborate with LDSS to discuss and develop, if/as necessary, protocols to more effectively and efficiently meet the needs of the Hotline, LDSS, and reporting citizens.* **Ongoing**
7. 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. **Ongoing**
8. Review and revise the Hotline policy and procedures manual. **Ongoing**
9. Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters.
10. Develop requirements for contracted functions of the hotline. **Ongoing**
11. 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. **Ongoing**
12. Improve the feasibility of a dedicated Law Enforcement telephone line. **Ongoing**
13. *Develop an outreach education program to train and educate the community about the functions of the CPS/APS Hotline.* **Ongoing**
14. Develop system reports from the State Hotline data to determine call volumes, reporting percentages, abandoned calls, types of calls handled by the CPS/APS Hotline, and work efficiency. **Ongoing**
15. 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**
16. *Provided training to LDSS agencies on how to update and maintain on call information within iCal.* **Ongoing**
17. Develop a protocol for remote functionality for the State Hotline call center during times of inclement weather, state emergencies or network outages. **Ongoing**
18. 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**

19. Explore the feasibility of establishing a dedicated mandated reporter online reporting system to the State Hotline. **Ongoing**
20. *Employ a Project Manager to assist VDSS in decreasing the overall number of abandoned calls by $\geq 35\%$.* **Ongoing**

The State Child Abuse and Neglect Hotline continues to evaluate its effectiveness, efficiency, and collaborative efforts to improve the overall quality of work and customer service. The Hotline has used data offered through the Verizon InContact call center program and Unified Portal to establish reporting standards, call tracking, and staff scheduling.

A number of other actions continue to be taken to enhance the effectiveness and efficiency of the State Hotline. A dedicated law enforcement/local DSS line that rings directly to the State Hotline, outside of the call queue, was established with much success, so that law enforcement officers and on-call Family Services Specialists do not have to wait in the queue. Research on the availability and need for establishing a direct Mandated Reporter reporting system is still needed. Currently, the online reporting system is being reviewed by Division of Family Services and Division of Information systems teams to determine the most swift and appropriate manner to implement such system. The remote functionality of the virtual call center has somewhat improved availability during times of inclement weather, during peak call volume, state emergencies, and network outages.

Currently, the training specific to the State Hotline intake process will be provided to staff and will be ongoing for new staff and those staff needing additional support. The training provides staff with the essential tools to ensure a quality customer service approach to completing reports. Quality customer service to callers in turn facilitates the provision of quality referral information to assist local departments in making an informed decision to validate or invalidate a referral and respond with the determined response time to those deemed valid.

The State Hotline will continue to accurately 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.

2018 Update

The CPS/APS Hotline completed interviews for eight full-time Specialists to help mitigate the number of abandoned calls and wait times. The anticipated start date is June 10, 2018. Also, the CPS/APS Hotline is currently recruiting for two Shift Supervisors who will assist the CPS Hotline Supervisor with workforce management. In addition to the staffing increase, call center infrastructure and mandated reporter reporting capabilities will be enhanced.

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 **Ongoing**

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 from Safe Measures® indicates that since January 2016, between 11 and 12% of Family Assessments have had a prior Family Assessment within the previous two years. This is a decrease of 1% from the previous year.

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 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 provider **In Progress**
8. Add sex trafficking to the list of sexual abuse types listed on Slide 39 of the CWSE 5692 - Recognizing & Reporting Child Abuse & Neglect **In Progress**
9. Identify and assess child victims of sex trafficking through the SDM Safety Assessment Tool as part of the impending Risk Validation Study to be completed by the Children's Research Center (CRC) over eighteen (18) months, beginning in July, 2017 **Ongoing**

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. A new mandated reporter course targeting the healthcare professionals is in progress. This course will be similar to the one for educators and provide specific information related to the medical field.

2018 Update

The Risk Validation Study began in August, 2017, and is ongoing.

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 **Ongoing**
8. Revise and disseminate CPS guidance for handling of substance exposed infants based on recommendations of C.A.R.E. workgroup **Completed**

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.

In October 2016, CPS policy/guidance was released with enhancements regarding the response to substance exposed infants (SEI). These enhancements included information on developing a Plan of Safe Care for the infant and mother. Plans for 2017 include additional guidance updates regarding Plans of Safe Care and the role of CPS and Substance Exposed Infants.

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. In progress- anticipate final approvals and goes into effect by July 1, 2017
6. Implement changes in the CPS policy/guidance manual **Completed**
7. Train local staff on the change **Completed**

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.

As of the beginning of May, 2017, the Governor has signed the regulatory action. It is being published for thirty (30) days in the Virginia Register after which it will become effective (7/1/17). In anticipation of

the process being completed, the CPS guidance manual is being updated to reflect all regulatory changes. The next transmittal training for all CPS guidance revisions will be conducted face to face throughout the state as there are too many changes to conduct a webinar series. These training will be done in collaboration with the Home Office and the Regional Offices.

2018 Update

2017 Revised CPS Program Guidance included significant changes made due to amendments to CPS Regulation 22VAC40-705. The regulatory review process that began in 2013 was finalized July 1, 2017. Among substantive changes was the inclusion of sex trafficking within the definition of sexual abuse.

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®*

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 was directed by the 2016 General Assembly to conduct a pilot project on data collection and reporting for LDSS in the Western region regarding facilitated care arrangements (i.e., foster care diversion). In addition to the 22 pilot agencies in the Western region, agencies in the Northern, Piedmont, Central, and Eastern regions of the state have volunteered to participate in the pilot – specifically, Alexandria, Arlington, Fairfax, Prince William, Albemarle, Campbell, King William, Middlesex, New Kent, and James City.

Quarterly data will be collected for a period of 18 months with ongoing technical assistance and guidance provided by Family Services. Family Services will also establish a data sharing agreement with Child Trends to share and exchange data for the purpose of gaining an understanding of what the current kinship diversion practices are in Virginia. These diversion practices may include which staff are involved in facilitating diversion arrangements, under what circumstances the arrangements are made, child outcomes, and factors that influence these outcomes. Through this understanding, Family Services can begin to define elements of best practices for diversion and inform future data collection.

2018 Update

VDSS awaits feedback from Child Trends, research organization that is sifting through the data collected throughout the 18-month collection period.

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 **Ongoing**
8. Implement the use of a standardized screening tool for trauma **Ongoing**

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.

SafeMeasures® data indicates there were a total of 5,756 FPMs documented in OASIS for January 2016 through December 2016, an increase of 67. Of those, there were 3,160 for the purpose of High/Very High Risk and Possible Removal (an increase of 108) and 645 (an increase of 52) for the purpose of Emergency Removals.

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 Accurant, 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) **Completed**.

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 locator 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.

Legislative changes made in 2017, effective July 1, 2017, have renamed the Virginia Putative Father Registry to the Virginia Birth Father’s Registry. The technical assistance for use of Clear® has shifted from the CPS Regional Consultants to the Adoptive and Resource Family Consultants. The changes being

made to the OASIS relative search screens will be included in the revised service plan roll out in the fall of 2017. CPS will be able to document relative search efforts prior to removal as well as within 30 days of being removed.

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*

With support from Casey Family Programs, VDSS and 21 LDSS participated in three Learning Collaboratives, the third 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.

Virginia's version of the Practice Profiles is trauma-informed and covers the continuum of child welfare services from first contact to permanency. Focused on qualitative practice and changing worker behaviors, the Practice Profiles are now integrated into a variety of training and learning opportunities. In partnership with Casey Family programs, VDSS has entered into an agreement with Rutgers University School of Social Work to conduct an evaluation of the impact of the Practice Profiles on key outcome measures through 2018.

D. Work collaboratively with the Prevention Unit to promote the early prevention guidance for LDSS around foster care diversion and early prevention strategies

1. Serve on Prevention Committee to develop guidance manual on early prevention strategies and foster care diversion. **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 **Ongoing**
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 **Ongoing**
5. Explore funding needs, including how to realign current prevention funding sources and identify additional funding sources **Ongoing**
6. Develop the capacity to capture and analyze the impact of prevention and kinship diversion efforts in OASIS and SafeMeasures®. **Ongoing**

7. Conduct a pilot on data collection and reporting for LDSS' regarding facilitated care arrangements (diversion) targeting the Western part of the state **Ongoing**
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. **Ongoing**

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.

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 (*i.e., foster 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. Complete application for continuation of funding, renew contracts, monitor grantees and evaluate outcome and financial performance for programs such as Healthy Families (home visiting), prevention (parent education and support, awareness and outreach) and Treatment (Child Advocacy Centers) programs. **Ongoing**
4. Implement the formula specified in the budget amendment approved by the 2017 General Assembly and the Governor for funding Child Advocacy Centers and continue to incorporate the VOCA funding for CACs into the formula **Completed and Ongoing**
5. Continue the expansion of the Healthy Families Programs and continue implementation of the funding formula for the Healthy Families Programs **Ongoing**
6. In response to the passage of the FFPSA (2018), explore opportunities for systemic change(s) by collaborating with VDSS statewide partner(s) in an effort to strengthen and expand evidence-informed family resources. **Ongoing**

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.

In SFY 2016-17, a total of 20 programs supporting child abuse and neglect prevention were funded with CBCAP (\$450,000), CAPTA (\$150,000), and state funds from the Virginia Family Violence Prevention

Program (\$500,000) totaling \$1,100,000.00 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 82 communities across the state. Appropriated funding in the amount of \$9,035,501 is expected to continue for SFY 2017-18. Contracts will be awarded to 35 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.

In SFY 2017, the Department of Criminal Justice Services (DCJS) separated the VOCA funding to VDSS into two categories, Purpose Area 1 for Children's Advocacy Centers (CAC's), and Purpose Area 2 for other specialized child abuse services. Currently, a combined total of 34 programs (Child Advocacy Centers and other/VOCA), utilizing \$3,127,340 in federal VOCA funds, support child abuse and neglect treatment services for child victims.

VDSS anticipates funding for the nineteen other /VOCA to continue at level funding for SFY 2018 from the Department of Criminal Justice Services (DCJS). In April 2017, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the nineteen programs to continue to provide services to children who are victims of crime.

There are currently 15 local Child Advocacy Centers (CAC) and the Child Advocacy Centers of Virginia (CACVA) receiving state funds in the amount of \$1,231,000 to support child abuse treatment services utilizing a multidisciplinary team approach. The programs have expanded child abuse treatment services to additional localities and continued expansion is expected in SFY2018. CAPTA funds also provide support to local CPS workers to attend Child First Training coordinated by CACVA. In addition, local CAC programs received a total of \$1,425,000 in Victims of Crime Act (VOCA) funds based on the state funding formula which uses subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. CAPTA funds are used to support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees.

2018 Update

For SFY 2018, a total of twenty (20) programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$614,000), and state funds from the Virginia Family Violence Prevention Program (VFVPP) (\$500,000), totaling \$1,114,000 in

combined funding to support evidenced-based and evidenced-informed 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 programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. Twenty contracts were renewed from the initial award issued in SFY2016 that supports the following geographic areas (two programs serve more than one region):

- Eastern - six programs serving: 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: counties of Floyd, Giles, Lee, Montgomery, Pulaski, Scott and Washington and Wise; and the cities of Bristol, Norton and Radford.
- Northern - four programs serving: counties of Arlington, Caroline, Clarke, 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: 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 Application (RFA) process along with VFP funds. Funding must be directed to statewide or local, community-based primary and/or secondary child abuse and neglect prevention services. Funds were previously distributed using a similar Request for Proposals (RFP) process. The Child Abuse and Neglect Prevention Program Request for Proposals (RFP) was originally released on January 23, 2015. In SFY 2018, twenty contracts totaling \$1,114,000 were renewed. Contracts for SFY 2019 will be based on the RFA process with the March 23, 2018 release. Contracts for SFY2019 will become effective on July 1, 2018.

In SFY 2017, the Department of Criminal Justice Services (DCJS) separated the VOCA funding to VDSS into two categories, Purpose Area 1 for Children's Advocacy Centers (CAC's), and Purpose Area 2 for other specialized child abuse services. Currently, a combined total of 37 programs (Child Advocacy Centers(18) and other specialized child abuse services (19)), utilizing \$3,182,340 in federal VOCA funds, support child abuse and neglect treatment services for child victims across the state.

An RFP was released on April 1, 2016 for a total of \$1,702,340 million for Purpose Area 2. Programs could apply for one or more categories: Continuation, Expansion and Evidence Based/Evidence Informed. A total of 19 programs were awarded funding for SFY 2017 and all programs were renewed with level funding for SFY 2018.

The following geographic areas are served:

- Piedmont - areas served: counties of Albemarle, Alleghany, Amherst, Appomattox, Augusta, Bedford, Botetourt, Buckingham, Campbell, Craig, Fluvanna, Franklin, Greene, Halifax, Louisa, Madison, Nelson, Orange, Pittsylvania, Roanoke, and Rockbridge; and the cities of Buena Vista, Charlottesville, Covington, Danville, Lexington, Lynchburg, Roanoke, Salem, Staunton, Vinton, and Waynesboro.
- Central - areas served: counties of Chesterfield, Dinwiddie, Hanover, and Henrico; and the cities of Colonial Heights, Hopewell, Petersburg and Richmond.

- Northern - areas served: counties of Arlington, Caroline, Fairfax, King George, Loudoun, Print William, Rockingham, Spotsylvania, Stafford and Warren; and the cities of Alexandria, Fredericksburg and Harrisonburg.
- Eastern - areas served: counties of James City, Isle of Wight, Prince George, Southampton, and York, and the cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg.
- Western - areas served: counties of Bland, Buchanan, Carroll, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Pulaski, Scott, Smyth, Tazewell, Washington, Wise and Wythe; and the cities of Bristol, Galax, Norton, and Radford.

VDSS anticipates funding for the nineteen VOCA to continue at level funding for SFY 2019 from the Department of Criminal Justice Services (DCJS). In April 2018, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the nineteen programs to continue to provide services to children who are victims of child abuse and neglect.

