Commonwealth of Virginia

Department of Social Services

Division of Family Services

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Frequent Abbreviations

APSR	Annual Progress Services Report
BHDS	Virginia Department of Behavioral Health and Developmental Services
CAPTA	Child Abuse Prevention and Treatment Act
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Service Plan
CFSR	Child and Family Services Review
CORE	Council on Reform
CPMT	Community Policy and Management Teams
CPS	Child Protective Services
CSA	Comprehensive Services Act for At Risk Youth and Families
CSB	Community services boards
CSCG	Annie E. Casey Foundation Strategic Consulting Group
CQI	Continuous Quality Improvement Unit
DFS	Division of Family Services
DJJ	Virginia Department of Juvenile Justice
DMAS	Virginia Department of Medical Assistance Services
DOE	Virginia Department of Education
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ETV	Education and Training Vouchers
FACES	Virginia's Foster, Adoptive, and Kinship Parent Association
FAPT	Family Assessment and Planning Teams
FFY	Federal fiscal year
ILP	Independent Living Program
LDSS	Local departments of social services
OBRA	Outcome Based Reporting and Analysis Unit
OCS	Office of Comprehensive Services for At Risk Youth and Families
PCAV	Prevent Child Abuse Virginia
PSSF	Promoting Safe and Stable Families
RAFI	Rural Adoptive Family Initiative
SEC	State Executive Council
SFY	State fiscal year
SLAT	State and Local Advisory Team
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services
VYAC	Virginia's Youth Advisory Council

Format of the Report

I. Description of Continuum of Child and Family Services

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

II. Primary Strategies, Goals and Action Steps

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

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

III. Additional Reporting Information

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

IV. Outcomes, Goals and Measures

Virginia has integrated the outcomes, goals and measures of two important initiatives into Virginia's Five Year State Plan for Children and Family Services:
- Virginia's Children's Services System Transformation; and
- The Federal Child and Family Services Review *(CFSR).*

V. Attachments

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

I. Description of Continuum of Child and Family Services

A. Child Safety Services

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

1. Child Safety Prevention Services

Prevention services include activities that promote certain behaviors as well as stop actions or behaviors from occurring. Child abuse and neglect prevention activities in Virginia include the following recognized approaches:
- Public awareness activities such as public service announcements, information kits and brochures that promote healthy parenting practices and child safety;
- Skills-based curricula for children that help them learn about and develop safety and protection skills;
- Parent education programs and parent support groups that help caregivers develop positive discipline techniques, learn age appropriate child development skills and gain access to needed services and support;
- Home visitation programs that provide support and parenting skill development;
- Respite crisis care programs that provide a break for caregivers in stressful situations; and
- Family resource centers that provide formal and informal support and information.

Healthy Families: The Virginia General Assembly appropriates funding for the Healthy Families program. These funds are currently awarded to 38 local Healthy Families sites serving 87 communities in Virginia to provide home visiting services to new parents who are at-risk of child maltreatment. However, funding for Healthy Families Programs have been reduced by 28% and 35% respectively from the 2010 and 2011 state budgets. It is unknown at this time how many sites will be able to continue to operate. New contracts are being negotiated for the new state fiscal year. The Healthy Families' goals include: improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. The statewide organization, Prevent Child Abuse Virginia (PCAV), also receives funding through the Healthy Families Initiative to provide technical assistance, quality assurance, training and evaluation for the Healthy Families sites.

Child Abuse and Neglect Prevention Sub-Grants: The funding for these grants comes from the state Virginia Family Violence Prevention Program and from the Federal Community-Based Child Abuse Prevention *(CBCAP)*. Twenty-two grants were awarded to fund child abuse and neglect prevention programs for the period of July 1, 2009 to June 30, 2010 through a request for proposals issued in February 2008. All 22 projects were renewed for state fiscal year 2010 *(July 1, 2009 – June 30, 2010)*. In January 2010, a new RFP was issued. A total of 39 proposals were received and 27 have been recommended for funding including three mini grants for special initiatives around parent involvement and fatherhood. The other projects provide direct services to parents and children at risk of abuse and neglect, regional and statewide training, public education, outreach and technical assistance. Special populations served include pregnant and parenting teens, Hispanic families, homeless families, incarcerated parents, high risk fathers, elementary and middle school children, parents with disabilities and children with disabilities. Services provided include family assessments, home visiting, bilingual parent education and support groups, resource awareness, service coordination, family events, playgroups and the use of a parent education van equipped with education materials and other resources that travels to neighborhoods reaching out to parents.

2. Child Safety Prevention Collaborations

Governor's Advisory Board on Child Abuse and Neglect: State Child Protective Services *(CPS)* staff continues to support the efforts of the Governor's Advisory Board on Child Abuse and Neglect. The Board oversees the implementation of the statewide plan for the prevention of child abuse and neglect. The Child Abuse Prevention Committee reports to the Board. The Board responds to legislative proposals and CPS regulations, and co-sponsors the annual Child Abuse Prevention Month activities and Symposium held in April to recognize Child Abuse Prevention Month. This year the conference entitled, "Now is the Time … Children Can't Wait" was held on April 22, 2010 and attracted over 250 participants.

Child Abuse Prevention Play: VDSS annually contracts with Theatre IV for the production and delivery of performances of the child sexual abuse prevention play "Hugs and Kisses" in elementary schools across Virginia. Theatre IV subcontracts with Prevent Child Abuse Virginia *(PCAV)* and Virginia Commonwealth University for continued evaluation. VDSS and PCAV staff provides training on child sexual abuse to each touring cast.

Other Child Abuse Prevention Collaborations:
CPS Prevention Staff serves on several interdisciplinary initiatives that directly or indirectly address services, prevention and the child abuse prevention plan. The activities of the Home Visiting Consortium and of the Parent Education Work Group are included in Virginia's Early Childhood Plan and the Governor's Smart Beginnings Initiative.

Home Visiting Consortium: The Virginia Home Visiting Consortium is addressing issues such as training, data collection and collaboration for state-funded home visiting programs. VDSS is a member of the Consortium along with the Virginia Department of Health *(VDH),* DMAS, BHDS, DOE, and two non-profit partners. The Consortium operates as part of the Virginia Early Childhood Initiative and is working to increase local and state collaborative efforts in order to increase the efficiency and effectiveness of Virginia's home visiting services. The Consortium is currently working on the needs assessment and application for the new federal home visiting funds.

The Virginia Statewide Parent Education Coalition *(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 and also links with the work of the Child Abuse Prevention Committee. VSPEC consists of state and community stakeholders and service providers working together to identify gaps in parent education and to strengthen existing services. VSPEC sponsors an annual parent education conference and is working to improve the availability and quality of parent education programs.

Child Abuse Prevention Month: The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 2,000 packets are printed and distributed annually. The packet is posted on the VDSS public web site at:
http://www.dss.virginia.gov/family/cps/prevention_month.cgi and on the PCAV web site at:
http://www.preventchildabuseva.org for wider distribution.

Virginia Child Protection Newsletter *(VCPN):* An agreement is renewed annually with James Madison University for the publication of VCPN. The circulation of the newsletter is approximately 13,000 people. The topics for the three newsletters for 2010 are: Maltreatment: Long-Term Effects; 35 Years of Progress in Prevention and Intervention; and Child Sexual Abuse. VCPN is also on the web at: http://psychweb.cisat.jmu.edu/graysojh.

3. Child Protective Services *(CPS)* **Program**

Children Served. The number of CPS complaints has remained relatively stable over the past 10 years with approximately 30,000 to 34,000 reports annually involving approximately 47,000 to 51,000 children. In 2009, there were 33,405 reports completed of suspected child abuse and neglect involving 47,571 children. Of those, 5,921 were founded and 33,859 reports were placed in the Family Assessment Track. In SFY 2009, 34 children died as a result of abuse and neglect.

Child Protective Services *(CPS)***:** CPS is a program operated by VDSS focused on protecting children by preventing abuse and neglect and by intervening in families where abuse or neglect may be occurring. Services are designed to:
- Protect a child and his/her siblings;
- Prevent further abuse or neglect;
- Preserve family life, where possible, by enhancing parental capacity of adequate child care; and,
- Provide substitute care when the family of origin cannot be preserved.

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

Activities for child protection take place on the state and local levels. At the state level, the CPS Unit is divided into central and regional offices. Roles of the central office include:
- Developing regulations, policies, procedures and guidelines;
- Implementing statewide public awareness programs;
- Explaining programs and policies to mandated reporters and the general public;
- Coordinating and delivering training;
- Funding special grant programs; and
- Maintaining and disseminating data obtained from an automated information system.

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

Regional office staff provides technical assistance, case consultation, training, and monitoring to the 120 LDSS. LDSS staff is responsible for responding to reports of suspected child abuse and neglect and for providing services in coordination with community agencies in an effort to provide for the safety of children within their own homes. Services can be provided through either an Investigation or a Family Assessment Response. The Investigation focuses on the situation that led to a valid abuse or neglect complaint involving a serious safety issue for the child. A disposition of founded or unfounded is made, and, if the disposition is founded, the name(s) of the caretaker(s) responsible for the founded abuse or neglect is entered in the state's Central Registry. The Investigation will also identify services that are to be provided to the family.

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

Under Virginia law, an abused or neglected child is one under the age of 18 whose parents or other person responsible for his care cause or threaten to cause a non-accidental physical or mental injury, create a high

risk of death, disfigurement or impairment of bodily or mental functions, fail to provide the care, guidance and protection the child requires for healthy growth and development, abandon the child, or commit or allow to be committed any act of sexual exploitation or any sexual act on a child.

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

CAPTA: There have been no substantive changes in State law since the last submission that could affect Virginia's eligibility for the CAPTA State grant. There have been no changes to the State's provisions and procedures for criminal background checks for prospective foster and adoptive parents, and other adults residing in the household.

Twelve of the 14 CAPTA areas have been selected for improvement and are included with the Strategies, Goals and Action Steps within the 5 year plan and within PIP strategies. CAPTA State grant funds are used for a variety of projects and functions. Several activities mentioned above in the Child Safety Prevention Collaboration are funded through the CAPTA grant including: The Governor's Advisory Board on Child Abuse and Neglect, the child abuse prevention play "Hugs and Kisses", and the Virginia Child Protection Newsletter. A portion of the CPS hotline is also funded with CAPTA funds. Specifically, intake, screening and referral of reports activities are covered and some hotline staff costs. The State grant funds are also used to cover the costs of printing reports, public awareness materials, and the mandated reporter booklets. Other administrative costs like travel and training are covered by the state grant as well. Specific trainings funded with this grant include: SDM training and forensic interviewing "Child First" training (formally Finding Words). Virginia's contract with the Children's Resource Center (CRC) for SDM is covered through this grant.

B. Permanency Services

VDSS' permanency efforts are implemented through the Promoting Safe and Stable Families Program, the Foster Care Services, Independent Living, Adoptions Programs, Interstate Compact on the Placement of Children, and Resource Family Development. Each area is described below:

1. Promoting Safe and Stable Families *(PSSF)*
PSSF services reflect the Virginia Children's Services Transformation 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, or individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home. The program funding is flexible and a local planning body determines what community services on behalf of the children and families in their respective communities will be funded or reimbursed for services.

The PSSF Program provides services to children who are at risk of out-of-home placement or who are in Foster Care. Services include:
- *Family preservation***:** These services are designed to help families alleviate crises that might lead to out-of-home placements for children because of abuse, neglect, or parental inability to care for

them. They help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.

- *Family support*: These services are voluntary, preventive activities to help families nurture their children. They are often provided by community-based organizations. These services are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources and supportive networks which assist parents with child rearing. Family support activities include respite care for parents and caregivers, early development screening of children to identify their needs, tutoring health education for youth, and a range of center-based activities.

- *Time-limited family reunification*: These services and activities are provided to children who have been removed from home and placed in a foster home or a child care institution and to their parents or primary caregivers. The goal is to facilitate reunifications safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that children entered foster care. Services may include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; behavioral health services; assistance to address domestic violence; temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services.

- *Adoption promotion and support*: These services and activities are designed to encourage adoptions from the foster care system that promote the best interests of children. Activities may include pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

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

Table 1: Promoting Safe & Stable Families Program Service Array			
Service Code	Service Array	Service Code	Service Array
010	Adoption Promotion/Support Services	160	Juvenile Delinquency/Violence Prevention Services
020	Assessment	170	Leadership and Social Skills Training
030	Case Management	180	Mentoring
040	Community Education and Information	190	Nutrition Related Services
050	Counseling and treatment: Individual	200	Other (identify)
051	Counseling: Therapy Groups	210	Parent-Family Resource Center
060	Day Care Assistance	211	Parenting Education
061	Developmental/Child Enrichment Day Care	212	Programs for Fathers (Fatherhood)
070	Domestic Violence Prevention	213	Parenting Skills Training
080	Early Intervention (Developmental Assessments and/or Interventions)	220	Respite Care
090	Educational/ School Related Services	230	Self Help Groups (Anger Control, SA, DV)
110	Financial Management Services	235	Substance Abuse Services
120	Health Related Education & Awareness	240	Socialization and Recreation
130	Housing or Other Material Assistance	250	Teen Pregnancy Prevention
140	Information and Referral	260	Transportation
150	Intensive In-Home Services		

Children and Families Served. The following table shows the number of children and families that received services by service type in 2010:

Children and Families Served by Service Type 90 Agencies reporting (1)		
Service Type	**Total Children**	**Total Families**
Preservation	4778	3572
Support	5524	4299
Reunification	1104	692
Adoption (2)	11	9
Other PSSF Services (3)	41985	38755
Total	53,402	47327

(1) The information reported is based on nine months of the State Fiscal Year. This allows PSSF home office staff time to prepare the Child and Family Service Plan Annual Progress and Services Report that goes to the U.S. Department of Health and Human Services (HHS).

(2) $2M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This amount includes localities that provided local adoption initiatives.

(3) Some localities provided services that do not lend themselves to identifying data, as they are not targeted toward specific individuals or families (e.g., library resource centers, websites, newsletters, information and referral, community fairs, etc.)

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

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

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

Communities are required, under their community assessment and planning process, to establish and document linkages among services, programs, agencies, organizations, parents and advocacy groups in order to identify and prioritize service needs. Almost all LDSS *(115 of 120)* have approved PSSF plans, with some LDSS covering more than one local jurisdiction.

Program Monitoring & Outcome Measures: The PSSF state office staff conducts training in the five regions of the state to assure local program staff knowledge in the following key areas: service planning

and delivery; outcome measurement; data management; and budget development. Ongoing monitoring is conducted to ensure the appropriate use of funds.

Regular reports are required of each locality to determine how well the localities meet the objectives. The reports include numbers of:
- Families receiving prevention services, and how many of their children enter foster care;
- Families whose children are in foster care 15 months or less who receive reunification services;
- Children who are placed with relatives other than the natural parents;
- Children for whom a new abuse complaint was made; and
- Families served by ethnicity.

PSSF Community Needs Assessment Analysis: In preparation for the statewide assessment for the 2009 CFSR and for local service development for the next five years, VDSS requested that the 115 participating localities complete two surveys.

A Community Needs Assessment and an Inventory of Community Services, Gaps and Needs by September 30, 2008. The inventory included child abuse and neglect prevention services and was developed by the Family Preservation and Child Protective Services staff. VDSS is required to report this information in its annual report to the United States Department of Health and Human Services as lead agency for the federal Community-Based Child Abuse Prevention Program *(CBCAP)*. The PSSF Service Array was expanded to include additional services for the CBCAP inventory report.
An assessment of FAPT as a practice model and of two commonly used PSSF services *(Assessments and Parenting Education)* in early 2009. This needs assessment continues to drive service planning and delivery in each locality. A full report of the results of the Community Needs Assessments is available in the 2009 APSR document.

Virginia has implemented a best practice model to engage families at a point in time in the life of a child welfare case. Family Partnership meetings involve the birth families and community members, along with resource families, service providers, and agency staff, in all the placement decisions, to ensure a network of support for the child and adults who care for them. The model focuses on treating families with respect so that they can more concretely identify their family and children's needs.

As part of engaging families, robustly informing and encouraging families to take advantage of services to increase parenting skills creates the opportunity to improve well-being outcomes for children/youth and to decrease the return rate to foster care. In the SFY 2010 Year-End Reports, four localities reported using PSSF funds to support the implementation of Family Partnership Meetings: Albemarle/Charlottesville, Campbell County, Greensville/Emporia, Norfolk, and Winchester. Several localities have also added or expanded fatherhood programs as part of parent education: Arlington, Gloucester, Greensville/Emporia, and Richmond County.

2. Foster Care Services Program

Children served. A total of 9,376 children received foster care services throughout FFY 2009. However, this number reflects children who were in care at any point in time during the year and is an aggregate number of children served. On September 30, 2009, there were 6,017children in foster care.

Reductions in children in care from prior year totals reflect major efforts to "clean up" OASIS data, providing financial incentives to place children in community-based settings, reductions in the number of children in congregate care (48%), increase reliance on foster family homes (a 9% increase), greater push to discharge children to permanency (7% increase), implementing real-time access to permanency data for

state and local staff (SafeMeasures), cross-system data sharing and state-supported implementation of selected best practices (e.g., family partnering).

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

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

VDSS continues to implement best practices to support local efforts to improve services to children and families involved in the foster care system. VDSS provides program training and technical support to each of its 120 LDSS through its regional support network of five foster care and adoption consultants. These consultants provide LDSS quality reviews, conduct technical assistance on new 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 Service and family support, stabilization and preservation services through regional training efforts and technical assistance to all localities.

FFY 2010 steps to improve services and provide better and more efficient and effective guidance and support to localities include:
- Creating teams of regional consultants (CPS, Foster Care/Adoption, Resource Family, CRAFFT and IL) to collaboratively train and provide technical assistance to LDSS on family engagement in support of Diligent Search and Family Partnering Meetings;
- Developing the guidance and procedures need to implement a subsidized custody option for children in care;
- Accessing training on Performance Based Contracting;
- Development of a Child Welfare Manual (Prevention, Reasonable Candidacy, CPS, Title IV-E Eligibility, Permanency, Rate Structuring and Resource Family Approval) that will share a uniform format and incorporate the practice model into substantive policy and practice changes;
- Development of on-line applications and reporting tools for all program services that are not captured in OASIS (e.g., PSSF; Title IV-E Training pass-through); and
- Enhanced sub-recipient monitoring that includes on-site financial and program deliverable reviews.
- Establishing multidisciplinary workgroups to develop relevant guidance in developing improved practices for the health care and educational needs of children in care.

3. Foster Care Collaborations

Foster care services cut across other programs and child-serving agencies, including foster care prevention, Adoption, OCS, BHDS, DJJ, DOE and VDH. Virginia is actively working with other internal Divisions and state agencies to improve service delivery to children and families involved in foster care as one component of the Children's Services System Transformation. Other collaborations include:

FACES: VDSS is completing its second year of a sole-source contract with FACES for Virginia's Families. This contract is a response to the need to increase efforts to recruit, train and retain a diverse group of caretakers for children in foster care. FACES conducted its third annual conference in September, 2009. FACES collaborated with the Community Resource, Adoptive and Foster Family Training *(CRAFFT)* program and the VDSS Independent Living Services program to create a daylong competency based skills training for foster/adoptive and kin families and a youth track for older youth in care. Over two hundred foster parents and 50 youth attended the conference.

Members of FACES were included on the Virginia Children's Services System Transformation, the Child Welfare Advisory Committee, and Virginia's Rate Structuring Committee. Members participated in the health services and the educational workgroups, formed to evaluate and make recommendations regarding Virginia's response to the requirements of the 2008 Fostering Connections to Success and Increasing Adoption Incentives Act. Faces redesigned their web site to increase access to on-line support and trading for foster and adoptive families.

Permanency Advisory Committee *(PAC):* The PAC began regular meetings in 2009 and has grown in size through broader representation of stakeholders from around the Commonwealth. PAC established a clear purpose and charge, reflecting its advisory nature to the state's foster care and adoption programs, on policy and procedural changes needed to improve guidance to LDSS in both programs. With the changes affecting children's services in Virginia through the Systems Transformation, the PAC provides a venue within which guidance and best-practice is matched against the Virginia state practice model. In FFY 2010, PAC actively provided input on the development of a new format for guidance manuals and served as the primary representative group reviewing the first sections of the revised foster care manual. To create continuity across programs and other specialized foster care or adoption workgroups, the work of these additional groups is required to be sent to PAC for their input before finalization.

The Children Services System Transformation: Described earlier, these initiatives brought resources and a philosophical change to Virginia's practice of child welfare. For foster care, this has meant a progressive revision of the Foster Care Guidance manual to enhance consistency between practice-based guidance for the child welfare arena with the philosophy of the state practice model. All projects, initiatives, contracts and the daily work of the state foster care program were reviewed to assess their relevance regarding the vision of the Transformation and their relevance to the Foster Care program. The Foster Care Program staff assumed new responsibilities to support the implementation of best practices, such as family engagement and subsidized custody (guardianship). In keeping with the practice models' tenet related to "how we do our work is as important as the work we do", the Foster Care Program began a significant shift in how it accomplishes its work. After losing more than 50% of its work force, the state Program staff looked for ways to accomplish its goals in more efficient ways. State staff in charge of the independent living services component of Foster Care shifted outsourced the expansion of independent living services through a contract with a private agency. This shift allowed for greater expansion of services while streamlining the duties of state staff through changing their job functions to one of monitoring vs. actual program implementation. A second staff member assumed responsibility for implementing the National Youth in Transition Database (NYTD) instead of managing the day-to-day activities of Independent Living services across the state. Across the Foster Care program, increased use of workgroups employing the resources of key stakeholders from across Divisions, agencies and the public and private sector have been formed to review and address improvements in children's health care, education, rate setting, subsidized custody and NYTD implementation.

Court Improvement Program *(CIP):* VDSS continues to work in partnership with the CIP in Virginia. The Division Director and the Manager of the Outcomes Based Reporting and Analysis Unit have met with CIP leadership regarding such items as developing a system for sharing data across both systems. CIP staff continues to be involved in the on-going efforts of the VDSS Child Welfare Advisory Committee, which served as an advisory group for the development and implementation of the CFSR

Program Improvement Plan. In the last year, CIP staff also worked with VDSS, DJJ and the Office of the Attorney General to establish new procedures for how to bring children back into foster care that were committed to DJJ and are returning to the LDSS.

Office of Comprehensive Services for At Risk Youth and Families *(OCS):* Collaboration between the Foster Care Program and the OCS staff expanded in FFY 2010. Areas of collaboration include: Clarifying CSA and Foster Care Code interpretations regarding "prevention services" and who is eligible for such services; clarifying guidance related to supplemental clothing allowances for all children in care and use of the Independent Living Stipend for older youth in IL arrangements; involvement in regional family engagement roundtables with the regional Foster Care/Adoption Consultants, the CPS Consultants, the Resource Family Unit Consultants, the CRAFFT regional consultants and the IL Consultants.

Department of Education; Department of Medical Assistance Services: The Foster Care Program staff developed new and previously non-existent relationships with these agencies through workgroups to assess and develop improved policies and practices for children in care. Although these workgroups are discussed elsewhere in this report, it is important to note these collaborations in this section due to the strong and cooperative effort of these groups. The Educational workgroup's work plan includes a strategy to develop and document a process for on-going collaboration between the two state agencies that can also serve as a model for how local educational associations and LDSS' should work together on an on-going basis.

National Resource Center *(NRC):* Virginia used assistance from the NRC on Youth Development, the NRC on Special Needs Adoption, and the NRC on Permanency Planning and Family Centered Services. The Foster Care program used this support to facilitate further growth in developing model practices for improving independent living skills for youth and increasing the role of youth councils across the state. Dorothy Ansell and her staff assisted in training the five new regional Independent Living (IL) Consultants in how to train the Ansell-Casey Life Skills Assessment tool. As a result of this assistance, the IL Consultants have completed training of 16 LDSS in the use of this tool. This accomplishment was a component of the recommendations from the NRCYD 2008 evaluation of the results of the 14 pilots developed to test use of the Ansell-Casey Life Skills Assessment Instrument in Virginia.

Continued assistance from the NRCYD will continue into FFY 2011 to accomplish the goals first set out in an assessment conducted jointly by the NRC and IL staff in 2008. Additional assistance in rate setting, permanency program development and training for subsidized custody will be sought for FFY 2011.

4. Independent Living Program

Children served. According to SFY 2010 IL quarterly reports submitted by the local departments of social services (LDSS), more than 2,233 youth *(duplicate number),* ages 14 and over, received independent living (IL) services.

Independent Living Program

The Independent Living Program (ILP) is a component of the state's foster care program. While the goals and services of the program apply to older youth in care, these services are integrated throughout the Foster Care Manual to reinforce the need for all children and youth to learn independent living skills as their age and capability permits. IL services are not limited to youth with the goal of independent living or youth living in an IL arrangement. These services must be provided to each youth, age 14 or over, in foster care regardless of the youth's permanency goal. While the provision of such services is mandated

by law, assisting youth in developing the permanent connections and skills necessary for long-term success is the most important consideration in utilizing this funding.

ILP staff is responsible for developing policies, procedures and develop new programs as necessary to increase understanding of, and statewide services to older youth in accordance with the Chafee Foster Care Independence Program *(CFCIP)* and the Education and Training Vouchers (ETV) Program. LDSS are primarily responsible for providing IL services to eligible youth. LDSS continue to work closely with the local Comprehensive Services Act (CSA) teams which are responsible for overseeing the planning of, and approving state-pooled funds for, additional services for youth not covered by the CFCIP funds. Together, LDSS and CSA teams share the primary responsibility for ensuring that youth in foster care are provided with the services needed to enhance their transition into adulthood. Virginia Code indicates that youth are no longer in foster care when they reach the age of majority; however youth over the age of 18 who have been in foster care can voluntarily agree to receive IL services until age 21 years old. This population continues to receive all services available to youth in foster care and continue to have Medicaid coverage as long as they meet eligibility requirements. In addition, funding and services are available for youth between ages 18 and 21 who discontinued receiving IL services and then requested the resumption of IL services within 60 days. In accordance with options in the Fostering Connections to Success and Increasing Adoptions Incentive Act of 2008, Virginia is currently developing new guidance addressing how VDSS and LDSS will support youth who are adopted after attaining 16 years of age.

IL funds

VDSS funds LDSS efforts by allocating its CFCIP funds into three primary spending categories: basic allocations; demonstration projects; and ETV. VDSS does not have a trust fund for foster care youth.

Approximately 90% of Virginia's Chafee grant is spent on the following services to prepare youth for self-sufficiency: education; vocational training; daily living skills/aid; counseling; outreach services; and, other services and assistance related to building competencies that strengthen individual skills, promote leadership skills and foster successful independent living. The majority of the LDSS collaborate with community-based organizations and agencies to provide support and services to youth (i.e., local health departments, workforce investment boards [WIB] and one-stop centers, VA Cooperative Extension offices, etc.).

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 a previous 12 month period. Currently, 116 of Virginia's 120 LDSS actively participate in the ILP. The 4 LDSS not participating do not have age appropriate youth or they opt to use other funding sources to provide services to youth. For SFY 2010, 17 demonstration projects are being funded throughout Virginia involving 18 LDSS. The demonstration projects were begun 7 years ago, with the goal of creating innovative programs with a high potential to demonstrate progress toward achievement of the federal proposed CFCIP outcomes for eligible youth. Two years ago, the localities involve in demonstration projects were informed that funding for these specialized programs would end at the end of SFY 2010 Funding currently used for demonstration projects will be re-allocated to support a statewide public/private partnership with United Methodist Family Services.

In July 2009, VDSS awarded a contract to United Methodist Family Services (UMFS) to provide IL services to youth in and transitioning out of foster care statewide. UMFS' program is entitled **"Project LIFE, Living Independently, Focusing on Empowerment"** and services provided include, but are not limited to:
- the continued development of the Virginia Youth Advisory Council (VYAC);
- technical assistance to the five regional IL Coordinators' committees; and

- the initiation of a new regionally based "Educate, Advocate, and Elevate" (EAE) Initiative which is intended to develop an organized, structured and consistent program of services and training to older youth by providing assistance tailored to the needs of each of the five regions of the state.

Project LIFE's goal is to coordinate and enhance the provision of IL services to youth in and transitioning out of foster care. The partnership with UMFS has allowed VDSS to serve a greater number of older youth by establishing regionally based IL Consultants (5 plus a project manager) to help localities meet the goals of the Chafee Foster Care Independence Act and the Children's Services System Transformation. Project LIFE is built on the Virginia Practice Model, which emphasizes children's rights to permanency, and federal requirements for the provision of opportunities to develop adult living skills. This program will ensure older youth and LDSS staff is receiving the support, training and technical assistance needed for an integrated approach to youth permanency and preparation for adulthood.

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

- Became certified trainers for the Ansell Casey Life Skills Assessment and have provided trainings for LDSS and other stakeholders;
- Conducted a needs assessment on the Virginia Youth Advisory Council (VYAC) and the regional IL Coordinators committees in order to develop a comprehensive view of strengths and areas for improvement regarding IL programming needs and assets across Virginia;
- Involvement in the Regional IL Coordinator's committees meetings and events;
- Coordinated two VYAC weekend conferences with over 50 youth participants at each. Older youth co-facilitated some of the workshops and activities and served as mentors in the second of these conferences;
- Involvement in state work groups and committees representing the needs of older youth including the National Youth and Transition Database (NYTD), Family Engagement, Fostering Connections to Success Education Workgroup, and the statewide Permanency Advisory Committee;
- In the process of developing a youth council in each of the five regions; and
- Assisted with implementing Virginia's Family Partnering Model which currently includes meeting with the Foster Care/Adoption, CPS and Family Resource Consultants to jointly plan for their unique and collaborative roles in helping LDSS integrate this practice into all planning for children in care.

In order to increase the LDSS' capacity to meet the goals of establishing permanent connections for older youth and developing adult living skills, Project LIFE and VDSS are committed to assisting LDSS in providing necessary services to eligible youth on a statewide, regional and local basis. Through state and regionally-based initiatives, VDSS will continue to provide the leadership necessary for Project LIFE to accomplish the following objectives for FY 2011:

- Integrate the work of the state, regional and LDSS in accomplishing the goals of the Children's Services System Transformation as they relate to older youth in foster care;
- Identify unique permanency and IL skill needs of the LDSS and older youth in each region;
- Establish and maintain viable resources for the LDSS and youth to access individuals needs and then meet those needs (e.g., Ansell-Casey Assessment training to LDSS workers, providers and youth); and
- Coordinate purposeful and mission-directed regional ILP staff and youth advisory committees to meet the Transformation and federally required outcomes

Virginia is committed to having youth's voice and involvement in their own service planning, foster care policy, NYTD workgroup and other state committees and legislation. Five youth participated in the

Virginia's Child and Family Service Review (CFSR) conducted in July 2009 and there is a newly formed NYTD Youth Team.

