

**Commonwealth of Virginia
Department of Social Services
Division of Family Services**

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FREQUENT ACRONYMS

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

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This section describes the continuum of child and family services in Virginia. It includes child safety services, permanency services, child well-being services, prevention services, and quality assurance.

I. INTRODUCTION, ADMINISTRATION, AND VISION

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

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

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

The Plan includes:

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

The Plan is organized in seven sections:

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

State Agency Administering the Program

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

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

VDSS Mission

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

VDSS Vision

A Commonwealth in which individuals and families have access to adequate, affordable, high-quality human/social services that enable them to be the best they can.

Organizational Structure

VDSS at the state level includes The State Board of Social Services consisting of members appointed by the Governor. It is responsible for advising the Commissioner, adopting regulations, establishing employee training requirements and performance standards, and investigating institutions licensed by the department. VDSS support areas include:

- Finance and General Services;
- Human Resources;
- Information Systems;
- Legislative Affairs; and
- Operations.

VDSS program areas include:

- Benefits Programs;
- Child Care and Early Childhood Development;
- Child Support Enforcement;
- Enterprise Delivery Systems;
- Family Services; and
- Licensing.

There are five regional offices overseeing and supporting community and local organizations, including:

- Child welfare services;
- 22 District Offices for the Division of Child Support Enforcement; and
- Eight Field Offices for the Division of Licensing Program.