The State funds of \$1,231,000 to support 16 local CACs and the Child Advocacy Center of Virginia (CACVA) were awarded in SFY 2018 based on a formula proposed by CACVA and approved by the General Assembly and the Governor of Virginia. The formula used subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. In addition, local CAC programs received a total of \$1,482,000 in Victims of Crime Act (VOCA) funds from the Department of Criminal Justice Services (DCJS). The increase in funding enhanced the CAC programs and supported the addition of one new associate/developing CAC in Greenville/Emporia. CAPTA funds are used to support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees. Sixteen contracts were awarded to local CAC programs in FY 2018 representing the following geographic areas:

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

In SFY 2019, VDSS anticipates additional funding of \$300,000 from the General Assembly for the 16 existing Child Advocacy Programs and 2 additional programs in Chesterfield and Tazewell/Buchanan, as well the Child Advocacy Centers of Virginia (CACVA). State funds will be awarded to the 18 local CAC programs serving the above localities and CACVA. Additionally, in April 2018, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the Child Advocacy Centers to continue to provide services to children who are victims of crime.

In SFY 2018, Virginia partnered with the state of Iowa to develop and launch a national training institute for home visitors. This national project is supported by a MIECHV Innovation grant. Early Impact Virginia is leading this work for Virginia. This innovative project offers all home visitors, regardless of background or model affiliation, free, on-line competency based training and includes My Career Compass a dynamic learning map that guides users through e-learning modules to develop the highest level of proficiency in each of the defined home visiting competency areas. The Institute will offer 2018 APSR

national certification, continuing education units (CEUs), and undergraduate college credit. In addition to the foundational training offered through the Institute, EIV continues to offer classroom trainings in all regions of the state to build knowledge and advance skill building. In addition, in SFY 2018, EIV launched its second two-year Reflective Supervision Learning Community. This training and coaching model of professional development, continues to transform practice and is contributing to higher levels of staff job satisfaction and improved quality of services for families.

VDSS continues to provide sub-grant funding to PCAV who facilitates VSPEC and the CBCAP Grant Administrator participates on the coalition. Efforts continue to identify and support best practices in parenting education for quality programs across Virginia.

The Virginia General Assembly continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in now 80 communities across the state. The goals of the Healthy Families Program continue to include- improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect.

Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2018. This amount was distributed to thirty-two (32) sites who were awarded based on a formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide organization, Prevent Child Abuse Virginia (PCAV). VDSS did not renew four contracts under the Rappahannock-Rapidan Health District. The Healthy Families programs in those same communities were managed by Culpeper County DSS for FY18 only. VDSS also awarded a new contract with The Up Center to re-establish a Healthy Families program serving in the city of Norfolk. PCAV worked with stakeholders in the Norfolk community to develop the program infrastructure to ensure that they were in position to support the program and its services.

The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 1,300 packets were printed and distributed for April 2018 and the theme for this year was “Building Brighter Childhoods”. 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://http://pcav.org/2018capmpacket/> for wider distribution.

The 2018 conference was again limited to a total attendance of 175 participants for a one-day symposium with a total attendance of 175. The conference theme was “Prevention in Action”. Session topics included the following:

- *Primary Prevention in Child Welfare* – Plenary Speaker: Jerry Milner, Acting Commissioner for the Administration on Children, Youth and Families
- *Align: Optimizing Community-Based Primary Prevention* – Morning Speaker: Dyann Daley, Founder and CEO of Predict-Align-Prevent
- *Race for Results: Building a Path to Opportunity for All Children In Virginia* – Morning Speaker: Karina Jimenez Lewis, Senior Policy Associate in the External Affairs, Annie E. Casey
- *Predictive Analytics; Aligning Community Resources for Prevention* – Carl Ayers, Director of the Division of Family Services, VDSS & Jeff Price, Director of Research and Planning, VDSS
- *Balancing Tradition and Innovation—Building Authentic Parent Partnerships* – Corey Best, National Alliance of Children’s Trust
- *Collective Impact: The Role of Individuals and Systems in the Development of Trauma Informed Communities Across Virginia* – Jeanine Harper, MSW, LCSW & Melissa McGinn, MSW, LCSW
-

Child Abuse Prevention Month Proclamation: In support of national efforts, Virginia's Governor designated April as Child Abuse Prevention Month in Virginia for 2018. In partnership with PCAV, VDSS participated in a ceremony to show solidarity in supporting Virginia's efforts in preventing child abuse and neglect in our State. The State's Proclamation was shared with community partners and Virginia citizens. VDSS has also used social media (Facebook and Twitter) to support prevention month efforts.

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**

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. Training dates for 2016 were March 7-11, June 20-24, and October 10-14.

2017 dates include February 27-March 3, June 26-30, and November 6-10. They were/are held in various geographic locations throughout the Commonwealth to help ensure equal access. Beginning with the February, 2017 event, tuition scholarships are reimbursable expenses. Upfront payment has been abandoned due to the identification of some course failures. The reimbursement process is intended to incentivize successful completion of the course as well as to ensure good financial stewardship.

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.

In SFY 2017 The Home Visiting Consortium (HVC) underwent a change in the name and infrastructure of the group. HVC now known as, Early Impact Virginia - Alliance for Family Education and Support in the Home, was formerly The Home Visiting Consortium. CPS staff continues to participate on the Early Impact Virginia - Alliance for Family Education and Support in the Home, 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, 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 2016, 47,678 children participated in one of the 166 performances of the child sexual abuse prevention play "Hugs & Kisses" held in 106 schools.

VDSS and PCAV will sponsor the 2017 Virginia Child Abuse Prevention Conference on April 27, 2017 titled "Together for Children" Co-sponsors include 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 175 people are expected to attend 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 will feature three keynotes focusing on the topic of Child Neglect.

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 held 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 may be 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.

In SFY 2016 - 2017, the following publications were released, Volume 106 – *Substance use in Pregnancy*; Volume 107 – *Child Fatalities - An Overview*; and Volume 108 – *Two-Generation Interventions: An Investment in Children and Families*. VCPN can be found on the web at: <http://psychweb.cisat.jmu.edu/graysojh>.

2018 Update

In SFY 2017 – 2018, the following publications were released, Volume 109 – *Our Past...Our Future*; Volume 110 – *Serving Our Military Families-Collaboration, Communication & Advocacy*. VCPN can be found on the web at: <http://psychweb.cisat.jmu.edu/graysojh>. The summer 2018 issue will address the welfare of LGBTQIA youth.

VDSS continued its partnership with Child Advocacy Centers of Virginia and DCJS to scholarship local department child protective services staff to attend ChildFirst™. Trainings scheduled for 2018 were/are March 5-9, June 4-8, and November 5-9.

Virginia continued to support the Home Visiting Consortium through support for the Healthy Families Program. There are now more than 30 sites implementing the program throughout the state with an allocation in excess of \$9,000,000.

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 2016, 47,678 children participated in one of the 166 performances of the child sexual abuse prevention play “Hugs & Kisses” held in 106 schools.

Hugs n' Kisses Data

FY17

of children: 57,794
of schools: 84
of performances: 163 (160 funded by VDSS)

FY18

of children: 44,210
of schools: 113
of performances: 162 (160 funded by VDSS)

VDSS and PCAV sponsored the 2018 Virginia Child Abuse Prevention Conference on April 24, 2018 titled "Prevention in Action" Co-sponsors include 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 175 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 multiple keynotes including Jerry Milner, Interim Commissioner at ACYF discussing Primary Prevention in Child Welfare, Dr. Dyann Daley discussing Community-based Primary Prevention, Karina Jiminez-Lewis on Building a Path of Opportunity for all Virginia's Children and Carl Ayers and Dr. Jeff Price on the use of Predictive Analytics in Aligning Community Resources for Prevention.

Information on Child Protective Workforce

Education, qualifications, and training requirements established by the State

Virginia employs a state-supervised, locally-administered system of social services. Nevertheless, agencies utilizing the State's Recruitment Management System (RMS) must adhere to the laws and policies that govern Human Resource Administration to ensure fairness and equality in the recruitment and selection of local staff.

The State's Human Resources department (now referred to as Organizational Development) has occupational title descriptions for human service professionals, including:

- Family Services Manager
- Family Services Supervisor, and
- Family Services Specialists I-IV.

Each title description includes the level of supervision suggested, and upon completion of training, the employee may be redefined to a higher level of Family Services Specialist. 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."

<https://law.lis.virginia.gov/admincode/title22/agency40/chapter730/section130/>

All CPS 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 as soon as possible after their hire date, but no longer than within the time frames put forth below. Any course designated with a CWSE indicates an e-learning course and is available on-line in the Virginia Learning Center (VLC).

All child protective services workers and supervisors shall complete a minimum of 24 contact hours of continuing education or training annually. This requirement begins after completion of initial training mandates. CPS workers and supervisors are required to attend a minimum of 24 contact hours of continuing education/training annually. For those CPS workers and supervisors hired on or after March 1, 2013, the first year of this requirement should begin no later than 3 years from their hire date, after the completion of the initial training detailed above. 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: on-line and classroom training offered by VDSS, 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. 1.5.3 LDSS must ensure worker compliance It is the responsibility of the LDSS to ensure that staff performing CPS duties within their agency has met the minimum standards. The CPS supervisor or the person managing the CPS program at the local level shall maintain training documentation in the worker's personnel record. The supervisor shall assure that the CPS workers who report to them complete the required training within the given timeframes. A Training Job Aide is located on the DSS internal website and may be used by the LDSS to document and track all training requirements. Virginia Department of Social Services July 2017 Child and Family Services Manual C. Child Protective Services C Section 1 Page 13 of 23 1 Introduction to Child Protective Services 1.5.3.1 Training and direct supervision of new worker for sexual abuse investigations Effective July 1, 2014 § 63.2-1505D of the Code of Virginia requires direct supervision of CPS workers who conduct sexual abuse investigations unless they have completed CWS 2021: Sexual Abuse and CWS 2031.1: Sexual Abuse Investigations. Direct supervision requires a close review of all decisions made during the investigation by someone who has completed the required training. Only persons who have completed the required training may determine the final disposition of a sexual abuse investigation.

Having established core (fundamental and essential) competencies for both workers and supervisors, the resulting required training reflects both core competencies and critical training in guidance and law that is specific to the certain practice issues. The result is that all child welfare staff is trained in the same core competencies. (22 VAC 40-705-180 A). The department shall implement a uniform training plan for child protective services workers and supervisors. The plan shall establish minimum standards for all child protective services workers and supervisors in the Commonwealth of Virginia. (22 VAC 40-705-180 B). Workers and supervisors shall complete skills and policy training specific to child abuse and neglect investigations and family assessments within the first two years of their employment. (22 VAC 40-730-130). Requirements: A. In order to be determined qualified to conduct investigations in out of family settings, local CPS staff shall meet minimum education standards established by the department including: 1. Documented competency in designated general knowledge and skills and specified out of family knowledge and skills; and 2. Completion of out of family policy training.

Current CPS Mandated Training Requirements as of July 2018

First three (3) weeks training requirements:

The following on-line courses are required to be completed no later than within the first three (3) weeks of employment and are prerequisites for other CPS mandated courses:

- CWSE1002: Exploring Child Welfare (This course is available in the VLC.)
- CWSE1500: Navigating the Child Welfare Automated Information System: OASIS (This course is available in the VLC) Virginia Department of Social Services July 2017 Child and Family Services Manual C. Child Protective Services C Section 1 Page 10 of 23 1 Introduction to Child Protective Services
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training (This course is available on the VDSS public website.) 1.5.1.2 First three (3) months training requirement The following instructor led course is required to be completed no later than within the first three (3) months of employment:
- CWS2000.1: Child Protective Services New Worker Guidance Training with OASIS. o Prerequisites: CWSE1002, CWSE1500-CPS, CWSE5692 The following on-line course is required to be completed no later than within the first three (3) months of employment:
- CWSE1510: Structured Decision Making in Virginia (This course is available in the VLC). 1.5.1.3

First twelve (12) months training requirements:

The following Instructor led courses are required to be completed no later than within the first twelve (12) months of employment:

- CWS1021: The Effects of Abuse and Neglect on Child And Adolescent Development
- CWS1041: Legal Principles in Child Welfare Practice o Prerequisites: CWSE1041 and SCV: Child Dependency Case Processing in JDR District Courts.
- CWS1061: Family Centered Assessment o Prerequisites: CWSE1001, CWSE5692, CWSE1500-CPS, CWS2000.1/CWS2001R
- CWS1071: Family Centered Case Planning o Prerequisites: CWSE1002, CWSE5692,CWSE1500-CPS, CWS2000.1/CWS2001R
- CWS1305: The Helping Interview
- CWS2011: Intake Assessment and Investigation Virginia Department of Social Services July 2017 Child and Family Services Manual C. Child Protective Services C Section 1 Page 11 of 23 1 Introduction to Child Protective Services o Prerequisites: CWSE1002, CWSE5692,CWSE1500-CPS, CWS2000.1/CWS2001R
- CWS2021: Sexual Abuse o Prerequisites: CWSE1002, CWSE5692,CWSE1500-CPS, CWS2000.1/CWS2001R
- CWS2031.1: Sexual Abuse Investigation o Prerequisites: CWSE1002, CWSE5692,CWSE1500-CPS, CWS2000.1/CWS2001R, CWS2021

- CWS4020: Engaging Families and Building Trust-Based Relationships o Prerequisites: CWSE1002, CWSE5692,CWSE1500-CPS, CWS2000.1/CWS2001R, CWS2021

- CWS5307: Assessing Safety, Risk and Protective Capacity o Prerequisites: CWSE1002, CWSE5692,CWSE1500-CPS, CWS2000.1/CWS2001R 1.5.1.4

First twenty-four (24) months training requirement 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 o Prerequisite: DVS1001
- CWS2141: Out of Family Investigation (if conducting out of family investigations pursuant to 22 VAC 40-730-130.) o Prerequisites: CWSE1002, CWSE5692,CWSE1500-CPS, CWS2000.1/CWS2001R
- CWS5305: Advanced Interviewing: Motivating Families for Change Virginia Department of Social Services July 2017 Child and Family Services Manual C. Child Protective Services C Section 1 Page 12 of 23 1 Introduction to Child Protective Services 1.5.1.5

Additional training requirement for CPS supervisors:

In addition to the courses listed, all CPS supervisors hired after March 1, 2013 are required to attend the Family Services CORE Supervisor Training Series: SUP5701, SUP5702, SUP5703, and SUP5704. These courses are to be completed in the first two (2) years of employment as a supervisor. 1.5.1.6

Training requirements for CPS on-going staff:

See Section 6: Services for training requirements for workers and supervisors who provide CPS on-going services.