Since 2006 VDSS has been collaborating with the Virginia Health Department (VHD), Richmond City Departments of Health and Social Services and federal TRAINING 3 to enhance planning, program and training activities to support the adoption of evidence-based approaches to teen pregnancy prevention. In December 2009 and integrating components of the Fostering Connections Act, the Virginia Teen Pregnancy Prevention Partnership for Youth in Foster Care (VTPPPYFC) sponsored a Virginia Roundtable on Teen Pregnancy Prevention for Youth in Foster Care and focused on policy recommendations to enhance success and sustainability for youth in out-of-home care. The following recommendations were offered to assist with preparing youth with the information and health services needed to avoid pregnancy:

- **Transition Plan for Youth Aging out of Foster Care**: Include sexual health education and services in the health section of the transition plan and encourage case workers to distribute information on pregnancy and STD/HIV prevention including the consequences of early pregnancy and parenting and connect youth with local/community health care services.
- **Short Term Training to Foster Parents and other Stakeholders**: Identify training tools to assist various providers and foster parents to more effectively communicate with youth regarding sexual health issues. Collaborate with community partners to provide education to staff, parents and youth on pregnancy prevention and support opportunities to attend training.
- **Health Oversight and Coordination Plan**: Include regularly scheduled reproductive health screenings within coordinated health plans improving assess to family planning services (including counseling on abstinence, birth control and medical treatment for STI.

In addition, the Foster Care Policy Specialist and ILP staff began work with the state Adult Services Program staff to develop cross-program policy guidance to increase linkages to adult services for appropriate services for those youth with disabilities aging out of foster care. This will be an on-going project for 2011.

For FY 2010, the VDSS used the federal government's outcomes for the purpose of evaluating our efforts in preparing youth for self-sufficiency as they exit the foster care system. They are:

1. Financial self-sufficiency
2. Education attainment
3. Positive connection with adults
4. Experience with homelessness
5. High-risk behavior
6. Access to health insurance

LDSS must develop and document in the Basic ILP application the outcomes to be achieved by use of these funds. 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. Formal service planning and review of the service plan by the juvenile and domestic relations court occurs at least annually. Service planning must involve multiple parties (i.e. mentors, foster parents, birth parents, relatives, and other individuals) as identified by the youth and as appropriate in the development of the service plan.

During this fiscal year, VDSS experienced an increased number of LDSS providing IL services; increased number of youth receiving post-secondary educational services; and increased ability to reach more youth through partnering with the private sector (Project LIFE) has increased resources on a regional level.

For FY 2011, VDSS will continue to enhance and increase linkages, coordination and collaborations among the different local and state agencies, organizations, and private providers. Such linkages would

clarify funding sources available for service provision and allow for effective and efficient planning around use of such funds; develop shared policies across child-serving agencies; and increase knowledge across systems regarding available services. Additional goals include:

- Increase youth involvement in service planning and developing transitional plan to promote permanency and self-sufficiency; and
- Increase the full array of independent living services and resources through implementing strategies for successful transition to self-sufficiency.

Education and Training Program

The ETV Program provides federal and state funding to help youth receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Vouchers are available of up to $5,000 per year per eligible youth for post-secondary education and training. Although the ETV Program is integrated into the overall purpose and framework of the Chafee Foster Care Independence Program (CFCIP)/ILP, the program has a separate budget authorization and appropriation from the general program.

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

1.   Reimbursements for expenses will not exceed the cost of the annual education or training program tuition and related expenses or $5,000 (whichever is less) per eligible youth per fiscal year;

2.   Will track and report on use of ETV funds separately from the Basic ILP allocation.

3.   Will use ETV funds to supplement and not supplant any other state or local funds previously expended for the same general purposes; and

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

Youth who were adopted from foster care after the age of 16 are also eligible for ETV funds. This information has been shared with the Adoptions Unit at VDSS to help promote the program. Virginia administers its own ETV Program through VDSS' ILP staff. Due to the state's outreach efforts, there has been an increase in the number of eligible youth participating in the program.

All localities are eligible to participate in the ETV Program. However, some localities do not participate due to not having eligible foster care youth. Youth must have a high school diploma or GED. Youth are made aware of program services and eligibility guidelines through social workers, IL coordinators, life skills training and educational workshops, the V-YAC, and marketing efforts of the VDSS ILP.   For SFY 2010, Virginia was allotted approximately $685,772 in ETV funds. For SFY 2010, over 415 students took advantage of ETV services and of that number 290 were new students. The number of youth that received ETV funds last year was 542.

Each year, the LDSS must complete an ETV Application and submit the number of eligible youth on the application to VDSS. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs for the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, giving a basic amount per youth. Each LDSS' eligible youth will then be multiplied by the basic amount per youth. Youth in foster care with the guidance of their IL coordinators create a transitional living plan which is a program requirement. Youth

are then able to access ETV funds based on the ETV student application, educational needs and availability of funding.

In addition to coordinating the states ETV program, the state IL Education Specialist is involved in several educational initiatives such as supporting the Community College Tuition Grant for foster care youth and special needs adoptees and the Great Expectations Program.

An Education Workgroup and work streams were developed to improve educational outcomes for youth in foster care by taking advantage of the changes in the Fostering Connections Act. The overall charge of the group is for Department of Education (DOE) and VDSS to coordinate policies and practices that will enhance local educational associations and LDSS' ability to work seamlessly in improving specific outcomes for children in foster care. Issues of interest included:

- DOE and DSS identified definitions and policies on immediate enrollment of youth who are entering foster care or changing placements that require changes to create consistency between the two departments;
- Specific VDSS data needs related to education (e.g., timely enrollment, attendance, graduation rates, etc.) for children in foster care. DOE may be able to make certain educational database changes to capture educational data for children in foster care.
- DOE's process for determining if it is in the best interest of the child to remain in his school of origin and VDSS's Family Engagement Model.
- A short-term workgroup to develop policies around transporting children and youth to their school of origin when placed in foster care was formed to provide proposed recommendations to the group (foster parents, LEA and LDSS representatives are involved).

The IL Education Specialist is co-chair of the Education Workgroup with a representative from DOE in accordance with improving identified outcomes for children in foster care, including but not limited to, establishing cross-agency guidance and procedures for immediate enrollment in school when a child is placed in foster care and cannot remain at his school of origin. DOE presented an overview of McKinney Vento (M-V) which is a foundation vehicle for improving educational outcomes as is the Fostering Connections Act that supports and directs the group's efforts. Lengthy discussions have taken placed as a result of the focused attention on how the procedures and requirements of M-V can help inform carrying out the intent of the educational outcomes of the Fostering Connections Act.

5. Independent Living Collaborations

Project LIFE: Project LIFE is a partnership with the VDSS. The goal of Project LIFE is to support permanency for older youth in care through the coordination and enhancement of independent living services by collaborating with local departments of social service, private providers and community stakeholders. (www.vaprojectlife.org) Project LIFE has taken over the responsibility of managing the Virginia's Youth Advisory Council *(VYAC).* The VYAC has developed into an organized and solid support group for older youth in care to develop and practice IL skills and to advocate for the needs of youth in foster care. It is composed of youth ages 15-21 statewide.

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

 Great Expectations: Great Expectations helps Virginia's foster youth complete high school, gain access to a community college education and transition successfully from the foster care system to living independently. The program helps ensure that young people have the personal connections and 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 was piloted in fall 2009 and is in partnership with:
- The First Lady through her "For Keeps" Initiative, VDSS and LDSS;
- Workforce Investment Boards; and
- One-stop centers, community colleges, alternative education providers, other public agencies, school to career partnerships, and employers.

The intent of Great Expectations includes:
- Help foster care youth ages 13 – 17 complete high school and move into higher education;
- Encourage youth transitioning from foster care to continue in an ILP;
- Offer a comprehensive program for foster care youth and alumni ages 18 -24 to help them gain access to a community college education; and
- Create an endowment that will provide long-term, consistent funding for the program when traditional sources are not available.

National Child Welfare Resource Center for Youth Development (NCWCYD)*:* VDSS continues to collaborate with the NCWCYD for training and technical assistance *(e.g. Ansell Casey Life Skills Assessment Training, Technical Assistance for Implementing Public-Private Partnership)* and made significant progress for improving Virginia's system of care for older youth.

Virginia Workforce Investment Act Youth Services Programs: Local programs and career centers provide "transitional services to employment" for Virginia's neediest youth.

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

Virginia Teen Pregnancy Prevention Partnership for Youth in Foster Care (VTPPPYFC): VDSS has been collaborating with VDH, Richmond City Departments of Health and Social Services and TRAINING 3 to enhance planning, program and training activities to support the adoption of evidence-based approaches to teen pregnancy prevention.

6. Adoption Program

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

The following chart shows Virginia's adoption initiatives and the funding for these initiatives in SFY 2010.

Adoption Initiatives SFY 2010	Funding Source	Allocation & Services
Adoption Support	Title IV-B, Subpart 2 Adoption	$1,125,000 Post Legal System $173,650 Anisworth Clinic $531,271 34 LDSS* array of adoption services
One Church, One Child	SSBG State General Funds	$183,209 recruitment
Adoption Services	SSBG State General Funds	$1,079,931 9 private agencies Full array of adoption services
Adoption Assistance	Title IV-E State General Funds	June 2009 $38,800,000 Title IV-E $34,100,000 State

* Lynchburg-Danville DSS, Montgomery DSS, Richmond City DSS, Petersburg City DSS, Shenandoah DSS

The contractors above who provided an array of adoption services reported the following successes in state fiscal year 2009. The adoption contractors offer assistance to the local departments of social services throughout the year. There are match retreats and match parties to try to local families for children awaiting a home. Of the 675 adoptions completed by the local departments of social services, 228 were completed by the adoption contractors or one-third of the adoptions in Virginia were facilitated by adoption contractors. During this year, the adoption contractors used child specific recruitment to attract families. The contractors trained and prepared the children and families prior to the finalization of the adoption.

Successes	Total
Children Served	1402
Families Served	1431
Final Orders	228
Non-Relative Care Adoptions	186
Non-Relative Care Placement	173
Relative Care Adoption	2
Relative Care Placement	519
Home Studies completed	222
Children Placed outside of their Locality	189
Inter-country Children Served who were in the custody of the local department of social services	0
Disruptions	10
Dissolutions (after final order with termination of parental rights)	1

Service Provided	Total
Families Attended recruitment session	13987.2

Families Attended orientation session	808
Families Attended parent/family training	543
Families Obtained pre-adoptive placement	362
Families Received post-adoption services*	400

During the SFY 2010, VDSS developed a program improvement plan. As a result of that review, VDSS has a plan, which involves a partnership between the LDSS and the adoption contractors, for a new way to do business for 2011. The following is a description of the Adoption Initiative 2011. Since the mid 1990s, the Virginia Department of Social Services has contracted with specific local agencies to address regional adoption needs and with private adoption child placing agencies through a competitive grant process to assist local departments of social services with an array of adoption services to achieve permanency with adoption as the goal. The most recent contracts became effective July 1, 2008 with two one-year renewals. The contractual arrangements with the thirteen contracts will end June 30, 2011.

Effective July 1, 2010, the adoption contracts will be redesigned by the Adoption Unit of the Division of Family Services, to support Virginia Children's Services Practice Model by achieving adoption in a timely manner through collaborative partnerships. This change has resulted from the need to improve compliance with the federal Child and Family Services Review standard to achieve adoption within 24 months of a child entering foster care and an adoption process improvement strategy to assist local agencies by providing child specific recruitment for waiting children.

The adoption initiative will serve two specific subsets of identified children awaiting adoptive placement:

- Youth who have had parental rights for both parents terminated, have a goal of adoption, are not in a pre-adoptive home and who have the potential to be adopted prior to the 24 month standard set by the federal government.

- Youth who have been identified as being at high-risk of aging out of foster care. These youth had parental rights for both parents terminated, have a goal of adoption, are not in a pre-adoptive placement, and generally may be over the age of 12, male and/or are African American, and will, in most cases, have surpassed the 24 months to achieve adoption since their entry in foster care.

Contractors will be assigned to local departments of social services with waiting children. Local departments of social services will participate in the initiative by reviewing available children with the goal of adoption to participate in this initiative and will collaborate with partner contractors on the child specific recruitment, and family assessments. Joint training will be provided for contractors and local agencies to achieve adoptions. The initiative will track the monthly status of the children and will provide quarterly reports on the success of the initiative to all local agencies. The assessment of this initiative will provide guidance for the development of future contracts to achieve adoption. A new RFP is due to be issued for the following fiscal year; this experimental year will inform that process and the efforts to achieve more timely permanency for children in foster care.

Adoption Assistance Program: Virginia's adoption assistance program provides a money payment or services to adoptive parents on behalf of a child with special needs who are either eligible for Title IV-E or state supported assistance. Virginia also provides non-recurring expenses and may provide special service payments for children who meet the state's definition of special needs. The total payment in state fiscal year 2009 was $72,800,000 which is an average of $1,010 per month per case. In addition, Medicaid may be provided to assist in meeting a child's medical needs.

Number of Children Served during SFY 2009:

- A total of 6009 children per month received Adoption Assistance.
- 4592 children received Title IV-E Adoption Assistance which is an increase of 8.2%.*
- 1417 children received State Adoption Assistance which is an increase of 2.7%.*
- The local departments of social services provided for a total of 675 adoptions in state fiscal year 2009.

(VDSS changed the method for determining the number of children served. The Title IV-E penetration rate was used to determine the number of adoption cases)

Adoption Evaluations and Assessments: VDSS contracts with the Mary D. Ainsworth Child- Parent Attachment Clinic (MDA) to provide pre and post-adoption mental health assessments for children and families interested in adopting or who have adopted children. The Mary D. Ainsworth Child-Parent Attachment Clinic provides assessments and evaluations to families statewide in need of mental health assessment after post adoption. During SFY 09, MDA provided assessments to 40 of the 70 families referred to them. Of the 40 families served, five families adopted children from other countries.

Adoption Family Preservation Services: Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services *(AFP)* system.   United Methodist Family Services provides for the state Adoptive Family Preservation (AFP) network. The AFP serves families who have adopted domestically and may also serve families that have adopted internationally. The AFP provides post legal adoption services to address presenting issues and concerns of the adoptive family. The system became functional in June 2000. During the first funding period, which ran from June 2000 through September 2001, 950 children and 500 families were served. During SFY 2002, 250 children received services and 158 families received services. The program has not grown financially since its inception. In their contract year of 2008, 254 children and families were served (unduplicated). There were over 703 inquiries and UMFS-AFP provided a total of 8,948.50 hours of services to the children and families.

For Fiscal Year 2008-2009, there were seven agencies that each supported a regional family counselor, a mental health consultant, and an adoptive parent liaison. Those agencies are: UMFS Northern VA, UMFS Tidewater, UMFS Charlottesville/Lynchburg, UMFS South Central, C.A.S.E., Coordinators 2, and DePaul Family Services: Roanoke/Abingdon. There were a total of 268 families served across 9 sites with a total of 8864.25 hours. There were 1823 hours of counseling offered to 183 families and 1870.25 hours of support groups offered to 118 families. UMFS is reporting 3803.5 hours of case management activities with 265 families and 89.5 hours of educational case management was offered to 33 families. There were 556.75 hours of information and referral activities completed for 568 inquiries. 1870.25 hours of supportive counseling was offered to 118 families and 96.5 hours of crisis intervention was offered to 23 families. There were 180.5 hours of parent training activities with 31 families and 97 families accessed the client fund.

Table 1. Families Served and Numbers of Hours of Service
October 2008 through September 2009

Families Served and Numbers of Hours of Service										
	Oct 08 – Dec 08		Jan 09 – Mar 09		Apr 09 – Jun 09		July 09 – Sept 09		Oct 08 – Sept 09	
	Families	Hours	Families	Hours	Families	Hours	Families	Hours	Families	Hours
Number of families served (unduplicated counts)	213 + 127 Inquiries	2,073.25	213 + 250 Inquiries	2292.75	223 + 97 Inquiries	2,244.25	231 + 94 Inquiries	2,254	268 + 568 Inquiries	8,864.25
Types of services provided										
Case	208	765.75	208	947.25	222	1,026.50	226	1,064	265	3,803.50

Families Served and Numbers of Hours of Service									
	Oct 08 – Dec 08		Jan 09 – Mar 09		Apr 09 – Jun 09		July 09 – Sept 09		Oct 08 – Sept 09	
	Families	Hours	Families	Hours	Families	Hours	Families	Hours	Families	Hours
Management (Educational Case Mgmt.)*	(10)	(21)	(16)	(27.50)	(9)	(24.25)	(7)	(16.75)	(33)	(89.50)
Counseling, Supportive	121	457.75	116	453.25	116	446	116	466	183	1823
Counseling, (Therapeutic)	17	130	18	111	18	121	22	171.50	34	533.50
Crisis Intervention	10	23.50	8	22.75	8	37	6	13.25	23	96.50
Support Group	73	556.25	67	456.50	76	453.50	80	404	118	1870.25
Training	8	25	17	75.50	6	39	8	41	31	180.50
Client Fund	3	NA	12	NA	55	NA	76	NA	97	NA
Information and Referral	127 Inquiries	115	250 Inquiries	226.50	97 Inquiries	121.25	94 Inquiries	94	568 Inquiries	556.75

* Educational case management is a sub-set of case management

Adoption Resource Exchange of Virginia *(AREVA).* VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA maintains an Internet website featuring photographs and narrative descriptions of waiting children at http://www.dss.virginia.gov/family/ap/children_for_adoption.html. (http://www.adoptuskids.org/states/va/index.aspx). AREVA supports efforts of AdoptUsKids on a national level and works with LDSS to have Heart Galleries in each of the five regions of the Commonwealth. Heart Galleries have been very effective in recruiting families for waiting children. More information about the Heart Galleries is available at: http://www.dss.virginia.gov/family/ap/heart_galleries/index.cgi. (www.heartgalleryva.org).

AREVA works collaboratively with LDSS during November of each year to promote Adoption Day Celebrations on the third Saturday and other adoption celebratory events throughout the month. The Virginia General Assembly passed House Joint Resolution 41 which recognized November 2008, and each succeeding year thereafter, as Adoption Awareness Month. The Governor signs a proclamation annually declaring November Adoption Awareness Month.

Number of People Served. As of May, 2010 567 children and 425 families were registered with AREVA.

Adoption Incentive Funds: In October 2008, VDSS received notice of a $163,000 Adoption Incentive Award based on adoptive placements of children from foster care during FFY 2007. These funds were offered to LDSS based on their increase of overall adoptions from the base year as well as the number of children adopted aged nine and older.

Sixty four *(64)* of Virginia's 120 LDSS qualified and were asked to submit plans for expending the awards that ranged from $521.20 to $18,763.20. A deadline of March 31, 2009 was set for the plan to be submitted and 56 plans were received and approved.

Plan components from the responding agencies and the frequency of occurrence include:
- Adoption Celebrations and Adoption Awareness Month – 8;

- Purchase of Lifebooks and supplies to develop Lifebooks – 10;
- Purchase of adoption educational materials such as books for the local public library, DVD's, etc. to be used with Adoptive Parent training and Adoption Support Groups – 6;
- Community Education on Adoption – 12;
- Post Adoption Services, child and family specific – 4;
- Contract services to augment adoptive home study and approval – 8; and
- Purchase of equipment to facilitate child specific recruitment – 6.

In June 2009, VDSS was provided another $ 30, 000. This additional funding and all unused funds allocated to LDSS was used by the VDSS Adoption Program for special projects such as the Heart Gallery or training. A Heart Gallery was opened in Warrenton Virginia on November, during Adoption Month that featured 24 children.

 All adoption incentive funds for FFY 2007 were expended by December 2009. Virginia did not receive adoption incentive fund in October 2009.

Other Services: In addition to adoption services for children in foster care, VDSS is the central records keeper of closed adoption records. The Department maintains over 250,000 closed adoption records dating back to 1942. During 2009, VDSS added 2,526 more adoption records to the archives. Information from closed adoption records may be released to adopted individuals over the age of 18 under specific circumstances, governed by law. VDSS also provides adoption services for children who are not in the custody of LDSS, as well as other court ordered services such as custody investigations and visitation.

7. **Adoption Collaborations**

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

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

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

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

The Center for Adoption Support and Education *(C.A.S.E):* This private, non-profit is an adoptive family support center. Its programs focus on helping children from a variety of foster care and adoptive backgrounds to receive understanding and support which will enable them to grow into successful, productive adults. C.A.S.E. defines post-adoption services as ongoing, comprehensive support services that include education, counseling, family forums, and advocacy which address clearly identified developmental issues and social-emotional challenges frequently shared by adoptees and their families. Post-adoption involves preventive measures to ensure the preservation of adoptive families.

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

Family Strengthening & Fatherhood Initiative (FSFI): This focus of this workgroup is to encourage active participation of each parent in the lives of their children; to promote ongoing quality family relationships between parents and children; and support the responsibility of fathers; regardless of marital or financial status, in raising children and in the health and well-being of their families.

Licensed Child-Placing Agencies: VDSS licenses private child-placing agencies to provide a continuum of adoption services to families. These agencies adhere to guidance documents for agency and non-agencies adoptive placements.

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 committees. VDSS provides resources to LGA to train on child dependency law cases and child welfare activities.

Mary D. Ainsworth Psychological Clinic: This clinic provides confidential psychological services under a contract with Office of comprehensive services and through a contract with Department. The VDSS contracts with the clinic to provide assessment and evaluations for children who have been adopted.

National Association of State Adoption Programs: This association provides a forum in which State Adoption Program Managers can pool their expertise and promote networking activities with other child welfare entities and individual professions to assist each state in developing and maintaining an efficient, state of the art adoption program.

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

Policy Works, Ltd. This independent, non-partisan organization provides services to inform policy and practice by conducting research, evaluation, and development services.

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. The VDSS collaborates with TIA to improve adoption practice and assist in developing clear guidance's 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. It collaborated with the VDSS to revise laws on parental placement adoptions, to revise and improve adoption subsidies for Virginia's children, and to provide input for proposed legislation.

Virginia Commission on Youth: This standing legislative commission of the Virginia General Assembly reviews complex issues related to Virginia youth and their families. It monitors developments in federal, state and local policies and laws which impact youth and their families. It contributes to the General Assembly's ability to make sound policy decision based on well-studied and reasoned

recommendations. It analyzes youth-related legislation *(proposed or existing)* for members. It addresses professional associations, civic and community groups on the legislative process, state and national policy issues impacting youth, and specific topical areas. It also educates interested groups on Commission studies. Finally, it serves on varied private and governmental task forces convened on children's issues.

Virginia One Church, One Child Program: This program is part of Virginia's campaign to recruit families to adopt waiting African-American children. This program also provides an annual conference to services workers of the public and private agencies on adoption best practices. The VDSS is a primary funder of the program.

Virginia Poverty Law Center Virginia Poverty Law Center *(VPLC):* This not-for-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. Finally, several state agencies also serve as partners, including:

Virginia Department of Education *(DOE):* DOE assists individuals who have been adopted 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 record of birth certificates and acknowledgement 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 Comprehensives Services for At Risk Youth and Families *(OCS):* OCS administers CSA which provides child-centered, family focused, cost effective, and community-based services to high-risk youth and their families. The VDSS collaborates with CSA to coordinate and provide services for children with adoption assistance agreements.

Office of the Attorney General *(OAG):* The VDSS collaborates with the OAG to receive legal advice on issues concerning adoption, the Virginia Putative Father Registry, and adoption disclosures.

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

Children placed out of the state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original jurisdictions should placements prove not to be in their best interests or should the need for out-of-state services cease.

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. An interstate compact *(a compact among the states that enact it)* is one such mechanism. Under a compact, the jurisdictional, administrative, and human rights obligations of all the parties in an interstate placement can be protected. Virginia has codified the compact and abides by the associated regulations.

Children Served. As of May 30, 2010, Virginia has 2,999 open ICPC cases and 2,671 open Interstate Compact on Adoption and Medical Assistance (ICAMA) cases.

Types of Placements Covered. The Compact applies to four types of situations in which children may be sent to other states:
- Placement preliminary to an adoption;
- Placements into foster care, including foster homes, group homes, residential treatment facilities, and institutions;
- Placement with parents and relatives when a parent or relative is not making the placement; and
- Placement of adjudicated delinquents in institutions in other states.

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

Safeguards Offered by the Compact. In order to safeguard both the child and the parties involved in the child's placement, the Interstate Compact:
- Provides the sending agency the opportunity to obtain home studies, licensing verification, or an evaluation of the proposed placement.
- Allows the prospective receiving state to obtain information sufficient to ensure that the placement is not "contrary to the interests of the child" and that its applicable laws and policies have been followed before it approves the placement.
- Guarantees the child legal and financial protection by fixing these responsibilities with the sending agency or individual.
- Ensures that the sending agency or individual does not lose jurisdiction over the child once the child moves to the receiving state.
- 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 responsibilities for the child must continue 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
A major accomplishment for this reporting period was the development and implementation of a border agreement between Virginia and Tennessee. During the winter of 2009, discussion began between the two ICPC state offices at the impetus of a judge in Tennessee. During this time, the Virginia ICPC Program Manager contacted the local directors in Southwest Virginia regarding this issue and got their feedback on how this could possibly be implemented in their agencies. After a number of conference calls between the Virginia ICPC Program Manager and the local directors, Virginia agreed to a meeting with Tennessee where they began the process of evaluating the possibility of developing an agreement that could meet the needs of both states

On May 1, 2009, the Virginia/Tennessee Border Agreement Summit was held at the court house in Washington County, Tennessee. Virginia was represented by the following agencies and/or staff: Denise P. Dickerson, ICPC Program Manager; Betty Arnold, ICPC Program Consultant; Mary Norris, Southwest Regional Child Protective Services Consultant; Tammy Francisco, Foster Care Consultant; the Counties of Buchanan, Dickenson, Russell, Tazewell, Smyth, Washington; and the Cities of Bristol, Lee, Norton, Scott and Wise. Also in attendance were the Juvenile and Domestic Relations Court judges from Virginia Judicial Court Districts 28, 29 and 30. These courts cover the eleven (11) local agencies that are covered under this agreement.

The purpose that was developed for the agreement is as follows: If during the conduct of a child protective services investigation or family assessment, a Tennessee Department of Children's Services or Virginia Local Department of Social Services case manager assesses a child to be as 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.

From June 2009 to January 2010, a subgroup of the Summit participants developed the Border Agreement process. It was signed by the Virginia Department of Social Services Commissioner, the eleven (11) local agency directors and the three (3) judges.

The border agreement was implemented in February 1, 2010. To date, there have been five (5) cases referred across state lines. One of the barriers that was identified was the child protective services checks the are required and provided by the Hotline in Virginia. This was resolved by making sure that all staff members are aware of this new process and the response time that is mandated by the border agreement.

Since the beginning of the implementation, each state has tracked referrals but they have not used a uniform tracking tool. On April 23, 2010, a teleconference was held and a committee was appointed to develop the official tracking system that will be used by both states. They will decide what elements should be tracked but the following have been suggested: date of referral; locality requesting the referral; locality receiving the referral; name of child; demographic information; outcome of care; comments; name and county of the court of jurisdiction; name of care giver; name of resource family; and identify any barriers to the referral process.

A follow up Summit has been proposed but a date has not been set.

Virginia/Tennessee Border Agreement –Custodial Children
Preliminary conversations started on April 23, 2010 related to the development of a border agreement for custodial children. There are many issues that must be determined before this can be finalized but a small group of Virginia and Tennessee foster care workers will begin to evaluate the possibility of developing this agreement.

9. Resource Family Development

In 2008, VDSS created the Resource Family Unit *(RFU)* that is responsible for recruitment, development and support activities for foster, adoptive and kinship caregivers, referred to as "resource families" in the Commonwealth. One program manager and five regional consultants comprise this unit. The overarching goal is to increase the quantity and quality of resource parents to be viable placement options for children in the system of care. In late 2009, regulations were passed mandating pre- and in-service training as well as implementing dual approval for family assessments (home studies). To ensure that agencies have the tools, knowledge and technical assistance needed to fully realize a system of recruitment and retention for resource families, the RFU has implemented a series of structured meetings and information based on Annie E. Casey's Breakthrough Collaborative methodology, called "Regional Peer Collaboratives" (RPC). This series can be repeated as needed to continue quality improvements in local agencies.

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

- Increase the likelihood that children are kept within their communities, without having to change schools or leave their faith community;
- Make better matches between children and their caregivers, so as to preserve their significant relationships, cultural and racial heritage, and family traditions;
- Decrease separation and loss issues inherent in foster care by focusing on those individuals already known to the child/family rather than defaulting to "stranger" foster care;
- Strengthen the communities from which our children are most often removed by investing in building strong resource families there—particularly important in more urban areas where the intersection of race, poverty and middle class bias contribute to the disproportionate removal of African-American children from their birth families; 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.

10. Resource Family Collaborations

Annie E. Casey Foundation and the Casey Strategic Consulting Program. These partners have been essential in developing the RFU, developing a strategic work plan to roll out resource family best practice for statewide implementation, and planning and executing regional learning cooperatives.

Community Resource, Adoptive and Foster Family Training *(CRAFFT).* CRAFFT has been addressing development and support issues for resource families for nearly six years. It is a collaborative venture between VDSS and Norfolk State University, Virginia Commonwealth University and Radford University. Two Coordinators are housed by each university. CRAFFT Coordinators provide direct pre-service training to families *(conducted in coordination with LDSS),* as well as provide some support to agencies to build their own training and support capacity. Similarly, CRAFFT Coordinators provide a wide range of in-service training to families on topics responsive to local needs and issues.

C.   Child and Family Well Being Services

1.   Services to address children's educational needs

<u>**Educational Advisory Committee**</u>

The Educational Advisory Committee was developed to improve educational outcomes for youth in foster care by taking advantage of the changes in the Fostering Connections to Success and Increasing Adoptions Incentives Act of 2008. The overall charge of the group is for the Department of Education (DOE) and DSS to coordinate policies and practices that will enhance local educational associations (LEA) and LDSS' ability to work seamlessly in improving specific outcomes for children in foster care. Virginia already has guidance and procedures in place as a result of legislation passed in 2006 requiring immediate enrollment and maintaining children in their school of origin. This workgroup was formed to revisit these issues because the processes developed five years ago have not been reviewed by both agencies since first established and no data exists as to their success at increasing school stability and maintaining community connections.

The workgroup consists of representatives from VDSS, DOE, LDSS, local education associations (LEA), foster parents, three advocacy groups, Virginia's community college system, FACES and Project Life. Work streams were created to accomplish the following:
- Define policy and procedures on immediate enrollment of youth who are entering foster care or changing placements that will create consistency between social services and education;
- Review existing policy and procedures requiring maintaining children in their school of origin when in the child's best interest. Using the ABA's recommended template for assessing best interest, Virginia's McKinney-Vento policies and procedures for enrollment, and DSS' policy on family engagement, draft new guidelines for review by the work group.
- Develop a data sharing process to track attendance and enrollment of foster care children in LEA's. Enhance OASIS and DOE's data system to improve tracking educational outcomes of children in foster care as necessary;
- Establish a Memorandum of Understanding between DOE and DSS to serve as a model for LEA's and LDSS;
- Develop a recommended protocol for LEA's and LDSS to establish "point persons" in each LEA and LDSS as the "Fostering Connections" to improve education experts;
- Develop a "best practice" section for the guidance manual describing localities current practices that have proven to increase collaboration among local LEA's and LDSS regarding educational requirements; and
- Develop a system for LDSS to claim appropriate transportation costs for children attending their school of origin. Draft policy regarding definitions of "immediacy", "stability" "best interest" and "proximity" have been completed.