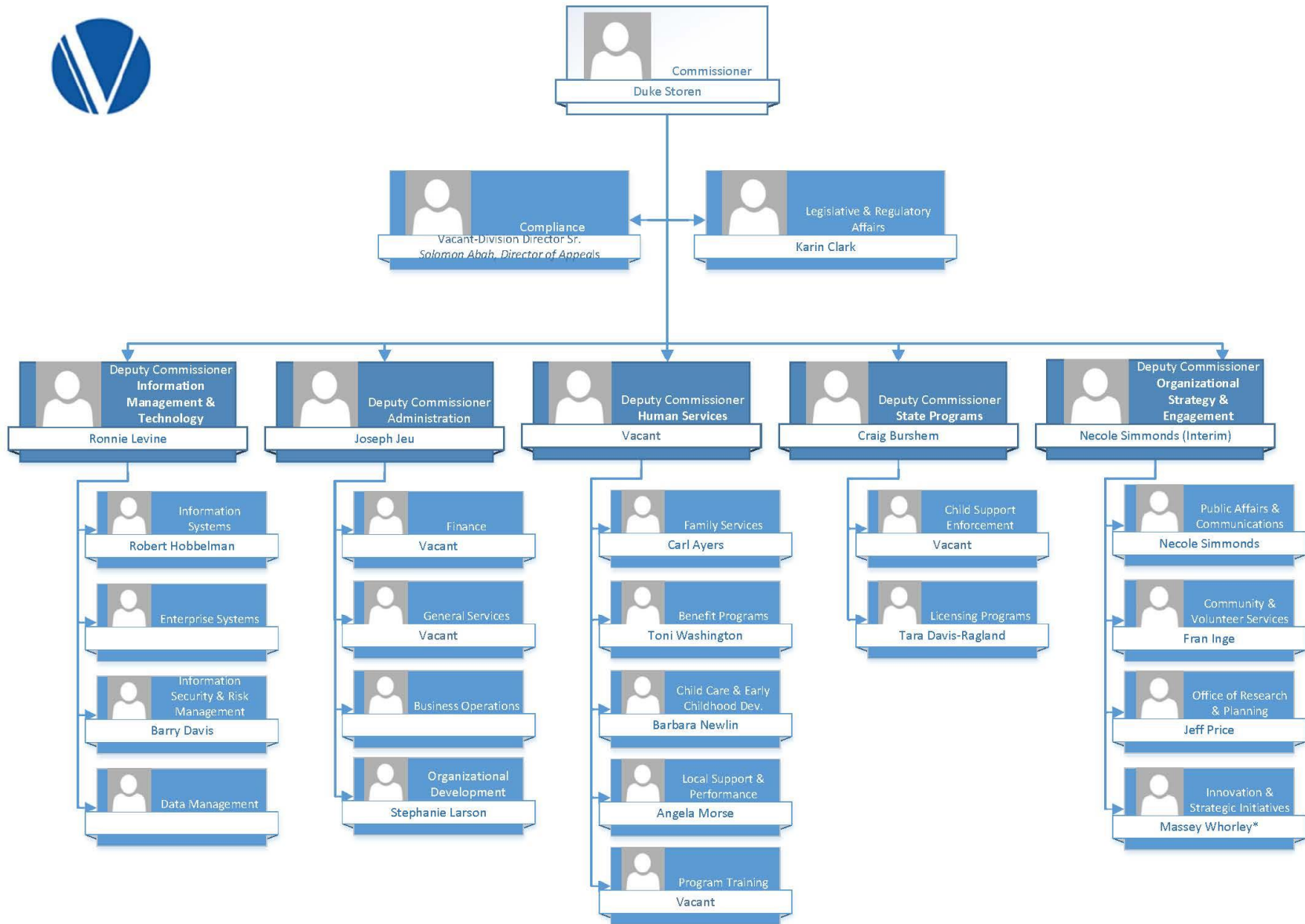
Division of Family Services

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

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

- Prevention (prevention services and safe and stable family services); and
- Legislation, Regulations, and Guidance

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

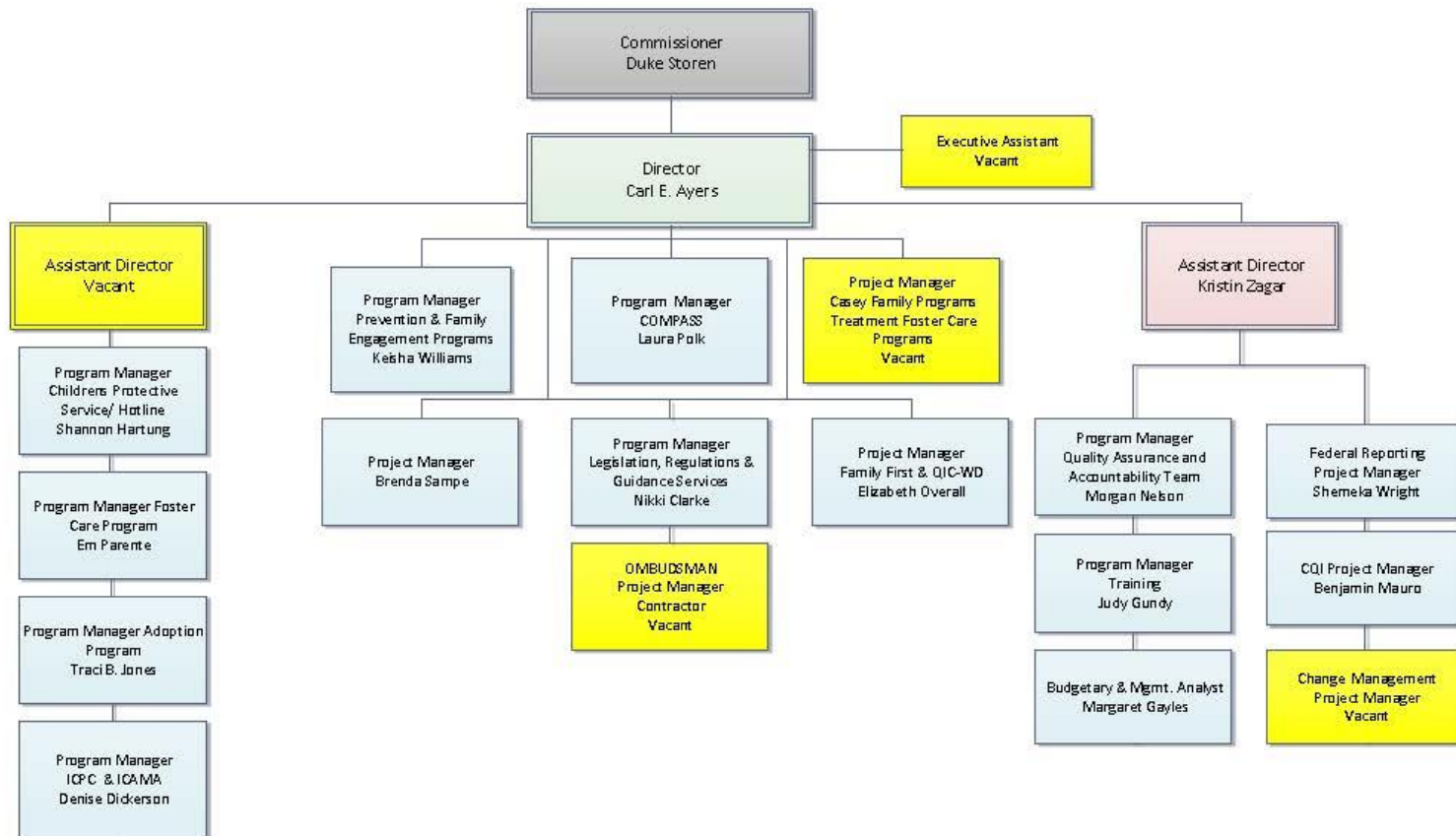


* Administration Appointee



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

FAMILY SERVICES (DFS)