CPS caseloads

The following Chart compares 2015 data to 2016

Category	2015	2016
# of Workers	597	629
# of Reports	39,901	41,759
Reports per Worker	67	66

In regards to CPS referrals, according to FFY 2016 NCANDS data, based on 34,000 screened-in referrals correlated to unique worker identifications, there were as many as two hundred forty-seven (247) referrals closed by a single child protective services worker, and as few as one (1) closed by a worker. Moreover, of 946 caseworkers, the median caseload was 23, and the average was 36. Regarding CPS ongoing cases, of 5,547 cases worked by 865 staff, the average caseload was 6.41. It is important to note that the workers referenced here may or may not be generic.

2018 Update

Using the NCANDS data set, we determined the unique workers listed. This count will over count the number of FTEs working in the CPS environment because some of those workers are not present for the entire year and/or do not carry a full CPS caseload. We estimate that 2/3s of this number would be the equivalent of the FTEs associated with doing this work. Unique Referral IDs: 35,042, Unique Worker IDs: 630. This averages 56 reports per worker.

Category	2015	2016	2017	2018
# of Workers*	597	629	671	630
# of Screened in Reports**	36,104	36,750	39,105	35,042
Reports per Worker	60.48	58.43	58.28	55.62

*From NCANDS, unique worker IDs (took 2/3 of the total for ~FTE equivalent)

**VCWOR > CPS Reports > Referrals and Findings > Accepted

Other courses completed 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.

NEW CLASSROOM COURSE DEVELOPMENT:

CWS2001R CPS Guidance Refresher with OASIS:

This two-day course is designed for all CPS workers and supervisors hired prior to January, 2013 to receive refresher training on current laws, regulations, and guidance that inform CPS practice at the local level. Learners will review key requirements and timeframes for work with children and families to assess and address safety and risk while conducting family assessments or investigations of abuse and/or neglect; learn up to date definitions of child abuse or neglect in Virginia; how to receive, document, and respond to a report of child abuse or neglect; current requirements for informing all parties while maintaining confidentiality; current requirements and best practices for the appeals process; practice documentation in OASIS specific to issues such as frequently asked questions and common errors; and review usage of workload management tools.

Fund: CPS

CWSE2020/CWS2020: On-call for Non- CPS: This two-part blended course is designed to give the knowledge and tools to apply CPS guidance to on-call situations. Non-CPS workers who will be fulfilling on-call duties will first complete the CWSE2020 eLearning to gain foundational knowledge about Virginia's Child Protective Services laws, regulations and guidance to respond to on-call situations. Upon successful completion of the eLearning, workers will enroll in and attend the CWS2020 1-day classroom course to apply their knowledge of policies and procedures to realistic scenarios and practice the skills needed to respond to crisis situations, work as part of a multidisciplinary team to assess immediate safety, make appropriate judgments about safety plans in consultation with a supervisor, and document vital information from all contacts. The CWS2020 series offers a detailed overview of the key responsibilities of On-Call Workers presented in a way that equips workers from other program areas to perform this limited CPS duty, with supervisory support, without completing the CORE series of mandated CPS trainings. Because each locality has developed its own protocols related to on-call duty, the final component of learning agency-specific procedures and expectations will occur be handled by your local agency. Fund: CPS

CWSE4015: Trauma-Informed Practice in Child Welfare and CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention – Classroom was revised from the Learning Collaborative Self-Guided Study tool and transfer of learning course to provide a common foundation of understanding about trauma. This blended course with an on-line prerequisite to a two-day classroom skills training with a new transfer of learning case application tool in between the two learning modalities. The on-line curriculum is based largely on the National Child Traumatic Stress Network’s Child Welfare Training Toolkit while the two-day classroom training is direct skill development and case application utilizing our trauma-informed Practice Profiles. 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 is a 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 Rate: 75%

CWS4040: Family Partnership Meetings and Domestic Violence: An Advanced Training for FPM Facilitators and Supervisors

This advanced course in domestic violence (DV) for Family Partnership Meetings (FPM) is designed for FPM facilitators and those who supervise them, as well as child welfare supervisors who participate in FPMs. This course will focus on safely preparing for and managing meetings in which domestic violence is present, engaging parents around DV issues, assessing the impact of children’s exposure to DV, and making decisions and action plans to increase safety for children and the non-offending parent. Participants will become familiar with DV safety standards in FPMs and practice engagement strategies for both survivors and perpetrators of intimate partner violence. Participants will also practice effectively facilitating difficult conversations about DV and developing action plans that increase safety, both during and after the meeting. It is strongly recommended that this training be conducted with agency teams of FPM facilitators and supervisors. Please be aware, this training is designed to be used in conjunction with pre-training reading and a post-training local planning process to integrate the material into practice. Fund: IV-E Rate: 75%

NEW ON-LINE COURSE DEVELOPMENT:

FSWEB1009: The Role of CPS in Supporting Fatality Review Teams:

This 1.5 hour recorded webinar is intended to provide information regarding the national Child Fatality Review toll and its use by CPS for investigations of child deaths. During this session, participants will become familiar with the unique role and contribution of CPS to child fatality review teams in Virginia; understand the purpose of using a child fatality review tool; know where to find and how to complete the tool; recognize the importance and appropriate use of the Data Dictionary for the Case Report and practice completing the CPS portion of the tool for various mock scenarios. Fund: CPS

CWSE1510: Introduction to Structured Decision-making Tools: Pre-requisite and transfer of learning activity for CWS2000 CPS New Worker Policy Training. Fund: CPS

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 Rate: 75%

Noteworthy, this on-line training is provided on the VDSS public website and the Virginia Learning Center (LMS).

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 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 Rate 75%

CWSE2090: Injury Identification: This course 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 Rate: 75%

SUBJECT MATTER EXPERT (SME) WORKSHOPS:

CPS Appeals and Redaction Webinar

This training is intended to provide information on the child protective services appeals process at both the local and state level. It will take you through completing your CPS investigation, how to avoid common mistakes and pitfalls and provide a brief explanation of each step of the appeals process. Included will be tips for redaction of a record. This training will allow for questions and participation.

Trainers: Jim Pope, Hearing Officer for Fairfax County Department of Family Services and Christopher Spain, CPS Program Manager, Division of Family Services

Fund: CPS

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 (3 eLearning), 15 part-time trainers, one trainer coordinator, one administrative support/LMS staff and a training program manager. The Virginia Department of Social Services provides additional support staff at six regional training centers that provide training classrooms and computer labs.

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.

VDSS DIVISION OF FAMILY SERVICES TRAINING OVERVIEW

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”; APS Investigating Financial Exploitation; and the CPS Appeals and Hearings webinar will be held on June 1, 2017. Planning for additional workshops on ICWA and Supporting LGBTQ Youth and Families has also occurred this year for implementation next year.

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 **FUSION** web page. The Family Services Training **FUSION** web page has been developed to

better communicate the description of our federally approved comprehensive competency-based training system in Virginia including course descriptions of mandated and specialty courses, on-line training courses that offer support for LDSS supervisors and staff meet the mandated training requirements and Training FAQs. This webpage also provides updates on new courses developed, a list of micro-learnings, new eNewsletter entitled Training Improves Practice and Services – TIPS, and practice enhancement coaching demonstration videos. 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. Also, training provides mini-workshops on implementing the Practice Profiles at the supervisor meetings. Additional course development and SME workshop information is also discussed.

DFS Training has worked to communicate with the local agencies and other divisions within VDSS on several training best practices including:

- Partnership with Division Program Managers, Policy Analyst, & Federal Partners
- Robust curriculum development – using the ADDIE Model
- Involves internal & external stakeholders in development of new curriculum – LDSS in review of on-line curriculum and classroom piloting of new course materials
- Transfer of Learning activities before, during, and after training
- Training is offered in variety of modalities (classroom, blended, eLearning, Micro-learning)
- Trainer certification process demonstrates required knowledge and skills, yearly evaluation and review, completion of T4T- Training for Trainers
- Trainers participate in bi-monthly conference calls, webinars, transmittal policy/guidance trainings, and attend professional development workshops to stay current with best practices
- Increase use of recorded webinars transformed into eLearning
- Implementing a robust training evaluation utilizing the Kirkpatrick model

FAMILY SERVICES TRAINING TASKFORCE

While our current competency-based child welfare training system has been available for over twenty years in Virginia and has evolved from many different models including a large university-based model to an inter-departmental divisional training program that has been largely based on availability of state training resources. As a result, it has been determined to examine the current training model to see if it is meeting the needs of the local departments of social services. The Family Services Training Taskforce has been created and has met monthly since August 2016 to examine the current Family Services Training model in order to establish an optimal training framework to prepare workers to serve vulnerable clients in Virginia. This 14-member workgroup was comprised of local departments of social services directors and staff, regional program consultants and state training staff.

One recommendation of the Taskforce that has already been implemented is the recruitment of a national training consultant who will examine innovative, research based training models across the nation and customized a plan for Virginia to improve its current model. The chosen consultant is expected to begin this project in early summer 2017 to help Virginia develop a Family Services Training Model. During the initial meetings of the Taskforce, seven objectives were identified. While the Taskforce initially engaged in discussions related specifically to training, it quickly became evident that improving the current training model could not be achieved without also concurrently examining issues related to recruitment and retention. Quality training leads to the recruitment of a high performing workforce (starting at the college/university level) and improves retention of workers post hire. There were seven objectives identified including the following: Curriculum/Training, Time Allocation (Course Length), Training

Measurement (Engagement), Follow-up/Refresher Training, Facilitator/Instructor Engagement, Accountability/Tracking Training Completions, and Recruitment/Retention.

2018 Update

TRAINING MODEL ASSESSMENT PROJECT

The Virginia Department of Social Services division of Family Services (DFS) is responsible for the training of approximately 2,800 services staff for Child Protective Services, Adult Protective Services, Adult Services, Foster Care, Adoptions, and Prevention programs. AS DFS strives to build and sustain a strong, dedicated and well trained workforce, at the recommendation of the Services Training Task Force, DFS has completed a collaborative research for a new training model. The Butler Institute for Families at the University of Denver was selected to provide consultation services, conduct research on national best practices, and make recommendations to enhance VDSS's ability to provide impactful training to their workforce. This project was conducted from August, 2017 to December, 2017.

The Virginia Department of Social Services (VDSS) contracted with the Butler Institute for Families to assess their Family Services training model, conduct a nationwide scan of training systems, and make recommendations to improve their training system for child welfare and adult services staff.

Over the course of four months, multiple items were reviewed and activities conducted to collect information, including:

Review of Virginia documents including:

- VA Family Services Training System Task Force Report;
- 2016 Local Social Services Training Needs Assessment;
- Virginia's Five-Year State Plan for Child and Family Services (2015) training section;
- Virginia Child and Family Services Review (CFSR); Curriculum development process;
- Trainer recruitment and training; and review of our training website
- Training System Self-Assessment performed by a VDSS leadership team
- Staff surveys sent to 2,717 VDSS staff with a 52% response rate
- Thirteen listening sessions in five regions with a total of 147 participants
- Online survey to state child welfare and adult training systems located throughout the United States
- Telephone interviews with representatives from child welfare and adult training systems located throughout the United States

An Advisory Team consisting of VDSS staff from child welfare and adult services and representatives from agency leadership partnered with Butler staff to assist with study implementation.

A series of listening sessions were held in each region of the state as well as with agency trainers and local agency leadership, resulting in a total of 147 individual participants. Areas explored included participant perception of the effectiveness, availability, and quality of training of the current training model, as well as participant suggestions for improving training delivery. The following themes emerged from the sessions:

- A need for training that prepares new workers to do the job
- A desire for on-the-job support for new workers
- A request for more training to be held locally and with more frequency

- A desire for classroom training that focuses on application and skills practice
- A need to eliminate the major barrier to training participation, which is caseload demands and job expectations
- A need for more attention placed on training for adult services and adult protective services staff
- A request that training registration and administration should be user friendly and individualized

VDSS was also interested in learning about how other states structured and managed their training system in order to determine optimal practices. Twenty-one states were identified to contact, and ultimately, a total of 19 states or county/city training systems participated in either the online survey and/or the telephone interviews. Adult services and child welfare systems were kept separate in the analysis to more accurately reflect the reality of each training system. The online survey contained questions about their training structure, duration, staff who receive training, transfer of learning, and training evaluation, among other dimensions.

Based upon the findings from Virginia's training system assessment and noteworthy approaches uncovered in the national scan, the following recommendations are offered:

- Implement a rigorous approach to curriculum development
- Recruit trainers with recent or current field or subject matter experience
- Increase frequency and depth of ongoing, refresher, and booster training
- Implement practical, doable, and meaningful transfer of learning strategies
- Engage in training partnerships
- Use an academy approach to training
- Employ hybrid training approaches
- Secure comprehensive training system software
- Evaluate training for outcomes
- Integrate a practice model and race equity in all training
- Conduct worker and supervisor certification
- Adopt a comprehensive workforce development framework

The final report states that an effective training model requires substantial investment. It is recommended by the Butler staff that a significant investment be made in a new training model to bring it to national standards. As next steps, a Training Model Implementation Team has been formed with both state and local agency representatives including leadership, supervisors, regional directors & consultants, and front-line workers.

WORKFORCE RECRUITMENT AND RETENTION - REALISTIC JOB PREVIEW VIDEO WORKGROUP

DFS Training has taken the lead on the workgroup comprised of local departments of social services staff and state staff to develop a Virginia focused realistic job preview video. Virginia has recognized the importance of having a video that clearly and realistically demonstrates the work of all child welfare positions as we have used the Colorado video in our supervisory series for several years. This workgroup has been tasked with developing a script and key elements for creating a Virginia based video. We will also survey the local directors and supervisors for their input into the development of the video, as we have reached out to several other states to see how they developed their videos and the additional resources developed to implement the video statewide. The realistic job preview video will also be used in the recruitment of our child welfare stipend students and be available on our public VDSS website and

our SPARK Family Services Training website. Additional resources and tools will be developed to provide guidance on the various ways the video can be used in the recruitment of child welfare workers both prior to the interview process and following the interview with specific questions to facilitate further discussion.

CHILDREN'S SERVICES PRACTICE MODEL

DFS Training has continued to work with the DFS Special Projects Manager to implement the new VDSS Family Services Practice Profiles. The Practice Profiles describe core activities associated with each function of the Practice Model and enable it to be “teachable, learnable, and doable.” The Practice Profile rubric consists of 11 master skill sets across the child welfare continuum from child protective services to permanency: Advocating, Assessing, Collaborating, Communicating, Demonstrating Cultural and Diversity Competence, Documenting, Engaging, Evaluating, Implementing, Partnering, and Planning. In recognition of the holistic well-being of children, the Practice Profiles were designed with a trauma-informed lens. Each Profile also contains skill subsets including: youth, family, and caregiver voice; critical thinking, respect for family privacy, information and roles; and transparency, honesty, and ethics. The Profiles describe caseworker practice across a spectrum of proficiency, operationalized in three categories of optimal, developmental, and unacceptable. The Practice Profiles are now integrated into our Core training classroom courses and Supervisory Series.