Tools to be used by the LEA's to target foster care youth for the purpose of immediate enrollment and transfer of educational records are under review by the DOE and LEA's. DSS has designed, received federal approval for, and updated its reimbursement system to claim Title IV-E costs for appropriate transportation costs for children attending their school of origin. For non-Title IV-E children, CSA (i.e., state/local funds) will cover these costs. DSS data needs related to such educational variable as timely enrollment, attendance, graduation rates, etc., for children in foster care were forwarded to DOE by March 31, 2010. DOE is evaluating whether certain educational database changes to capture this data for children in foster care can be made and shared with DSS. This may allow DSS to avoid changes in OASIS in order to capture this data. A list of items for a DOE/DSS Memorandum of Understanding is under development and a new work stream to draft the MOU was identified at the last meeting in June.

The workgroup is scheduled to meet in July to finalize draft policy and forms and review data sharing possibilities. The "Project LIFE" IL consultants are contacting youth across the Commonwealth to review draft guidance with them specifically regarding the "best interest" guidance and provide their

input. A draft of the work plan for the educational committee was provided and will be reviewed and updated by the next meeting.

2. Health care services

Coordinated strategy: Since Virginia's child welfare system is state supervised and locally administered, the Virginia Health Plan Advisory Committee (HPAC) is implementing systemic strategies at the state level to improve data, guidance and training for local departments of social services (LDSS). This work will guide and improve local actions in: conducting health screenings and assessments; sharing medical information; and providing and monitoring treatment, prescription medications, and continuity of care for children.

The purpose of HPAC is to advise and make recommendations to VDSS on improving health outcomes for children in, and at risk of, foster care across the Commonwealth. The committee ensures that children receive adequate services to meet their physical and behavioral health needs. The committee provides ongoing oversight and coordination of health care services. It helps articulate the vision, determine effective strategies, make decisions, and follow through to ensure the health needs of children in the foster care system are met.

HPAC is comprised of representatives from:
- Resource families & FACES of Virginia Families;
- Social services system representatives (State Board, State Foster Care & CPS Staff, regional consultant, and local departments of social services);
- Other state agencies (Virginia Departments of Medical Assistance Services (DMAS), Health, Education, Behavioral Health & Developmental Services, Juvenile Justice, and the Office of Comprehensive Services for At Risk Youth and Families);
- Advocacy groups (Voices for Virginia's Children and Virginia Poverty Law Center); and
- Health care providers, including pediatricians, social workers, nurses, clinical pharmacist of psychiatry, dentist, child psychiatrist. These members include:
    - Former President of the Virginia Chapter of the American Academy of Pediatrics;
    - Professor of Psychiatry and Pediatrics; Chair of the Child and Adolescent Psychiatry Division of Virginia Commonwealth University (VCU) Medical Center;
    - Associate Professor & Graduate Program Director in the Department of Pediatric Dentistry VCU School of Dentistry,
    - Clinical Pharmacist, Psychiatry Division in the VCU Health System;
    - Executive Director Capital Area Health Education Center; and
    - Coordinator, Child Assessment & Treatment Center for Health.

State vision to guide policy and practice: HPAC created a state vision to improve child health outcomes through meeting children's health care needs. Health care is broadly defined to include developmental, physical, dental, mental health and substance abuse care. The vision is guided by Virginia Children's Services Practice Model and by federal and state outcomes for achieving safety, permanency and well-being for children at risk of and in foster care.

The vision is:
- All children and youth deserve access to health care
    - Children, youth and their families will partner in decision-making at all levels and will be satisfied with the services they receive
    - All children and youth will be served with comprehensive, ongoing and coordinated care within a medical and dental home, including developmental, physical, mental health and substance abuse needs
    - All children and youth will be screened early and periodically for health care needs

- All children and youth will receive necessary health services, including preventive care and transition services throughout childhood and to adult life, to ensure continuity of health care

- All children and youth deserve a responsive health care system
  - Services for children, youth and their families will be organized in ways that families can use them easily
  - All children, youth, their families, workers and providers will have access and share necessary data that tracks health utilization and outcomes
  - All families of children and youth will have adequate private and/or public insurance to pay for the services they need

- All local social services workers will have the guidance, tools and support necessary to ensure children have appropriate access to health care
  - VDSS will provide workers with consistent policies and clear guidance to access health care across systems
  - VDSS will train workers to fulfill their roles in ensuring the health needs of children and youth are appropriately coordinated based on policies and guidelines

HPAC plan of action: HPAC developed the following four strategies, each with major activities:

1) Develop statewide vision of health care for all children at risk of and in foster care.
   - Develop vision statement to guide policy and practice.
   - Identify models and practical tools from other states and national organizations.
   - Identify key child health outcomes to assess progress in meeting the health care needs of children.

2) Identify children's health needs in timely and comprehensive manner.
   - Summarize value and benefits of identifying and meeting children's health needs.
   - Determine appropriate timing, scope, and designated providers for initial screens, comprehensive assessments and regular follow-up assessments.
   - Solicit input from stakeholders and develop recommendations for practically addressing any gaps.
   - Implement through policy, communication and training.

3) Ensure children have access to providers for ongoing, comprehensive & coordinated care
   - Establish medical homes for children.
   - Monitor prescription medications, including psychotropics.
   - Participate in developing health passport or electronic health record for children.

4) Make it happen and be accountable
   - Use data to improve health outcomes.
   - Improve quality assurance mechanisms to track receipt and timeliness of services.
   - Increase awareness of health needs, assessments, and services for children in foster care.
   - Increase engagement of partners, including birth, relative, foster and adoptive families, local departments of social services, community services boards, schools, health care providers, private child placing agencies, and children's residential programs in meeting health needs.
   - Disseminate state policies and guidance.
   - Provide training to key stakeholder groups.

The first phase of work is to gather and analyze information to provide a sound foundation for recommendations. The next phase involves examining options, engaging more stakeholders, and recommending policy and program changes. The next phase is improving communication, implementing

recommendations, making policy changes, and ensuring the provision of training. The next phase involves monitoring outcomes and implementation, and recommending further improvements as needed.

Understanding experiences of children and families: HPAC gathered information on children who are at risk of entering, and who are in, foster care using the following strategies:

- Examined national data of the value and benefits in meeting the medical, dental, mental health and substance abuse needs of children in foster care.
- Developed demographic and service profile of children using VDSS and CSA data:
  - 6,708 children in foster care as of September 1, 2009;
    - 53% male;
    - Over half teenagers with less than 3% infants;
    - One-third removed from home when teenagers, one-fifth when preteens; one-quarter when infants or toddlers;
    - Almost half were neglected when child was removed, one-quarter had behavior problems;
    - Most recent goal in case plan was family reunification (29%) and adoption (21%);
    - 30% had between 3-5 placements, 16% more than 6 placements;
    - Almost 60% recently placed in non-relative home, 16% in group or institution, less than 2% out of state.
  - 9,247 children referred by LDSS to CSA for services and funding from July 1, 2008 through March 31, 2009
    - 6,178 kids in LDSS custody for abuse/neglect;
    - 1,446 children to prevent foster care for abuse/neglect;
    - 52% male;
    - Average age 12 years old;
    - 37% with DSM IV mental health diagnosis;
    - 26% prescribed medications by a physician for mental health problems;
    - 78% enrolled in Medicaid;
    - 59% placed in non-relative foster home; 17% in institution or group home; 6% on trial home visit; 5% independent living; 4% relative foster home; and 3% in pre-adoptive home;
    - 89% terminated services with provider because services no longer needed, goals were met, youth returned to home or family, or child moved to less intensive services;
    - 57% discharged from CSA because youth returned to family, services no longer needed, child was adopted, or service goals met.
- Invited 2 youth in foster care and 5 resource families to share their experiences with the committee on foster care and accessing health care for their children.
- Surveyed birth, relative, foster and adoptive families on the health care needs of children in foster care and their experiences with the health care systems through FACES. In this on-line survey, 68 resource families chose to share information about the child in foster care who was most recently placed with them (i.e., the newest foster care or adopted child in their home). The following qualitative data only represents the experiences of these resource families for 68 children in foster care.
  - 61% were white; 27% African American; and 12% Hispanic.
  - 49% in their home for less than one year; 41% less than four years; 9% less than ten years; and 1% for more than 13 years.
  - 56% in foster care; 31% adopted; and 10% in permanent foster care.
  - Percentage of children receiving care during the past year:
    - 100% physical/medical services;
    - 77% dental care;

- o 47% vision exam or services;
- o 18% hearing exam or services;
- o 50% mental health, developmental or behavioral assessment;
- o 56% mental health, developmental or behavioral services; and
- o 3% substance abuse assessment or services.
- 96% of children have a regular doctor for routing appointments or call for medical issues
- Percentage of children who received routine medical services in the following settings:
  - o 52% private physicians office, not my family doctor;
  - o 43% with my family doctor;
  - o 18% emergency room/urgent care at a hospital;
  - o 13% local health department;
  - o 10% community health center/clinic;
  - o 8% urgent care center, not a hospital; and
  - o 5% free clinic.
- Percentage of children for whom getting medical information or history was:
  - o 40% a little problem;
  - o 32% not a problem; and
  - o 28% a big problem.
- Percentage of children for whom getting an active Medicaid problem was:
  - o 61% not a problem;
  - o 22% a little problem; and
  - o 16% a big problem.
- Percentage of children for whom finding a doctor for routine medical care who accepts Medicaid during the past year was:
  - o 60% not a problem;
  - o 21% a little problem; and
  - o 19% a big problem.
- Percentage of children for whom finding a dentist who accepts Medicaid during the past year was:
  - o 37% not a problem;
  - o 32% a big problem; and
  - o 16% a little problem.
- Percentage of children for whom finding a specialty medical provider who accepts Medicaid during the past year was:
  - o 31% not a problem;
  - o 29% a big problem; and
  - o 21% a little problem.
- Percentage of children that needed medical services that they had trouble getting during the past year was:
  - o 63% no; and
  - o 25% yes.
- Reasons 25% of children had trouble getting needed medical services:
  - o 56% could not find a Medicaid provider;
  - o 52% services were available but provider not accepting any more Medicaid clients;
  - o 24% appointment times were not available soon enough to meet child's needs;
  - o 20% funds were not available for the service;
  - o 12% services were not available in my area;
  - o 12% travel to services was too far;
  - o 12% waiting room time was too lengthy for the child;
  - o 0% office hours were not convenient; and
  - o 0% child speaks limited English, language was a barrier.

- Percentage of children that experienced the following service needs during the past year was:
  - 87% behavioral;
  - 70% mental health;
  - 33% medication management;
  - 4% substance abuse.
- Percentage of children that received these service needs in the following settings:
  - 71% private provider's office;
  - 24% community mental health center;
  - 24% in our home;
  - 11% community health center; and
  - 2% free clinic.
- Percentage of children for whom getting behavioral, mental health or substance abuse history was:
  - 40% not a problem;
  - 38% a little problem; and
  - 21% a big problem.
- Percentage of children for whom finding a behavioral, mental health or substance abuse provider who accepts Medicaid during the past year was:
  - 46% not a problem;
  - 27% a big problem; and
  - 27% a little problem.
- Percentage of children that needed behavioral, mental health or substance abuse services that they had difficult securing during the past year was:
  - 71% no; and
  - 29% yes.
- Reasons 29% of children had trouble getting needed behavioral, mental health or substance abuse services:
  - 47% could not find a Medicaid provider;
  - 41% services were available but provider not accepting any more Medicaid clients;
  - 24% appointment times were not available soon enough to meet child's needs;
  - 24% services were not available in my area;
  - 24% funds were not available for the service;
  - 18% travel to services was too far;
  - 12% waiting room time was too lengthy for the child;
  - 18% office hours were not convenient; and
  - 0% child speaks limited English, language was a barrier.

Managing by data to improve health outcomes: HPAC used three strategies to gather data on the health care needs of children in foster care in Virginia

1) Reviewed existing data on health care needs, services and service gaps for children in foster care to identify priority areas for the committee to address. Data included:
   - National, federal, policy and advocacy organizations reports;
   - VDSS statewide needs assessment in preparation for CFSR;
   - CSA statewide survey of community service gaps;
   - Community needs assessment for the Promoting Safe and Stable Families Program; and
   - CFSR final report findings.
   Concluded existing data in Virginia was primarily qualitative, subjective and not comprehensive.

2) Compared geographic location of children in foster care with the availability of Medicaid providers to identify service gaps through geomapping by zipcode.
   - Tested methodology with dental providers; determined significant gaps still exist in accessing dental providers despite major improvements the past two years in expanding dental access.
   - Grouped Medicaid providers into primary and specialty health care categories to geomap and compare the location of providers with children in foster care.

   Concluded this strategy was valuable in visually presenting gaps, but does not provide sufficient quantitative data for action.

3) Began analyze health outcomes and health services utilization data for children in foster care across three state agencies.
   - HPAC established clinical experts workgroup comprised of pediatrician, pharmacist, dentist, and psychiatrist with health department, DMAS and VDSS staff that identified key measures of desired child health outcomes.
   - DMAS determined the best way to technically define the outcome measures using Medicaid claims data.
   - VDSS combined child data files across VDSS and CSA using a common child identifier which in turn provided a common child identifier to match with DMAS data.
   - DMAS merged this combined data file with DMAS eligibility files and Medicaid claims data.
   - Preliminary analysis:
     - Successfully matched children:
       o 3,957 unduplicated children in foster care matched across VDSS and CSA;
       o 3,566 unduplicated children matched with DMAS eligibility data, representing 90% match; and
       o 3,421 children matched with DMAS claims data from July 1999 through June 2009, representing 95.9%
     - Established cohorts based on year children entered foster care and ran data.
     - Identified data limitations:
       o Match process limits applicability of results to only those children in foster care that received services and funding through CSA, which may be skewing data to children with more service needs;
       o Historical data not sufficient for child cohorts in state fiscal years 1999 through 2008 to assess trends over time; and
       o Can only establish baseline data for 1,112 children who entered foster care during state fiscal year 2009, with 997 children matched with DMAS medical claims data.
   - Preliminary results on 2009 cohort of 997 matched children who entered foster care:
     - 85% of children had well child medical visit within one year of entry:
       o 57% within 30 days of entry (proposed date in state policy);
       o 74% within 60 days of entry (current date for state policy).
     - 56% had dental visit within one year of entry:
       o 32% within 30 days of entry;
       o 63% within 60 days of entry.
     - 73% had psychiatric diagnostic evaluation within one year of entry;
       o 50% within 30 days of entry;
       o 70% within 60 days of entry.
     - 48% had psychotropic drugs within one year of entry;
       o Age of children:
         - 34% were age 16-20;
         - 42% age 10-15;
         - 18% age 6-9;
         - 4.6% age 3-5; and

- 1.5% age 0-2.
    - o Number of psychotropic drugs per child:
        - 48% had only one drug;
        - 32% had two drugs;
        - 11% had three drugs;
        - 5.4% had four drugs;
        - 1.8% had five drugs; and
        - 1.3% had six or more drugs.
- Next steps:
    - Verify and improve analysis of cohort data.
    - Conduct further analysis, including:
        - o Emergency room visits;
        - o Top reasons for emergency room visits (such as asthma, mental health crisis, dental that could be handled by regular providers);
        - o Number of primary care practitioners for children during stay in foster care (rough proxy for medical home);
        - o Number of mental health practitioners during stay;
        - o Number of dental practitioners during stay;
        - o Top diagnoses of children;
        - o Class of psychotropic drugs;
        - o Follow up visits for children who received diagnostic evaluations and well child or emergency visits.
    - Analyze cohort further using VDSS and CSA data.
    - Explore matching VDSS and DMAS data directly on multiple child demographic data elements to see if possible to match more children and analyzing that data.
    - Develop statewide and regional reports providing baseline data when quality data available to track progress on achieving key health outcome measures over time.
    - Make policy and program recommendations.
    - Resolve confidentiality issues to enable the reporting of data by locality to provide LDSS annual and quarterly reports to track progress in improving health services utilization.
    - Determine what data elements needed to assist LDSS service workers in managing health needs of children and incorporate in OASIS and SafeMeasures.

Screening and assessments: HPAC has conducted the following activities:
- Reviewed state policy in statutes, regulation and manuals and identified current guidance for LDSS on screenings and assessments.
- Developed preliminary draft charts showing best practices for screening, assessing and reassessing the developmental, dental and mental health needs of children. (Need to develop ones for medical and substance abuse).
- Heard brief overview of current screening and assessment tools used across the continuum of child welfare services.
- Building a framework for screenings and assessments based on:
    - Best practice for children, youth and their families;
    - Children's developmental levels;
    - Children's movement through the child welfare continuum (prevention, CPS, foster care, CSA, and transition out of foster care);
    - Different domains of child needs (safety, developmental, medical, dental, mental health, and substance abuse); and
    - Strengths and needs of the child's family and/or caretaker.

- Establishing a workgroup to examine adapting two current assessment tools into one comprehensive tool for assessing the strengths and needs of children and their families across the entire continuum of child welfare services by September 30, 2010.

Establishing medical and dental homes:
- Explored briefly the philosophy, roles, benefits, barriers, and models of medical homes.
- Next steps involve bringing in experts on medical and dental homes and convening a panel of Virginia medical providers.

Sharing medical records: The committee decided to partner with broader health care reform efforts in the state on developing electronic health records for all Virginians, rather than developing a unique one for children in foster care. This strategy is the best use of HPAC's expertise, resources and time. Staff from both DMAS and VDSS are involved in these larger state initiatives and are ensuring that the interests of children in foster care are addressed.

Virginia has made considerable progress in the area of health information technology (HIT) and is widely recognized as a national leader. The Virginia Department of Health (VDH) was designated through executive order #95 as lead agency for HIT in the Commonwealth. It established an Office of Health IT. One of its main goals is to use information technology to improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information.

The Governor's Health Information Technology Advisory Commission is charged with ensuring broad stakeholder engagement and providing guidance to the Governor on the most effective use of American Recovery and Reinvestment Act funds designated for HIT. It was formed to encourage public-private partnerships to increase adoption of electronic health records for physicians in the Commonwealth and provide healthcare stakeholder input to build trust and support for a statewide approach to health information exchange (HIE), among other responsibilities. It is chaired by the Secretary of Health and Human Resources and includes a broad range of stakeholders including hospital and insurance executives, physicians, and HIE and privacy experts.

Virginia has implemented strategic projects and programs through both the public and private sectors. Some of these initiatives are described below:
- Community Care Network of Virginia, Inc. was established by the leadership of the Virginia Primary Care Association and is wholly owned and governed by all 24 of Virginia's Federally Qualified Health Centers (FQHCs). Through this network, Virginia's FQHCs have been able to acquire and deploy health information technology infrastructure since 1999. In 2007, Virginia received one of three grants funded by the Health Resources and Services Administration for the acquisition and deployment of electronic health records.
- MedVirginia, LLC, established in 2000, is a provider-owned and governed health information organization based in Richmond. Its organizational purpose is to improve quality, safety and efficiency through the use of HIT. At its core is MedVirginia Solution®, a community-based HIE linking clinical data from physicians, hospitals, labs and pharmacies. In 2006, MedVirginia's HIE became operational, making it among the first "live" HIE in the country.
- VDH, in collaboration with Carilion Health System, was responsible for designing, implementing, administering, and evaluating a pilot project connecting public health providers to Carilion Health System's electronic health records system beginning in 2006. In 2007 this pilot was expanded to additional local health department sites located within the Carilion Clinic catchment area. On a daily basis, patients from local health departments are electronically matched with patients from Carilion. Health department staff is then allowed viewing privileges to those shared patients.
- The Virginia Health Exchange Network is a collaboration of Virginia health plans, health systems, hospitals and the Commonwealth dedicated to lowering transaction costs and improving

the efficiency of administrative systems in health care. A secure web portal is being developed to connect Virginia's health plans, health systems and state agencies to simplify patient insurance eligibility verification. Health care providers will be able to determine insurance eligibility status, level of benefits and other critical information in real time across multiple health plans, public and private, by using this one portal. The network also provides a platform for expansion into other services, including populating health records and financial management.

- CommonwealthRx was launched in 2009 to increase the volume of e-prescribing in Virginia. Its vision is to improve patient safety, quality of care and cost-effectiveness through e-prescribing and medication management.

Virginia has also been an active participant in multi-state and national HIT initiatives and collaborations.

- CareSpark was founded in 2005 as part of an overall strategy to improve health outcomes and to reduce inefficiencies in the delivery of health care in the central Appalachian region of Southwest Virginia and East Tennessee. It has developed a collaborative multi-stakeholder not-for-profit governance structure and diversified funding mechanisms to support adoption and use of certified electronic systems (electronic health records with e-prescribing and clinical decision support) in clinical settings; connectivity and interoperability through a secure, standards-based network that supports regional and national HIE; aggregation and monitoring of data for the purpose of individual and population health improvement; and alignment of financial incentives for patients, providers and purchasers (employers, public and private health plans). With support from local, state and national leaders, CareSpark's system became operational in fall 2008, and houses records for 300,000 patients served by 125 clinicians who currently use the system. Use was projected to grow to nearly 500 clinicians serving nearly 2 million patients by the end of 2009, including those with records in Virginia's Immunization Information System.
- Virginia is the only state with two participants (MedVirginia and CareSpark) in trial implementations of the Nationwide Health Information Network. In September 2007, HHS awarded grants to these two health information exchanges along with seven others across the country. An additional six grants received awards in April 2008. This collective set of information exchanges, including providers and several Federal agencies, are working together to securely exchange data including summary patient records for providers and patients.
- MedVirginia became the first and remains the only HIE in production on the NHIN through its partnership with the Social Security Administration to automate the disability determination process.
- Virginia has strong representation on the Health Information Security and Privacy Collaboration (HISPC), a federal-sponsored, multi-year, public-private organization whose primary mission is to develop tools, services and support to resolve privacy and security interoperability issues between health information organizations.

Building on these experiences and expertise, Virginia has recently launched several comprehensive initiatives. These initiatives will result in the development of electronic health records for Virginia's children in foster care.

- The U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (ONC):
  - Awarded VDH a grant under the Health Information Exchange Cooperative Agreement program. The Commonwealth Health Information Management & Exchange System (CHIMES) project is a collaborative initiative involving public and private stakeholders from across the state to plan and implement a state level health information exchange system. The ultimate goal is to utilize health information technology to improve health care and the health of all Virginians. Currently the Governor's Health Information Technology Advisory Commission is soliciting stakeholder input and building a collaborative model for the statewide HIE in the six to eight months planning phase prior to implementation. Environmental scans are currently being conducted to

assess current HIE capacities that could be expanded or leveraged, HIT resources that could be used, collaborative opportunities that exist, human capital that is available, and other information that indicates the readiness of HIE implementation statewide. Draft strategic and operational plans for statewide implementation are scheduled to be submitted to the ONC in late July 2010.

- Awarded the Virginia Health Quality Center, a healthcare consulting firm and the federally designated Quality Improvement Organization for Virginia, and its partners a two-year, $12.4 million grant in February 2010. The purpose is to support a statewide Health Information Technology Regional Extension Center. The Center will provide low-cost access to electronic health record systems and related technical support to approximately 2,300 primary care physicians across the Commonwealth, including pediatricians and obstetricians/gynecologists.

- Designated Virginia as a Chartered Value Exchange, one of several initiatives to implement a vision for health care reform built on four cornerstones, including the adoption of interoperable health information technology.

- DMAS is creating a State Medicaid Health Information Technology Plan as a strategic vision to enable Virginia to move from the current "As-Is" HIT Landscape to the desired "To-Be" HIT Landscape, including a comprehensive HIT Road Map and strategic plan over the next five years. DMAS is responsible for ensuring that the respective strategic plans are in concert, reducing duplication of efforts, increasing efficiency, and better utilizing resources.

- Virginia is one of only twelve communities in the U.S. selected to participate in the Centers for Medicare & Medicaid Services electronic health record demonstration. The purpose is to incent Medicaid providers to adopt, implement, or upgrade and meaningfully use certified Electronic Medical Record systems for small provider practices.

D. Quality Assurance

1. Continuous Quality Improvement *(CQI)* Unit

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

The CQI Unit consists of five Quality Analysts and a Quality Manager. The Quality Manager was hired in March 2008 and immediately began designing a program based on the CFSR as the quality standard and continuous quality improvement theory and processes. A database was developed for the collection and analysis of data gathered by the CQI staff. The Unit began conducting Child Welfare Quality Reviews in July 2008. The first reviews completed by the Unit were joint reviews with the Regional Consultants. The joint reviews were used as a training tool for the new Quality Analysts and started the conversation on how the two groups would work together. The Unit's staff reads the cases and develops reports. The Regional Consultants do the formal feedback report with the LDSS.

The Child Welfare Quality Review is designed as a three step process:
1. A stratified sample of cases are reviewed for a LDSS utilizing the CFSR instrument, case worker interviews and data gathered from outcome measures and data profile reports and trends.
2. The information is shared with a LDSS by the Regional Consultants and analyzed from two perspectives:
   - Strengths and good performance are identified, as well as systems and processes in place to ensure good practices continue. This is also an opportunity to identify best practices in the agency to be shared across regions.

- Opportunities for improvement are identified through an examination of root causes and strategies for addressing the issues. Gaps in performance are also identified, as well as what factors need to change to add in order to address the gaps and improve performance.

3. System Improvement Plans (SIP) are developed by identifying the nature of the issues *(e.g., practice, policy, work process, resources, training, or any combination of issues)*. The process or system that needs improvement is identified. Specific objectives, strategies, implementation plans, milestones, dates and any deliverables are identified.

The Unit is currently working on mechanisms to build accountability in this three step process of continuous quality improvement. In the past year we have formalized the SIP process by developing an eight step model for process improvement, developed templates to define the problem or issues, identify root causes, identify solutions and develop specific action plans to change or improve practice. System Improvement plans are linked and based in addressing outcomes for children and families.

In January 2010 a six month report of these plans was developed to summarize eight LDSS System Improvement Plans and provided to regional staff and local departments. Regional Consultants are the link to address the monitoring of these plans and efforts to achieve improved outcomes.

In the upcoming year, through funding from Casey Family Programs, the CQI Unit will begin development of a Quality Service Review (QSR) Process. This will change our quality standard to a new instrument based on the Virginia Practice Model. The QSR process will focus on the quality of practice rather than the quality of compliance. We will continue with a stratified sampling of case record reviews; however we will expand our process to speak with family members, the child, the caseworker and service providers.

2. **Outcome Based Reporting and Analysis** *(OBRA)* **Unit**

In 2008, DFS created the Outcome Based Reporting and Analysis Unit which oversees all reporting, research and information technology *(IT)* for the division. The program manager of this unit oversees all enhancements to OASIS and coordinates these changes with the OASIS Liaison. OBRA also serves as the business owner for all Division IT systems and is tasked with prioritizing all system edits and enhancements for release, as well as system training. The OASIS Liaison works with the Family Services OASIS Operations Group (FSOOG) which has replaced the Family Services Information Systems Steering Committee as the body that prioritizes IT enhancements. Since March 2009, OBRA has overseen three releases of OASIS and will release another version in August 2010 which will include the National Youth in Transition Database.

OBRA Unit increased reporting, conducted multiple trainings, completed many ad hoc research analysis and manages the contracts for SafeMeasures and the Chapin Hall Multistate Foster Care Data Archive. These efforts not only improve data integrity but also make data driven decision-making a priority in Virginia's Child Welfare System. OBRA continues to make data integrity a priority and has hired a full time data integrity analyst to manage OASIS clean up.

In addition, DFS staff and OBRA will be participating in an AFCARS Assessment Review the week of June 21, 2010.

II. Primary Strategies, Goals and Action Steps

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

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

1. Engage Families across the Continuum of Child Welfare
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions

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

3. Reengineer Competency Based Training System
Goal: Improve training and supervision in order to serve children and families through high quality, timely, efficient, and effective services

4. Managing by Data and Quality Assurance
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions

Because the PIP was developed after the 5 year plan was submitted, many of the 5 year plan goals have incorporated and/or replaced with Strategies from the PIP. The PIP sections are in blue and will be reported on in the next APSR. Those areas not addressed in the PIP remain and will be reported on over the next 5 years.

I.   Safe children and stable families

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

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

A. Goal: Protect children at risk of abuse and neglect

    1. Improve response times to CPS reports
        a) Evaluate current local agency response times to CPS reports using the newly developed OASIS reports.
        b) Identify barriers to meeting response time guidelines in conjunction with local departments of social services.
        c) Develop and implement a plan to assist LDSS in improving their response time to CPS reports.

2010 Update
In SFY 2009, the Department contracted with the Children's Research Center to begin utilizing SafeMeasures, a web service that takes data extracts from the child welfare automated data system and creates reports around outcomes identified as critical for improving practice. SafeMeasures is intended for local departments to use as a tool to enhance their own efforts to improve quality and performance practice. New reports created for CPS referrals include: time to first attempted and first completed contact, time to first meaningful contact, referral time open, time from referral to disposition and time from disposition to closure. The local department can filter these reports by subsets of response priority assigned to begin analyzing potential barriers to meeting response times and identifying opportunities for improving timeliness. Local department supervisors and workers can also drill down to case and client level to monitor timeliness and completion of specific required contacts, which is helpful in casework supervision. The Department's Outcome Based Reporting and Analysis Unit staff has offered training to local departments on utilizing SafeMeasures reports to improve casework practice.

In 2011 VDSS is planning to implement Structured Decision Making tools for CPS referral response. The tool's response priority decision trees completed at intake will assist local departments in making appropriate response priority assignments.

Primary Strategy 2 in the PIP is to "Improve Assessment and Service Planning" with the goal of "Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services." The first objective under that strategy is to "Improve local department staffs' abilities to assess initial safety and risk." Strategies to accomplish this goal include revising CPS guidance to include tools to improve response time to CPS reports, to develop a policy on face to face contact with victims, and to provide safety and risk assessment tools for more accurately and consistently assessing initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.

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

    PS2 Obj. 1
        1.1 Develop and/or revise and implement tools to improve local staffs' ability to improve response times to CPS reports
        a) review SDM intake tools to ensure consistency with VA regulations and guidance
        b) develop policy on timeframes for face to face contact with victims
        c) obtain input from CPS policy advisory committee
        d) incorporate intake tools in guidance manual
        e) disseminate manual

    PS 2 Obj. 1
        1.6 Identify and implement tools for local staff to use in assessing

safety, domestic violence, substance abuse, and mental health issues present in relative and other caregiver families.