Coaching supervision was introduced during this reporting period to 62 local departments of social services with four cohorts. Coaching is a powerful implementation driver for practice model enhancement and is a growing trend in social service settings across the country. Agencies are increasingly offering coaching programs to assist staff to make program improvements or implement new practice skills. Coaches use specific strategies to create an action plan for a learner including asking the right solution-focused questions, modelling skills, and continually providing feedback. The Practice Profiles define the specific skills workers need to acquire and develop coaching as a method used to embed and sustain these practices. DFS Training has developed a new training series, including eLearning and classroom courses, to support the implementation of the Practice Profiles. Training has produced several demonstration videos and micro-learnings to support the implementation process and learning. All of the new coaching to implement the practice profiles materials is listed on a new user-friendly SPARK website. Included on the website are quarterly newsletters highlighting best practices and implementation strategies of the local agencies participating in the project. Additionally, VDSS, Rutgers University School of Social Work, and Casey Family Programs have partnered to study how the practice model is being implemented across the state and to what extent it benefits case outcomes. Areas of focus in the study include: implementation, fidelity, and case outcomes. Twenty-four of the agencies from the pilot project were invited to participate to reflect training cohort, region, and agency size. The duration of the study is from January 2017 to May 2018.

2018 Update

The Rutgers University School of Social Work -- VDSS partnership is entering its final six-month period. The Family Partnership Meeting Family Survey, the third of three staff surveys, and the third and final set of focus groups remain to be completed in calendar year 2018. As Rutgers moves into the final phases of the practice profile implementation study, the focus is upon applying findings to full implementation statewide. Next steps include: dissemination of the implementation tool kit; continuing to integrate practice profile content into all mandated training and supervision courses; revise the two coaching classroom courses, provide coaching model options to localities (including trade-offs for each approach; encourage local agencies to use the practice profile self-assessment toolkit in supervision; integrate practice profiles into VDSS' approach to the Family First Prevention Services Act of 2018.

NEW COURSE DEVELOPMENT AND E-LEARNING 2017

DFS Training continues to reduce the number of classroom training days and travel for workers; we have increased the eLearning development with one eLearning Coordinator/Developer and three curriculum developers (two currently trained to develop eLearning). Work has continued to also quickly convert recorded webinars into eLearning courses by adding a navigation component up front and a quiz and questions/answers addressed from the webinar and inserted into the eLearning. This new conversion process only takes a couple of days and allows training to get needed information out to the field in less time than the usual three to four months for the more interactive multiple module eLearning that we are continuing to provide based on certain topics and need. DFS has completed work in 2016-2017 on the following new courses:

CWS2001R CPS Guidance Refresher with OASIS: This two-day course is designed for all CPS workers and supervisors hired prior to January, 2013 to receive refresher training on current laws, regulations, and guidance that inform CPS practice at the local level. Learners will review key requirements and timeframes for work with children and families to assess and address safety and risk while conducting family assessments or investigations of abuse and/or neglect; learn up to date definitions of child abuse or neglect in Virginia; how to receive, document, and respond to a report of child abuse or neglect; current requirements for informing all parties while maintaining confidentiality; current requirements and best practices for the appeals process; practice documentation in OASIS specific to issues such as frequently asked questions and common errors; and review usage of workload management tools. Fund: CPS

CWS3001R Foster Care Guidance Refresher with OASIS: This two-day course is designed for Family Services Specialist and supervisors hired prior to January 2013 to receive refresher training on current laws, regulations, and guidance that inform foster care practice at the local level. Learners will review key requirements and timeframes for work with children and families to achieve safety, permanency, and well-being; explore court timelines; identify funding sources and requirements; practice documentation in OASIS specific to issues such as frequently asked questions and common errors; and review effective usage of workload management tools including Safe Measures. Fund: IV-E Rate: 75%

BLENDED COURSE: CWSE2020/CWS2020: On-call for Non- CPS: This two-part blended course is designed to give the knowledge and tools to apply CPS guidance to on-call situations. Non-CPS workers who will be fulfilling on-call duties will first complete the CWSE2020 eLearning to gain foundational knowledge about Virginia's Child Protective Services laws, regulations and guidance to respond to on-call situations. Upon successful completion of the eLearning, workers will enroll in and attend the CWS2020 1-day classroom course to apply their knowledge of policies and procedures to realistic scenarios and practice the skills needed to respond to crisis situations, work as part of a multidisciplinary team to assess immediate safety, make appropriate judgments about safety plans in consultation with a supervisor, and document vital information from all contacts. The CWS2020 series offers a detailed overview of the key responsibilities of On-Call Workers presented in a way that equips workers from other program areas to perform this limited CPS duty, with supervisory support, without completing the CORE series of mandated CPS trainings. Because each locality has developed its own protocols related to on-call duty, the final component of learning agency-specific procedures and expectations will occur be handled by your local agency. Fund: CPS

BLENDED COURSE: CWSE4015: Trauma-Informed Practice in Child Welfare and CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention – Classroom was revised from the Learning Collaborative Self-Guided Study tool and transfer of learning course to provide a common foundation of understanding about trauma. This blended course with an on-line prerequisite to a two-day classroom skills training with a new transfer of learning case application tool in between the two learning modalities. The on-line curriculum is based largely on the National Child Traumatic Stress Network's Child Welfare Training Toolkit while the two-day classroom training is direct skill development and case

application utilizing our trauma-informed Practice Profiles. 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 is a 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 Rate: 75%

CWS4040: Family Partnership Meetings and Domestic Violence: An Advanced Training for FPM Facilitators and Supervisors: This advanced course in domestic violence (DV) for Family Partnership Meetings (FPM) is designed for FPM facilitators and those who supervise them, as well as child welfare supervisors who participate in FPMs. This course will focus on safely preparing for and managing meetings in which domestic violence is present, engaging parents around DV issues, assessing the impact of children's exposure to DV, and making decisions and action plans to increase safety for children and the non-offending parent. Participants will become familiar with DV safety standards in FPMs and practice engagement strategies for both survivors and perpetrators of intimate partner violence. Participants will also practice effectively facilitating difficult conversations about DV and developing action plans that increase safety, both during and after the meeting. It is strongly recommended that this training be conducted with agency teams of FPM facilitators and supervisors. Please be aware, this training is designed to be used in conjunction with pre-training reading and a post-training local planning process to integrate the material into practice. Fund: IV-E Rate: 75%

SUP5710 FOUNDATIONS OF COACHING: Examine the attributes and strategies of effective coaches and consider how an agency coaching and learning culture will contribute to the successful application of the Practice Profiles. Come prepared to observe demonstrations and practice skills related to coaching conversations, active listening, skillful solution-focused questioning, providing useful feedback, and crafting questions to help build critical thinking skills that generate solutions. Fund: IV-E Rate: 50%

SUP5720 COACHING IN SUPERVISION: Learn a structured and focused process that utilizes appropriate strategies, tools and techniques to promote learning and staff development. Participants will explore the integration of coaching into their supervisory practice, understand how the Practice Profiles provide a foundation basis for coaching and identify strategies for successful implementation of coaching in supervision. This interactive workshop builds on the Foundations of Coaching and provides opportunities to practice new skills and begin an individualized coaching implementation strategy for your agency. Fund: IV-E Rate: 50%

2018 Update

DFS Training has continued working on the integration of the Practice Profiles throughout DFS Training and has revised curricula to infuse practice profiles into the following courses:

- CWS2000.1 CPS New Worker Guidance with OASIS – NEW TRAUMA CONTENT
- CWS2001R CPS Guidance Refresher with OASIS
- CWS3000 Foster Care New Worker Guidance with OASIS – NEW TRAUMA CONTENT
- CWS3001R Foster Care Guidance Refresher with OASIS
- CWS3010 Adoption New Worker Guidance with OASIS – NEW TRAUMA CONTENT
- CWS1061 Family Centered Assessment – NEW TRAUMA CONTENT
- CWS1071 Family Centered Case Planning
- CWS4020 Engaging Families and Building Trust-Based Relationships

- CWS5307 Assessing Safety, Risk & Protective Capacity
- CWS3041 Working with Children in Placement – NEW TRAUMA CONTENT
- SUP5701 Principles of Leadership
- SUP5702 Management of Communication, Conflict & Change
- SUP5703 Enhancing Staff Performance & Growing a Team
- SUP5704 Critical Issues in Family Services Supervision

NEW ON-LINE COURSE DEVELOPMENT FOR 2018

CWSE3042 ICPC: This online two module course discusses how to handle cases involving 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 states. They must also be assured of a return to their original jurisdictions should placements prove not to be in their best interests or should the need for out-of-state services cease. The ICPC (Interstate Compact on the Placement of Children) is the best means we have to ensure protection and services to children who are placed across state lines for foster care, residential treatment, or adoption. This course provides an overview of the ICPC process by clarifying the content located in Chapter G of the Child and Family Services manual. The course will also provide information on the National Electronic Interstate Compact Enterprise (NEICE) a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by ICPC. NEICE is designed to shorten the time it takes to place children across state lines, and save participating states thousands of dollars in mailing and copying costs. Fund: IV-E Rate: 75%

CWSE6010: Working with Families of Substance Exposed Infants is a 2 module online learning course that addresses the service needs of pregnant and parenting women and other caregivers who use opiates and/or other substances of abuse and their children. The first module will educate Family Service Specialists on substance abuse, the differences between men and women, and the effects on families to help FSS working with families and pregnant mothers who use substances. The second module, a CPS response, will help Child Protective Services (CPS) workers learn how to use best practices when responding to notification that a child was affected by in utero exposure to alcohol or drugs. All workers will gain and understanding of the CPS response to substance exposed infants. Workers will also learn about the Plan of Safe Care (POSC); engaging the mother and others in the development of a POSC, who creates the POSC, when to implement a POSC, who all is involved in a POSC, and who manages a POSC. Workers will complete a TOL worksheet during each module and should meet with their supervisor after completing the course to review their worksheets. Fund: CPS

FSWEB1011: Using the Practice Profiles Assessment Toolkit: This 45 minute webinar provides specialized information to accompany SUP5710 Foundations in Coaching and SUP5720 Coaching in Supervision – two one-day classroom courses where you learn how to teach the practice profiles using coaching skills. (These courses are not prerequisites but provide helpful context for this material). Participants will learn the purpose of the Practice Profiles and how to introduce them to the agency, how to explain the proficiency categories to staff, basics of using the assessment toolkit, self-assessment and identifying specific areas for improvement, and linking Practice Profile Assessment to a Learning Culture. Fund: IV-E Rate: 50%

FSWEB1013: The Coaching Conversation: Are you ready to start coaching and looking for a place to start? This 30-minute training video showcases a coaching conversation conducted as a demonstration during a live training. The focus is on developing an informal coaching plan around practice profile skill development. Participants will learn how to use the critical activities wheel for assessment, how to use the seven steps of the coaching conversation, explore and build upon what sets someone up for success,

assist the coachee with finding their own solution, and create an action plan for on-going skill development. Fund: IV-E Rate: 50%

NEW ON-LINE COURSE DEVELOPMENT FOR 2017

CWSE3030: Normalcy for Youth in Foster Care: Upon successful completion of this course, you will be able to: Identify key provisions of the Federal Preventing Sex Trafficking and Strengthening Families Act; Recognize how participation in social, extracurricular, and recreational activities promotes a more normal life experience for youth in foster care; Explain the roles of team members including foster parent, congregate care/residential facilities, birth parents, child welfare workers, service providers, and the court in promoting normalcy; Differentiate between decisions that can be made by the foster parents and those which must be authorized by the local department of social services; and Apply the Reasonable and Prudent Parent Standard to make child-specific decisions about participation in activities.

Fund: IV-E Rate: 75%

FSWEB1008: Adoption Resources Exchange of Virginia (AREVA) & AdoptUSKids: This one-hour recorded webinar provides instructions on how to effectively complete an Adoption Resource Exchange of Virginia (AREVA) registration. An AREVA registration is required within 60 days of Termination of Parental Rights (TPR) date when the goal is adoption. An individual form is completed for each child in the family even when siblings are being placed together. There are also attached resource documents available with this webinar that can be printed and used job aids. Fund: IV-E Rate: 75%

FSWEB1003: The Journey to Practice Enhancement: This is a 1 hour recorded webinar that provides an overview of the journey to practice enhancement and the development of the Practice Profiles. Topics include the importance of the practice model and enhanced family engagement as an agency-wide focus. The webinar reviews how the 11 Practice Profiles were developed, their content, the focus on skill development, and why they are beneficial to workers, supervisors, and the agency as a whole. The connection of the Practice Profiles to coaching supervision is made, with coaching the method to embed the Practice Profiles. Fund: IV-E Rate: 50%

NEW ON-LINE COURSE DEVELOPMENT FOR 2016

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 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%

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:

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.

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.

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.

2018 Update

Transfer of learning supervisory tools are now incorporated into all curriculum development. DFS Training is continuously reviewing these course based tools to make sure they reflect best practices in child welfare and adult services. Our next step will be to provide a transfer of learning completion tracking system within our required training console of our learning management system.

REVISED SUPERVISORY SERIES

Family Services Training believes that middle management and supervisors are essential 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 and builds a cohort for on-going networking and support. The supervisory series has been revised this year 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. The new Supervisor Series consist of the following two day classes:

SUP5701: Principles of Leadership: This course emphasizes the critical role played by supervisors in the Social Services system. Supervisors will enhance their ability to recognize, select and use supervisory styles and strategies to enhance and sustain effective job performance. In particular, Supervisor will explore the qualities of effective leaders including Vision, Integrity, Creativity, Decisiveness, and Emotional Intelligence and how these qualities impact staff and ultimately customer service; learn about the different types of Leadership power and influence; and, will have the opportunity to identify various Leadership challenges such as lack of resources, handling customer complaints and time constraints and explore possible solutions. Parallel Process and change management are also introduced and discussed to enable supervisors to examine how their behavior affects outcomes for staff and clients. 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 positively assist staff implement change will be discussed with a review of strategies for change management.