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

PS 4 Obj. 1
1.4 Develop a new report by locality on face to face contact with victims to be disseminated on a monthly basis
a) train regional consultants on face to face contact report
b) introduce the report as a data management tools for state CPS staff and local departments of social services

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

2010 update
Once top level administrative support was granted at VDSS, the CPS Program Manager began to make presentations across the state to local directors of social services, local CPS supervisors and workers about the benefits of implementation a Structured Decision Making model. Some agencies are concerned about the additional amount of time that may be required to implement the model; however, most agencies agree that the SDM tools are the best tools available. The findings from the CFSR support the need for the CPS Program to improve in assessment of safety and risk and to better be able to identify the underlying issues facing families. An implementation plan is being developed with the goal to provide training to all CPS staff in the spring of 2011. Requirements for system changes are being identified and the SDM philosophy, processes, and practices will be incorporated into the CPS policy and guidance manual nest year.

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

PS 2 Obj. 1
1.2 Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.
a) review SDM safety and risk assessment tools to ensure consistency with VA regulations and guidance
b) obtain input from the CPS policy advisory committee
c) incorporate safety and risk assessment tools into guidance
d) disseminate guidance

PS 2 Obj. 1
1.3 Develop and implement statewide training for CPS supervisors and workers on the use of new initial safety and risk tools.
a) develop training curriculum

b) select and train Trainers, to include CPS regional consultants and supervisors

c) develop statewide training schedule

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

PS 2 Obj. 1

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

a) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created

b) meet with Family Services OASIS Operations Group to determine requirements

c) implement new screens

PS 2 Obj. 1

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

The second objective for the PIP primary strategy 2 is to "Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans." Strategy one will revise the CPS the policy/guidance manual to provide tools to support on-going assessment, risk reassessment and services planning for children and families service needs. The SDM Family Strengths and Needs Assessment Tool is being considered as the possible tool.

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

PS 2 Obj. 2

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

a) review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy.

b) obtain input from the Child Protective Services Advisory Committee

c) revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families

PS 2 Obj. 2

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

a) Utilize workgroup to review OASIS screens and make recommendations for screen changes

b) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created

c) OBRA and Family Services meet to develop requisition to present to the Family Services OASIS Operations Group (FSOOG) to approve screen changes.

d) OBRA and Family Services meets with FSOOG to prioritize timing for screen changes in OASIS

In addition to the strategies mentioned above there is a strategy to address safety issues in Foster Care. The strategy is to select and implement specific tools to guide service workers in conducting child and family needs assessment and risk assessment prior to reunification and incorporate these tools in to foster care guidance. There is currently no standardized tool used to enable local agencies to more accurately identify and address issues related to the risk of reunification. As mentioned above, OASIS changes will be determined but not implemented within the PIP timeframes.

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

PS 2 Obj. 2
2.2 Revise Foster Care Guidance to provide specific tools to guide service workers in conducting child and family needs assessment and risk assessment prior to reunification.
a) Create workgroup to review tools and recommend tools to be used.
b) Obtain input from the Permanency Advisory Committee on recommended tools
c) Incorporate tools into Foster Care Manual
d) Disseminate guidance

PS 2 Obj. 2
2.3 Create requirements for OASIS screens to reflect new CPS and Foster Care service needs assessment and service plans
a) Utilize workgroup to review OASIS screens and make recommendations for screen changes
b) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created
c) OBRA and Family Services meet to develop requisition to present to the Family Services OASIS Operations Group (FSOOG) to approve screen changes.
d) OBRA and Family Services meets with FSOOG to prioritize timing for screen changes in OASIS

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

1. **Prevent families from disrupting and children entering foster care** through providing prevention, support and family preservation services.
   a) Assess desired outcomes and service delivery in the Promoting Safe and Stable Families Program *(PSSF)*.
   b) Identify and promote best practice service models for prevention, family preservation and support to localities annually and as requested.
   c) Design and present training annually for localities on the use of the PSSF funding incorporating the principles of the Children Services Transformation and the CFSR outcome measures.

d) Disseminate the Child Welfare Funding Package in sufficient time annually for localities to complete a community needs assessment and develop a comprehensive proposal.
e) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements.

2010 update
Item 1a.
To meet the deadline for submission of the Annual Progress and Services Report (APSR) the PSSF Year-End Report uses three quarterly reports (within the period June, 2009- February, 2010) and a summary report that includes total number of children and families served, data on ethnicity, priority services and best practice models. At the time of preparation for this report, 90 localities had submitted complete Year-End Reports. This is 78 percent of the 115 localities with approved plans.

Item 1b.

Curricula Used By Localities Specific to Service Type	
	Description
Nurturing Program (Family Support and Family Preservation – Fairfax, Contact Rhonda Richardson 703.324.7734	The Nurturing Parenting Program is an internationally recognized, group-based approach for working simultaneously with parents and their children in reducing dysfunction and building healthy, positive interactions. The program uses curriculum for the following classes: Ages 0-4 (English and Spanish), Ages 5-11 (English and Spanish), Adolescent (English), Ages 0-4 and 5-11 African American Cultural Focus (English) and Teen Parents (English).
Parents as Teachers (Family Preservation and Family Support) – Montgomery County, Contact Latisha Kidd 540.382.6990	Parents as Teachers (PAT) is a nationally recognized, best-practices parenting curriculum. The mission of PAT is to provide the information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. Program goals include: - Increase parent knowledge of early childhood development and improve parenting practices; - Provide early detection of developmental delays and health issues; - Prevent child abuse and neglect; - Increase children's school readiness and school success; One of the five core values of PAT is "an understanding and appreciation of the history and traditions of diverse cultures is essential in serving families."
Aggression Replacement Training (Family Preservation) - Franklin County, Contact Tim Heiler, 757.488.9382	The Franklin School-Based Case Management Program continues to use the Aggression Replacement Training (A.R.T.) curriculum developed by Arnold Goldstein, Barry Glick and John Gibbs, to address anger control, social skills and moral reasoning with program youth in a group setting. ART is a research based program. The U.S. Department of Justice has designated ART a model program.
Comenzando Bien (Family Support and Family Preservation) – Loudoun County, Contact Sharon Lloyd O'Conner 703.771.5360	Comenzando Bien is a prenatal education program for Hispanic women. It takes into account the unique needs of the Hispanic pregnant women and their families. It is culturally and linguistically relevant and appropriate for implementation in a variety of settings. Other Resources:

Curricula Used By Localities Specific to Service Type	
	Description
	1. Nurturing Parenting; Teaching Empathy, Self-Worth and Discipline to School Age Children – by Stephen Bavolek, Ph.D 2. Nurturing Program for Parents and Their infants, Toddlers and Preschoolers – by Stephen Bavolek, Ph.D 3. Crianza Con Carino, Programa Para Padres E Hijos - Stephen Bavolek, Ph.D 4. Parenting Your Out of Control Teen – by Scott Sells, PhD Lessons were designed to help parents acquire best practice techniques that would improve their overall parenting skills and positive ways of interacting with their children.
3M Mentoring Program (Family Preservation) – Martinsville, Contact Tanya Verlik 276.656-4302	The 3M Mentoring Program (Mentoring, Modeling, Motivating) is offered through the Martinsville city Schools. It is offered one hour per week with at-risk students in the school setting. Approved, volunteer mentors are assigned to a male or female student in one of four schools. Collaboration between the Martinsville-Henry County Ministerial Association (and church memberships) and Juvenile Court Services have been included in all volunteer recruitment activities.

Item 1c.
The PSSF home office staff presented the annual training in the five VDSS regions. The annual training component of the PSSF work plan supports Virginia's Practice Principle "..that how we do our work is as important as the work we do." PSSF outcomes measures are as follows:

- Number of children who receive PSSF services who enter foster care will not exceed 5%
- Number of children targeted for Time-Limited Family Reunification that reunite within 15 month time period
- Number of children placed with relatives
- Number of children for whom a new abuse complaint was made

The learning objective of the training was to help participants understand the reporting requirements, the need to show outcomes as a result of services, and how the outcomes connect to Virginia Children's Services Practice Model and the CFSR outcomes measures for safety, permanency and well being.

PSSF Regional Training 2009 – 115 Participants (includes four LDSS Directors)		
Region	**Date**	**Participants**
Western	July 29	20
Piedmont	July 30	24
Central	August 5	25
Northern	August 6	25
Eastern	August 11	21

Item 1d.
At this time, May, 2010, 109 (95%) of the 115 localities with approved PSSF plans for the current, SFY   have submitted renewals for SFY 2011. This outcome of 95% of localities renewing their application for funding in a timely manner reflects outcomes of staff sub-recipient

monitoring, annual training and desk-top assistance via telephone feedback. It also reflects efforts by PSSF home office staff to streamline the annual application process.

Item 1e.
The information reported by localities is on a fillable report form using Microsoft Word. The data is then entered into an Excel database by PSSF state staff.   The tables below show the children and families served by service type, the ranking of most often provided services and children and families referred to the PSSF program.

Children and Families Served by Service Type 90 Agencies reporting (1)		
Service Type	*Total Children*	*Total Families*
Preservation	*4778*	*3572*
Support	*5524*	*4299*
Reunification	*1104*	*692*
Adoption (2)	*11*	*9*
Other PSSF Services (3)	*41985*	*38755*
Total	*53,402*	*47327*

(1) The information reported is based on nine months of the State Fiscal Year. This allows PSSF home office staff time to prepare the Child and Family Service Plan Annual Progress and Services Report that goes to the U.S. Department of Health and Human Services (HHS).

(2) $2M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This amount includes localities that provided local adoption initiatives.

(3) Some localities provided services that do not lend themselves to identifying data, as they are not targeted toward specific individuals or families (e.g., library resource centers, websites, newsletters, information and referral, community fairs, etc.)

Ranking of Services Most Often Provided to Families Ranking(Based on a total of 31 possible service codes)					
Service Type	*1st*	*2nd*	*3rd*	*4th*	*5th*
Family Preservation	*Housing & Other Material Assistance*	*Parenting Education*	*Intensive in Home Services*	*Counseling/ Treatment individual Transportation*	*Case Management*
Family support	*Parenting Education/*	*Housing & Other Material Assistance*	*Mentoring/ Information & Referral*	*Intensive In-Home Services/ Case Management*	*Education School related services/ Assessment*
Reunification	*Transportation*	*Housing & Other*	*Case*	*Substance Abuse*	*Parenting*

	Assessment	Material Assistance/ Counseling Treatment Individual/ Parenting Education	Management		Skills Training/ Intensive In Home Services

Children and Families Referred to the PSSF Program						
Measures: Outputs and Outcomes	FY 2005-09 74 localities reporting	FY 2010 90 localities reporting	FY 2011	FY 2012	FY 2013	FY 2014
Number of families receiving PSSF services	9,790 families 13,316 children	8,572 families 11,417 children				
Of this number, children who enter foster care will not exceed 5%	331=2%	181 = 1%				
Number of families whose children are in foster care 15 mos. or less who receive reunification services	1,409 children in 889 families	1,104 children in 692 families				
Number of children targeted for Reunification at the end of the year	1268	488				
Number of children reunited with their birth family during the year	376	289				
Number of children placed w/relatives other than the natural parent who was the last custodian	195(1.5%)	142 (1%)				
Number of children for whom a new abuse complaint was made/baseline = 6.1%	79 (less than 1%)	45 (less than 1%)				
Number of families by ethnicity (*based on the ethnicity report)	42% AA 44% Caucasian 10% Hispanic 3% Asian or other race	42% AA 45% Caucasian 11% Hispanic 2% Asian or other race				

II. Family, child and youth-driven practice

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

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

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

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

Since May 2009, The Virginia Department of Social Services has made significant efforts to support the statewide implementation of a structured approach to involving family members in the decision-making process. The Family Engagement Advisory Committee (FEAC), a consultative review committee, was formed in May 2009 with representatives from the state and local level, as well as other child-serving agencies. In conjunction with FEAC, a Family Engagement Work Group was formed in July 2009 to assist the Family Engagement Manager with the planning, development of materials, critical thinking and problem solving related to family engagement. This group was comprised of state and local representatives and was instrumental in the finalization of family engagement guidance and the strategy for implementation, including the development of an instrument to document locality readiness for family engagement practice.

The Readiness Assessment Tool was disseminated in two sections, the first being a values exercise to be completed by all child welfare staff within a locality in October 2009 and the second section was designed to help local departments begin to think through the initial steps of implementing Virginia's family engagement process. As a result of the responses, each locality was assigned to one of three phases (March, June, and September 2010) to receive training and technical assistance. A total of 738 individuals completed Section I of the instrument and 76 localities submitted a response to Section II.

For the purpose of tracking family engagement practices across the state, OASIS was updated in November 2009 to allow local departments to document when Family Partnership Meetings occur, the participants of the meeting, and meeting outcomes.

The guidance for family engagement was made available to local departments in January 2010, with the expectation that per the receipt of training and technical assistance each locality will implement a Family Partnership Meeting in at least one decision point by the end of the calendar year of 2010. Through collaboration with VCU-VISSTA, an on-line introduction course and two classroom courses are being offered to local department staff and interested community partners. The first training phase began in March 2010 and 34 localities were offered family engagement training. The second training phase began in June 2010. To supplement training, the Child Welfare Regional Consultants will provide technical assistance. This assistance will include individual consultation and Family Engagement Roundtables within each region. The roundtables will provide an opportunity for local agencies to share information through peer to peer collaboration, networking and ongoing support. A family engagement toolkit is also available on-line at vafamilyconnections.com for local departments and other individuals interested in reviewing information about family engagement.

VDSS has also worked with other partners to support the implementation of family engagement within the state. Through partnering with the Annie E. Casey Foundation, a video entitled "Family engagement: A Building Block of the Children's Services System Transformation" was developed as a training tool and resource. VDSS also partnered with the Court Improvement Program to provide family engagement training and facilitation services to five localities within the state. Each of the five localities will receive facilitation or facilitation coaching for up to 20 Family Partnership Meetings referred by the Juvenile and Domestic Relations Court within their jurisdiction. VDSS has also worked closely with the Office of Comprehensive Services in the development of a family engagement policy approved by the State Executive Council in March 2010. This policy requires local Community Policy and Management Teams (CPMT) to utilize family driven practices across child-serving agencies.

As VDSS moves forward with the implementation of family engagement, efforts will continue to support local departments. Two primary areas that will be addressed are working with private providers to support the family engagement practice of local departments and identifying potential funding resources.

The first Primary Strategy of the PIP is to "Engage Families across the Continuum of Child Welfare" with the goal to "Ensure, children, youth and parental input is heard and considered in the decision making processes regarding safety, permanency, well being, and service planning and placement decisions."

The first objective under this strategy is to "Utilize Family Partnership meetings as a way to involve families, youth, and significant others". Virginia has made a clear and decisive commitment to the principle and reality that families are the experts on what is best for their children through the adoption of our Family Partnership Meetings. These meetings reflect our commitment to having family members at the table, whenever possible, to participate in permanency planning for their child or relative. This practice is driven not only by research that recommends a structured family engagement model, but also by the CFSR that, for the second time, informs us that we do not adequately involve families in the decision-making process. It is also driven by our personal and professional commitment, as reflected in our practice model to do what is best for the children we serve.

Family Partnership Meetings utilize a team approach to making decisions throughout the family's involvement with the local department. Family Partnership Meetings involve the parents and their identified supports, relatives, the social worker, professionals working with the family and other relevant community partners. These meetings are facilitated by a trained individual who is not the case-carrying social worker for the child or family and the group as a team collaborates on decisions at the following points: determination of high or very high risk; after emergency removal; prior to change of placement; prior to change of goal; at the request of the parent (birth, foster, adoptive, legal guardian), or social worker.

With training and technical assistance provided, the expectation is that by December 31, 2010, each locality will have implemented Family Partnership Meetings in at least one of the above decision points. The Child Welfare Regional Consultants are available to assist localities with problem-solving to address challenges related to the implementation of Family Partnership Meetings, including consultation with individual localities. They can assist with day-to-day implementation concerns and may be helpful in determining the decision point(s) at which to begin having Family Partnership Meetings or the most appropriate facilitator option for each locality. Related trainings will also be offered around diligent family searches as well as how to engage those family members that are located in the search process.

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

> **PS 1 Obj. 1**
>> **1.1 Develop Family Partnership resources and tool kit for service providers, relevant family service contractors, and LDSS to share with families**
>> a) Post local and national sample documents such as brochures, forms, contact information
>> b) Post family engagement guidance

PS 1 Obj. 1

1.2 Train ldss workers and members of the bar on Virginia's Family Engagement Model including Family Partnership meetings, Diligent Family Search and Engagement.
a) develop curricula, in conjunction with VISSTA, based on FEM guidance
b) develop training phases for ldss and determine which localities will be trained in which phase
c) schedule training for members of the bar
d) evaluate trainings

PS 1 Obj. 1

1.3. **Revise CPS and Foster Care guidance manuals to support family engagement philosophy and partnership meetings**.
a) review Family Engagement guidance
b) review current program guidance to identify key decision points
c) obtain input from the Permanency Advisory Committee and the Child Protective Services Advisory Committee
d) coordinate language across CPS and foster care programs and incorporate consistent language in the respective guidance manuals
e) disseminate guidance in CPS and foster care manuals

PS 1 Obj. 1

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

PS 1 Obj. 1

1.5 CIP to fund facilitation of 20 of family partnership meetings at ldss
a) RFA developed in conjunction with CIP and Family Engagement Manager and sent to all local departments
b) Selected localities will be notified and included in a pilot project for Family Partnership training
c) Judges from the pilot site localities will be trained on Family Partnership meetings
d) Develop a process for formally notifying the Court about the outcome of the family partnership meeting.

2. **Enhance the current CPS Differential Response System** *(DRS)* **Practice Model** to ensure a more family-focused and family-driven approach
   a) Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track.
   b) Revise and align the CPS policy and guidance manual consistent with strengthened family engagement philosophy, procedures and practices.
   c) Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments.

The Department has adopted a Children's Services Practice Model that is strength-based, family focused, child-centered, and culturally competent. The Practice Model tenets and philosophy of family engagement has been woven into the CPS Manual guidance (to be released July 2010) for responding to CPS reports in Family Assessments and Investigations. A cornerstone of this model is the use of family partnership meetings to engage family and community partners to be involved at critical decision points when safety is in jeopardy and the child is at high or very high risk of out of home placement. A component of the family engagement process is early identification of relatives and others in the family's community for support for the family and child. Training in the family engagement model has been developed by Virginia Commonwealth University's Virginia Institute for Social Services Training Activities (VISSTA). The following two courses have been added as part of the required training plan for CPS workers and supervisors: VISSTA Online Course CWS 4010/ Transformation: Promoting Change by Valuing and Engaging Families and VISSTA Course CWS 4020/ Introduction to Virginia's Family Engagement Model. As local departments choose decision points to begin implementing family partnership meetings, the Department will make additional training and technical assistance available.

3. ~~**Collaborate with CSA workgroup on engaging families** in service delivery:~~
   a) ~~Integrate and/or link VDSS' team decision making and the Family Engagement Model with the CSA Family Assessment and Planning Team *(FAPT)* process.~~
   b) ~~Evaluate and develop guidance on how to configure aspects of the Family Engagement Model *(i.e., facilitator, family outreach)* as child specific services and billable under CSA.~~
   c) ~~Develop a cross-systems family satisfaction survey.~~

2010 update:
This item has been revised.

Collaborate with the Office of Comprehensive Services to support engaging families in service delivery:
   a) Provide opportunities for LDSS and local CSA staff to receive training about family engagement policy approved by the State Executive Council.
   b) Develop a cross-systems family satisfaction survey.

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

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

The Independent Living Program (ILP) provides Independent Living (IL) services to youth, ages 14 or over, in and transitioning out of foster care. While the provision of such services is mandated by law, assisting youth in developing the connections and skills necessary for long-term success is the most important consideration in utilizing this funding. For the past two years, the Virginia Department of Social Services (VDSS) has focused on youth-driven practice where the service planning and activities are lead by the youth. This is aligned with the Virginia Practice Model with the belief that youth have the right to say what happens to them and be treated with dignity and respect. In addition, the National Child Welfare Resource Center for Youth Development (NCWRYD) has presented on the concepts of youth-driven and youth empowerment to youth at the Virginia Youth Advisory Council (VYAC) conferences. In Virginia, youth's involvement differs along a continuum in how much input, daily decision-making, and authority vested in the adults versus the youth.

In July 2009, VDSS awarded a contract to United Methodist Family Services (UMFS) to provide IL services to youth in and transitioning out of foster care statewide. UMFS' program, Project LIFE provides services including the continued development of the Virginia Youth Advisory Council (VYAC). VYAC is a statewide advocacy organization of young people ages 15-21 who are currently in foster care. Members focus on identifying the needs of youth in foster care and those aging out of foster care through multiple venues, making these needs known to policy makers and providers. However, according to key findings of a need assessment on VYAC conducted by PolicyWorks, Ltd., a Richmond-based evaluation firm:

- VYAC is not as "youth-driven" as would be desirable and there is little evidence of IL practice being "youth-driven."
- VYAC is viewed as a primary source for youth input into foster care policy development that merits continued support at state and regional levels; establishing processes for monitoring needs on an ongoing basis and establishing avenues for regular, ongoing (rather than ad hoc) youth input are critical.
- Ensuring that YACs are "youth-driven" and services feature "youth-driven practice" will require a great deal of capacity-building with both youth and professional staff. Information, training, and technical assistance related to positive youth development should be considered a priority and made available earlier rather than later. It should be noted that capacity-building in this area is important not only for Project LIFE but also for Children Services System Transformation (CSST) and, therefore, collaborative efforts would appear to be in order.
- Ensuring that youth understand and "embrace" permanency and are meaningfully engaged in making permanent connections will require a great deal of work with youth, with professional staff, and with foster parents. Because of the central role of permanency, strategic collaboration of Project LIFE with CSST capacity-building efforts again appear to be in order.

In FY 2010, Project LIFE increased the number of youth participating in VYAC conferences, utilized older youth in planning conferences and youth activities. VDSS recognizes that there is still great deal of work to do and have charged Project LIFE to assist local departments of social services (LDSS) and youth to focus on the youth-driven approach. The NCWRYD is scheduled to provide training on positive youth development for Project LIFE staff, selected youth and local foster care workers in August 2010.

As required by Fostering Connections to Success and Increasing Adoption Act 2008, 90 days prior to the youth turning 18 years old and discharged from the foster care system, the LDSS and other individuals that may help to plan for the youth will assist the youth in developing a

personalized transition plan that focuses on IL services, skills, and resources the youth will need to transition from foster care. This transition plan must provide specifics on housing, health insurance, education, local opportunities for mentors and continuing support services, and workforce support and employment services. The LDSS shall allow the youth to direct the development of the plan and to include all the information deemed necessary by the youth. Project LIFE will work with the state in developing a transitional plan template that can be used statewide. In addition, it is the goal of VDSS to have members of VYAC and regional youth councils to be involved all aspects of policies, program planning, implementation and evaluation to improve the state foster care system and promote permanency for all youth.

III. Achieving Permanency

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

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

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

   1. ~~Evaluate and make changes in the legal permanency options~~ available in Virginia for children in foster care to be consistent with research and best practices related to stability and permanent families, with assistance from the policy and child welfare advisory groups.
      a) ~~Assess OASIS data on achieving permanency for children under the current hierarchy of permanency goals as allowed under Virginia law.~~
      b) ~~Review other states' permanency goals and data to assess how Virginia could improve its legal permanency options for children in foster care.~~
      c) ~~Recommend changes to Virginia's legal permanency options, if appropriate.~~

2010 Status Goal A:
Virginia began two Process Improvement Teams (PIT) in FFY 2010 to evaluate current processes for achieving permanency for youth in care. The initial team looked at data and processes involved in time adoption. Data from the Outcome Based Reporting and Analysis Unit (OBRA) indicated that over 700 children had TPR and were not placed in adoptive homes. The Adoption PIT included representatives from VDSS and LDSS and under the guidance of Casey staff and the acting Adoption Program Manager, engaged in an 8 step process based on root-cause analysis to understand the data

and what processes were helping children move quickly to adoption and what processes were not. Currently, the Adoption PIT recommendations have resulted in changes to adoptions contracts between VDSS and the contract agencies regarding how these vendors will improve adoptions in Virginia. Changes to these contracts includes requiring the vendor to target the 700 plus youth who have not been placed in adoptive homes despite TPR and work with the LDSS holding custody to locate and place these children in adoptive homes. As of the writing of this report, the number of children requiring placement in adoptive homes has decreased by slightly less than 100.

The second PIT is focused on a group of 1700 children with goals of Permanent Foster Care, Independent Living and Another Planned Permanent Living Arrangement who are considered "at-risk" of aging out of foster care. This PIT has met twice and reviewed the original data provided by OBRA, established a clear problem statement for the groups work, set timelines in which the work will be done, identified additional data needs that OBRA is providing, and established guidelines for the functioning of the group.

Both groups have also looked at national data and successful processes of permanency to understand how Virginia relates to other states in terms of permanency goals, permanency outcomes and possible factors influencing better permanency outcomes. No recommendations to alter the permanency goals on Virginia have been made as the work of these two PIT's is not complete.

Changes to this strategy (see below) reflect the subtle differences to how the over-all goal will be achieved using the formal PIT model.

1. **Evaluate and <u>recommend</u> changes in <u>the processes and procedures to achieve</u> legal permanency** for children in foster care <u>that are</u> consistent with research and best practices related to stability and permanent families.
   a) Assess OASIS data on achieving permanency for children under the current permanency goals allowed under Virginia law.
   b) Review, <u>as indicated,</u> other states' permanency goals and data to assess how Virginia could improve its legal permanency options for children in foster care.
   c) <u>Using the Process Improvement Team model,</u> make recommendations <u>to the Division Director for improving the processes, procedures and how the</u> legal permanency options <u>available for children in care are used.</u>

The fourth objective under Primary Strategy 1 Engage Families across the Continuum of Child Welfare is to "Implement Subsidized Custody as a placement option for children in foster care". A workgroup was formed to examine the issue and recommended implementing subsidized custody 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. Subsidized custody will be open for those children in the appropriate placement regardless of their funding source [i.e., federal Title IV-E or Comprehensive Service Act (CSA) state and local funds]. It was determined by the DFS policy team in consultation with the Office of the Attorney General that legislation is not required, since subsidized custody is not a foster care goal or a new program. It is a way to assist (subsidize) the placement with a relative foster parent who qualifies to take custody of the foster child.

The work group concluded that the subsidized custody option has the potential to achieve the following outcomes statewide: increase the number of children who exit foster care and enter permanent placement arrangements; decrease the number of children who age out of foster care without connections to a permanent family; protect children from subsequent abuse or neglect.

Because of the positive implications, Virginia has decided to work towards implementing subsidized custody. The work group has refocused their efforts and is currently working toward implementing subsidized custody as an option for children with the goal of placement with relative. The work group is currently drafting guidance that will include a definition of relative, clarify Virginia's application of permanency goals and certain payment issues, and will establish a post custody review procedure among other things. VDSS will explore updates to the case management system to accurately capture all aspects of subsidized custody. VDSS is committed to training staff, resource families, and judges and attorneys. Finally, working in conjunction with the VDSS research department, an evaluation plan will be developed and baseline data will be captured.

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

2010 Update

Division of Family Services (DFS) Kinship Work-plan

Under the DFS director's office and direct leadership, there is a work plan for kinship care. The purpose is to increase the percentage of children placed with kin throughout the life of the case:
1. Kinship as diversion from foster care
2. Kinship foster care
3. Kinship for step down from congregate and treatment foster care
4. Kinship for achieving permanence (reunification, guardianship/subsidized custody, and adoption)

The work-plan has the following five goals:
1. Develop baseline grasp of kinship as diversion from foster care: how is it done, how much and how well; then develop a plan to improve it.
2. Increase kinship foster care statewide (from 292 children), by June 30, 2010. This includes tools to increase the diligent search for relatives and family partnership meetings.
3. Improve quality of step-down from congregate and treatment foster care by increasing the number of children and youth placed with kin when appropriate.

4. Increase the number and percentage of children and youth achieving permanency (reunification, guardianship/subsidized custody, and adoption) by increasing the use of kinship foster care.
5. Communicate Kinship Initiative as better for children, youth and families.

Subsidized Custody Permanency Option

The Fostering Connections to Success and Increasing Adoptions Act (Act) became law October 7, 2008. The Act allows states to claim federal funds to provide assistance for children to leave foster care and live permanently with relatives who become their legal guardians. These children are likely to have remained in foster care until they "aged out" of the system. Specifically, the Act creates a new plan **option** for states to use federal Title IV-E funds for kinship guardianship assistance payments (GAP) for relatives who take legal guardianship of children in foster care. [*To comply with the Code of Virginia, VDSS will use the term Subsidized Custody instead of guardianship assistance.*] In May 2009, the DSS Division of Family Services (DFS) formed a work group to explore the option for Virginia. The work group consisted of staff from state office and local departments of social services, private child placing agencies, other state agencies, advocates and care providers.

The work group's recommendation was to support Subsidized Custody 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. The work group supports this option for all children regardless of their funding source [i.e., federal Title IV-E or Comprehensive Service Act (CSA) state and local funds]. To date the following tasks are underway and on target per the established timelines:

- Completion of the decision brief with cost analysis.
- Implementation Plan that identifies tasks for internal VDSS program units and other state offices (Comprehensive Services Act, Courts). The target date for implementation is January 2011.
- Draft guidance document and tools.
- Ongoing presentations to stakeholder groups for input on the proposed service delivery and guidance documents.

Kinship Care Training
The 2009 Virginia Kinship Care State Conference, *Exploring Models for Kinship Families* was held October 8–10, 2009, at the Point Plaza Suites and Conference Hotel, Newport News, Virginia. The conference was led by A KinCare Connection – Hampton Roads Regional Task Force on Kinship Care in collaboration with the Virginia Department of Social Services (VDSS), the Virginia Department on Aging (VDA) and several faith-based organizations. The target audience included local agency workers and kinship care providers. Approximately 107 persons attended over the three days.

Goal – The goal of the conference was to enhance service delivery and practices that impact the lives of kinship families and creates permanency options for children who are not living with their birth parents. This goal strongly supports the Virginia Children's Services System Transformation Practice Model. The conference was approved for Title IV-E training at 75% reimbursement. There were five sessions of twenty workshops presented over the two and a half days. Key presenters include the following:

- Dr. Terry Morris, an engineer at NASA Langley Research Center. As a youth, Dr. Morris was abused and then abandoned and placed in a foster home for boys. He had a positive message about the social work staff that was a part of his life.
- Paul McWhinney, Director of VDSS Division of Family Services. Paul is the VDSS lead staff for the Virginia Children's Services System Transformation, an outcome of the For Keeps Initiative under First Lady Anne Holton. The focus of the Transformation is to improve permanency outcomes for children.

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

PS 1 Obj. 4
4.1. Develop guidance in foster care manual for subsidized custody as one of two options for the foster care permanency goal of placement with relatives
a) workgroup formed
b) determine what sections of foster care manual will be amended
c) determine definition of relative
d) clarify the process of ruling out reunification and adoption as not appropriate for the child
e) clarify how the VEMAT will apply to relative subsidy payments
f) develop tools for assessing families and children as appropriate for subsidized custody
g) create guidance regarding all siblings qualifying for a subsidy
h) develop post-custody review procedures
i) Provide process for continued Medicaid eligibility when a family with custody moves to another state
j) Collaborate with Office of Comprehensive Services to amend CSA guidance to include requirements for subsidized custody consistent with guidance in the foster care manual.
k) PAC to review guidance

PS 1 Obj. 4
4.2. Identify OASIS updates
a) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and determine if current screens can be modified or if new screens must be created
b) meet with Family Services OASIS Operations Group to determine requirements

PS 1 Obj. 4
4.3 Examine and amend CPS guidance to determine revisions required to support subsidized custody.
a) With CPS policy person, draft guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child
b) review guidance with CPS policy advisory team
c) disseminate guidance

PS 1 Obj. 4
4.4 Develop training for workers on the appropriate use of Subsidized Custody as an option under the goal of Placement with Relatives
a) Provide Subsidized Custody policy and procedures to VISSTA to incorporate into new worker policy training for both CPS and Foster Care workers
b) Provide Foster Care Guidance Transmittal Training including Subsidized Custody procedures to local social worker coordinators and staff
c) Work with NRC to plan and conduct skills training on assessment and preparation of relatives for taking custody of kin for local staff

d) Provide Child Welfare Training committee a training curriculum, consistent with the NRC skill training on assessment and preparation of relatives, to incorporate into the array of competency based courses

PS 1 Obj. 4

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

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

b) meet with CIP staff to discuss CIP training schedule and determine options for training judges

c) provide training in conjunction with CIP

PS 1 Obj. 4

4.6 Develop evaluation plan in conjunction with VDSS research department

a) Identify variables to be tracked

b) Determine methods of evaluation (i.e. surveys, interviews, etc)

c) set baselines

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

2010 update: No progress has been made on this strategy at this time.

4. ~~**Broaden guidance and the use of funding in the respite care program** to develop and support connections with relatives and siblings for children in foster care.~~
   a) ~~Develop guidelines for approving relatives as respite care providers for related children who are placed in non-relative foster care placements~~
   b) ~~Expand current guidance to allow relative respite care *(including respite care funding)* to be used to build and support familial relationships~~
   c) ~~Evaluate and revise guidance as necessary to expand the use of respite care as a process for bringing sibling groups together for regular contact.~~

2010 update:
This has been rewritten.

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

    a) Establish and convene a respite advisory team in each region, to include local departments, respite care providers, and key members of local communities;

    b) Utilize regional respite advisory teams to determine the needs for, current uses of, and barriers to use of respite care program funding;

    c) Explore respite programming options beyond those that current exist (utilizing resources from the Collaboration to AdoptUsKids), particularly those that would encourage collaborations among local departments and the faith community, business community, civic groups, and/or other key stakeholders;

    d) Include expanded respite options in the FY2012 applications for respite care program funding

Virginia's regulations for resource family approval now include specific approval processes for those families wishing to provide respite care only so as to increase the likelihood for approval of relatives who may not be able to become fully approved (e.g., because of financial limitations). Guidance for these regulations provide information and resources for locating and approving relatives (for full or respite only approval). Applications for respite care program funding specified use of funds to promote visits among siblings and connections with relatives. Regional consultants worked with local agencies to implement opportunities for resource families who do not have current placements to serve as respite providers for youth in congregate care settings to promote lifelong relationships.

B. Goal: Recruit, develop and support resource families

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

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

2010 update
This item has been revised.

    1. Increase the availability of viable resource families through diligent recruitment (including kin), thorough development, and targeted training and support.
        a) Develop a framework for and engage service providers in best practice across the recruitment, development and support continuum.

b) Implement dual approval for resource families and increase options for formal and informal kinship care.

c) Increase local skills and capacity for locating extended family and non-relative significant relationships for children and youth in system of care.

d) Provide direct pre-service training to families, utilizing the PRIDE Model, and increase local utilization of this model or comparable pre-service that is competency-based.

e) Provide direct in-service training to families, using PRIDE and other in-service curricula, with a focus on topics related to engaging families.

f) Increase provider *(family)* approval regulations to reach greater consistency in the provision of pre-service and in-service *(e.g., mandate the number of hours required).*

2. **Engage youth in child-specific recruitment efforts** to achieve permanency, as appropriate.

a) Develop resources and provide training to service providers regarding child-specific recruitment.

b) Provide training and technical assistance to service providers to better engage youth in understanding the options and planning for permanency.

c) Develop tools, strategies and guidelines for preparing youth for child-specific recruitment.

To ensure that agencies have the tools, knowledge and technical assistance needed to fully realize a system of recruitment and retention for resource families, the RFU has implemented a series of structured meetings and information based on Casey's Breakthrough Collaborative methodology, called "Regional Peer Collaboratives" (RPC).

Within each region, local agencies come together approximately every 6-8 weeks to "staff" their practices regarding resource families. The response has been overwhelming to this voluntary process of quality improvement, with approximately half of the Commonwealth's local agencies participating. This has enabled the State to promote interjurisdictional cooperation and, when necessary for the best interests of a child, placement and sharing of homes. For each agency, a consistent "working" team attends the RPC meetings; agencies also have an internal implementation "home" team to ensure that practices and changes are supported system-wide. A framework for best practice with resource families not only sets the standards for this work, it is also used to structure and sequence the RPCs. The RPCs began with a focus on development, training and assessment activities—how to create a welcoming and responsive system. Next, the focus went to supporting families so that they are better able to meet children's needs *and* they are more likely to be retained over time. Lastly, the RPCs shift to recruitment, now that the agency system is ready to accommodate and meet the needs of not only its current families, but also those who may be entering the system because of upcoming recruitment.

Integrating CRAFFT efforts into the RPCs as well as a part of the overall family engagement movement extends these messages directly to resource families. Over the course of the next fiscal year, CRAFFT will increase training to families on family engagement topics (e.g., working with birth families) as well as offer training opportunities specifically to kinship caregivers.

C. Goal: Increase timely and sustained adoptions

1. **Increase timeliness of adoptions** of children discharged from foster care.
   a) Implement case practice strategies *(Concurrent Planning and Family Team Meetings)* statewide that support decision making and action related to achieving the goal of adoption
   b) Promote and support interjurisdictional adoptions among local agencies and between local departments and child placing agencies through request for proposals and/or memorandum of agreement.

2010 update:
During the past year, VDSS began implementing the Family Partnership Family Team. This included developing policy, processes and procedures related to locally implement Team Decision making incrementally with local agencies. One of the decision points to hold a Family Team Meeting is when the decision is made to place a child for adoption. As of this date, the process is to new to determine how many adoptive placements have experience a family team meeting.

The Department contracts with licensed private adoption agencies to assist local agencies with adoption services. One of the advantages of these contracts is to provide adoption services across the 120 local departments of social services based on where the family lives. This process works effectively in Virginia as the private agencies have multi-sites across Virginia. The agencies provide an array of adoption services to include recruitment, preparation of child and family for adoption, placement, supervision and pre-finalization services for legal adoption. We will enhance inter-jurisdictional services in the upcoming year with the assigning local agencies to the private adoption contractors as indicated under the Youth project.

We have contracts in the following regions of the State:

Inter-jurisdictional Adoption Contracts in Virginia	
Virginia LDSS Regions	Licensed Child Placing Agency Contracts
Central Region	Children Home Society Commonwealth Catholic Charities Coordinators 2, Inc. Lutheran Family Services Richmond DSS Petersburg DSS United Methodist Family Services Virginia One Church, One Child Program
Eastern Region	Bethany Christian Services United Methodist Family Services Virginia One Church, One Child Program
Northern Region	Lutheran Family Services Virginia One Church, One Child Program United Methodist Family Services
Piedmont Region	Danville and Lynchburg DSS DePaul Family Services Lutheran Family Services Shenandoah Valley DSS Virginia One Church, One Child Program Montgomery DSS Virginia One Church, One Child Program
Western Region	DePaul Family Services

	Commonwealth Catholic Charities Virginia One Church, One Child Program

    2. Increase the number of youth, aged nine and older, who achieve the goal of adoption.
        a) Provide training and other supports for youth in foster care to explore the option of adoption as a life long event.
        b) Establish a youth adoption project that will identify youth with TPR and promote adoption and/or other permanent options for these youth.

2010 update

  a) In June 3 and 4 2009, the Adoption Programs Unit for the Division of Family Services provided an Adoption Symposium training to local departments of social services on Adoption. The training was attended by 180 social workers and supervisors. "Adoption Roundtable Talks – Up Close and Personal" was the theme for the roundtable discussions were held on June 3, 2009. The subjects included adoption practices which included Adoption Preparation; Targeted African American Recruitment; Developing Lifebooks: A Child's Life Story; Family Finding; A regional approach to approving fostering to Adoptive Homes; The Adoption Disclosure Process: Adoption Matching; Adoption Resource Exchange of Virginia; Educational and Training Vouchers and Community College for Adopted Youth: and ADOPT, a Virginia adoption support network for workers. Pat O'Brien provided the plenary session entitled, "It's Okay to Adopt Older Kids" on the morning of June 4, 2009 and panel presentations were provided by representative from public and private agencies was held after a group luncheon. The highlight of the training was the luncheon speaker who was a 15 year old who told his adoption story, which was less than a year from the training. Public and private adoption agencies provided exhibits on events and material related to adoption. Evaluations were rated excellent with suggested for a future symposium within two years.

    During November 2009, Adoption Month, the Virginia One Church, One Child Program provided its annual Adoption Conference in Williamsburg Virginia. This conference is funded by VDSS. The conference was exceptionally planned with major highlight of an adoptive family who had finalized an adoption of six siblings in September 2009 from one of the local agencies. Workshops for families and workers were provided and enjoyed.

  b) The Translating Outcomes for Practice (TOP) Workgroup in the Division of Family Services met to review data related to the adoption. This workgroup was composed of program managers, Casey Strategic Consultants to the Division of the Family Services. Data was presented on eh number of children in non-finalized adoptive placements, the number of adoption within 24 months and number of children in non-finalized adoptive placements. Based on this initial assessment of the data, we decided to further explore the adoption date in order to make a plan for the adoption youth project.

    After the July 29, 2009 meeting a charge was made to organize an internal workgroup of state and regional staff to focus on the state process to improve timeliness to finalized adoption. Key findings from the data were:

Key Adoption Findings
• As of June 1, 2009, 56.28% of children were a goal of adoption have TPR and are awaiting placement in a non-finalized adoptive home.

- Children who exited from a non-finalized adoptive home were in this current placement for a median of 413 days9 (1.1 years)
- Years passed before percentage of children exit to adoption in with a state fiscal year
- Children with a length time to TPR and time to adoption (2+ years for year) are more likely to be black and/or male.

The process improvement team inventoried all processes that impact the timeliness to adoption at VDSS. Data was further gather for decision points in the process. The workgroup held four meetings from August 19, 2009 to November 12, 2009 to identify the processes and to make recommendations to the TOPs workgroup. On December 1, 2009, recommendations were made to the TOP workgroup. Recommendations to improve the adoption included:

1. Revise the adoption contracts to better serve local agencies and to provide child specific and target children for children who are awaiting adoption. Strategies include 1) identifying a workgroup; 2) inform the local agencies and contractors, 3) revise current contracts; 4) provide contractor outreach, to draft new contracts; 5) identify training for public agencies and contractors, 6) keep state, regional and local staff informed of the project revisions. Communications about the changes began in February 2010 to local agencies and adoption contractors. Regional trainings are scheduled for June 14, 17, 28, 29 and 30 2010 with local and private agency staff. The contract will be revised July 1, 2010. A total of 300 youth will be target for this project during the first year. A revision of the adoption contract in under way for July 1, 2010. A total of 602 children who are not in adoptive homes as of June 1, 2010 are targeted for this project.
2. Revise the Adoption Resource Exchange of Virginia to improve how children are featured and to improve the usage of the Exchange by local agencies. To date, the adoption program is beginning to feature all children registered with AREVA and who are awaiting an adoptive home with or without pictures.
3. Hold annual regional trainings on adoption related to issues and procedures to improve adoption practices and policy implementation. During February 17 to May 27, 2010, the adoption program manager and the adoption policy specialist provided training on the Fostering Connection to Success and Increasing Adoption Act's implications for Virginia in all regional of the state. Five trainings were provided at the regional offices with assistance from the regional foster care and adoption specialists to social workers and supervisors. A sixth training was provided by teleconference statewide to eligibility workers and supervisors on May 27, 2010 and on June 18, 2010 a statewide training will be provided to office managers who make the final payments for adoption assistance. All trainings have had excellent participation.
4. Involve the new family resource staff in adoption recruitment activities and contract processes. Family recruitment resource staff served on the adoption process improvement team and will provide training to the adoption contractors. They have active roles in the June trainings as group facilitators.

The TOP group meets every six weeks and continues to have oversight of the Adoption Process Improvement Activities.

3. **Sustain adoptions through the provision of post adoption services** for children adopted from foster care and for children adopted from other countries.
   a) Maintain the Adoption Preservation System with added components to provide services for children adopted through inter-country adoptions.

2010 update:

Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services *(AFP)* system.   United Methodist Family Services provides for the state Adoptive Family Preservation (AFP) network. The AFP serves families who have adopted domestically and may also serve families that have adopted internationally. The AFP provides post legal adoption services to address presenting issues and concerns of the adoptive family. The system became functional in June 2000. During the first funding period, which ran from June 2000 through September 2001, 950 children and 500 families were served. During SFY 2002, 250 children received services and 158 families received services. The program has not grown financially since its inception. In their contract year of 2008, 254 children and families were served (unduplicated). There were over 703 inquiries and UMFS-AFP provided a total of 8,948.50 hours of services to the children and families. The chart below shows the organization structure of the AFP system and a table in the report section on Service Array provides additional information on the services provided.

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

PS 1 Obj. 2

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

PS 1 Obj. 2

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

PS 1 Obj. 2

2.3 Provide training on child specific, targeted recruitment

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

　　　PS 1 Obj. 2
　　　　　　　2.4 Analyze information gathered during contract year
　　　　　　　a) compile and review data from contractor reports
　　　　　　　b) solicit and discuss feedback from contractors about what is working,
　　　　　　　barriers, etc
　　　　　　　c) solicit and discuss feedback from participating ldss

　　　PS 1 Obj. 2
　　　　　　　2.5 Using data gathered from quarterly reports, revise upcoming RFP
　　　　　　　for new adoption contracts
　　　　　　　a) highlight positive approaches from contractors and share with others
　　　　　　　b) working with advisory committee make decisions about how to achieve
　　　　　　　desired outcomes for children awaiting adoption and design RFP accordingly

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

　　　PS 1 Obj. 3
　　　　　　　3.1 Reevaluate the Adoption Progress Report in collaboration with CIP
　　　　　　　for LDSS to better utilize the report
　　　　　　　a) Create a collaborative work group to review the report and make any
　　　　　　　necessary changes
　　　　　　　b) incorporate revised report into guidance
　　　　　　　c) Train staff on use of the report
　　　　　　　d) Train court personnel on use of the report

IV.　Comprehensive child welfare training program

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

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

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

　　　1.　~~Design and implement a comprehensive child welfare training program~~
　　　　　a)　~~Develop a Central Steering Committee to make decisions and set priorities for~~
　　　　　　　~~training, including VDSS, LDSS and the School of Social Work at Virginia~~
　　　　　　　~~Commonwealth University.~~
　　　　　b)　~~Develop a child welfare training curriculum that includes:~~

- Core courses as part of the minimum training requirement for all child welfare workers and supervisors, regardless of specialty;
- Specialty courses related to specific child welfare positions; and
- Related coursework that applies to multiple areas of practice and provides training for supervisors.

  c) Incorporate the state practice model throughout the training curriculum and develop transfer of learning strategies to increase effectiveness of the training.

  d) Redefine and expand the role of Area Training Centers to better support the partnership between VDSS and local agencies in effective delivery of child welfare training.

  e) Overlay the training system with continuous quality improvement strategies that address both individual and system needs.
- Utilize regular data collection and evaluation for planning, thereby modeling a "learning organization."
- Develop a functional Individual Training Needs Assessment that will generate automated data that is used in decision making.

2. Evaluate and conduct training for partners, as appropriate.

  a) Evaluate and develop state level training for foster, adoptive, resource and kinship provider families.

  b) Conduct provider training in coordination with LDSS staff using state supported staff and curriculum

2010 update and PIP additions

Primary Strategy 3 of the PIP is to "Reengineer Competency Based Training System" with the goal to "Establish a locally responsive training infrastructure that includes timely initial training and appropriate ongoing training for child welfare staff and pre-service and in-service training for resource parents." Child welfare training is being delivered across the state through collaboration between the Virginia Institute for Social Services Training Activities at Virginia Commonwealth University (VCU-VISSTA), the five Area Training Centers (ATCs) and the Virginia Department of Social Services (VDSS). During the early years of VCU-VISSTA, successful efforts were made to develop and maintain a process for the deliberate engagement of local agencies through the ATCs and other representative stakeholders on a statewide steering committee. Over time, however, as staff, priorities and resources changed, so did the training system. To reengineer a competency based training system, the work over the next two years will make training more effective and responsive to individual, local, and statewide needs and will ensure that training sets the practice standards by aligning with the Virginia Children's Services Practice Model.

To reestablish a locally-responsive training infrastructure, a steering committee has been established as the mechanism to drive change. The Virginia Child Welfare Training Steering Committee meets on a monthly basis and is made up of representatives from VDSS, VCU-VISSA, ATCs, Local Department of Social Services (LDSS), the Virginia League of Social Service Executives (VLSSE), and the Virginia Alliance of Social Work Practitioners (VASWP). The Steering Committee works to coordinate and manage the activities and developmental aspects of the training system. With the ATCs representing local agencies, along with representatives from LDSS, VLSSE, and VASWP, decisions about training system management will be informed by the needs of local workers. In addition, the role of the ATCs will change in order to give them greater ability to engage, train, and evaluate their training constituents. The Steering Committee is primarily responsible for:

- Setting priorities for child welfare training including the establishment of training requirements for front-line and supervisory staff;
- Establishing core competencies and core curricula, aligned with Virginia's Children's Services Practice Model, for all targeted job functions that will support assessed needs as well as broaden the base of knowledge and skills for all child welfare staff;
- Ensuring ongoing training opportunities for experienced staff and supervisors to promote the development of managerial skills in the work force and to facilitate transfer of learning;
- Establishing a process and standards for identification of subject matter experts to develop and deliver workshops for in-service trainings based on regionally assessed needs;
- Assessing and evaluating the training system to address both individual and system needs including the establishment of an Individual Training Needs Assessment for front-line staff and supervisors;
- Ensuring the delivery of pre-service and in-service training for resource parents.

In addition to the Steering Committee, there are several subcommittees that have formed to address different aspects of the reengineering process. Since subcommittees are made up of various representatives outside of those who participate on the Steering Committee, there are ongoing opportunities to engage LDSS, particularly supervisors. Since getting input from LDSS is an essential step to ensuring that the training infrastructure is truly responsive to local needs, the roles of the ATCs will expand and evolve in order to better develop, deliver, and evaluate training based on input from local child welfare staff and supervisors. ATCs will meet regularly with LDSS, gather information to identify training needs, solicit information from LDSS about emerging practice needs, and work to develop transfer of learning activities to benefit LDSS staff.

The objectives for this primary strategy are focused on the stages of reengineering the training system. The first objective is to establish training requirements. The second objective is to ensure ongoing training. The third objective is to assess and evaluate the training system in order to continue to refine it as needed. The fourth objective is focused on training of foster, adoptive, and resource parents. Significant changes have begun with resource family training. In September 2009 a mandate for training went into effect, requiring both pre- and in-service for foster, adoptive, respite, and resource families. The infrastructure of family training includes locality-based work to create capacity and assess need; direct training for families, particularly in those areas where resources for training are lacking; and an integration of key social work practices, such as engaging families, honoring children's connections, working as a member of the child welfare team, and Virginia's Children's Services Practice Model

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

PS 3 Obj. 1

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

PS 3 Obj. 1

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

PS 3 Obj. 1

    1.3. Revise child welfare competencies that operationalize the Virginia Children's Services Practice Model
    a) Identify a point person(s) to lead review process
    b) Develop a process for review of existing competencies
    c) Identify a group of LDSS supervisors and upper level managers to participate in review process
    d) Collect and summarize feedback
    e) Present revised competencies to Steering Committee for approval

PS 3 Obj. 1

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

PS 3 Obj. 1

    1.5. Establish training requirements for child welfare workers and supervisors to reflect core curriculum
    a) Develop a process to reevaluate training requirements through the Steering Committee once core curriculum is finalized
    b) Develop recommendations for new training requirements
    c) Present recommendations to Steering Committee for approval

PS 3 Obj. 1

    1.6. Establish standards for completion time frames for required initial in-service training
    a) Develop a process to reevaluate standards for timeliness of completion for initial in-service training through the Steering Committee once core competencies are finalized
    b) Develop recommendations for timeframes
    c) Present recommendations for timeframes to Steering Committee for approval

PS 3 Obj. 1

    1.7. Establish annual in-service training requirements for child welfare supervisors and front-line workers
    a) Develop a process to establish annual in-service training requirement for child welfare supervisors and front-line workers through the Steering Committee once core competencies are finalized

b) Develop recommendations for annual in-service training requirements
c) Present recommendations for annual in-service training requirements to Steering Committee for approval

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

PS 3 Obj. 2

2.1. Develop VCU-VISSTA and ATC capacity to engage, develop, and evaluate subject matter experts as both trainers and workshop curriculum developers through training and consultation with IHS
a) Conduct assessments of each Area Training Center to evaluate strengths, knowledge and understanding of a competency based system, relationship with LDSS, and relationship with host agency
b) Assess VCU-VISSTA capacity through consultation with IHS and ongoing collaboration with VDSS
c) Modify VCU-VISSTA and ATC contract language to reflect expanded roles with LDSS and expectations regarding workshop development

PS 3 Obj. 2

2.2. Establish process to provide ongoing training that is based on staff and supervisors' assessed needs
a) Develop process through the Steering Committee for ATCs and VCU-VISSTA to work together to develop and deliver trainer-developed workshops
b) Pilot process through the development and delivery of one trainer-developed workshop in each ATC region
c) Evaluate pilot findings and refine process through Steering Committee if necessary

PS 3 Obj. 3. Assess and evaluate training system

PS 3 Obj. 3

3.1. Explore better utilization of existing participant evaluation tool through the current Learning Management System
a) Assess current functionality around participant evaluation through the Knowledge Center
b) Develop a process to better utilize participant evaluation
c) Submit recommendations for improvement of the function to the Steering Committee

PS 3 Obj. 3

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

PS 3 Obj. 3

3.3. Establish a training needs assessment process to inform training

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

PS 3 Obj. 3
3.4. Establish a process to promote transfer of learning for training participants
a) Modify FY2011 contract language with VCU-VISSTA
b) Develop a process for integration of existing curricula through the Steering Committee

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

PS 3 Obj. 4
4.1. Conduct annual needs assessment of current pre-service and in-service training needs
a) Create work group made up of LDSS, CRAFFT, and VDSS to develop needs assessment
b) CRAFFT to administer needs assessments with LDSS

PS 3 Obj. 4
4.2. Create regional pre-service and in-service training plans for resource families based on needs assessment data

PS 3 Obj. 4
4.3. Establish a Steering Committee subcommittee to address resource family training
a) review models of resource parent competencies
b) develop Virginia universe of competencies
c) make recommendations to Steering Committee

V.   Strengthening community services and supports

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

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

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

1. **Expand services to prevent and treat child abuse and neglect** through supporting and advocating for interdisciplinary resources.
   a) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices.
   b) Utilize child abuse and neglect treatment funds for support services to child victims.

2010 update

VDSS is very involved in expanding community services and supports to prevent and treat child abuse and neglect. Funding for the prevention grants comes from the state Virginia Family Violence Prevention Program and from the Federal Community-Based Child Abuse Prevention *(CBCAP)*. Twenty-two grants were awarded to fund child abuse and neglect prevention programs for the period of July 1, 2009 to June 30, 2010 through a request for proposals issued in February 2008. All 22 projects were renewed for state fiscal year 2010 *(July 1, 2009 – June 30, 2010)*. In January 2010, a new RFP was issued. A total of 39 proposals were received and 27 have been recommended for funding including three mini grants for special initiatives around parent involvement and fatherhood. The other projects provide direct services to parents and children at risk of abuse and neglect, regional and statewide training, public education, outreach and technical assistance. Special populations served include pregnant and parenting teens, Hispanic families, homeless families, incarcerated parents, high risk fathers, elementary and middle school children, parents with disabilities and children with disabilities. Services provided include family assessments, home visiting, bilingual parent education and support groups, resource awareness, service coordination, family events, playgroups and the use of a parent education van equipped with education materials and other resources that travels to neighborhoods reaching out to parents.

VDSS awarded Victims of Crime Act (VOCA) treatment grants to 39 sub-grantees for the period of July 1, 2009 to June 30, 2010, (with two optional one-year renewals) through a RFP issued on January 30, 2009. Funding for the VOCA grants is derived from the Crime Victims Fund, U.S. Department of Justice. VDSS administers the child abuse portion of these funds through an interagency agreement with the Department of Criminal Justice Services. Funds must be used for direct services to victims of child abuse and neglect or to adults who were sexually abused as children. Examples of VOCA-funded services include counseling services, individual or group therapy, emergency shelter, support services such as self-help groups, court-related services, and payment of all reasonable costs for forensic medical exams of child victims not covered by a third party.

The VDSS currently awards grants to 18 Child Advocacy Centers (CACs) throughout the Commonwealth. The source of these grants is general funds appropriated by the Virginia General

Assembly. The purpose of the CACs is to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. The objectives of the CACs are many, not the least of which is to reduce trauma to children and their families. The funds that the CACs receive from the VDSS must be used to support direct services for families and children affected by abuse and neglect. They can be used to provide treatment services including counseling services, mental health assessment and services, individual, family or group therapy, parent education or self-help groups, and salaries of direct service personnel.

On May 11, 2010 an RFP was posted to solicit proposals for Child Advocacy Center services that are appropriately certified by the National Children's Alliance (NCA) for fiscal year 2011 (including a one-year renewal period). This RFP is scheduled to be completed, and contracts awarded effective July 1, 2010. The contract period will be July 1, 2010 to June 30, 2011.

5. **Expand services that allow children to remain safely in their own homes**
   a) Evaluate the recent survey on service array from local departments of social services where 52% responded that services to allow children to remain safely at home were available in their communities.
   b) Convene a group of LDSS staff to further examine the problem and identify areas of the State where these services are not available.
   c) Request assistance from the National Resource Center on In-Home Services.
   d) Develop and implement a plan to improve services that allow children to remain safely in their own homes in underserved areas of the State.

2010 update
The Department recently convened a CPS Ongoing Services Committee as a subcommittee of the CPS Policy Advisory Committee. The CPS Ongoing Services Committee was formed to begin examining areas needing revision in the guidance manual around appropriate service planning and providing CPS services to families identified at moderate, high or very high risk of abuse/neglect. In July 2010 there will be a release of enhanced guidance around family engagement philosophy and family partnership meetings for children at "very high" or "high" risk of abuse and/or neglect and at risk of out of home placement in those families who will be or are receiving services.

6. **Help meet the educational and health needs for all children in, or at risk of foster care** through developing and implementing a comprehensive plan for improving LDSS staff understanding and skills related to advocacy and effective practice.
   a) Implement the health-related advisory group's ongoing recommendations to ensure the health *(physical, emotional and mental health)* needs of children in foster care are being addressed in a timely manner.
   b) Increase LDSS workers ability to enhance the educational success of children in, and at risk of, foster care through training for LDSS workers on educational advocacy through Virginia resources.

2010 update
A. The VDSS Health Care Advisory Group continues to meet to develop a comprehensive plan for improving health care for children in foster care. The group consists of representatives from VDSS, LDSS, Department of Medical Assistance Services (DMAS), pediatricians, dentists, behavioral health, child psychiatry and advocacy groups. A subcommittee of the group worked with the data units in DMAS, VDSS and the Office of Comprehensive Services to develop a system of data sharing between VDSS and the DMAS to identify health service availability and

gaps in areas of health care availability and access. This data sharing has so far produced data that identifies the placement of children in foster care often is not consistent with the availability of dental providers. A survey of foster and pre-adoptive parents was also conducted this year that identified areas where certain health care services are difficult to access. Consistent with the dental data obtained across systems, specialty services (e.g., orthodontia, child psychiatry, trauma assessments) are difficult to access and often require either extended time on waiting lists and/or travel of 3 or more hours for services.

The health care group expanded their charge this year to look at systemic issues impacting the ability to provide children with the full range of comprehensive health care services many need. Currently, the group is focusing on establishing a clear continuum of assessments needed (e.g., behavioral, developmental, medical, life skills needs, etc.) and the time frames within which such assessments should occur. By using the data mapping and establishing a preferred continuum of assessments for children and youth in care, the Health Plan Advisory Group will recommend guidance for the type and timing of various health care assessments that should be used. (This work on assessment is also the basis for a CFSR PIP strategy for improving assessments for children in foster care). Additional information regarding health care is available in section IV of this report.

Five regional training events were funded by VDSS that provided educational advocacy training to LDSS workers across the state. JustChildren, a Charlottesville-based legal advocacy group that specializes in educational advocacy, was awarded a contract to conduct these trainings. (See training section of this report for additional data regarding JustChildren's training)

B. VDSS also began an Educational Advisory Workgroup to address the educational needs of children in care related to the requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008. Kathleen McNaught of the American Bar Association Center for Foster Care and Education presented an overview on and best practices in implementing the educational pieces of the law and assisted in developing next steps for Virginia. The on-going workgroup consists of representatives of such groups as VDSS, Department of Education (DOE), LDSS, Just Children, Voices for Virginia's Children, Virginia Poverty Law Center, FACES of Virginias' Families and foster parents. Since Virginia passed legislation in 2006 requiring immediate enrollment of children in school and maintaining a foster child's educational placement in their school of origin whenever possible, the workgroup focused on improving the policies and practices developed at that time. The workgroup is reviewing all current policies and forms, using the Mckinney-Vinto homeless youth provisions as implemented in Virginia as a model for improving the Fostering Connections requirements. Changes in foster care policy to further strengthen educational stability for children in foster care are in the new manual expected to post in July, 2010. These changes were developed by the education workgroup and will be reflected in DOE's policy and procedures to ensure consistency with VDSS. VDSS has also expanded finance guidelines to allow LDSS to access Title IV-E funds (as appropriate) to fund transportation to a child's school of origin when in the child's best interest. State pool funds will be used for the non-Title IV-E eligible youth.

7. **Increase the full array of independent living services and resources** through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency.
   a) Implement the Ansell Casey Life Skills Assessment statewide to assess youth's independent living *(IL)* skill needs.
   b) Select a contractor to accomplish the deliverables of the Best Value Acquisition *(BVA),* including, but not limited to:

- Establishing 5 regional IL specialists and regional youth councils;
- Training on the Ansell Casey Life Skills Assessment; and
- Training youth to develop or enhance their life, leadership, and advocacy skills.
    c) Establish an effective statewide educational program through local, regional and state partnerships and linkages to assist youth in completing secondary education and enrollment assistance and support for post-secondary education.