SUP5702: Management of Communication, Conflict and Collaboration: This course introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Collaboration 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. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community and by emphasizing the interrelated relationship between these three concepts.

SUP5703: Enhancing Staff Performance and Growing a Team: This course is intended to help supervisors learn how to hire and develop competent, confident, and committed staff that can perform the tasks assigned to them and support the agency mission/goal. Supervisors will explore different interview techniques such as Behavioral Interviewing, Routine Questions, Situational Questions, the STAR method and Written Work Samples to select applicants who demonstrate the attributes and competencies needed for the position. The role of orienting and training new employees is also highlighted including the best practice of a learning culture in the unit and Agency. Supervisors are introduced to the concepts of managing by data, performance assessment, performance evaluation, and performance improvement of

the individual staff in their unit, techniques for maximizing performance such as the use of Coaching, Training, and Mentoring. Also discussed is the necessity of written performance expectations and are introduced to the Practice Profiles. The connection between a competent staff and a highly functioning unit is outlined. 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 along with 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.

SUP5704 Critical Issues in Family Services Supervision: This course is presented within the context of the Parallel Process with an emphasis on issues primarily related to supervising workers doing the challenging work in Family Services. Beginning with the importance of values; specifically, how we connect our own personal values to the mission and vision of the organization, the direct work we do with families, the Supervisor-Worker relationship and the functioning of the work team. Characteristics of trust and boundaries, in the field and within the unit are defined, and suggested guidelines for professional boundaries are provided.

Supervisors are given tools to assess the current Learning Culture of their unit and agency and are presented with an opportunity to develop a plan to create and maintain a culture that nurtures collaborative learning, critical thinking and competence. An exploration of worker emotions, behaviors and personality characteristics on a spectrum ranging from desirable, to challenging (but workable), to problematic; with specific attention paid to the application in the selection and performance management processes as well as managing emotional interference to doing the work. The course closes with to help the supervisor model self-care and resiliency to maintain a positive connection to their position and colleagues, reduce recidivism and promote a trauma-informed team.

2018 Update

SUP5705 Trauma-Informed Leadership: This two-day course will use the parallel process to review trauma-informed practice principles into supportive supervisory leadership. Participants will learn about the trauma-informed work relationship including the intersectionality and power, relational supervisory practices, and reflective supervision as TIP. The focus of the first day of training will be on trauma-informed practice principles applied to supervision and leadership. The focus of the second day will be vicarious trauma and secondary trauma: including signs and symptoms, response strategies, impact on staff, and cultivating resilience. There will be special emphasis on building a trauma-informed organization to include collective trauma, trauma-organized systems, building and sustaining a trauma-informed organization, trauma-informed organization responses to traumatic events such as worker injury or child deaths. Also, there will be emphasis on the role of child welfare systems to lead the way to trauma-informed communities.

Additional Management/Supervision training is continuing through the Casey Family Programs Learning Collaborative initiative for LDSS agencies last year. The Learning Collaborative was 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.

FAMILY SERVICES MANDATED TRAINING EVALUATION

The Division of Family Services has conducted a preliminary mandated training analysis and evaluation project for the CORE Mandated Training system. The purpose of this project is to determine whether and to what extent 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:

- Reaction (positive or negative)
- Learning (acquisition of knowledge, skills, attitude and confidence from training)
- Behavior (application of knowledge and skills learned)
- Results/Outcomes (degree to which targeted outcomes occur as a result of 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 is 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 includes 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. This process will be considered in our study of our statewide training system being conducted with a national consultant this year.

Virginia has completed the first level of evaluation with a statistical analysis of the survey evaluations for one year and the findings are discussed in further detail. Additionally, all 120 local departments of social services were evaluated as to the completion of the mandated training courses identified in guidance. These findings have indicated a lower rate of completions for new workers with many workers leaving the agencies prior to the two-year mandate training completion and a very high rate of 30% retention rate problem with our child welfare system. The summary of results indicates the following: satisfaction with training and impact of training is favorable; completion of mandated training is low; completion varies by mandate and worker; completion of new worker training is low; completion for generic workers is substantially lower.

The mandated training analysis has shed light on the need to have a well-trained child welfare workforce and local agencies supporting and tracking all training completions. The tracking system developed during the mandated training analysis will be continued and monitored during the regional case reviews in the local agencies. All child welfare workers have been mandated to complete core mandated training courses by December 31, 2017 and have their Virginia Learning Center (LMS) transcripts up to date. One of the lessons learned from this statewide analysis has been the need for transcripts to be updated when the state changes LMS systems and it has involved a great deal of manual entry from old transcripts to the new system. The lowest level of mandated training completions was reported from the smaller, rural departments that have generic workers which must complete all training mandates for all programs areas – Adult Services, Child Protective Services, Foster Care, and Adoption. The mandated training analysis

also presented several challenges and limitations including: aligning current job responsibilities to job titles; aligning job titles to specific mandated courses; aligning generic workers to mandated training; and did not include completion within required time frame. As we move forward, training will be reviewing the impact of lack of training has on retention in Virginia, review regional analysis of data to look for trends and issues, analysis of low participation might have of low competency in the field. One of the recommendations from the Virginia Services Training Task Force has been to utilize a required training console in the LMS to enhance tracking and notification of course completions within preset timeframes and this will be implemented later this year.

The Virginia Department of Social Services Division of Family Services is invested in the development of recommendations for a new training model for Services policy and practice. This model must strengthen the capacity of Services staff in 120 local departments of social services across the Commonwealth of Virginia in practice of the programs of Child Protective Services, Adult Protective Services, Adult Services, Foster Care, Adoptions, and Prevention. The nine-month training model project was awarded to The Butler Institute at the University of Denver, who will be providing consultation services to conduct research and make recommendations for a new comprehensive training program to better meet the variety of needs of our child welfare system.

The LMS Knowledge Center and the new Virginia Learning Center (January, 2017) 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.

Family Services Training conducted an annual evaluation survey analysis where workers reported a significant training satisfaction and impact on classroom surveys. Macro-level descriptive statistics by course have helped inform the project to this point. Important findings include:

- Overall survey response rate of 59% from 7/1/15 to 6/31/16.
- Overall effectiveness of courses is reported at 4.3 on 5.0 scale.
- Understanding Before Course across courses averaged 3.2 on a 5-point scale, while Understanding After Course averaged 4.1, justifying trainings impact.
- Participants with less reported knowledge before the course also showed the greatest gain in reported understanding after the course,
- All courses were rated by participants as improving understanding of the subject.
- Highest attendance for new Worker Safety with 697 employees since Sept. 2015.
- Second highest attendance was for CPS Ongoing with 605 employees since Sept. 2015.
- Improved ability to perform job responsibilities were most influenced by course materials, job aids, classroom training tools (videos, handouts), specific learning objective.

Summary of Classroom Survey Responses (n=4,231)

Measure	Average
Response rate	59%
Overall effectiveness of course	4.3
Understanding before course	3.0
Understanding after course	4.1
Will improve my ability to perform	4.4
Stated learning objectives achieved	4.4
Job aids effectiveness	4.3
Classroom training tools effectiveness	4.4

Scored on a Likert Scale of 1-5 where 1=lowest and 5= highest

Significant relationships among responses*

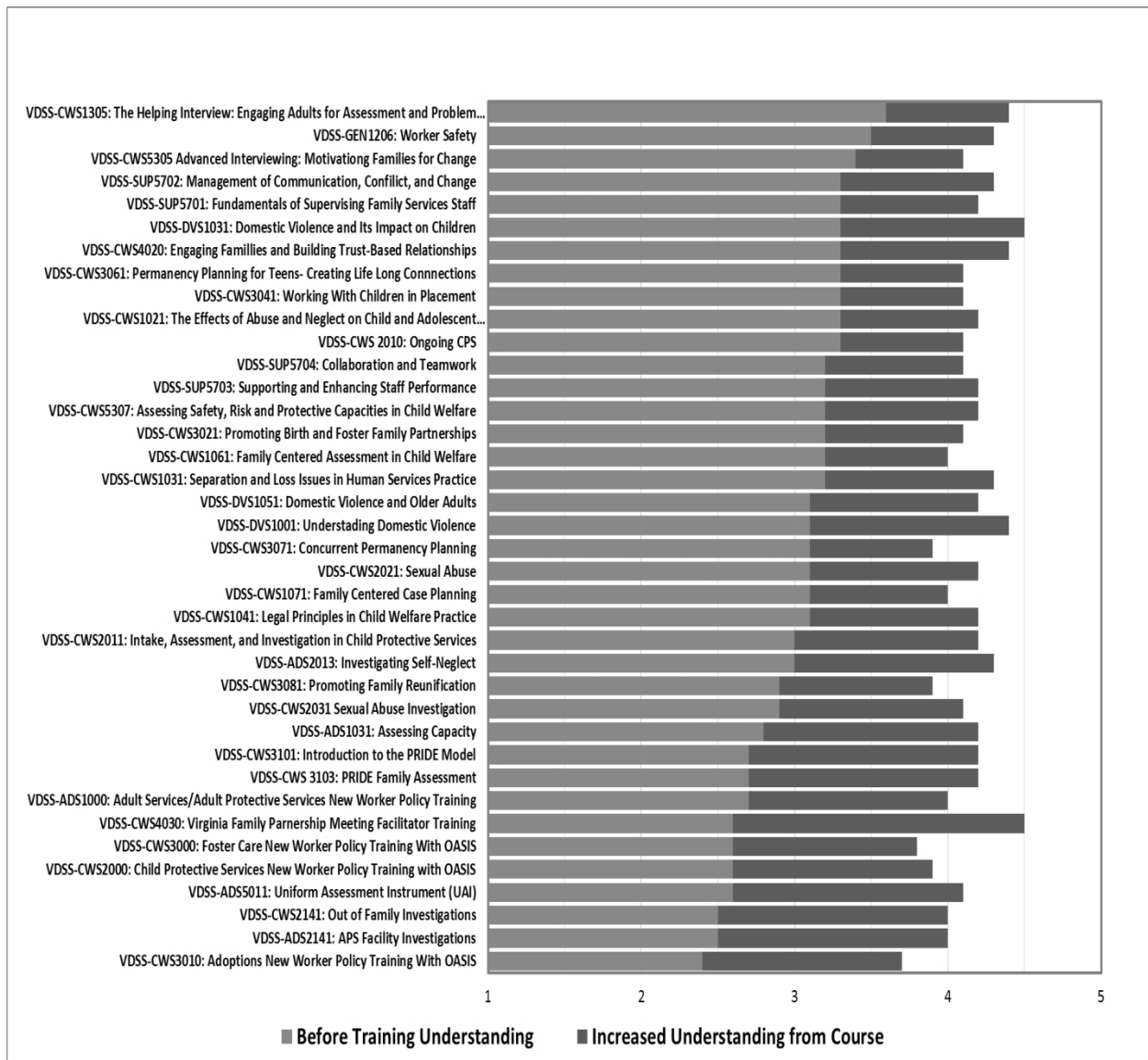
Response Item 1	Response Item 2	Relationship ^a	Influence of Response 1 on Response 2 ^b
Overall Effectiveness	Improve Ability to Perform	.837*	70%
Before Training Understanding	After Training Understanding	.480*	23%
Before Training Understanding	Job Aids Received	.475*	22.6%
After Training Understanding	Overall Effectiveness	.686*	47%
After Training Understanding	Learning Objectives Achieved	.522*	27%
Job Aids Received	Improve Ability to Perform	.914*	84%
Classroom Training Tools	Improve Ability to Perform	.873*	76%

* Notes statistical significance of relationship

a= Pearson's Correlation Coefficient

b= Coefficient of Determination

Understanding Before and After Each Course



In FY16 Family Services Training provided 489 classes for April 1, 2016 – March 31, 2017 with a total of 6,413 completions. In FY17, Family Services Training provided 670 classes for April 1, 2016 to March 31, 2017 with a total of 7,428 completions. These most current course statistics are described in the following table:

Course Title	Events	Completions	Average Attendance
ADS1000: Adult Services/Adult Protective Services New Worker Policy Training	15	132	9
ADS1031: Assessing Capacity	14	121	9
ADS2013: Investigating Self-Neglect	11	125	11

ADS2052: Investigating Financial Exploitation - NEW!	6	52	9
ADS2141: APS Facility Investigations	13	117	9
ADS5011: Uniform Assessment Instrument (UAI)	19	147	8
ADS6010: AS/APS Made Easy	6	55	9
CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	18	267	15
CWS1031: Separation and Loss Issues in Human Services Practice	19	217	11
CWS1041: Legal Principles in Child Welfare Practice	13	218	17
CWS1061: Family Centered Assessment in Child Welfare	24	410	17
CWS1071: Family Centered Case Planning	23	400	17
CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	16	240	15
CWS2000.1: Child Protective Services New Worker Policy Training with OASIS	10	67	7
CWS2000: Child Protective Services New Worker Policy Training with OASIS	15	227	7
CWS2001R: CPS Refresher Training with OASIS - NEW!	10	67	7
CWS2010: Ongoing CPS	16	150	9
CWS2011: Intake, Assessment, and Investigation in Child Protective Services	20	211	11
CWS2020: On Call for Non-CPS Workers - NEW!	4	48	12
CWS2021: Sexual Abuse	19	213	11
CWS2031.1: Sexual Abuse Investigations	3	47	16
CWS2031: Sexual Abuse Investigations	13	101	8
CWS2141: Out of Family Investigations	16	175	11
CWS3000: Foster Care New Worker Policy Training With OASIS	20	190	10
CWS3001R: Foster Care Refresher Training with OASIS - NEW!	5	54	11
CWS3010: Adoptions New Worker Policy Training With OASIS	17	156	9

CWS3021: Promoting Birth and Foster Family Partnerships	19	139	7
CWS3041: Working With Children in Placement	13	140	11