2010 update

In July 2009, VDSS awarded a contract to United Methodist Family Services (UMFS) to provide IL services to youth in and transitioning out of foster care statewide. UMFS' program is entitled **"Project LIFE, Living Independently, Focusing on Empowerment"** and services provided include, but are not limited to:

- the continued development of the Virginia Youth Advisory Council (VYAC);
- technical assistance to the five regional IL Coordinators' committees; and
- the initiation of a new regionally based "Educate, Advocate, and Elevate" (EAE) Initiative which is intended to develop an organized, structured and consistent program of services and training to older youth by providing assistance tailored to the needs of each of the five regions of the state.

The goal of this public and private partnership is to coordinate and enhance the provision of IL services to youth in and transitioning out of foster care. The partnership with UMFS has allowed VDSS to serve a greater number of older youth by establishing regionally based IL Consultants (5 consultants and a project manager) to help localities meet the goals of the Chafee Foster Care Independence Act and the Children's Services System Transformation.

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

- Became certified trainers for the Ansell Casey Life Skills Assessment in January 2010 and have provided 16 trainings for LDSS and other stakeholders;
- Involvement in the Regional IL Coordinator's committees meetings and events;
- Coordinated two VYAC weekend conferences with over 50 participants for each one and older youth co-facilitated some of the workshops and activities and served as mentors;
- Active involvement on various work groups for the state-initiated committees such as National Youth and Transition Database (NYTD), Family Engagement, Fostering Connections to Success Education Workgroup, and the statewide Permanency Advisory Committee;
- In collaboration with LDSS and youth, is in the process of developing a youth council in each of the five regions;
- Identified their role(s) in working with Family Engagement activities for youth and LDSS; and
- During the Governor's Statewide Conference held in December 2009, VDSS and Project LIFE presented on the new public-private partnership to provide IL services statewide to youth and support to LDSS.

In order to increase the LDSS' capacity to meet the goals of establishing permanent connections for older youth and developing adult living skills, the public-private partnership is committed to assisting LDSS in providing necessary services to eligible youth on a statewide, regional and local basis. Through state and regionally-based initiatives, VDSS will continue to provide the leadership necessary for Project LIFE to continue these activities for FY 2011.

VDSS will use the EAE model to develop an organized, structured and consistent program of services and training to older youth and continue to partner with Project LIFE to ensure LDSS and youth are aware of available educational resources such as the Education and Training Vouchers (ETV) Program and the Virginia Community College System Initiatives. One initiative is the Community College Tuition Grant which pays for tuition and fees at the Virginia Community Colleges for foster care youth or special needs adoptee that have graduated from high school or obtained their GED and meet eligibility requirements. Another initiative is the Great Expectations program. Great Expectations helps Virginia's foster youth complete high school, gain access to a community college education and transition successfully from the foster care system to living independently. The program helps ensure that young people have the personal connections and community support they need to live productive and fulfilling lives.

As required by Fostering Connections to Success and Increasing Adoption Act 2008, 90 days prior to the youth turning 18 years old and discharged from the foster care system, the LDSS and other individuals that may help to plan for the youth will assist the youth in developing a personalized transition plan that focuses on IL services, skills, and resources the youth will need to transition from foster care. This transition plan must provide specifics on housing, health insurance, education, local opportunities for mentors and continuing support services, workforce support and employment services. The plans will also include information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child cannot do so and does not have or want a relative to make those decisions. It will also provide the child with the option to execute a health care power of attorney, health care proxy, or other similar document. The LDSS shall allow the youth to direct the development of the plan and to include all the information deemed necessary by the youth. Project LIFE will work with the state in developing a transitional plan template that can be used statewide. In addition, it is the goal of VDSS to have members of VYAC and regional youth councils to be involved all aspects of policies, program planning, implementation and evaluation to improve the state foster care system and promote permanency for all youth.

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

1. **Collaborate with CSA's Community Service Development Steering Committee** and its workgroups on:
   a) Managing the array of community services through designing and using existing resources and tools to help localities:
      - Assess trends in how services are changing over time, compare services utilization with peer communities with similar demographics, and prioritize service gaps *(using CSA management team reports, Critical Services Gap Survey, vendor reports, and Comprehensive Community Based Service Array Guide).*
      - Gather family input on improving services and measuring program progress though family satisfaction surveys.
      - Create services through a new tool for estimating program costs, workload volumes, and alternative revenue models and guidance on how to quantify gaps in local service arrays, being developed by the Casey Strategic Consulting Group.
   b) Engaging providers through developing:
      - Toolkit on how to recruit and sustain non-traditional providers;

- Public/private partnerships, including a Model Memorandum of Understanding *(MOU)* to facilitate multi-locality or regional procurement of services;
- Model contract that includes family engagement and outcomes;
- Model process for expedited provider authorization for licensing new programs; and
- Vendor evaluation tool.

c) Using tools for utilization management and review:
- Using the CSA Model Utilization Management Plan;
- Developing a model utilization review process, using data from CANS, the CSA data set, OASIS, SafeMeasures, and other relevant systems; and
- Incorporating the family and youth voice into these processes.

2010 update:
There is not progress to report at this time.

2. **Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well being.**
a) Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives.
b) Develop and provide education materials to inform key stakeholders on effective strategies *(e.g., mandated reporters and the general public on child abuse and neglect; kinship care providers; judges).*

2010 update:
There is not progress to report at this time.

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

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

2010 update:
This goal was not addressed during the year.

VI. Continuous quality improvement

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

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

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

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

2010 update: No progress on this goal

B. Goal: Improve data accuracy and integrity

1. ~~Create and maintain data accuracy through continued reporting~~
   a) ~~Disseminate and post reports produced by the Outcome Based Reporting and Analysis Unit on the intra and internet sites continually.~~
   b) ~~Continue Chapin Hall and SafeMeasures for LDSS.~~

2. ~~Maintain data clean up initiative~~
   a) ~~Continue data clean up process between VDSS Home Office and LDSS around identified problem errors.~~
   b) ~~Maintain position to ensure data clean up efforts are ongoing and continuous.~~

2010 update
Using the right data to manage performance is a key driver of the Transformation as well as this PIP. The Outcomes Based Reporting and Analysis Unit (OBRA) has developed a consistent process for capturing and using data to support decision-making, improve the quality of practice, and promote accountability. The first objective for the forth primary strategy is to "Increase use of data driven decision making in Virginia's child welfare system." The division has created TOP, or Translating Outcomes to Practice, to routinely examine data to determine both best practices and opportunities for improvement across program areas at the state level.   The TOP meetings ensure DFS has internal accountability processes. TOP findings encourage formulation of Process Improvement Teams (PIT) which examines our internal processes only. In other words, the purpose is to determine what VDSS can do internally to positively affect its child welfare outcomes. Currently there is a regional representative on the workgroup.

State and local DSS workers currently have access to two reporting tools: SafeMeasures and the Virginia Child Welfare Outcomes Reporting Utility (VCWOR). SafeMeasures is a web service that takes data extracts from OASIS twice each week and arranges the data into reports that highlight Children's Services Transformation outcomes and other measures that are important to

improving practice at the local level. SafeMeasures is a response to long-standing LDSS requests for greater access to the data that they record in OASIS. The VCWOR is a utility that provides reporting ability for Foster Care and Adoption. The majority of the reports are drawn from the AFCARS Federal Fiscal Year files. This utility can produce Federal Permanency Profiles, CFSR composite measures, Transformation outcomes, and other reports. The PIP strategy utilizing these tools is focusing on making sure workers and supervisors understand and use SafeMeasures and the VCWOR as part of their own efforts to improve quality and performance. DFS is encouraged about the future funding of SafeMeasures but must face the reality that funding cuts are a possibility. In the event that funding is unavailable DFS plans to continue pushing the Virginia Child Welfare Outcome Reports (VCWOR) as a tool to glean child detailed data. Trainings are currently schedule for summer 2010.

DFS routinely monitors many process and outcome measures. In its brief existence, OBRA has seen that publishing data is the quickest way toward improving performance. Processes such as TOP and Quality Service Review (QSR) coupled with routine data analysis should positively impact performance. The OBRA unit receives feedback from workers at the local level in several ways. Pre and post tests are conducted before every training, with the results used to help guide development of future trainings. The Managing by Data Workgroup serves as the local advisory team to OBRA as well as the project management team for SafeMeasures. The workgroup has representatives from 15 LDSS from across the state and from both large and small departments.

Primary Strategy 4 in the PIP is "Managing by Data and Quality Assurance" with an overarching goal to **"**Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions."

A strategy under the objective is to "Improve programmatic performance by monitoring process and outcome data." The reports created by this strategy are linked to permanency and well being outcomes. The "at risk" report is related to Primary Strategy 1, Objective 2 and the Family Partnership report is related to Primary Strategy 1, Objective 1. The "at risk of aging out report" is comprised of the three populations that make up the largest percent of children who age out of foster care: those with the goal of permanent foster care, independent living or APPLA, those children with a TPR but are not in an adoptive placement, and those children who have been in a congregate care setting for more than 180 days. The Family Partnership report will monitor discharges to permanency and community placements. The report will be used to target localities that may need additional technical assistance to support family engagement practice.
It is expected that technical assistance and training will be targeted at those local departments that are having challenges with implementation or identified areas such as involving both maternal and paternal relatives in Family Partnership Meetings or not engaging certain populations (i.e. mental health, substance abusers). The Regional Consultants will be highlighting information from the report in quarterly supervisor meetings. The last report is focused on worker visits with the child, siblings, parents, and foster parents, and is in direct response to the key findings from the review.

The remaining strategies in this section of the PIP address safety issues. One report to be created will be generated by locality on face to face contact with victims and disseminated on a monthly basis. Virginia will implement the SDM decision tree tools and intake document to be used for more accurately determining response times to CPS reports. Once those tools are implemented, the current report on the timeliness of initiating a response to a CPS report will be revised. The next strategy will develop a method to track recurrence in the Family Assessment Track. The CPS guidance/policy manual will be revised to include additional tools and reports. There will be trainings offered on all new reports and guidance.

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

1. ~~Create a robust reporting system for the Division of Family Services~~
   a) ~~Automate all management reports and provide drill down capability by 2012.~~
   b) ~~Increase the use of longitudinal data in Virginia's child welfare system:~~
      - ~~Continue membership to Chapin Hall's Multi-state Foster Care Data Archive; and~~
      - ~~Routinely share analyses completed by the Outcome Based Reporting and Analysis Unit with state and local stakeholders.~~
   c) ~~Implement SafeMeasures in all 120 LDSS, regional offices and the VDSS home office. Seek funding to extend subscription annually starting 2010.~~
   d) ~~Create an automated data system for ad hoc requests by 2012.~~

2010 update

The action steps under this goal changed as VDSS's Data Warehouse is managed by the Division of Information Systems and are unable to provide DFS with a viable automation solution. In addition, SafeMeasures has been shared with all 120 LDSS, regional office, and state office. Additional funding was secured for the 2011 subscription to SafeMeasures.

1. Create a robust reporting system for the Division of Family Services
   a. Continue to produce and disseminate reports created by OBRA that provide outcome and process data to LDSS. Increase the use of longitudinal data in Virginia's child welfare system:
      - Continue membership to Chapin Hall's Multi-state Foster Care Data Archive; and
      - Routinely share analyses completed by the Outcome Based Reporting and Analysis Unit with state and local stakeholders.
   b. Implement SafeMeasures in all 120 LDSS, regional offices and the VDSS home office. Seek funding to extend subscription annually starting 2010.
   c. Create an automated data system for ad hoc requests by 2012.

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

PS 4 Obj. 1

1.1 Conduct Translating Outcomes to Practice (TOP) meetings quarterly.
a) Routinely examine data to determine both best practices and opportunities for improvement across program areas.
b) Provide data to program staff/process improvement teams as they develop and implement process improvement plans.
c) Monitor outcomes to determine if process improvement plans are moving the outcomes.

PS 4 Obj. 1

1.2 Utilize available reporting tools in all 120 LDSS, regional offices, and the VDSS home office.
a) Train and monitor the use of SafeMeasures
b) Expand the use and awareness of the Virginia Child Welfare Outcomes Reporting Utility (VCWOR)

PS 4 Obj. 1
1.3 Improve programmatic performance by monitoring process and outcome data.
a) Develop a method of tracking children at risk of aging out of foster care that will focus on children with long term permanency goals, TPR without placement in pre adoptive homes, and children in congregate settings for more than 180 days.
b) Develop a report that monitors participation in Family Partnership Meeting
c) Develop and disseminate to regional staff reports on case worker visits with children, parents, foster parents, sibling visits, and child and family visits

PS 4 Obj. 1.
PS 4 1.5. Develop a method to track recurrence in Family Assessment cases.

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

2010 update
VDSS is implementing the National Youth in Transition Database (NYTD) through a workgroup (and work streams) with representatives from public and private child placing agencies, Project LIFE, Regional ILP Committees, the Office of Comprehensive Services, FACES of Virginia Families, Foster Care Alumni of America-VA Chapter and the Virginia Youth Advisory Council as well as representatives from various divisions and areas within the Department (i.e. Community and Volunteer Services, Public Affairs, Family Services, OASIS, and Finance). Training is needed for local foster care and adoption supervisors and workers to understand the importance of implementing IL services related to required federal outcomes and engaging in the required NYTD data collection requirements. Youth have been involved in providing feedback on the survey and there is a NYTD Youth Team.

Training will take place as soon as the newly designed OASIS NYTD screens are completed (scheduled for August 2010). Training and technical assistance will also be provided to the Project LIFE Regional IL Consultants, Regional Foster Care/Adoption Consultants, Resource Family Consultants, and Central Office's Quality Assurance Specialists. The IL Consultants will be the leads in each region to provide capacity-building training and technical support to the local departments of social services. Through this process, activities required by NYTD will become institutionalized in local foster care staff case management practices.

VDSS staff participated in the Technical Assistance Meetings, conference calls and webinars sponsored by the federal government. The performance goal for FY 2011 is to determine a true statewide baseline of services provided and accurate numbers of individuals age 14 and over served by IL funding. (This data will now be collected in the child welfare data system as opposed to LDSS quarterly report submissions to the VDSS).

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

2010 update and PIP addition:
The second objective for primary strategy four in the PIP is to "Develop a comprehensive quality assurance system that measures child status and system performance indicators." Virginia is transitioning towards use of the Quality Service Review (QSR) as a system improvement tool for aligning the quality of service delivery with the Virginia Children's Services Practice Model to promote better outcomes in child welfare. Virginia has been utilizing the CFSR instrument over the past few years to measure the quality of compliance with the CFSR outcome standards. The QSR instrument to be developed will operationalize the Virginia Children's Services Practice Model to measure outcomes of the initiatives implemented.

Development and implementation of the QSR instrument will begin in the first quarter of the PIP. This process will be assisted and supported through a contract with Child Welfare Policy and Practice Group (CWPPG) and Human Systems and Outcomes (HSO). An instrument will be developed specific to the Virginia Children's Services Practice Model also addressing safety, permanency, and well-being. A group of Virginia Department of Social Services staff, local staff, community partners and stakeholders will be included in a 2.5 day meeting to develop the instrument. The instrument will include child and family status issues and system performance issues in various categories. Working with HSO to develop the instrument, we will include initiatives in development including Family Partnership, risk and safety assessments and the delivery of services to children and families. The instrument will then be piloted in one local department of social services and then reviewed and revised by the stakeholder group to develop a final instrument.

QSR uses a six point scale to measures the indicators included in the protocol thus creating a numeric measurement for the qualitative review. Each indicator is scored as follows:

6	Optimal	Maintenance Zone
5	Substantially Acceptable	
4	Minimally Acceptable	Refinement Zone
3	Partially Unacceptable	
2	Substantially Unacceptable	Improvement Zone
1	Completely Unacceptable	

Each QSR will produce a numeric and qualitative report for the local department reviewed and provides a foundation for the System Improvement process for each department.

Training for Virginia professionals in the use of this instrument and the scoring matrix QSR will take place in January and June 2011. Professionals from CWPPG will be paired with Virginia professionals in review teams after the training the first two rounds of reviews. In this way we will develop a cadre of Virginia professionals to conduct reviews. An additional benefit to this process of training peer reviewers is often the development of quality practice and standards in the local departments from which we will draw the peer reviewers. This results in an additional internal capacity for evaluating quality practice standards.

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

PS 4 2.1 Develop and implement QSR as Virginia's quality assurance system.
a) Finalize work plan for 2010
b) Communicate & educate stakeholders on the plan
c) Develop and pilot instrument Fall of 2010
d) Make modifications and finalize the instrument
e) Train reviewers in January 2011 and June 2011
f) Conduct 5 reviews in 2011 beginning in February

PS 4 2.2 Implement a System Improvement Plan (SIP) to be used after the Child Welfare Quality Review (CWQR) by regional consultants and LDSS to track continuous progress towards performance outcomes.
a) Regional consultants conduct feedback meeting with LDSS after a CWQR focused on outcomes.
b) SIP developed by LDSS, distributed and monitored by regional consultants based on outcome measures.
c) VDSS compiles semi annually SIPs and status and distributes to LDSS and stakeholders.
d) Develop link with System Improvement Plan process in order to help inform training priorities

PS 4 2.3 Develop a report on child status and system performance indicators from the QSR.

III. Additional Reporting Information

A. Monthly caseworker visits

At the state level, Virginia implemented a new monthly visit report available to all LDSS staff through SafeMeasures. The report provides monthly updates on worker visits and allows users to "drill down" to the worker level to identify where improvements in visits need to be made to reach and surpass federal goals. The monthly worker visit report was one of the initial reports made available through SafeMeasures and was used throughout the state in SafeMeasures training, helping LDSS understand the value of SafeMeasures in accessing and using data to support improved performance.

Foster Care policy and new proposed Permanency Regulations include clear mandates to conduct monthly worker visits with all children in care. Although the proposed regulations are not finalized, they were approved by the Governor for 60 days of public comment in November 2009. Only one LDSS employee spoke against the mandate for monthly visits. The final proposed regulations with this mandate are going to the State Board of Social Services in June, 2010 for their approval. This is one of the last steps in finalizing these regulations.

LDSS have significantly improved their percentage of monthly worker visits as an artifact of reducing the number of children in congregate care settings and improving placements in the child's local community. Reductions of children in congregate care and increased community-based placements are two of the outcomes of the Children's System Services Transformation, Virginia's commitment to changing the way child welfare is practiced. Barriers to monthly visits such as congregate care placements far away from the child's home locality have decreased, leading to a decrease in costs of, and the time required to travel to visit the child. By keeping children in their community, workers have been able to increase visitation despite receiving very few additional resources.

Federal Title IV-B funds to support worker visits have been used to pay for additional staff, purchase laptops computers as a time-saving measure, allowing for quicker documentation and downloading of the visit information in to OASIS; transcribers; and travel costs for increased visitation. Because federal allocation of these funds are limited to five years, the finance division of the VDSS has agreed to provide identify and allocate equivalent funds to each locality as part of their base administrative cost base once federal funding ends.

Aggregate data for the year indicates Virginia will likely surpass its estimated goal for improvement during FFY 2010.

B. National Youth in Transition Database

VDSS is implementing the National Youth in Transition Database (NYTD) through a workgroup (and work streams) with representatives from public and private child placing agencies, Project LIFE, Regional ILP Committees, the Office of Comprehensive Services, FACES of Virginia Families, Foster Care Alumni of America-VA Chapter and the Virginia Youth Advisory Council as well as representatives from various divisions and areas within the Department (i.e. Community and Volunteer Services, Public Affairs, Family Services, OASIS, and Finance). Training is needed for local foster care and adoption supervisors and workers to understand the importance of implementing IL services related to required federal outcomes and engaging in the

required NYTD data collection requirements. Youth have been involved in providing feedback on the survey and there is a NYTD Youth Team.

Training will take place as soon as the newly designed OASIS NYTD screens are completed (scheduled for August 2010). Training and technical assistance will also be provided to the Project LIFE Regional IL Consultants, Regional Foster Care/Adoption Consultants, Resource Family Consultants, and Central Office's Quality Assurance Specialists. The IL Consultants will be the leads in each region to provide capacity-building training and technical support to the local departments of social services. Through this process, activities required by NYTD will become institutionalized in local foster care staff case management practices.

VDSS staff participated in the Technical Assistance Meetings, conference calls and webinars sponsored by the federal government. The performance goal for FY 2011 is to determine a true statewide baseline of services provided and accurate numbers of individuals age 14 and over served by IL funding. (This data will now be collected in the child welfare data system as opposed to LDSS quarterly report submissions to the VDSS).

C. Timely home studies
Goal: Monitor timeliness of homes study documents going to the sending state

1. *Manual spreadsheet is developed by January 1, 2010. Progress made: The spreadsheet was developed.*

Placement Requests Out of Virginia
May 1, 2009 to May 31, 2010

Type o f Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	208		3		27
Relative	330				31
Foster Home	179	1			25
Adoptive	36	74		10	9
Group Home				1	
Residential	44	1	10	74	3
Institutional Care (Article VI)					
Child Care Institution	1				
Other	4				
Total	**802**	**76**	**13**	**85**	**95**

Sex of Children	Male		Female		Unknown	
	431		410		1	
Ages of Children	**Under 1**	**1-5**	**6-10**	**11-15**	**16-18**	**19-21**
	153	205	175	201	106	1
Ethnic Group	**White**	**African American**	**Asian**	**American Indian**	**Hawaiian/ Pacific Islander**	**Unable to determine**
	447	239	3	6	2	145

Hispanic	Yes	No	Unable to determine			
	51	622	169			

# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30	31-60	61-90	Over 90
	276	131	173	705

Adoption Assistance Subsidy: 14

Total Number of Agreements OUT OF Virginia Terminated

Adoption Finalized	139	
Age of Majority/Emancipation	61	
Legal custody returned to parents (concurrence)	55	
Legal custody to relative (concurrence)	86	
Treatment complete	32	
Sending state jurisdiction terminated (concurrence)		
Unilateral termination	22	
Child returned to sending state	62	
Child moved to another state	3	
Proposed placement request withdrawn	143	
Approved resource will not be used for placement	110	
Other	184	**Total: 897**

Number of children returned to Virginia: 88

Placement Requests Into Virginia
May 1, 2009 to May 31, 2010

Type o f Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	208	4			20
Relative	250	8		1	30
Foster Home	328	4	1		43
Adoptive	261	41		3	61
Group Home					
Residential	416	3	11	48	53
Institutional Care (Article VI)					
Child Care Institution					
Other	1				3
Total	**1464**	**60**	**12**	**52**	**210**

Sex of Children	Male		Female		Unknown	
	948		704		0	
Ages of	**Under 1**	**1-5**	**6-10**	**11-15**	**16-18**	**19-21**

Children	273	349	282	468	276	3
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/ Pacific Islander	Unable to determine
	746	560	16	11	5	314
Hispanic	Yes	No	Unable to determine			
	130	1093	249			

# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30	31-60	61-90	Over 90
	864	325	247	727

Adoption Assistance Subsidy: 49

Total Number of Agreements OUT OF Virginia Terminated

Adoption Finalized	283	
Age of Majority/Emancipation	82	
Legal custody returned to parents (concurrence)	56	
Legal custody to relative (concurrence)	99	
Treatment complete	111	
Sending state jurisdiction terminated (concurrence)	2	
Unilateral termination	20	
Child returned to sending state	211	
Child moved to another state	13	
Proposed placement request withdrawn	129	
Approved resource will not be used for placement	123	
Other	218	**Total: 1347**

Number of children returned to Sending state: 199

2. *ICPC elements will be evaluated and recommendations made by July 2010.*

The evaluation has begun on the ICPC elements in the ARRIS system. Enhancements will be made to ensure that our reporting is accurate. We are cleaning up the data in the fields and testing the accuracy of the reports in the system.

3. *Decision made on the Florida information system by July 2010.*

The "Florida System" is a national computer system which will allow states to scan and send cases without going through the mail. All cases will be stored in the computer system and the paper case files will be eliminated. This will not only reduce the time it takes to get cases from one state to another through the mail; but will reduce the postage and supply budget. This continues to be a national discussion. Virginia will be ready to proceed when the decision is made to move this project forward.

D. Inter-country adoptions

In October 1, 2009, the Adoption Programs expanded an existing contract with United Methodist Family Services for the Adoptive Family Preservation system to provide additional services for families who adopt children from other countries.   VDSS provided $125,000 to provide an array of services these families. Adoptive Family Preservation is a post-legal adoption service system managed by UMFS under contract with the Virginia Department of Social Services. Services provided include community based services, assessment, Regional Response Teams that include a family counselor, mental health clinician and an adoptive parent, information and referral, crisis intervention, education advocacy, weekend retreats and a small client funds for special services and incentives.

Inter-country Adoptions and Services available in Virginia
Virginia has two approaches to gather data related of children adopted from other countries that may enter foster care and the services they require and receive. First, we utilize the Online Automated Client Information System (OASIS) and the second is through the delivery of services through a private contractor.

In November 2009, Virginia revised the OASIS to gather data and information from local departments of social services on children who entered foster care through disruptions or dissolutions and who were previously adopted from another country.   Staff from local departments of social services assisted and reviewed revisions to the development system prior to the technology release. Training was provided as needed to agency technology staff. With six month of implementing the technology change and as of June 1, 2010, only one local agency has entered data related to a child who entered foster care and who was adopted from another country. A summary of that case is below:

A female child entered foster care of a local agency (Loudoun County) for out of home services. This child was adopted when she under two years of age. She is now receiving case specific services in a residential facility. There are family system problems and individual services needs that resulted in the removal. The goal for this child is reunification with her adoptive parents.

The second approach is to gather data and service information through the use of a Virginia adoption agency under contract with the Virginia Department of Social Services to provide post-adoption services and supports. The contractor is United Methodist Family Services and manages the statewide Adoptive Family Preservation Program for Virginia's adopted families. This program is funded through the Title IV-B, Subpart II funds. At the beginning of FFY 2010, VDSS provided additional funded to the UMFS in the amount of $125,000 to increase services to these families. Below is the report from the contractor according to the data and analysis by their subcontractor evaluator Policy Works Inc.

Adoptive Family Preservation Program: Examination of Families Served with Children Adopted Internationally

This report focuses on families served by the Adoptive Family Preservation (AFP) Program during the past 12 months, April 2009 through March 2010, with selected comparisons to families served in the prior 12-month period. During the last 12 months, the AFP Program served an unduplicated count of 291 families. Of these 291 families, 39 are identified as having adopted internationally.   Therefore, about of 13.40 percent of AFP families have children from an

international adoption. During the prior 12-month period 13.20 percent of families served had children from an international adoption.

The 39 AFP families have 53 children adopted internationally. Data on country of origin was not systematically collected and maintained by the AFP program until April 2006; therefore, country of origin data is available for only 30 of the 53 children. Countries of origin for these 30 children are reported in Table 1. In the most recent 12-month period, ten children, or one third, were from Russia, followed by followed by China with three children, or ten percent.

Table 1. Countries of Origin for Children Adopted Internationally and Served April 2009 through March 2010.

Country of Origin	#/% of Children
Russia	10 (33.33%)
China	3 (10.00%)
Kazakhstan	2 (6.67%)
Peru	2 (6.67%)
Guatemala	2 (6.67%)
Haiti	2 (6.67%)
India	2 (6.67%)
Ukraine	1 (3.33%)
Bulgaria	1 (3.33%)
Columbia	1 (3.33%)
Hong Kong	1 (3.33%)
Paraguay	1 (3.33%)
Philippines	1 (3.33%)
Ethiopia	1 (3.33%)
Total	*30*

Reported in Table 2 are countries of origin for children in families served between April 2008 and March 2009. Table 3 reports the countries of origin reported in June 2008 for children served from May 2007 through April 2008.

It should be noted that the increases in the numbers of children whose country of origin is reported is a function of improving data. As time passes, the proportion of families who experienced intake before April 2006, when country of origin began to be collected, is decreasing and the proportion of families with country of origin data is increasing. The actual percentage of AFP families with children adopted internationally who are served has remained stable.

Table 2. Countries of Origin for Children Adopted Internationally and Served April 2008 through March 2009.

Country of Origin	#/% of Children
Russia	4 (19.05%)
Kazakhstan	3 (14.28%)
China	2 (9.52%)
Korea	2 (9.52%)
Peru	2 (9.52%)
Bulgaria	1 (4.76%)

Columbia	1 (4.76%)
Guatemala	1 (4.76%)
Haiti	1 (4.76%)
Hong Kong	1 (4.76%)
India	1 (4.76%)
Paraguay	1 (4.76%)
Phillippines	1 (4.76%)
Total	*21*

**Table 3. Countries of Origin for Children Adopted Internationally
and Served May 2007 through April 2008.**

Country of Origin	#/% of Children
Russia	4 (25%)
Kazakhstan	3 (18.75%)
China	3 (18.75%
India	2 (12.5%)
Hong Kong	1 (6.25%)
Guatemala	1 (6.25%)
Bulgaria	1 (6.25%)
Vietnam	1 (6.25%)
Total	*16*

A more complete list of countries of origin was developed in June 2007 via telephone calls to program sites. Countries of origin were identified for children in families served during the two-year period mid-2005 to mid-2007. Findings from the 2007 report are reported in Table 4. The overwhelming majority (56.50%) of the children in families served in 2005-2007 were from Russia. The next highest was Kazakhstan with four children (8.70%).

**Table 4. Countries of Origin for Children Adopted Internationally
and Served 2005-2007.**

Country of Origin	#/% of Children
Russia	26 (56.50%)
Kazakhstan	4 (8.70%)
China	3 (6.52%)
Mexico	3 (6.52%)
Columbia	2 (4.35%)
Ukraine	2 (4.35%)
Honduras	1 (2.17%)
Bulgaria	1 (2.17%)
Guatemala	1 (2.17%)
Haiti	1 (2.17%)
Romania	1 (2.17%)
Vietnam	1 (2.17%)
Total	*46*

Patterns of Service to Families Who Adopted Internationally
The 39 families who adopted internationally who were served during the 12-month period April 2009 through March 2010 families represent 13.40 percent of all families served during the period and received 12.94 percent of the total hours of service provided by the program.

Reported in Table 5 are services provided to all families and to families who adopted internationally during the period examined. When the services profile for the 39 international adoption families is compared to the services profile of all 291 AFP families who received services during the past 12 months, the following observations can be made:

With the exception of therapeutic counseling, the percentage of families and the percentages of hours of service provided to them are generally proportional to their numbers. The 11 families who received therapeutic counseling represent 28 percent of all families who received that type of service and received 28.21 percent of the hours of therapeutic counseling provided. Although out of proportion to their numbers, this represents a decline from the prior 12-month period when families with children through international adoption represented nearly one third (32.35%) of families receiving therapeutic counseling services and received 46.62 percent of the hours of therapeutic counseling services provided.