Course Title (continued)	Events	Completions	Average Attendance
CWS3061: Permanency Planning for Teens - Creating Life Long Connections	10	84	8
CWS3071: Concurrent Permanency Planning	14	129	9
CWS3081: Promoting Family Reunification	13	138	11
CWS3091: Transition Planning with Older Youth in Foster Care	2	18	9
CWS3101: Introduction to the PRIDE Model	5	23	5
CWS3103: PRIDE Family Assessment	8	43	5
CWS4015: Trauma-Informed Child Welfare Practice: Identification of Intervention – NEW	2	17	4
CWS4020: Engaging Families and Building Trust-Based Relationships	20	309	15
CWS4030: Virginia Family Partnership Meeting Facilitator Training	10	97	10
CWS5305: Advanced Interviewing: Motivating Families for Change	18	249	14
CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	18	249	14
DVS1001: Understanding Domestic Violence	16	194	12
DVS1031: Domestic Violence and its Impact on Children	14	129	9
DVS1051: Domestic Violence and Older Adults	9	54	6
GEN1206: Worker Safety	20	182	9
GEN1501: Train the Trainer	3	12	4
SME012: Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders	5	79	16
SME015: Investigating Financial Exploitation	2	156	78
SME016: Adoption Disclosure Best Practices and Search Techniques	3	62	21

SUP5701: Fundamentals of Supervising Family Services Staff	10	90	9
SUP5702: Management of Communication, Conflict & Change	9	76	8
SUP5703: Supporting and Enhancing Staff Performance	10	80	8
SUP5704: Collaboration and Teamwork	7	56	8
SUP5710: Foundations in Coaching	21	224	11
SUP5720: Coaching in Supervision - NEW!	19	139	7
SUP5750: The Nuts and Bolts of the Practice Profiles - NEW!	5	53	11
Total	670	7,428	12

2018 Update

In FY17, Family Services Training provided 670 classes for April 1, 2016 to March 31, 2017 with a total of 7,179 completions. In FY18, Family Services Training provided 484 classes for April 1, 2017 to March 31, 2018 with a total of 7,731 completions. These stats indicate a reduction of 186 events held from 2017, but an increase in 552 course completions. The average class attendance also increased by 2 from the previous year. So DFS training is conducting less events but training more individuals. These most current course statistics are provided in the following table:

DAYTA: April 1, 2017 to March 31 2018			
Course Title	Events FY16/FY17	Completions FY16/FY17	Average Attendance FY16/FY17
ADS1000: Adult Services/Adult Protective Services New Worker Policy Training	15/16	132/150	9/9
ADS1031: Assessing Capacity	14/10	121/134	9/14
ADS2013: Investigating Self-Neglect	11/8	125/123	11/15
ADS2052: Investigating Financial Exploitation	6/7	52/29	9/4
ADS2141: APS Facility Investigations	13/5	117/83	9/17
ADS5011: Uniform Assessment Instrument (UAI)	19/8	147/142	8/20
ADS6010: AS/APS Made Easy	6/6	55/82	9/14
CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	18/8	267/193	15/24
CWS1031: Separation and Loss Issues in Human Services Practice	19/11	217/197	11/18

CWS1041: Legal Principles in Child Welfare Practice	13/15	218/310	17/21
CWS1061.1: Family Centered Assessment in Child Welfare	24/24	410/485	17/20
CWS1071: Family Centered Case Planning	23/27	400/568	17/21
CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	16/12	240/296	15/25
CWS2000.1: Child Protective Services New Worker Policy Training with OASIS	10/15	67/240	7/15
CWS2000: Child Protective Services New Worker Policy Training with OASIS – Old Course Lost Data in New VLC	15/0	227/0	7/0
CWS2001R: CPS Refresher Training with OASIS	10/14	67/185	7/13
CWS2010: Ongoing CPS	16/9	150/135	9/15
CWS2011: Intake, Assessment, and Investigation in Child Protective Services	20/16	211/264	11/17
CWS2020: On Call for Non-CPS Workers	4/6	48/75	12/13
CWS2021: Sexual Abuse	19/22	213/330	11/15
CWS2031.1: Sexual Abuse Investigations	3/14	47/229	16/16
CWS2031: Sexual Abuse Investigations	13/0	101/0	8/0
CWS2141: Out of Family Investigations	16/8	175/129	11/16
CWS3000: Foster Care New Worker Policy Training With OASIS	20/15	190/192	10/13
CWS3001R: Foster Care Refresher Training with OASIS	5/17	54/185	11/11
CWS3010: Adoptions New Worker Policy Training With OASIS	17/12	156/118	9/10
CWS3021: Promoting Birth and Foster Family Partnerships	19/7	139/143	7/20
CWS3041: Working With Children in Placement	13/22	140/339	11/15
CWS3061: Permanency Planning for Teens - Creating Life Long Connections	10/8	84/129	8/16
CWS3071: Concurrent Permanency Planning	14/13	129/143	9/11
CWS3081: Promoting Family Reunification	13/7	138/152	11/22

CWS3091: Transition Planning with Older Youth in Foster Care	2/5	18/19	9/4
CWS3101: Introduction to the PRIDE Model	5/7	23/51	5/7
CWS3103: PRIDE Family Assessment	8/5	43/54	5/11
CWS4015: Trauma-Informed Child Welfare Practice: Identification of Intervention – NEW	2/7	17/55	4/8
CWS4020: Engaging Families and Building Trust-Based Relationships - REVISED	20/28	309/590	15/21
CWS4030: Virginia Family Partnership Meeting Facilitator Training	10/3	97/44	10/15
CWS4040: Family Partnership Meetings and Domestic Violence	0/2	0/17	0/9
CWS5305: Advanced Interviewing: Motivating Families for Change	18/8	249/154	14/19
CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	18/8	249/195	14/24
DVS1001: Understanding Domestic Violence	16/12	194/257	12/21
DVS1031: Domestic Violence and its Impact on Children	14/8	129/155	9/19
DVS1051: Domestic Violence and Older Adults	9/2	54/10	6/5
GEN1206: Worker Safety	20/3	182/27	9/9
GEN1501: Train the Trainer	3/0	12/0	4/0
SUP5701: Principles of Leadership	10/4	90/46	9/12
SUP5702: Management of Communication, Conflict & Change	9/6	76/86	8/14
SUP5703: Enhancing Staff Performance & Growing a Team	10/3	80/45	8/15
SUP5704: Critical issues in Family Services Supervision	7/6	56/76	8/13
SUP5710: Foundations in Coaching	21/6	224/56	11/9
SUP5720: Coaching in Supervision - NEW	19/1	139/14	7/10
SUP5750: The Nuts and Bolts of the Practice Profiles	5/0	53/0	11/0
Total or Average	670/484	7179/7731	11/13

TRAINING NEEDS ASSESSMENT

2018 Update

No training needs assessment was conducted this year, as we conducted the Training Services Model Assessment with The Butler Institute for Families at the University of Denver. The findings from this study was presented previously in this report.

LDSS TRAINING INITIATIVES (IV-E “PASS THROUGH”)

Each year, LDSS submit plan to provide child welfare training under this category. 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. 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. 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.

2018 Update

60+ LDSSs submitted plans to provide local training for SFY 2019. Approved training at the enhanced rate or 75%, subject to the penetration rate is projected to be 1,888,683.00. Approved training at the 50% rate, subject to the penetration rate is projected to be 165,851.00.

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.

Child Welfare Stipend Program

The Virginia Title IV-E Child Welfare Stipend Program (CWSP) provides exceptional MSW and BSW students with an opportunity to prepare for a career in child welfare. CWSP students receive financial support in return for a legally binding commitment to work in a public child welfare position in foster care or adoption in Virginia immediately following the completion of their Social Work degree program. Child welfare-specific course work, a public child welfare internship, completion of state child welfare policy trainings and child welfare-specific seminars are also mandatory program components. For each year of enrollment in the CWSP, students commit to working one year in foster care/adoption at a local department of social services (LDSS) following graduation. Funding is provided to partner universities to award stipends on a semester by semester basis for CWSP students.

VDSS successfully re-established the CWSP in Virginia, by selecting and contracting with Radford University, the pilot school, and creating memorandum of agreements (MOAs) with three additional state universities with accredited BSW and MSW Social Work programs. In the fall of 2016, Radford University started four stipend students. In the fall of 2017, full cohorts of ten new students at each university entered the CWSP, for a total of 40 students statewide. Twenty-two recipients are on track to graduate in 2018, and several students have already secured full-time employment at local agencies, to begin after their degrees are conferred. All partner universities are currently engaged in recruiting efforts to enroll at least 10 and up to 20 students (including returning recipients) for the 2018-19 academic year.

In FY 2019, VDSS expects to add a fifth partner university, enabling stipend program representation in each of the five distinct state regions. The Western region in the far southwest corner of the state has significant issues in recruiting and retaining highly qualified child welfare workers. This is due at least in part to a combination of factors, including geographical remoteness, low entry level salaries, and, historically, the lack of a School of Social Work in the vicinity. However, East Tennessee State University's Abingdon, VA campus (ETSU-Abingdon) recently began offering a full-time, traditional BSW program for students in their Junior and Senior years, as well as a part-time, traditional MSW program. In the interest of addressing the workforce deficits in this portion of the Commonwealth and expanding the CWSP's reach to include all state regions, VDSS plans to finalize an MOA with this new partner university. Partnership with ETSU-Abingdon will enhance LDSS' ability to recruit and retain well-trained child welfare workers in a part of the state where such activities are challenging. For the initial 2018-19 academic year, ETSU-Abingdon will offer two BSW stipend slots for rising Seniors. VDSS will assess the capacity to expand the cohort size in future years, depending on the demonstrated success of the program.

With the addition of two ETSU-Abingdon stipends, the statewide program budget will have the capacity to offer a maximum of 82 total full-time BSW/MSW stipends in the 2018-19 academic year. ETSU-Abingdon will provide the same mandatory program components as existing partner universities, including Child Welfare Policy and Practice electives, with online course access to be developed over the course of the contract year. This university appears to have strong, existing relationships with the region's LDSS, child serving agencies and other community partner organizations. ETSU-Abingdon will be well-equipped to work in tandem with LDSS to provide relevant field placements and cultivate an active Regional Committee, assisting the transition into provision of CWSP deliverables. Additionally, the faculty member who is willing to serve as Principle Investigator (PI) brings previous university faculty

IV-E stipend program experience from the first iteration of the program in Virginia. The PI at ETSU-Abingdon would serve the program on a part-time basis, given the small cohort size, with minimal salary and administrative expenses.

The Title IV-E CWSP has been implemented in phases, by student cohort, initially at Radford University, followed by George Mason, Norfolk State, and Virginia Commonwealth Universities; and ultimately, with the addition of ETSU-Abingdon. VDSS will continue to assess the capacity and appropriate cohort size for each partner university in future years, based on a university's ability to consistently fulfil contract deliverables, including demonstrated recruitment and retention of qualified applicants who can be successful not only in the program but in fulfilling employment payback requirements as well.

Phase One was achieved in 2016 and included creating a position and hiring a full time equivalent (FTE) CWSP Program State Coordinator at VDSS. The State Coordinator reports to the Foster Care Program Manager. The State Coordinator performs administrative functions of the program, fiscal management and sub-recipient monitoring reviews at each university, and monitors each university's progress toward contract goals and deliverables. The State Coordinator is also responsible for highlighting the program through state level and community-based representation; and, enhancing the program's efficacy and relevance through collaboration with intra- and inter-agency programs, including professional development and child welfare leadership advisory councils. The State Coordinator ensures that relevant state initiatives are incorporated into the curriculum and specialized seminars. For example, in FY18, the State Coordinator worked in tandem with VDSS Division of Family Services staff and University Coordinators to initiate the process of integrating the VDSS Practice Profiles, Child and Family Services Review (CFSR) results and practice-based improvements, and trauma informed care components into the CWSP. The State Coordinator also approves required course electives, monitors and provides guidance in student recruitment and selection processes, and meets regularly onsite and via teleconferences with university CWSP faculty and staff. The CWSP Program Coordinator is a dedicated position where 100% of work assignments are administrative functions of the CWSP.

Phase Two, accomplished in 2016 and 2017, included the establishment of a Principal Investigator (PI) and University Coordinator at each partner university. Phase Three, spanning two years, is the final implementation phase. Two cohorts of 10 students each were established at all four schools in FY18. The program's budget for FY19 will provide stipends for a maximum of 82 students, accommodating up to 20 students at each "full cohort," current partner university, and two students at the prospective "partial cohort" university, ETSU-Abingdon. The MOAs with each school are currently under review and VDSS anticipates renewing the agreements with each current partner university and executing a new MOA with ETSU-Abingdon, to begin July 1, 2018.

Title IV-E CWSP program structure:

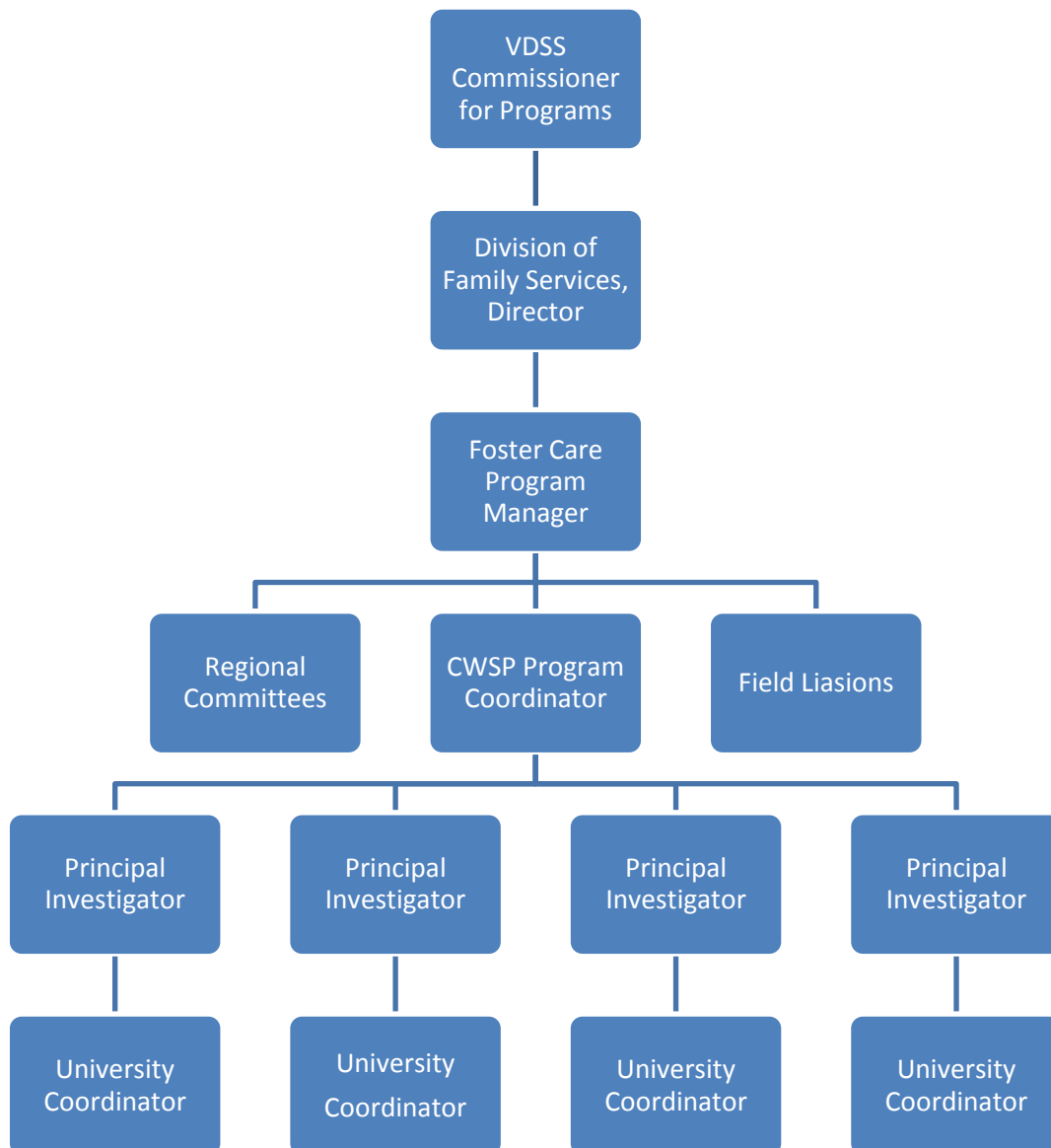
Program State Coordinator – Responsible for the direction of the project; supervision of staff; fiscal oversight; liaison between the Department and universities; curricular and administrative matters; reporting; and program evaluation.

Principal Investigator - Participating universities have designated an existing staff member as Principal Investigator (PI). The PI provides institutional oversight and shares supervisory responsibility over the 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.

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.

Regional Committees – Responsible for reviewing and informing curriculum; identifying regional training/workforce needs in LDSS; hosting/supporting regional supplemental trainings and seminars to address specialized competencies and focus areas for students and field instructors; providing field placements and supervision/instruction to CWSP students. Membership is comprised of LDSS directors and supervisors, private child-welfare agency supervisors, CWSP alum, and university Child Welfare faculty.

DFS Director and Foster Care Program Manager – Responsible for reviewing and approving program policies, organizational structure and overarching program goals; review and provide feedback on annual reviews; provide input and guidance on program activities on an ongoing basis as needed; approve student selection criteria and on appeals and/or program grievances.



The CWSP incorporates high quality supplemental training seminars, mandated state foster care training, and required Child Welfare electives. Regional Committees provide universities with the information necessary to craft regionally-responsive trainings and curricula based on workforce and population-driven needs in the surrounding LDSS. Regional Committees also provide a forum through which valuable stakeholder relationships are built, providing access to community-based expertise, social capital, and important connections to field placement and future employment opportunities within LDSS. With the first full cohort graduating in 2018, CWSP university and state staff will be able gather data related to applicant/recipient demographics and characteristics; graduate exit survey responses; and initial workforce entry information. Baselines will be established and data will be tracked annually in conjunction with university partners, employing LDSS, and stipend graduates. Mandatory program evaluations will be conducted at a minimum of once every four years and will include data on the success and challenges of CWSP in terms of participant recruitment, completion, retention, and satisfaction. Additional reporting on outcome measures will also be conducted to evaluate CWSP staff, contractual conditions and procedures, fiscal operations, and overall effectiveness of the program’s recruitment and retention of qualified staff in child welfare. LDSS staff will be asked to evaluate the preparedness of the CWSP graduates upon their initial employment or return to their respective agencies. CWSP graduates will be asked to evaluate the degree program in which they were enrolled; their levels of satisfaction with the stipend program; their perceptions of preparedness for their agency roles after graduation; and, their job satisfaction after securing employment or return to an agency.

Program Goals and Metrics

Overarching Program Goal: To cultivate and retain a highly skilled workforce that can effectively carry out the agency practice model and improve child welfare outcomes.

Measurable outcomes and expectations

The Title IV-E CWSP’s metrics will be based on a standard retention metric that will be tracked as a measure of program success. Baseline measures will be established in year one. These outcomes will be reported at a minimum of every four years as an element of program evaluation process. VDSS is working to ensure that the employee information in the state-wide child welfare data system (OASIS) will denote Title IV-E stipend graduates apart from non-Title IV-E graduates. The system is currently equipped to distinguish degree type (BSW/MSW versus other degree types). Because of these efforts, the program evaluation process should not be overly burdensome to LDSS staff, nor require any additional resources, unless otherwise requested. Findings will be published and shared with stakeholders.

Metrics by Employee Retention Outcomes

Title IV-E stipend and social work-degreed graduates who were entered into the LETS employee data base within the same year (in the same Family Service Specialist cohort) as non-title IV-E, non-social work-degree graduates will have a longer average length of service than non-title IV-E, non-social work-degreed graduates.

Third Year (FY 2018) Projection

VDSS Cost	State Match	Federal Match	Total Category Cost
1 Program Coordinator (25/75 match)	\$18,750	\$56,250	\$75,000

Benefits (39% of salary) (25/75 match)	\$7,312	\$21,938	\$29,250	
Administrative Cost (50/50 match)	\$7,500	\$7,500	\$15,000	
Promotional and Marketing (50/50 match)	\$3,500	\$3,500	\$7,000	
Total	\$37,062	\$89,188	\$126,250	
University Cost	State Match	Federal Match	Total Category Cost Per University	Total University Cost (Including 4 Universities)
1 University Coordinator (25/75 match)	\$14,500	\$43,500	\$58,000	\$232,000
Benefits (45% of salary) (25/75 match)	\$6,525	\$19,575	\$26,100	\$104,400
1 PI Cost (5% of PI salary) (25/75 match)	\$1,500	\$4,500	\$6,000	\$24,000
Benefits (7% of PI salary) (25/75 match)	\$105	\$315	\$420	\$1,680
University Overhead (20 % excluding Stipend) (25/75 match)	\$5,075	\$15,225	\$20,300	\$81,200
Misc. Administrative Costs (50/50 match)	\$1,500	\$1,500	\$3,000	\$12,000
Broadcast Equipment (25/75 match)	\$1,000	\$3,000	\$4,000	\$16,000
Course Content (25/75)	\$1,000	\$3,000	\$4,000	\$16,000
10 Stipends (25/75)	\$25,000	\$75,000	\$100,000	\$400,000
University Cost	\$56,205	\$165,615	\$221,820	

			\$887,280
Total CWSP Program Cost			
(VDSS Cost + Four Universities Cost)	\$261,882	\$751,648	\$1,013,530

VDSS Cost	State Match	Federal Match	Total Category Cost
1 Program Coordinator (25/75 match)	\$18,750	\$56,250	\$75,000
Benefits (39% of salary) (25/75 match)	\$7,313	\$21,938	\$29,250
Administrative Cost (including Travel) (50/50 match)	\$7,500	\$7,500	\$15,000
Promotional and Marketing (50/50 match)	\$3,500	\$3,500	\$7,000
Total	\$37,063	\$89,188	\$126,250
<i>Anticipated Partner University Addition</i> East Tennessee State University- Abingdon	State Match	Federal Match	Cost x 1 Partial Cohort University
Principle Investigator/Coordinator (part-time) (25/75 match)	\$1,875	\$5,625	\$7,500
University Indirect (20 % excluding Stipend) (50/50 match)	\$1,250	\$1,250	\$2,500
Misc. Administrative Costs (including Travel) (50/50 match)	\$750	\$750	\$1,500
Course Development/Content (25/75 match)	\$1,000	\$3,000	\$4,000
2 Stipends (25/75 match)	\$5,000	\$15,000	\$20,000
Total	\$9,875	\$25,625	\$35,500

Current CWSP Partner Universities - George Mason, Norfolk State, Radford and Virginia Commonwealth Universities	State Match	Federal Match	Category Cost/School	Cost x 4 Full Cohort Universities
1 University Coordinator (25/75 match)	\$16,750	\$50,250	\$67,000	\$268,000
Benefits (25/75 match)	\$7,500	\$22,500	\$30,000	\$120,000
1 PI Cost (5% of PI salary) (25/75 match)	\$1,625	\$4,875	\$6,500	\$26,000
PI Benefits (portion only; corresponding to % on project) (25/75 match)	\$625	\$1,875	\$2,500	\$10,000
University Indirect (20 % excluding Stipend) (50/50 match)	\$11,500	\$11,500	\$23,000	\$92,000
Misc. Administrative Costs (including Travel) (50/50 match)	\$3,000	\$3,000	\$6,000	\$24,000
Course Content (25/75)	\$750	\$2,250	\$3,000	\$12,000
20 Stipends (25/75)	\$50,000	\$150,000	\$200,000	\$800,000
Total	\$91,750	\$246,250	\$338,000	\$1,352,000
Total University Cost (5 schools) including 82 Stipends	\$376,875	\$1,010,625	\$1,387,500	

Total CWSP Program Cost		
State Match	Federal Match	VDSS Cost + Cost of 5 Universities
\$413,938	\$1,099,813	\$1,513,750

Expenses related to direct education administration receive a fifty-fifty match rate between state and federal funds. Stipends and all other expenses are provided at a federal match rate of 75% and a state match rate of 25%.

Child Welfare Employee Education Assistance Program

In accordance with federal requirements, VDSS requires that Virginia’s Child Welfare Stipend Program (CWSP) recipients be enrolled in full-time BSW/MSW programs. This excludes from participation current LDSS employees who want to remain employed while attending school part time. VDSS is committed to providing employee education support to those LDSS employees who wish to obtain Social Work degrees. These employees are already demonstrating their commitment to their agencies and to the clients with whom they work. Additionally, because they are already doing the work, they will not be surprised by the challenges they will face post-graduation. In FY18, VDSS created a Child Welfare Employee Education Assistance Program (CWEEAP) to assist full-time LDSS employees enrolled in a part-time MSW part-time degree program at participating stipend universities. Recipients will either already be already working in foster care or adoption or committed to transferring into such a role upon graduation.

FY18 was intended to be a test year for the CWEEAP, and VDSS anticipated accepting up to five employees from across the state. However, VDSS did not receive the applications anticipated and will admit the first employee participants in the 2018-19 academic year. In FY19, the CWEEAP will have the capacity to admit up to 25 employees from across the state. VDSS plans to extend the reimbursement funding opportunity to up to five employees from each of the five state regions. Ideally, there would be no more than two employees from the same agency participating. VDSS would admit more than five employees from one region or more than two employees from one agency if overall capacity is not otherwise achieved. The participating CWEEAP partner universities are East Tennessee State University-Abingdon (ETSU-Abingdon), George Mason, Norfolk State, Radford and Virginia Commonwealth Universities. In FY19, VDSS and partner universities will further develop and refine programmatic and administrative systems in order to expand the CWEEAP in future years. The current VDSS Child Welfare Stipend Program State Coordinator will administer the CWEEAP to include fiscal and programmatic oversight; coordination with Social Work faculty and Field Department staff at universities; monitoring and coordination of recipient training, continued eligibility and academic progress; post-graduation work repayment requirements; and overall program evaluation. With demonstrated program success in FY19, the CWEEAP could be expanded to include an additional 25 incoming students/employees across the state each year, attaining potential maximum capacity of 100 total part time student participants by FY22 and sustaining this maximum in subsequent years.

Program Components

The CWEEAP participant will receive educational assistance in the form of tuition reimbursement following each successfully completed semester, up to a maximum of \$5,000 per student per academic year. In return, the student enters into a legally binding commitment for continued employment (during the program and following graduation) at their LDSS agency, either continuing in or transferring to a

foster care or adoption role. The work repayment term correlates reasonably with the CWEEAP funding time period in the MSW program: for each year of CWEEAP funding toward part-time MSW tuition and fees reimbursement, six months of continuous, same-agency employment following graduation is required. To receive tuition and fees reimbursement, a recipient must submit to VDSS copies of university-issued invoices noting tuition and fees; proof of payment; and proof of acceptable grades (minimum of a 3.0 GPA). Tuition and fees will be reimbursed up to \$2,500 per semester (not to exceed \$5,000 per year), assuming the recipient maintains eligibility. If a program participant qualifies for the Advanced Standing program at any participating university, a reimbursement of up to either \$2,500 or \$5,000 will be provided following completion of the summer semester, depending on how many credits the student takes. No more than \$20,000 in total reimbursed funding will be provided to any recipient.

CWEEAP participants will be required to complete a LDSS foster care/adoption field practicum if they do not have recent previous or current paid, public agency foster care/adoption work experience. Like the traditional stipend students, CWEEAP recipients must successfully complete the Foster Care New Worker Policy state training, if not completed during the course of their employment within the past five years; and must successfully complete the stipend-required Child Welfare Policy and Practice electives prior to graduating. Generally, CWEEAP participants will be given access to child welfare topical seminars offered to traditional stipend students at each partner university.

Application/Selection Process

For FY19, VDSS will accept up to 25 students in the program who are full-time employees of a LDSS and already accepted into a MSW program at a partner university. Applicants must submit an application, a writing sample including three essay questions, a recommendation/letter of support signed by their agency Director, proof of MSW program acceptance, and participate in a phone or in person interview with the State Coordinator. Selection is based on a combination of the above criteria with priority given to employees with prior work experience in foster care or adoption.

Offering the CWEEAP in no way replaces or restricts the ability of any LDSS agency to offer an Employee Educational Award Program (EEAP). While an employee cannot receive both CWEEAP and LDSS EEAP funding simultaneously, those LDSS with an existing EEAP program can encourage additional employees to apply for funding through the CWEEAP. This additional funding option for those agencies with an EEAP already in place will serve to increase the number of employees in the agency who will be supported toward Social Work degree attainment. And, for the many LDSS unable to secure the local match required in offering an agency-based EEAP, the CWEEAP will provide an otherwise unavailable opportunity for employees to attain a MSW degree.

Administration of the CWEEAP

The current VDSS Child Welfare Stipend Program State Coordinator administers the CWEEAP, and duties include: fiscal and programmatic oversight; coordination with partner universities' MSW program staff, field departments, and scholarships and financial aid offices; monitoring and coordination of participant state training, required electives completion and appropriate field placements; continued program eligibility and academic progress; tracking of post-graduation work repayment requirements; and overall program evaluation. There are no administrative costs associated with the CWEEAP. Any IV-E or VDSS funding is strictly limited to reimbursing selected employees' MSW program tuition and fees costs.