Table 5. Comparison of Services Profile for Families Who Adopted Internationally and All AFP Families

Families Served and Numbers of Hours of Service in Past 12 Months (April 2009 through March 2010)						
	Families Who Adopted Internationally				All AFP Families	
	Families	Hours	% of Total 291 AFP Families	% of Total AFP Hours	Families	Hours
Number of families served (unduplicated counts)	39	1102.75	13.40%	12.94%	291	8520.50
Types of services provided						
Case Management	39	492.25	13.49%	11.92%	289	4129.50
Educational Case Management*	5	(9.75)	12.82%	8.72%	39	(111.75)
Counseling, Supportive	20	200.75	10.64%	10.96%	188	1831.50
Counseling, Therapeutic	11	181	28.21%	32.32%	39	560
Crisis Intervention	4	6.75	14.29%	7.42%	28	91
Support Group	17	207	12.88%	12.02%	132	1722
Training	4	15	14.29%	8.04%	28	186.50
Client Fund	13	NA	13.27%	NA	98	NA

* Educational case management is a sub-set of general case management

The sites at which families with children adopted internationally were served in the past year were also examined; findings are reported in Table 6. It was found that 70 percent of families served who adopted internationally were served in four program sites: UMFS/Charlottesville, Centers for Adoption Support and Education (C.A.S.E.) in Northern Virginia, UMFS/Northern Virginia (NOVA, and Coordinators/2 in the Richmond Area. This is down from nearly 80 percent in the prior year with numbers of families with children adopted internationally increasing at the Lynchburg and South Central program sites.

Table 6. AFP Program Sites Where Families with Children Adopted Internationally Are Served, April 2008 through March 2009.

Program Site	# Families Served Apr 08 to Mar 09	# Families Served Apr 09 to Mar 10
UMFS/Charlottesville	7 (20.59%)	9 (20.45%)
C.A.S.E.	8 (23.53%)	9 (20.45%)
UMFS/NOVA	6 (17.65%)	7 (15.91%)
Coordinators/2	6 (17.65%)	6 (13.64%)
UMFS/Lynchburg	2 (5.88%)	4 (9.09%)
DePaul Family Services	3 (8.82%)	3 (6.82%)
UMFS/Tidewater	2 (5.88%)	2 (4.55%)
UMFS/South Central	1 (2.94%)	2 (4.55%)
Total	*34**	*44**

* In 2008-09 one family was served by both C.A.S.E. and UMFS/NOVA; in 2009-10 five families were served by both C.A.S.E. and UMFS/NOVA.

Recent Trends

An examination of cases opened between April 2009 through March 2010 shows that there were 55 cases opened with 63 identified as children "of concern." Reported in Table 7 are the numbers of families and of children "of concern," the percentages of families and of children by types of adoption and percentages reported in June 2008, between April 2008 and March 2009, and between April 2009 and March 2010. Families with children through international adoption represented 20 percent of all new cases opened and 20.63 percent of "children of concern."

Table 7. Numbers of Families and Children by Adoption Type for Most Recently Opened Cases with Comparison to June 2008.

Type of Adoption	Cases Opened Apr. 09 through Mar 10				Cases Opened Apr. 08 through Mar 09				07-08
	# Families	% Families	# Children of Concern	% Children of Concern	# Families	% Families	# Children "of Concern"	% Children "of Concern"	% Children
Foster parent adoption	35	63.64%	41	65.08%	27	62.79%	30	58.82%	59.38%
Matched (non-relative, non-foster parent)	7	12.73%	7	11.11%	8	18.60%	9	17.75%	23.44%
International	11	20%	13	20.63%	7	16.28%	10	19.61%	10.94%
Relative	2	3.64%	2	3.17%	1	2.33%	1	1.96%	4.69%
Total	*55*		*63*		*43*		*51*		*63*

Case Closures

Cases that were closed were also examined. Shown in Table 8 are the numbers and percentages of cases closed between April 2009 and March 2010 with reasons for closure with international, other than international, and all families compared. A total 11 cases of families with international adoptions were closed. None of the adoptions were dissolved, two families moved, two families no longer needed services, and seven cases were closed due to lack of contact with the program. Cases of 49 families with other than international adoptions were closed. About 45 percent of the families were judged as no longer needing services, 29 percent did not maintain contact with the program, and in 18 percent of families the child was no longer in the home. In two non-international adoption families, or 4 percent, the adoptions were dissolved.

Table 8. Cases Closed in the Past Year by Types of Adoption and Reasons for Closure.

Cases Closed in the Past Year by Types of Adoption and Reasons for Closure							
		Cases Closed April 2009 through March 2010			**Cases Closed April 2008 through March 2009**		
Reason for Case Closure	**Code**	**#/% Families with International Adoptions**	**#/% Families with Other Than International Adoptions**	**#/% All Families Whose Case Was Closed**	**#/% Families with International Adoptions**	**#/% Families with Other Than International Adoptions**	**#/% All Families Whose Case Was Closed**
No Contact for 60 Days	1	7 (63.64%)	14 (28.57%)	21 (35%)	1 (16.67%)	19 (43.18%)	20 (40%)
No longer need services	2	2 (18.18%)	22 (44.90%)	24 (40%)	3 (50%)	17 (38.64%)	20 (40%)
Moved	3	2 (18.18%)	2 (4.08%)	4 (6.67%)	0	1 (2.27%)	1 (2%)
Children out of home	4	0	9 (18.37%)	9 (15%)	2 (33.33%)	5 (11.36%)	7 (14%)
Disruption / Dissolution	5	0	2 (4.08%)	2 (3.33%)	0	2 (4.55%)	2 (4%)
	Total	*11*	*49*	*60*	*6*	*44*	*50*

Virginia will continue to gather date and analyze how to service family who adopt children from other countries.

E. Licensing waivers

Virginia's new Resource, Foster and Adoptive Family Home Standards are in the final stages of approval through the Commonwealth's Administrative Process Act process. These regulations for LDSS provide for a waiver from a standard. In Virginia, these waivers are referred to as variances. Variances may be requested on a case-by-case basis and are approved by VDSS. The variance may not jeopardize the safety or proper care of the child and can not violate federal or state laws or local ordinances.

The new regulations are in the final stages of approval with the Governor's Office and will be published for thirty days before becoming effective. It is expected that these regulations will become effective late in the summer of 2010.

VDSS is currently working on gathering the information required for reporting by December 15, 2010.

F. Juvenile Justice transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For FFY 2010, 65 children left foster care due to a commitment to corrections.

Defining when a child should be considered to have left foster care to the custody of DJJ was clarified this year and put in Foster Care Guidance. The correct interpretation of state Code citations regarding the legal custody status of children committed to correction from foster care was sought. Previous guidance that stated the LDSS custody status of children in foster care committed to corrections was "held in abeyance" was changed to clarify that the legal custody status of these children was terminated once the child was committed to corrections. 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). The Foster Care Unit and Outcome Based Reporting and Analysis unit are working to make OASIS changes for the autumn of 2010 to better capture the number of children who actually exited care to corrections. Changes to the "Help" section of OASIS that instruct workers as to how to enter such data is scheduled for change in July, 2010.

G. Collaboration with tribes

Virginia does not have federally recognized tribes. Foster Care policy directs LDSS to work with state tribes when a child who is a member of a Virginia tribal nation comes to the attention of the child welfare system. Workers are directed to contact the tribe to include them in planning for the child. Efforts to consult with Virginia's tribes to review and revise procedures related to their role in child welfare services were minimal.

H. Continuation of operations planning

Division of Family Services Continuity of Operations Plan
As of 5/30/10

The Virginia Department of Social Services' *(VDSS)* Division of Family Services is responsible for developing policies, programs and procedures to guide local social service agencies in providing direct services to Virginia's citizens in need of social services assistance. The Division provides administrative direction through comprehensive planning, policy oversight, program monitoring and technical assistance to regional offices, local agencies, and private vendors.

The Division of Family Services participates in the DSS overall emergency/disaster plan development. This process is ongoing and our plan is changing as each division within the agency develops, evaluates and refines its plans to be incorporated into the overall Department and Commonwealth plans. In the Commonwealth's plan, VDSS has responsibility for sheltering individuals displaced during a disaster. 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 January 2010 and it was incorporated into VDSS's larger COOP plan.

I. Primary Functions of the Division of Family Services to be Recovered

1. Establishment of off-site capacity for the Child Protective Services and Adult Protective Services *(CPS/APS)* 24-Hour Hotline. During normal time there is a rotation of 4 workers per shift. This is a state hotline that is used to report abuse and neglect. Information from the report is immediately sent to the local departments of social services for investigation.

2. Establishment of a system for gathering and providing information on children in foster care. A provision in the placement agreement provides the hotline phone number and requires foster parents to call and report their location and contact information if they are required to evacuate during an emergency. In addition, there are social services workers at shelter locations identifying foster care and other clients and forwarding that information to DSS.

3. Maintaining communication with local agencies and ensuring the continuation of services. The OASIS child welfare information system is a "Priority 1" for recovery during an emergency. If this system goes down the Virginia Information Technology Agency *(VITA)* is to have it up and running within 24-hours.

4. Through DSS regional consultants, Family Services maintains a line of communication with local department of social services. In the state structure, regional offices are in direct contact with local departments. VDSS will contact regional consultants and regional directors to assist with communication.

5. Ensuring the safety of the Commonwealth's adoption records. Currently, records are stored in a secured room within the home office. In addition, copies of records are maintained off-site.

II. Secondary Functions to be Recovered

 Once the primary functions have been addressed the Division of Family Services must ensure its capacity to meet its state and federal requirements including reporting and grants management. DSS' disaster recovery plans include maintaining or recovering the numerous information systems that support the agency's programs. Such systems that need to be operational for the central, regional and local social service agencies are OASIS, VACIS, 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 mangers and staff.

Primary Contact: Division Director
Paul McWhinney: Work: 804-726-7590

Home: 434-989-1275
E-mail: paul.mcwhinney@dss.virginia.gov

Secondary Contact: Assistant Division Director
Betty Jo Zarris: Work: 804-726-7084
Home: 804-798-5952
E-mail: bettyjo.zarris@dss.virginia.gov

Family Services COOP coordinator:
Phyl Parrish   Work: 804-726-7926
Home: 804-320-5121
E-mail: phyl.parrish@dss.virginia.gov

Family Services back up COOP coordinator:
Deborah Eves   Work: 804-726-7506
Home: 804-266-5850
Email: deborah.eves@dss.virginia.gov

Each program manager, division director, assistant director, and COOP coordinators will maintain off-site lists of contacts and descriptions of their unit's job functions. Staff will be notified if the emergency requires the relocation of the DSS home office. DFS conducted at tabletop exercise in 2009 in conjunction with the Emergency Operations Staff to test the division's phone tree and succession plan. The exercise pin pointed areas needing improvement and corrections were made. A second table top exercise is plan for fall 2010.

In addition, 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

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. Additional locations are currently being evaluated.

In the event of destruction of a local department of social services physical structure, many localities have formed agreements with neighboring localities to make temporary facilities available for staff for essential activities. They also use other facilities within their own

jurisdictions when needed such as the sheriff's departments and the health departments. They use the Red Cross and the schools for shelters. Local departments of social services are part of local government and follow the COOP guidelines for localities per the Virginia Department of Emergency Management.

Continued Communication with Local Staff

Virginia's child welfare services are carried out in a state supervised and locally administered system, with regional offices serving in the capacity of liaison between the state and local departments. Additionally, local departments, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. It is recommended that all local agencies have at least one laptop computer configured for dial-up access. Regional staff is the primary connection between the local departments of social services and the Home Office and both state and regional staff works to keep the flow of communication ongoing. In order to maintain communication with caseworkers and staff on the local level, the regional staff will be the primary point of contact between state and local staff in an emergency situation. The regional staff has an established relationship with the local departments and will be knowledgeable of their emergency plans. It is essential that local agencies maintain close communication with their Regional Specialists during system outages. This will enable the regional offices to contact other regional and state staff to enlist support from available staff statewide. Regional staff will be in touch with local agency staff in their regions and will be responsible for forwarding home office broadcasts and communications to key local agency personnel when those agencies are unable to access the VDSS system.

Primary responsibility for the recovery of key automated systems is with the Division of Information Systems *(DIS)*. The Email servers as well as the OASIS system are Priority 1 and are to be recovered within 24 hours. In Virginia applications such as OASIS are within the responsibility of DSS. Information system infrastructure is the responsibility of the Virginia Information Technology Agency *(VITA)* through a contract with Northrop Grumman. The VITA Customer Care Center *(VCCC)* provides 24/7 support. The Director of Family Services will work with DIS and ensure the division provides programmatic or other support as requested, to recover these functions.

Contact with clients

The Active Foster Care Report will be maintained in an Excel file on external hardware *("jump drive")* which will be in the possession of both the Foster Care Program Manager and the Title IV-E specialists. Placement agreements will contain a provision requiring foster parents to contact the Hotline in the event they must evacuate an area due to an emergency situation. The Hotline will collect contact information for these families and this information will be entered into the OASIS system as well as forwarded to Regional Consultants who will alert the agency with custody as well as the agency in the location in which the family is currently residing. Families will be given contact information for the local department of social services. Social Services staff will be at the state run shelters and will collect similar information from individuals who are being sheltered. This will be added to the list of families forced to new locations by the crisis.

The regional offices serve as operation centers for service referrals and information throughout the state. VDSS staff will be available by a centralized toll- free number for the community to contact for child welfare related service needs referral information for services, and to notify the state office of displaced clients. The toll-free number will be given to the media and disseminated

to local departments of social services. Virginia also operates "211" Information and Referral hotline that is available for locating services and assistance.

Hotline Contingency Plan
The CPS/APS telephone system is operated by the CISCO Automatic Call Distribution system. This system may be inoperative during inclement weather conditions and/or disasters; therefore a plan has been devised to continue services to the public and mandated reporters.

Procedures are being developed for offsite operation of the hotline function. Several tests of moving the hotline have been complete successfully.   Twenty-four hour technical assistance for the hotline is provided through VITA/NG VCCC. The contact number for DSS to use is: 1-866-637-8482. This is a new process. Specific instructions for the family services' hotline have been updated in the Knowledge Base, the online application for the VCCC, to assist in their technical issue response.

V. Continued Review and Revision of Plan
In addition to the above-mentioned procedures, the Division of Family Services is continuing to work with the Disaster Coordinator for the Department to develop more specific procedural guidance for child welfare programs. As a result, the plan will be modified to ensure compliance with state emergency procedures and the needs of other divisions within the Department and with the Continuity of Operations Plans of the Commonwealth of Virginia. Updates to the COOP plan as related to child welfare programs and services will be made available to regional and state staff as necessary. State and local staff will continue to work together to find ways to ensure continuation of services.

VI. Outcomes, Goals and Measures

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

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

The charts below list the goals Virginia is tracking for the Virginia Children's Services System Transformation and some of the CFSR outcomes. For each goal, the quantitative measure, national comparative, and Virginia's goal, baseline and trend data will be provided. The last column highlights whether this goal is an area of strength or needs improvement based on Virginia's performance.

Virginia will provide insights with each APSR on trends as well as potential reasons for the strength/need designation. This section will be updated with PIP measurements as soon as they have been indicated.

A. Safety of Children							
Children are, first and foremost, protected from abuse and neglect							
CFSR Indicator/ Transformation Outcome	**Safety Goal**	**Measure**	**National**	**Virginia**			
				Goal	**Baseline**	**Trend**	**Strength/ Need**
SafeMeasures Critical Outcome	1) **Increase the number of children remaining safely in their own homes.**	Reduce rate of child abuse and neglect per 100,000 children		Below 3.0 in June 2009			
<u>CFSR Safety Indicator 1</u>: More children do not experience repeat abuse and neglect	2) **Increase the percentage of children who do not have repeat incidents of abuse and neglect.**	Increase percent of all children who were victims of substantiated or indicated abuse or neglect allegation during the first 6	94.6% or higher	94.6% or higher		:	

CFSR Safety Indicator 2: More children in foster care do not experience repeat abuse and neglect	3) Increase the percentage of children who are not abused or neglected in foster care.	Increase percent of all children served in foster care during the fiscal year who were not victims of a substantiated or indicated maltreatment by a foster parent or facility staff member during fiscal year	99.67% or higher	99.67% or higher			
		months of the fiscal year who were not victims of another substantiated or indicated abuse or neglect allegation within 6 months following that incident					

B. Children Achieving Permanency							
Children have permanency and stability in their living situations							
CFSR Indicator/ Transformation Outcome	**Permanency Goal**	**Measure**	**National**	**Virginia**			
				Goal	**Baseline**	**Trend**	**Strength/ Need**
SafeMeasures Critical Outcome	1) Decrease the number of children in out of home care	Reduce rate of children in foster care per 1,000 children	Declined from 7.5 in 2000 to 7.0 in 2006				
Transformation Outcome: More children in foster care achieve	2) Increase percentage of all children in foster care who achieve permanency.	Increase percentage of all children in foster care who are discharged to reunification, adoption, or		81.00% or higher			

permanency *(SafeMeasures Critical Outcome)*		custody transfer to relatives					
Transformation <u>Outcome:</u> Children achieve permanency with shorter length of stays. *(SafeMeasures Critical Outcome)*	**3) Decrease the amount of time it takes for a child to achieve permanency**	Decrease the time to permanency for all children who are reunified, transferred to a relative, or adopted.		TBD			
Transformation <u>Outcome:</u> More children are placed in relative foster homes *(SafeMeasures Critical Outcome)*	**4) Increase placements of children in kinship care** *(relative foster family)*	Increase percentage of all children currently placed in relative foster family		TBD			
		Increase percentage of all children whose first placement was in relative foster family		TBD			
Transformation <u>Outcome:</u> More children are placed in family based care *(SafeMeasures Critical Outcome)*	**5) Increase placements of children in family based care**	Increase percentage of all children currently placed in relative or non relative foster care *(therapeutic foster care included),* non- finalized adoptive homes, or trial home visits.		85.00% or higher			
		Increase percentage of all children whose first placement was in relative or non relative foster care *(therapeutic foster care included),* non-finalized adoptive homes, or trial home visits		85.00% or higher		:	

CFSR Item 5: **Decrease the number of children who re-enter out of home care**	6) **Of all children discharged from foster care to reunification in 12-months prior to target 12-months, what percent re-entered care in less than 12 months from date of discharge**						
CFSR Item 6: **Decrease placement moves and disruptions**	7) **Of all children served in foster care during 12-month target, and who were in foster care for 8 days but less than 12 months, what percent had two or fewer placement settings**						
Transformation Outcome: **Fewer children are placed in congregate care** *(SafeMeasures Critical Outcome)*	8) **Reduce placements of children in congregate care**	Decrease percentage of all children currently placed in congregate care		15% or fewer			
		Decrease percentage of all children whose first placement was in congregate care		15% or fewer			
		Decrease average number of months children spent in congregate care		TBD			

The continuity of family relationships and connections is preserved for children				
CFSR Indicator/				**Virginia**

Transformation Outcome	Permanency Goal	Measure	National	Goal	Baseline	Trend	Strength/Need
CFSR Item 11: More children in foster care are placed in close proximity to their families and communities *(SafeMeasures Critical Outcome)*	**1) Children are placed in settings in or within close proximity to their removal location.**	Increase the percentage of children that have the same placement zip code as their removal zip code.		TBD			
CFSR Item 12: More children in foster care are placed with siblings *(SafeMeasures Critical Outcome)*	**2) Children should be placed with siblings whenever possible.**	Of those children with siblings, Increase the percentage where placements are shared amongst the sibling group.		TBD			

Virginia Child Welfare Staff and Provider Training

The Virginia Department of Social Services (VDSS) has a variety of sources of training for state staff, local departments of social services (LDSS) staff and the providers and community partners on whom we rely as part of the child welfare system. There are also different sources of funding for this training. This document will describe the training VDSS provides, participates in or coordinates, and the funding for our training. Training, like most things in child welfare, constantly evolves as needs are identified, opportunities arise and requirements change. This plan supports both the required training under Title IV-E and the interrelated goals and objectives of Virginia's Child and Family Services Plan. In addition, this document will summarize recent efforts to reengineer competency-based training for child welfare and establish a locally responsive training infrastructure that includes timely initial training and appropriate ongoing training for child welfare staff and pre-service and in-service training for resource parents.

I. REENGINEER CHILD WELFARE TRAINING

Child welfare training is being delivered across the state through collaboration between the Virginia Institute for Social Services Training Activities at Virginia Commonwealth University (VCU-VISSTA), the five Area Training Centers (ATCs) and the Virginia Department of Social Services (VDSS). During the early years of VCU-VISSTA, successful efforts were made to develop and maintain a process for the deliberate engagement of local agencies through the ATCs and other representative stakeholders on a statewide steering committee. Over time, however, as staff, priorities and resources changed, so did the training system. Reengineering efforts will make training more effective and responsive to individual, local, and statewide needs and will ensure that training sets the practice standards by aligning with the Virginia Children's Services Practice Model.

To reestablish a locally-responsive training infrastructure, a steering committee has been established as the mechanism to drive change. The Virginia Child Welfare Training Steering Committee which was formed during the fall of 2009, meets on a monthly basis, and is made up of representatives from VDSS, VCU-VISSTA, ATCs, Local Department of Social Services (LDSS), the Virginia League of Social Service Executives (VLSSE), and the Virginia Alliance of Social Work Practitioners (VASWP). The Steering Committee coordinates and manages the activities and developmental aspects of the training system for child welfare. With the ATCs representing local agencies, along with representatives from LDSS, VLSSE, and VASWP, decisions about training system management will be informed by the needs of local workers. In addition, the role of the ATCs has changed in order to give them greater ability to engage, train, and evaluate their training constituents. The Steering Committee is primarily responsible for:

- Setting priorities for child welfare training including the establishment of training requirements for front-line and supervisory staff;
- Establishing core competencies and core curricula, aligned with Virginia's Children's Services Practice Model, for all targeted job functions that will support assessed needs as well as broaden the base of knowledge and skills for all child welfare staff;
- Ensuring ongoing training opportunities for experienced staff and supervisors to promote the development of managerial skills in the work force and to facilitate transfer of learning;
- Establishing a process and standards for identification of subject matter experts to develop and deliver workshops for in-service trainings based on regionally assessed needs;
- Assessing and evaluating the training system to address both individual and system needs;
- Ensuring the delivery of pre-service and in-service training for resource parents.

The Steering Committee works through several subcommittees that have formed to address different aspects of the reengineering process. Since subcommittees include various representatives outside of those who participate on the Steering Committee, there are ongoing opportunities to engage LDSS, particularly supervisors. Since getting input from LDSS is an essential step to ensure the training infrastructure is responsive to local needs, the roles of the ATCs will expand and evolve in order to better develop, deliver, and evaluate training based on input from local child welfare staff and supervisors. ATCs will meet regularly with LDSS, gather information to identify training needs, solicit information from LDSS about emerging practice needs, and work to develop transfer of learning activities to benefit LDSS staff.

II. TRAINING DELIVERY

A. VCU-VISSTA

The Virginia Institute for Social Services Training Activities (VISSTA) at Virginia Commonwealth University (VCU) has been the primary provider of skills training for public child welfare staff since 1991. VCU-VISSTA was established in April 1990 as a collaborative training effort between VDSS, VCU School of Social Work and five Area Training Centers (ATCs), one that is managed through a contract with VCU-VISSTA and four through contracts with LDSS in Fairfax, Hampton, Roanoke City and Russell County. Policy and skills training has been offered by VISSTA in nine program areas including child welfare over the past several years. Review of the courses offered through VCU-VISSTA occurs on an ongoing basis and new courses are generally added in conjunction with the annual work plan and budget renewal process. Courses are approved by the federal Region III child welfare liaison.

Funding

The VCU-VISSTA contract includes benefit programs, adult services and child welfare expenses that are not charged to Title IV-E. It is projected that the VISSTA and ATC costs for child welfare training sessions for SFY11 will be $1,705,222.

Administrative functions relating to child welfare that are eligible for Title IV-E will be charged at the regular rate with the application of the penetration rate. Administrative functions not supporting the Title IV-E plan will be charged to state funds. Training courses focused on activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate. Other child welfare courses will be charged at the regular rate (with the application of the penetration rate) or paid for from state funds. **Attachment A** to this Training Plan lists the courses related to child welfare that are currently intended to be offered through VCU-VISSTA in the coming year, the funding source and the Title IV-E rate, if applicable. Additional courses that may be added, depending on availability of funding, will be submitted.

Attendance
There are approximately 470 days of child welfare training planned for SFY11 from the courses that are designated for child welfare workers and included in **Attachment A**. The average attendance for sessions in SFY10 was 11.4 participants. Child welfare courses conducted during SFY10 totaled 262. Child welfare trainees for SFY10 numbered 2,667. For SFY2011, it is projected that 5,120 LDSS and VDSS staff, presumably child welfare staff, will attend the 470 sessions (these represent duplicate people since the number counts instances and not individuals). In addition, it is projected that 2,076 LDSS and VDSS individual staff members, presumably child welfare staff, will attend the 470 sessions. It is projected that total 6,660 people will attend the 470 child welfare sessions (these represent duplicate people since the

number counts instances and not individuals). This is an average of 14 people per session and may include community partners.

B. Area Training Centers

As a part of the efforts to reengineer child welfare training, Area Training Centers play a vital role in the Steering Committee. In addition to duties associated with the Steering Committee, during FY2010, each Area Training Center planned and executed one special event for LDSS child welfare staff and community partners. Topics were based on assessed needs of LDSS. In addition, for FY2011, the Steering Committee has given Area Training Centers the flexibility to schedule courses based on the assessed need of the LDSS in their regions. Over time, their role will continue to significantly expand in an effort to better engage, assess, and evaluate the needs of LDSS staff.

The Western Area Training Center pilot status was discontinued during FY2010 and for FY2011 it will function in the same way as the other four Area Training Centers. Clear indications from the LDSS served by the ATC in Abingdon reinforce the direction of the reengineering. The Western ATC has received unwavering support for its responsiveness to local training needs and this approach will be largely duplicated over the coming years across Virginia.

C. Child Welfare Stipend Program

The Child Welfare Stipend Program will be discontinued in FY2011 and for the foreseeable future due to statewide budget reductions.

D. Local Agency Training Plans

Each LDSS may access additional training beyond that provided through VCU-VISSTA for child welfare staff. In order to obtain Title IV-E reimbursement for training costs, LDSS must submit training plans for approval by VDSS. However, LDSS may submit additional requests for funding throughout the year as needed. These plans must be approved in advance if the LDSS intent is to claim any Title IV-E training funds. All trainings relating to child welfare that are eligible for Title IV-E will be charged at the applicable rate with the application of the penetration rate. LDSS are not required to apply for funding in all of the three categories of training identified below but may choose only those that are applicable to the needs of the LDSS. The three areas of training include:

1. LDSS Foster and Adoptive Worker Training
2. Employee Educational Award Program (EEAP)
3. Foster Care, Resource and Adoptive Parent Training

LDSS provide semi-annual reports on the activities in their training plan and their budgetary expenditures. For SFY 2011 these reports will provide detailed information including a description of the training provided, number of training attendees, hours involved in training, and training expenditures claimable at the enhanced versus the administrative rate, and the LDSS match applied to draw down federal training funds.

1. Local Foster and Adoptive Worker Training

For SFY 2011, 31 LDSS submitted plans to provide child welfare training under this category. These plans describe the type of training to be provided (i.e., new worker or on-going training for staff as well as the topic area to be covered and the over-all plan for training).

Approval of LDSS training plans is contingent upon the plan's compliance with federal guidelines regarding allowable expenses. Total funding approved for the enhanced rate for SFY 201 for this category of training is $569,065.00. Approved training at the enhanced rate is $543,500.00 and approved training at the administrative rate is $25,550.00. This amount includes funding for purchase of services such as travel, hotel accommodations, conference fees, training supplies and/or curriculum, training equipment, contractual services for the purpose of administering training, etc. It does not include the salary and related costs incurred by LDSS staff providing training. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate

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 training that are eligible for Title IV-E will be charged at the federal financial participation (FFP) rate of 50 percent with the application of the penetration rate. LDSS provide the appropriate match.)

2. Employee Educational Award Program (EEAP)

LDSS can establish an Employee Educational Award Program (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 2011 are $200,154.00. 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 2011, eleven LDSS submitted applications which were approved for this program. Title IV-E EEAP will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

3. Resource, Foster and Adoptive Family Training

A total of 56 LDSS applied for and received approval to use Title IV-E funding to support training for their resource, foster and adoptive families in SFY 2011.

The purpose of this training is to enhance the knowledge, skills, and abilities of current and prospective resource, foster, and adoptive families in order for them to meet the needs of Title IV-E children. Training is comprised of two major components: pre-service training and in-service training.

Pre-service training provides resource, foster, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. In FY 2010, Agency-Approved Provider Regulations (22VAC40-211) were approved. These regulations 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. Such curricula will be approved so long as all required core competencies are included.

In-service training is for current resource, foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. According to the newly approve Agency-Approved Provider Regulations (22VAC40-211), local departments are required to provide opportunities for in-service training on an annual basis. Families are surveyed no less than annually to determine training needs and the determination is practiced uniformly and fairly across families and involves the family in the determination of training needs.

Total program costs approved for SFY 2011 for resource, foster and adoptive family training is $1,587,988.00. Of that amount $1,496,481.00 is approved at the enhanced rate and $91,507.00 is approved at the administrative training rate. This amount includes only funding for purchase of services such as travel, hotel accommodations, conference fees, training supplies and/or curriculum, training equipment, contractual services for the purpose of administering training, etc. It does not include salaries and related expenses of LDSS staff that provide training. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

Administrative costs such as the salary of a LDSS employed training staff are part of the RMS process. (Administrative functions relating to training that are eligible for Title IV-E will be charged at the FFP 50 percent rate with the application of the penetration rate. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate. Other resource, foster, and adoptive parent training will be charged at the regular rate with the application of the penetration rate. LDSS will provide appropriate matching funds. Expenses related to this program not allowable under Title IV-E will be borne by the LDSS.)

E. Community Resource, Adoptive, and Foster Family Training Program (CRAFFT)

Virginia has purchased the PRIDE training curriculum and CRAFFT assists in making this curriculum available to LDSS. CRAFFT delivers statewide PRIDE training as needed, or collaborates with LDSS training staff to deliver the training until proficiency is developed by the LDSS trainer. CRAFFT also works with a PRIDE Implementation Team comprised of LDSS using the PRIDE curriculum to promote consistency and quality of training and assessment. 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 develop and deliver in-service training for resource families, based on input from families as well as local agencies. In 2010, CRAFFT will expand its focus for greater inclusion of relative caregivers into resource family training as well as offering sessions dedicated to kinship caregivers.

The CRAFFT Program employs six staff based at three universities in Virginia (Norfolk State University, Radford University and Virginia Commonwealth University) with whom VDSS has a Memoranda of Agreement (MOA) for the provision of statewide competency-based training. All CRAFFT coordinator activities are directly related to the development and delivery of federally approved training.

The CRAFFT budget for SFY 2010 totals $541,119. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate.

F. Independent Living Program (ILP)

In SFY 2008, VDSS revised its goal to: "Youth in and aging out of foster care are provided a full array of independent living services and resources to prepare them for successful transition to self-sufficiency." One strategy implemented to achieve this goal was conducting IL trainings and presentations designed to ensure that local IL Coordinators and foster care workers, supervisors, and directors were familiar with the federal and state ILP requirements. The purpose was to ensure that older youth transitioning out of foster care are provided services that lead to self-sufficiency and success.