First Year Projection – FY18			
Program Cost - Employees Funded through CWEEAP	State Match (25%)	Federal Match (75%)	Total Cost
5 Employees (\$5000 max/each)	\$6,250	\$18,750	\$25,000

Second Year Projection – FY19			
Program Cost - Employees Funded through CWEEAP	State Match	Federal Match	Total Cost
25 Employees (\$5000 max/each)	\$31,250	\$93,750	\$125,000

Third Year Projection – FY20			
Program Cost - Employees Funded through CWEEAP	State Match	Federal Match	Total Cost
50 Employees (\$5000 max/each)	\$62,500	\$187,500	\$250,000

Fourth Year Projection – FY21			
Program Cost - Employees Funded through CWEEAP	State Match	Federal Match	Total Cost
75 Employees (\$5000 max/each)	\$93,750	\$281,250	\$375,000

Fifth Year (FY-22 and future years) Projection			
Program Cost - Employees Funded through CWEEAP	State Match	Federal Match	Total Cost
100 Employees (\$5000 max/each)	\$125,000	\$375,000	\$500,000

ATTACHMENT A

Attachment A to this Training Plan addresses current 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.

Family Services Programs- Online 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:

CWSE1002: Exploring Child Welfare – Online (Pre-requisite for CWS2000, CWS3000, CWS3010):
Target Audience: Child Welfare workers with less than twelve months of 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 Rate: 75%

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 Rate: 75%

CWSE5692: Recognizing & Reporting Child Abuse and Neglect – On-line Mandatory Reporter Training (Pre-requisite for CWS2000, CWS3000, CWS3010)

Fund: IV-E Rate: 75%

CWSE1510: Introduction to Structured Decision-making Tools: Pre-requisite and transfer of learning activity for CWS2000 CPS New Worker Policy Training. Fund: CPS

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 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 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 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 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 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 Rate: 75%

CWSE2090: Injury Identification: This course 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 Rate: 75%

Family Services Programs- Instructor-Led Course

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 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 Rate: 75%

CWSE1041/CWS1041 Legal Principles in Child Welfare Practice - 1 day Blended Course

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 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 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 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 Rate: 75%

CWS2000.1: 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 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 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
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 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 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 Rate: 75%

CWS3071: Concurrent Permanency Planning – 1 day: 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 and building of full disclosure skills. 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
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 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 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 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 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 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 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 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: Principles of Leadership: This course emphasizes the critical role played by supervisors in the Social Services system. Supervisors will enhance their ability to recognize, select and use supervisory styles and strategies to enhance and sustain effective job performance. In particular, Supervisor will

explore the qualities of effective leaders including Vision, Integrity, Creativity, Decisiveness, and Emotional Intelligence and how these qualities impact staff and ultimately customer service; learn about the different types of Leadership power and influence; and, will have the opportunity to identify various Leadership challenges such as lack of resources, handling customer complaints and time constraints and explore possible solutions. Parallel Process and change management are also introduced and discussed to enable supervisors to examine how their behavior affects outcomes for staff and clients. 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 positively assist staff implement change will be discussed with a review of strategies for change management. Fund: IV-E Rate: 50%

SUP5702: Management of Communication, Conflict and Collaboration: This course introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Collaboration 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. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community and by emphasizing the interrelated relationship between these three concepts. Fund: IV-E Rate: 50%

SUP5703: Enhancing Staff Performance and Growing a Team: This course is intended to help supervisors learn how to hire and develop competent, confident, and committed staff that can perform the tasks assigned to them and support the agency mission/goal. Supervisors will explore different interview techniques such as Behavioral Interviewing, Routine Questions, Situational Questions, the STAR method and Written Work Samples to select applicants who demonstrate the attributes and competencies needed for the position. The role of orienting and training new employees is also highlighted including the best practice of a learning culture in the unit and Agency. Supervisors are introduced to the concepts of managing by data, performance assessment, performance evaluation, and performance improvement of the individual staff in their unit, techniques for maximizing performance such as the use of Coaching, Training, and Mentoring. Also discussed is the necessity of written performance expectations and are introduced to the Practice Profiles. The connection between a competent staff and a highly functioning unit is outlined. 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 along with 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 Rate: 50%

SUP5704 Critical Issues in Family Services Supervision: This course is presented within the context of the Parallel Process with an emphasis on issues primarily related to supervising workers doing the challenging work in Family Services. Beginning with the importance of values; specifically how we connect our own personal values to the mission and vision of the organization, the direct work we do with families, the Supervisor-Worker relationship and the functioning of the work team. Characteristics of trust and boundaries, in the field and within the unit, are defined, and suggested guidelines for professional boundaries are provided. Supervisors are given tools to assess the current Learning Culture of their unit and agency and are presented with an opportunity to develop a plan to create and maintain a culture that nurtures collaborative learning, critical thinking and competence. An exploration of worker emotions, behaviors and personality characteristics on a spectrum ranging from desirable, to challenging (but workable), to problematic; with specific attention paid to the application in the selection and performance management processes as well as managing emotional interference to doing the work. The course closes with to help the supervisor model self-care and resiliency to maintain a positive connection

to their position and colleagues, reduce recidivism and promote a trauma-informed team. Fund: 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.

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 Rate: 75%

CPS Appeals and Redaction Webinar: This training is intended to provide information on the child protective services appeals process at both the local and state level. It will take you through completing your CPS investigation, how to avoid common mistakes and pitfalls and provide a brief explanation of each step of the appeals process. Included will be tips for redaction of a record. This training will allow for questions and participation. Trainers: Jim Pope, Hearing Officer for Fairfax County Department of Family Services and Christopher Spain, CPS Program Manager, Division of Family Services. Fund: CPS

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 is 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.

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 whom foster and adoptive homes are needed

2018 Update

As of January 1, 2018, there were 5,204 children receiving foster care services in Virginia. Of these, 2,701 were male and 2,503 were female. As noted in the table below, 13 to 18 year olds make up 39.0% of these children.

<1	235	4.5%
1-5 years	1,256	24.1%
6-9 years	781	15.0%
10-12 years	615	11.8%
13-15 years	806	15.5%
16-18 years	1,222	23.5%
19+	288	5.5%

Black	1591	30.6%
White	3009	57.8%
Hispanic	525	10.1%
Am Indian Alaskan Native	3	1%
Asian	35	0.7%
Hawaiian Pacific Islander	7	0.1%
Multi-race	467	9.0%
Race Unknown	3	0.1%

Return Home	2024	38.9%
Relative Placement	495	9.5%
Adoption	1641	31.5%
Permanent Foster Care	276	5.3%
Independent Living	309	5.9%
Another Planned Perm Living Arr	53	1.0%

Average Time in Care (in Months)	20.47
Return Home	11.23
Placement with Relatives	19.68
Adoption	32.43
Central	14.5%
Eastern	17.1%
Northern	25.5%
Piedmont	26.3%
Western	16.7%

2018 Update

The VDSS, Family Recruitment unit hosted its first inaugural Foster Parent Appreciation and Recruitment Expo “Impacting Lives for a Lifetime” during Foster Care Month. The event was open to both current and prospective foster parents throughout the state to participate in a unique opportunity honoring current foster parents for their dedication and support and to promote awareness for those interested in learning more about how to become a foster parent. The expo was designed to also engage participants in informal discussions designed to increase their understanding of our state’s foster care needs and the available resources and support for foster parents. Statewide, radio partners also were engaged in promoting this event to educate citizens of the Commonwealth regarding ways they can support Virginia’s children in foster care. A café’ style model was used to promote dialogue focused on approval requirements, home study process, pre-service requirements, ongoing training, foster parent roles and responsibilities, challenges and rewards of being a foster parent, normalcy and foster care experiences from a child’s perspective. Current foster parents also shared personal insight and emphasized the importance of peer to peer support. In addition to this statewide event, local agencies plan recruitment activities throughout the year. Local agencies target recruitment practices and efforts to secure adoptive placements. Agencies have continued to collaborate with local news media websites, conduct radio interviews, secure display tables at community events and attend speaking engagements. Some agencies have staff who are dedicated to working with relatives regarding training, approval and development of supports. To further support older youth in foster care, additional outreach efforts included a social media campaign. During the recent year, the Foster Parent ID card initiative was implemented to highlight the significant role of foster parents. Through this new project, each foster parent will have the opportunity to obtain a foster parent ID card that solidifies their partnership with VDSS, local agencies and the community.

In support of Virginia’s child specific diligent recruitment efforts, Connecting Hearts, DePaul, Lutheran Family Services and One Church One Child, participated in the expo and provided information regarding children needing an adoptive placement.

VDSS purchased marketing materials that reflected the expo theme to support branding. T-shirts, magnets, rack cards, take-away bags and lunch totes were all supplied at the expo and are available to local agencies for future recruitment events.

Specific strategies to reach out to all parts of the community

VDSS’ Division of Family Services, Foster Parent Recruitment unit works collaboratively with the Public Affairs Department on statewide campaign and outreach efforts. Such efforts include: radio and television advertisements and diligent recruitment of marketing materials.

The use of AdoptUSKids’ FITT tool (Family Intake and Tracking Tool) has shifted and is currently assigned to four contractors who are funded under FAM-17-042-01. These contractors are assigned specific regions; Central region-Connecting Hearts; Northern and Piedmont regions-VA One Church One Child; Eastern region-Lutheran Family Services; and, Western region-DePaul Community Resources and provide tracking and follow up to the families registered through FITT.

The original 24 pilot agencies still have access to the tool which is made available to them to support their ongoing efforts to recruit foster families.

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.

2018 Update

The Adoption and Family Recruitment consultants work with each LDSS in their region around foster and adoptive family approval standards. The regional consultants conduct annual agency case reviews (ACRs) for each of the local agencies in their region. During these reviews consultants gather information pertaining to recruitment efforts and address the following questions;

- How many approved families does the agency have?
- How does the agency conduct foster /adoptive family recruitment?
- How often does the agency conduct foster /adoptive family recruitment?
- What is the agency's process for responding to foster care and adoption inquiries?
- How often does the agency have pre-service training for prospective foster/adoptive families?

Specific recruitment efforts have been targeted towards the recruitment of relatives and approving them as providers. The Adoption and Family Recruitment consultants continue to assist the LDSS to support and promote the use of kinship families and support the LDSS' ongoing efforts to increase their capacity for recruitment, development and retention of foster and adoptive families. With the implementation of the ACR process the consultants can now focus on the individual needs of the agency as it pertains to possible barriers to recruitment.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information

2018 Update

The VDSS, Adoption and Family Recruitment unit hosted its first inaugural Foster Parent Appreciation and Recruitment Expo. The expo invited both current and prospective foster parents throughout the state to participate in a unique opportunity to honor current foster parents for their dedication and support but also engage prospective foster parents in informal discussions designed to increase their understanding of our state's foster care needs and the available resources and support for foster parents. Statewide, radio partners also were engaged in promoting this event to educate citizens of the Commonwealth regarding ways they can support Virginia's children in foster care. Additional outreach efforts included a social media campaign highlighting the needs of homes for older youth in foster care. During this event participants were provided a forum in which they were able to provide peer support, collaboration and discuss their personal experiences as foster parents. In addition to this statewide event individual recruitment efforts are made on the local level. Local agencies throughout the state focus on agency specific recruitment and child specific recruitment when needed for adoptive placements. Agencies collaborated with local news media websites, conduct radio interviews, secure tables at community events, attend speaking engagements at community events, as well bring awareness using flyers,

newspaper articles/ads, etc.) Some agencies have specialized kinship workers, that work with relatives and relative approvals, training, and support.

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 are 120 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 "warm line" 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.

2018 update

The VDSS public website provides a list of all 120 local agencies in Virginia, which includes the agency's address, phone numbers and the director name. The general public can easily access the VDSS website to gain information on how to begin the process of becoming an approved foster parent. This information is available 24 hours a day, from anywhere when there is internet access. LDSS are open during normal business hours and some may be available during evening hours. Virginia's Foster Parent Association, NewFound Families, oversees the statewide 1-888-2FOSTER, hotline that responds to inquires pertaining to becoming a foster parent. NewFound Families provides general information and refers those interested in becoming a foster or adoptive parent to their local agency. NewFound Families continues to operate its "warm line" where messages are left and calls made back until there is a connection.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations

2018 Update

Over the past year, Resource Family Consultants (RFC) have 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 approval 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®

There are four contractors providing child specific adoption recruitment services under this funding stream. Extreme Recruitment® is a race to permanency for youth who have parental rights terminated and have been waiting the longest for an adoptive family or those who have characteristics that put them at risk of aging out of the system without permanency. The contractors are working in partnership with the youth's permanency team to find persons related by blood or fictive kin (i.e., former foster families, teachers, coaches) who may be prospective permanency resources for the youth or a significant reconnection for the youth to ensure support after foster care. The contractors are C2Adopt, United Methodist Family Services (UMFS) Tidewater, UMFS Northern VA and Radford Department of Social Services. C2Adopt is providing services to all of the localities in the Central Region. UMFS Tidewater is contracted to provide services in the Eastern Region (e.g., Accomack, Brunswick, Dinwiddie, Franklin, Gloucester, Greensville-Emporia, Isle of Wight, James City, Mathews, Northampton, Prince George, Southampton, Surry, Sussex and York-Poquoson counties; and the cities of Chesapeake, Hampton,

Newport News, Norfolk, Virginia Beach and Williamsburg). UMFS Northern VA is contracted to provide services in the Northern Region (*e.g., cities of Alexandria, Arlington, Fredericksburg, Manassas, Manassas Park; and Clarke, Culpepper, Fairfax, Fauquier, Frederick, Greene, Harrisonburg-Rockingham, King George, Loudon, Louisa, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah, Spotsylvania, Stafford, Warren and Winchester counties*). Radford DSS is contracted to provide services in the Western Region (*e.g., City of Radford; and Montgomery, Floyd, Grayson, Giles and Washington counties*).

For SFY 2018 the contractors served a total of 66 youth. There were 41 children connected with relatives. There were 215 relatives identified during the search process. There were 26 youth in congregate care at the time of the Extreme Recruitment referral. There were 7 adoptions finalized as a result of the Extreme Recruitment contractors.

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 No Cost contract ended in October 2017. Change Who Waits currently works with Virginia's Kids Belong, an affiliate of America's Kids Belong.