VDSS is responsible for providing IL training, tools and technical assistance to LDSS workers to strengthen their programs and improve ILP services to foster care youth. The training includes subject areas such as Virginia's ILP and Policy, Federal Chafee Foster Care Independence Act of 1999, Independent Living Arrangements, Transitional Living Plan, ETV Program, and the Virginia Youth Advisory Council (V-YAC).

VDSS also provided training and technical assistance to LDSS on using up to 30% of their basic allocation for room and board for young people who left foster care at age 18 but have not turned 21, or who have moved directly from foster care to IL programs. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, and rent payments if youth are at risk of being evicted. For SFY 2010, approximately 15% of Virginia's Chafee grant was spent on room and board for eligible youth. In Virginia, youth who are receiving IL services can continue to receive Medicaid coverage until the age of 21 as long as they continue to meet eligibility requirements.

State ILP staff placed a basic IL training course on the VDSS Knowledge Center for local staff. In addition, the five regional IL consultants have provided IL services to youth, and assisted the state IL staff in providing training and/or technical assistance to local departments of social services workers on the Ansell Casey Life Skills Assessment, Virginia Children's Services System Transformation, ILP and ETV.

The IL Supervisor served as an observer for the revised two-day VISSTA Course CWS3061: Permanency Planning for Teens-Creating Life-Long Connections. The course focuses on:
- Permanent family connections and the role of relationship permanency in fostering the successful transition to adulthood, and
- Best practices and resources that assist youth to successfully sustain life-long emotional relationships with adults.

Local workers will benefit from this course as they engage in permanency planning for youth. In addition, VDSS is in the process of developing training for the NYTD. Training will be essential for local foster care and adoption supervisors and service workers to understand the importance of the NYTD, implementation of IL services related to required federal outcomes and engaging in the required data collection requirements. Training will cover the NYTD requirements, available IL services for youth,

completing the NYTD survey, strategies for locating and engaging youth in the NYTD data collection process across the cohort as they age, and how to navigate the new OASIS data entry screens to ensure NYTD data is collected uniformly. Division staff will assist with training on the OASIS portion of the training.

G. Promoting Safe and Stable Families Program (PSSF)

The PSSF state office staff conducted training in the five regions of the state to improve local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Training is available to all members of local teams (i.e., LDSS, CSA, CPMT, etc.). Assistance is also provided through these regional events to help localities understand how to apply for PSSF funds.

The annual training component of the PSSF work plan supports Virginia's Practice Principle "We believe that all children and communities deserve to be safe" and "We believe that children do best when raised in families." PSSF outcomes measures support these practice principles and are as follows:
- Number of children who receive PSSF services who enter foster care will not exceed 5%
- Number of children targeted for Time-Limited Family Reunification that reunite within 15 month time period
- Number of children placed with relatives
- Number of children for whom a new abuse complaint was made

The learning objective of the training was to help participants understand the reporting requirements, the need to show outcomes as a result of services, and how the outcomes connect to Virginia Children's Services Practice Model and the CFSR outcomes measures for safety, permanency and well being.

PSSF Regional Training 2009 – 115 Participants (includes four LDSS Directors)		
Region	Date	Participants
Western	July 29	20
Piedmont	July 30	24
Central	August 5	25
Northern	August 6	25
Eastern	August 11	21

Funds spent by VDSS on five regional trainings = $500.00.

Kinship Training
The 2009 Virginia Kinship Care State Conference, *Exploring Models for Kinship Families* was held October 8–10, 2009, at the Point Plaza Suites and Conference Hotel, Newport News, Virginia. The conference was led by A KinCare Connection – Hampton Roads Regional Task Force on Kinship Care in collaboration with the Virginia Department of Social Services (VDSS), the Virginia Department on Aging (VDA) and several faith-based organizations. The target audience included local agency workers and kinship care providers. Approximately 107 persons attended over the three days.

Goal – The goal of the conference was to enhance service delivery and practices that impact the lives of kinship families and creates permanency options for children who are not living with their birth parents. This goal strongly supports the Virginia Children's Services System Transformation Practice Model. The conference was approved for Title IV-E training at 75% reimbursement. There were five sessions of twenty workshops presented over the two and a half days. Key presenters include the following:

- Dr. Terry Morris, an engineer at NASA Langley Research Center. As a youth, Dr. Morris was abused and then abandoned and placed in a foster home for boys. He had a positive message about the social work staff that was a part of his life.
- Paul McWhinney, Director of VDSS Division of Family Services. Paul is the VDSS lead staff for the Virginia Children's Services System Transformation, an outcome of the For Keeps Initiative under First Lady Anne Holton. The focus of the Transformation is to improve permanency outcomes for children.

Funds contributed by VDSS for SFY 2010 were $5,700.

Planning is underway for the 3rd Annual Statewide Conference on Kinship Care for SFY2011. The date is October 7, 2010 at the Point Plaza Hotel, Newport News, VA. Based on the economy and the reduction in expenditures to balance budgets, the three-day conference will be changed to one-day. Virginia Department of Social Services has been asked to once again, join as co-sponsor of the conference. VDSS expects its contribution for SFY 2011 to be approximately $3,000.

H. Children's Services Transformation Training Status FY2010

In order to implement the Virginia Children's Services System Transformation statewide, the Transformation Academy was developed at the beginning of 2009 to provide a series of short term, skills-based trainings to key state staff regarding the building blocks of the Transformation. Training participants include Department of Social Services staff, Department of Mental Health Mental Retardation and Substance Abuse Services staff, Office of Comprehensive Services staff, Virginia Institute for Social Services Training Activities (VISSTA) Family Services Trainers and Curriculum Developers, Community Resource, and Adoptive and Foster Family Training (CRAFFT) Coordinators, as well as designated CORE representatives for select sessions. Specifically, training sessions included:
- Values of Youth Permanence and Family Engagement
- Resource Family Recruitment, Development and Support
- Managing by Data
- Virginia's Family Engagement Model
- Community Based Care
- Supervision and New Practice
- Integrating a Permanency Framework into Training

The final training session of the Transformation Academy took place in June 2009.

In addition, training was provided to LDSS staff regarding the values of youth permanence during the fall of 2009. The course gave participants an opportunity to learn about the Virginia Children's Services Practice Model, how all staff's roles are critical in facilitating permanency for every youth in foster, the importance of youth voice, and strategies for achieving youth permanence. There were 81 LDSS represented and 215 total participants.

I. Managing by Data

Virginia, in partnership with the Casey Foundation, contracted with the Children's Resource Center to implement the SafeMeasures reporting system in Virginia. This effort uses OASIS data to help social workers and supervisors manage work as well as assist managers in monitoring child welfare service delivery. Training has been provided to local agency staff in a cooperative effort with CRC and VDSS throughout SFY2010.

III. REQUIRED TRAINING

A. Child Protective Services

All CPS workers in the state are mandated to complete skills and policy training within the first year of employment. Since 1996 Virginia has had regulations addressing CPS training.

22 VAC 40-705-180 mandates uniform training requirements for CPS workers and supervisors:

>"*The department shall implement a uniform training plan for child protective services workers. The plan shall establish minimum standards for all child protective services workers in the Commonwealth of Virginia.*"

22 VAC 40-705-180 (B) requires CPS workers to complete training within their first year.

>"*Workers shall complete skills and policy training specific to child abuse and neglect investigations within the first year of their employment.*"

Within the first three months of their employment, CPS staff who provide responses to reports of abuse of neglect or manage/supervise any CPS investigation or family assessment, shall complete the VISSTA Course CWS 2000 Child Protective Services New Worker Policy training. In addition during their first year, new CPS workers must complete the following mandatory courses offered by VCU-VISSTA:

- VISSTA Course CWS 2011 Intake, Assessment and Investigation in Child Protective Services
- VISSTA Course CWS 2021 Sexual Abuse
- VISSTA Course CWS 2031 Sexual Abuse Investigations

CPS staff are also required to complete the mandatory course, VISSTA CWS 2010 Ongoing Services in Child Protective Services.

The following courses shall be completed by all CPS workers within two years of the start of employment:
- VISSTA Course CWS 5305 Engaging Families
- VISSTA Course DWS 1001 Understanding Domestic Violence OR
- VISSTA Course DWS 1031 Domestic Violence and its Impact on Children pursuant to 63.2-150 of the Code of Virginia.
- VISSTA Course CWS2141 Out of Family Investigations – if conducting designated out of family investigations pursuant to 22 VAC40-730-130.

CPS policy further requires that all CPS workers complete the following VCU-VISSTA courses within two years of employment if a specific need is assessed by the worker and supervisor. Even when a specific need is not identified, VDSS encourages workers to complete the following courses:

- VISSTA Course CWS 1001 Exploring Child Welfare
- VISSTA Course CWS 1011 Casework Process & Case Planning Child Welfare
- VISSTA Course CWS 1021 Effects of Abuse & Neglect on Child and Adolescent Development
- VISSTA Course CWS 1031 Separation and Loss Issues in Human Service
- VISSTA Course CWS 1051 Crisis Intervention
- VISSTA Course CWS 5011 Case Documentation

- VISSTA Course CWS 53037 Assessing Safety, Risk and Protective Capacities in Child Welfare
- VISSTA Course CWS 5701 Child Welfare Supervision

State funds are used to support CPS training.

B. Foster Care and Adoption

The Code of Virginia was amended effective July 1, 2008 that will require that," The Department shall, pursuant to Board regulations, establish minimum training requirements and shall provide educational programs for foster and adoption workers employed by the local department and their supervisors."

The Department has promulgated regulations and developed guidance to specify the curriculums that local foster care and adoption staff and supervisors are required to attend including time frames for existing staff as well as future hires. To date the courses identified as the State's required courses for child welfare workers and supervisors are listed below:

Minimal training for new foster care and adoption workers during the first six months of employment:

- CWS 1031   Separation and Loss Issues in Human Services Practice
- CWS 3000   Foster Care New Worker Policy Training w/OASIS
- CWS 3010   Adoption New Worker Policy Training with OASIS
- CWS 3031   Assessment and Service Planning
- CWS 3041   Working with Children in Placement

Minimal training for new foster care and adoption workers who have been employed seven to 12 months:

- CWS 3061   Permanency Planning for Teens-Creating Life-long Connections
- CWS 3081   Promoting Family Reunifications
- CWS 5011   Case Documentation
- CWS 5305   Engaging Families

The State will continue to offer the new worker foster care and adoption policy courses which include training on Virginia's automated child welfare information system (OASIS) and are offered on a regular basis in all regions of the state to ensure an understanding of federal and state requirements related to the safety, permanency and well-being of children. These courses are strongly encouraged and most LDSS workers take advantage of them. LDSS encourage workers to attend training beyond that offered by VCU-VISSTA. Attendance at child welfare conferences and seminars related to case management in foster care and managing hard to place youth are samples of the types of additional training LDSS staff receive beyond the regular VISSTA courses. Such conferences and courses, when not offered as part of the VCU-VISSTA approved coursework, are approved by VDSS in advance to ensure that LDSS are seeking reimbursement for training costs at the appropriate rate. Because LDSS report all training attended and the expenditures related to this training on a quarterly basis, VDSS is able to cross check LDSS reports with actual federal dollars claimed to ensure all costs are allowable and are claimed at the appropriate rate.

IV. FUNDING

Funding for child welfare training is provided by VDSS either directly, through LDSS or through contracts or agreements with other entities comes from different sources including federal, state and local funds.

Training costs are subject to all routine cost accounting procedures. In instances where a cost is supporting only one activity (e.g., PRIDE Training), those costs are directly charged to the appropriate funding source using the appropriate federal match rate. Costs for activities that support one or more activities are collected in one or more cost codes. Quarterly, these costs are assigned to a cost pool and statistical formulas are used to determine the allocation of funds.

Title IV-E funds may be used for the following types of training:
- Title IV-E Eligibility Training
- Resource, Foster, and Adoptive Parent Training
- Title IV-E Student Stipends; and
- Foster Care/Adoptive Worker Training.

VDSS received an appropriation of $790,000 for SFY2010 to enhance child welfare training. This amount was included in the budget submitted in June 2009. Funds were used for various purposes including training directly related to the Virginia Children's Services System Transformation, educational law and advocacy, and racial disproportionality as well as sole source contracts with national experts regarding managing by data and the reengineering of child welfare training. The funds were allocated using approved DFS methodology. Approximately 22% of the funds were Title IV-E and the rate was 50/50. Descriptions of the training initiatives that benefited from these funds are listed below. All but $100,000 of this appropriation for SFY2011 will be absorbed by VDSS to use towards their contract with VCU-VISSTA. The balance may be used for training contracts developed during the year.

Enhanced Training
In FY2010, funds that were designated by the Virginia General Assembly to provide training in targeted areas for child welfare staff were used for multiple offerings.

Education Law and Advocacy: A one day course for LDSS foster care/adoption services staff that was trained by staff of the Legal Aid Justice Center, JustChildren Program and covered material on the educational rights of children regarding special education, enrollment, and school discipline. Topics included educational protections afforded children in foster care with emphasis on both federal and state law. This training was done twice in each of the five VDSS Regions.

Addressing Racial Disparity and Disproportionality in Juvenile Justice and Child Welfare: A one day session, conducted through a contract with Shay Bilchik from the Center for Juvenile Justice Reform at Georgetown University, was attended by child welfare and juvenile justice managers and other stakeholders from four LDSS. Participants were educated on the incidence and prevalence of racial disparity and disproportionality in both disciplines with an emphasis on children involved in both, i.e. "crossover children". Participants were provided a template to plan systemic interventions to address the root causes of these phenomena in their localities.

Applied Safe Measures: Two-day training for local agency child welfare staff, supervisors and managers. Users will understand basic navigation and report production in SafeMeasures, users will understand the difference between process and outcome data, and users will learn how to use process and outcome data with staff to improve practice and child welfare outcomes. Pre and post tests were conducted at each training which indicates the learning objectives were well grasped by trainees. Approximately 200 local social services directors, supervisors, and workers attended Applied SafeMeasures training.

Agents of Change: This training consisted of six 2-day session and was conducted with three cohorts of local agency and state staff over the course of FY 2010 to provide opportunities for state and local leaders within the public child serving agencies to come together and build their capacity as collaborative leaders to accelerate progress towards the multi-agency Children's Transformation Outcomes. The leadership development program is designed to support the application of results based leadership skills in improving child welfare outcomes through leadership in state and local child serving agencies.

Value of Youth Permanence: The course gave participants an opportunity to learn about the Virginia Children's Services Practice Model, how all staff's roles are critical in facilitating permanency for every youth in foster, the importance of youth voice, and strategies for achieving youth permanence.

Resource Families 101: one-day, regional training offered to local agency staff who work with resource families to understand best practices in recruitment for families in for children in foster care.

Advanced Resource Family Recruitment, Development and Support: One day course offered once in each of the five state regions. Curriculum reviewed the best practice framework for obtaining, training and keeping Resource families. A part of the training focused on sharing examples of local recruitment innovations from CORE initial Transformation agencies.

Governor's Conference on Children's Services Transformation: The first governor's conference on Children's Services Transformation was held in December 2009 and brought together various stakeholders including staff from VDSS, LDSS, the Office of Comprehensive Services, the Department of Education, the Department of Behavioral Health and Developmental Services, the Department of Juvenile Justice, advocates, resource families, and youth. The two-day conference focused on sharing best practices that aim to help at-risk children and their families achieve better outcomes. Examples of break-out sessions include: *Youth Engagement: The Fundamentals of Meaningful Youth Partnerships; Bridging the Gap Between Birth Families and Foster Families; Kinship Care in Virginia: Putting Relative Care on the Map; How to Engage Families – More Than Inviting Them to a Meeting; Transforming Service Delivery to Promote Permanency; Developing Systems of Care in Rural Regions; Providing Community-Based Services that Promote Family Driven-Success.*

Attachment A
VISSTA Child Welfare Training Activity

CWS 1002 Exploring Child Welfare

On-line, self-paced course for child welfare workers with less than twelve months experience working in a local agency

Introduction to 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 legislation; basic assumptions and guiding principles of Virginia practice; ethics and values clarification; cultural awareness; and, roles, rights, and responsibilities of the worker, child, parents and the community.

Fund: IV-E   IV-E rate: 75%

CWS 1011 Casework Process and Planning

2-day course for child welfare workers with less than 6 months experience in a local agency; workers with non-human service college degrees; experienced workers with no formal training in Child Welfare

Explore the principles, values and steps in best practice Child Welfare casework process and planning; learn strength-based family assessment; develop casework planning strategies   Fund: IV-E   IV-E rate: 75%

CWS 1021 The Effects of Abuse and Neglect on Child and Adolescent Development

2-day course for child welfare workers with less than six months experience in a local agency, or experienced workers with no formal training

Learn new information or refresh existing knowledge and skills in basic child and adolescent development theory.

Topics include: characteristics associated with abuse or neglect and impact on survivors; and, referral services and effective intervention techniques   Fund: IV-E   IV-E rate: 75%

CWS 1031 Separation and Loss Issues in Human Services Practice

2-day course for human service workers with less than six months working experience in a local DSS agency and experienced workers with no formal training.

Understand the dynamics of separation and loss in children and families.

Topics include: feelings commonly associated with separation; impact of loss on children and families in placements; crisis intervention theory; and strategies to minimize impact of trauma on children and families.

Fund: IV-E   IV-E rate: 75%

CWS 1041 Legal Principles in Child Welfare Practice

2-day course for child welfare workers and supervisors with limited experience working with the juvenile court system.

Gain an understanding of the court structure in Virginia; learn how to use it to protect children.

Topics include: Civil and criminal courts systems, reasonable efforts and burdens of proof, roles and responsibilities of professionals in the court process, problem solving for best practices in court   Fund: IV-E   IV-E rate: 50%

CWS 1051 Crisis Intervention
2-day course for human services workers and supervisors

Learn about the dynamics of crisis and the principles, goals and steps of intervention
Topics include: Crisis assessment; effective strategies for defusing crisis; worker safety in crisis.

Fund: IV-E   IV-E rate: 50%

CWS 2000 Child Protective Services New Worker Training with OASIS
4-day training for local staff new to the CPS program

Learn the policy requirements of the CPS program in Virginia.
Become knowledgeable about the laws, regulations and policy that guide CPS practice and practice documenting the policy requirements in OASIS
Topics include: purpose and basic assumptions of CPS; definitions of child abuse and neglect in Virginia; receiving and responding to a report of child abuse or neglect; conducting family assessment or investigation; best practices; ongoing services in open cases; how to document in OASIS.   Fund: State   IV-E rate: N/A

CWS 2010 Ongoing Services in Child Protective Services
1-day course for local workers new to providing services in open CPS cases

Learn policy and best practice for providing services to prevent further abuse or neglect in open CPS cases
Topics include: case opening policy and issues; implementing goals of family integrity and child safety; service planning with the family, issues related to recurrence of abuse or neglect; reassessment and closure factors and requirements; documentation in OASIS.

Fund: State   IV-E rate: N/A

CWS 2011 Intake, Assessment, and Investigation in Child Protective Services
3-day course for child welfare workers

Learn practical skills and techniques for interviewing children and their families in abuse and neglect assessments and investigations. Learn best practices to be used throughout the process.
Topics include: interpersonal, family and environmental factors that increase the risk of abuse and/or neglect; how to gather pertinent information; how to interview children, non-offending caretakers, and the alleged offending caretaker; how to assess information to make safety plans, informed case decisions and identify service needs.   Fund: State   IV-E rate: N/A

CWS 2020 On-Call Policy Training for Non-CPS Workers
1-day course for local agency staff who fulfill CPS on-call duties and are not designated as CPS workers.

Learn the policy requirements of the CPS program in Virginia as they relate to fulfilling on-call duties. Become knowledgeable about the laws, regulations, and policy that guide CPS practice at the local level and learn how to apply that knowledge to on-call work.
Topics include: CPS definition, process and basic assumptions; definitions of abuse and neglect in Virginia; overview of validity and the responsibilities of reporting; determining track ;conducting safety assessments; gathering information; emergency removals or placements.
Fund: State   IV-E rate: N/A

CWS 2021 Sexual Abuse
2-day course for child welfare , including foster care and adoption workers who require an overview of child sexual abuse

Understand the dynamics and scope of child sexual abuse. Examine the implications for best practice interventions.
Topics include: definitions of child sexual abuse; consequences of sexual abuse from a developmental perspective; treatment needs of the non-offending caregiver; and, dynamics of sexual abuse and intervention strategies to promote safety and well-being in children and families.

              Fund: State   IV-E rate: N/A

CWS 2031 Sexual Abuse Investigation
3-day course for child welfare workers and supervisors responsible for investigating child sexual abuse complaints.

Explore critical issues that impact the investigation of child sexual abuse. Practice the skills necessary when interviewing victim, non-offending caretaker, and alleged offender.
Topics include: forensic investigation – goals, roles and preparation; developmental issues to consider for child interview; interview processes for child; interviewing teens, credibility and evidence collection; focusing on safety, legal issues.

              Fund: State   IV-E rate: N/A

CWS 2141 Out of Family Investigations
2-day course for CPS workers and supervisors who conduct out-of-family investigations.

Provides 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.
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; and, policy unique to out-of-family investigations

              Fund: State   IV-E rate: N/A

CWS 3000 Foster Care New Worker Policy Training With OASIS
4-day course for local staff new to the Foster Care program

Become knowledgeable about the laws, regulations, and policy that guide foster care practice at the local level. Practice documenting 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 re-determinations; policy and practice related to closing cases, funding maintenance and service provision; and documenting in OASIS.

              Fund: IV-E   IV-E rate: 75%

CWS 3010 Adoptions New Worker Policy Training With OASIS
3-day course for local agency staff new to the Adoption Program

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 and practice documenting the policy requirements in OASIS.
Topics include: purpose and guiding principles of providing agency placement adoptions; provisions of pre- and post- adoption services; how to

register and update information in the Adoption Resource Exchange of Virginia (AREVA); policies and funding sources related to provision of Adoption subsidies; best practice, as well as policy requirements for conducting adoptive home studies; how to respond to appeals regarding the adoptive home approval process; and how to document all policy requirements in OASIS.

Fund: IV-E   IV-E rate: 75%

CWS 3021 Promoting Partnerships Between Birth Parents & Foster Parents
1-day course for local agency directors, child welfare supervisors, social workers (CPS, permanency, adoption and stabilization/prevention program areas), all local child-serving agencies, private and public community partners, resource/foster parents, and community stakeholders.

This course will specifically deal with one of the core principles of family engagement; that of promoting meaningful partnerships between foster and birth families as partners in promoting safety, well being and permanency for children.
Topics include: The benefits and challenges of working with the child's family, roles and responsibilities of birth parents, foster parents, and social workers in promoting birth and foster family partnerships, demonstrate ways in which they can work with the child's family and/or support on-going communication between the birth family and foster family, ways to minimize the challenges of working with the child's family recognize the application of working with the child's family or with various resource family situations such as foster/resource and adoptive families and foster families and extended birth family, how to conduct an Ice-breaker Meeting with all interested stakeholders, engaging fathers in the permanency planning process, visit-coaching techniques and strategies.

Fund: IV-E   IV-E rate: 75%

CWS 3031 Assessment and Service Planning
2-day course for child welfare workers and supervisors

Learn to assess the needs of children and families. Establish goals and service plans that address needs and promote safety and permanency.
Topics include: impact of maltreatment on development, attachment, and placement needs; at-risk families, including the risk of further abuse/neglect; goals and service plans that address reasons for removal and family needs; reasonable efforts and criteria for changing goals; issues relating to placement with relatives; and post-placement services.   Fund: IV-E   IV-E rate: 75%

CWS 3041 Working with Children in Placement
2-day course for child welfare workers and supervisors

Learn practical skills and techniques for working with children in placement.
Topics include: Assessing children's needs; managing behavior and preventing disruptions.

Fund: IV-E   IV-E rate: 75%

CWS 3042 Orientation to Interstate Compact on the Placement of Children
1-day course for child welfare workers and other local staff who may prepare ICPC documents and materials or supervise the placement of children across state lines.

Learn basic knowledge of the Interstate Compact for the Placement of Children including requirements and practices. The ICPC procedures are to assure that children placed across state lines receive the same protections and services as children placed within state.
Topics include: History of ICPC; legal base and placement authority; placing or receiving a child across state lines; and unusual circumstances in

the ICPC process.	Fund: IV-E IV-E rate: 75%

CWS 3061 Permanency Planning for Teens – Creating Life-long Connections
2-day course for 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. Strategies for finding maternal and paternal relatives and permanent connections are discussed.
Topics Include: Developmental issues and the need for permanency for teens, impact of the Child Welfare system and barriers to permanency, the key elements of loyalty, loss, self-esteem, behavior management, and self-determination as the foundation of permanency, making connections through a teen-centered planning process, maintaining sibling and family connections, the role of youth-specific recruitment in making permanent connections, strategies for preparing teens for family living and supporting permanency, diligent relative search techniques.
Fund: IV-E   IV-E rate: 75%

CWS 3071 Concurrent Permanency Planning
2-day course for child welfare workers and those individuals involved in the permanency planning process

Learn about Concurrent Permanency Planning, a means of working towards family reunification while, at the same time, developing an alternative permanent plan.
Topics include; impact of ASFA on permanency for children in foster care; six essential processes and practices; assessment for the potential for reunification; strategies to motivate clients and facilitate movement through the change process; and documenting concurrent plan in case records.
Fund: IV-E   IV-E rate:75%

CWS 3081 Promoting Family Reunification
1-day course for foster care workers, child welfare workers and others involved in the permanency planning process

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: principles of reunification; maintaining connectedness; planned visitation; partnership and collaboration; role of foster parents, birth parents, or prior custodians in the casework process, service delivery, and case planning.
Fund: IV-E   IV-E rate: 75%

CWS 3101 Introduction to the PRIDE Model
2-day training for agency staff including child welfare workers and supervisors, community partners, foster, resource, and adoptive parents who wish to be PRIDE trainers, conduct PRIDE mutual family assessments, or who are associated with agencies implementing PRIDE.

This course offers an overview of the PRIDE Model. It is a practice model for recruiting, supporting, and developing resource, adoptive, and foster families. The PRIDE Model emphasizes teamwork and collaboration, selecting appropriate families through the use of a joint pre-service and mutual assessment process, and developing skills and knowledge in the PRIDE Core Competencies.
Fund: IV-E   IV-E rate: 75%

CWS3103 PRIDE Family Assessment
2-day training for child welfare workers in localities employing the PRIDE model for developing foster/adoptive family assessments

This course prepares VDSS staff to implement the mutual assessment process for foster, adoptive and resource families. The course takes trainees through the process of the home assessment using the PRIDE connections and pre-service training. This course builds upon skills and knowledge acquired in CWS 3101: Introduction to the PRIDE Model

Fund: IV-E   IV-E rate: 75%

CWS 4010 Transformation: Promoting Change by Valuing and Engaging Families
Online course that is designed to introduce child welfare workers and their community partners to the Children's Services System Transformation

This course offers an overview of the importance of cultivating a multi-disciplinary approach to child welfare services in Virginia. Learners will be able to explain the purpose of the Transformation and why Virginia is improving the way services are delivered to youth and families, describe the Practice Model, its guiding principles, and its importance to child and family service delivery in Virginia , recognize the significance of VA-FEM (Virginia's Family Engagement Model) as part of the Transformation, define cultural competence and its significance in treating families with dignity and respect, and identify steps taken to contribute to transforming the way state and local child serving agencies deliver services in Virginia

Fund: State   IV-E rate

CWS 4020 Introduction to Virginia's Family Engagement
This training will provide a foundation of knowledge about Virginia's Family Engagement Model (FEM). This course explores the key elements and underlying values of the process of engaging families at key decision points during their involvement with social services. Participants will learn how the FEM can strengthen and support families.

Fund: State   IV-E rate

CWS4030: Facilitator Training for Virginia Family Partnership Meetings
This training prepares experienced child welfare professionals to facilitate Family Partnership Meetings (FPMs) using the principles of the Virginia Family Engagement Model. This training explores and provides practice opportunities for each phase of the FPM and prepares facilitators to build teams, direct the meeting process, resolve differences, and develop consensus. A detailed overview of meeting implementation is provided, thus local agencies are encouraged to have prospective facilitators complete this training prior to beginning the process of engaging families in placement decision meetings.

Fund: State   IV-E rate

CWS 5011 Case Documentation
2-day course for child welfare workers and supervisors

Learn writing skills that support case documentation and build upon skills to enhance their ability to document casework activity, assessment, decision-making, and planning in child welfare cases.
Topics include: purpose, goal and strategy (focusing on your reader's needs); how to recognize the difference between fact and opinion; child welfare case narrative (how much is too much); the elements of a child welfare assessment; service planning in child welfare the SMART way; and tips for correspondence and intake.   Fund: IV-E   IV-E rate: 75%

CWS 5305 Engaging Families

2-course for child welfare workers and supervisors

Course will assist workers to engage families in a mutually beneficial partnership and assess a family's readiness for change. Workers will learn engagement models and the recommended strategies for sustaining motivation and commitment to change.
Topics include: Engagement and the strengths perspective; the stages of change; and solution-focused interviewing techniques.

Fund: IV-E   IV-E rate: 75%

CWS 5411 Emotional Disorders
3-day course for child welfare workers and supervisors

Learn to recognize the symptoms of emotional disorders to assess needs and refer for appropriate treatment. Address issues in case management.
Topics include: healthy emotional development; symptoms of diagnoses in the DSM-IV and implications for case management; biopsychosocial assessment and appropriate treatment modalities; and collaboration with community resources

Fund: IV-E   IV-E rate: 75%

CWS 5701 Child Welfare Supervision
3-day course for local agency supervisors who direct the work of child protective services or permanency workers

Acquire the specific knowledge, skills, and abilities needed to fulfill responsibilities to ensure their staff provide effective and efficient child welfare services. Nationally recognized standards and techniques are addressed in order for supervisors to instill in workers the capacity to improve safety, permanency, and well-being outcomes for the children and families they serve.

Fund: IV-E   IV-E rate: 50%

DVS 1001 Understanding Domestic Violence
1-day course for workers and supervisors in all LDSS programs

Gain basic knowledge about domestic violence.
Topics include: abusive behaviors used to maintain power in an intimate or family relationship; theories and dynamics of domestic violence; arrests and protective services; relationship between domestic violence and gender; and violence in society and how it contributes to domestic violence.

Fund: IV-E   IV-E rate: 75%

DVS 1031 Domestic Violence and its Impact on Children
2-day course for workers and supervisors in all service programs, particularly Child Welfare

Learn core principles of domestic violence intervention techniques and discuss assessment skills necessary to determine risk for all family members.
Topics include: impact of domestic violence on children's development; essential procedures and techniques for interviewing children in violent homes; appropriate community referrals and proper monitoring techniques; and Virginia law and legal options available in domestic violence situations to ensure safety.

Fund: IV- E   IV-E rate: 75%