Updated 05-02-19 GSW

COLLABORATIONS

Foster care services cut across other programs and child-serving agencies, including foster care prevention, Adoption, OCS, Department of Behavioral Health and Developmental Services (DBHDS), Department of Juvenile Justice (DJJ), DOE and VDH. Virginia is actively working with other internal Divisions and State agencies to improve service delivery to children and families involved in foster care. Other collaborations include:

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

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

In FY 2018, PAC provided feedback on the current VEMAT training process and suggested a refresher training for workers who were trained previously and have not had the opportunity to rate VEMATs often. They provided valuable feedback on the OASIS screens that were being developed to update the foster care plan/service plan in OASIS. The Fostering Futures program was discussed to provide LDSS an opportunity to make suggestions for guidance clarification. PAC was consulted on the forms that should be made a priority for the new mobile app to assist workers while in the field. Membership was additionally consulted regarding the publication produced by the Normalcy Steering Committee to support the implementation of normalcy as well as the youth survey that will be given to youth as they age out of foster care. Lastly, PAC played an integral role in providing feedback during the stakeholder interviews for the CFSR as well as providing valuable input into the development of the CFSR PIP.

2019 Update

During FY 2019, VDSS continued to hold quarterly PAC meetings to solicit input and feedback from LDSS and stakeholders. As VDSS worked towards finalizing a psychotropic medication protocol, PAC reviewed draft materials several times and made helpful suggestions about training and how to address implementation barriers. Members were engaged in planning for the annual Adoption Conference, they gave input regarding the trainings which are currently mandated, including to add case documentation, trauma informed child welfare practice, normalcy for youth in foster care, and psychotropic medications in the child welfare system to the list of mandated courses. PAC members reviewed and provided feedback on proposed job aides including a worker visit checklist, a visitation planning template, and a foster care case management activities checklist. Finally, PAC members provided LDSS stakeholder input into the CFSP development during an PAC meeting and through a survey provided to membership.

Office of Children’s Services for At Risk Youth and Families (OCS): Areas of collaboration include clarifying guidance related to what CSA funds can be used for when title IV-E funds are not allowable. OCS and VDSS have published several critical joint broadcasts regarding use of title IV-E and CSA funds relative to the provision of services to older youth in foster care, especially concerning the implementation of Fostering Futures. These broadcasts have clarified practice expectations regarding the provision of independent living services, requirements for independent living arrangements with youth over 18, use of CSA funding to provide supportive independent living services to the population, and the expectation that youth turning 18 after July 1, 2016 be fully informed regarding the opportunities available to them through Fostering Futures and be provided with the opportunity to enter the program. OCS and VDSS also continued to work closely on the release of the revised Child and Adolescent Strengths and Needs (CANS) assessment instrument in early 2017. The tool is used for all children in foster care and has been revised to include reports identifying treatment progress for the planned caregiver as well as the child. The revised instrument also includes enhanced questions for use in screening for trauma. VDSS is provided introductory material to the CANS training thanking OCS for their partnership and pointing out the enhanced value of the revised instrument to LDSS.

SFY 2017 has seen a continuation of work by OCS in the area of establishing Systems of Care (SOC) across Virginia to improve services available to children in foster care. Intensive Care Coordinators (ICC) have been trained and are serving families and children with the highest risk of placement out of the home in many communities across Virginia. The ICC uses an evidence-based model of family engagement and service coordination to facilitate the development of highly individualized “wrap-around” plans designed to reduce the child’s problematic behaviors, increase support to the child and family, and strengthen parental capacity. The effectiveness of the ICC in Virginia is currently being assessed.

In SFY 2018, close collaboration with OCS has continued around clarifying and providing consistent guidance/ technical assistance regarding allowable: placements and services for youth in the Fostering Futures program; transportation expenses to provide educational stability; and, supports to foster and adoptive families to prevent placement disruptions. VDSS has also been working with OCS on the development of Kinship Guardian Assistance guidance in regards to how the maintenance payments will be made for non-IV-E children and payment for the provision of services for this population.

2019 Update

In SFY 2019, OCS collaborated closely with VDSS around the implementation of KinGAP for IV-E eligible and state funded children. In particular, OCS and VDSS published a joint memorandum clarifying that Children’s Services Act funding can be used to pay for supportive services for all families providing placement for children in foster care and emphasizing the needs that relatives approved as foster families might have. Collaboration around complicated Fostering Futures case situations and issues related to educational stability continue to occur on a regular basis.

Court Improvement Program (CIP): VDSS continues to work in partnership with the CIP in Virginia to insure that title IV-E requirements are adequately documented in court proceedings. CIP staff are involved in the on-going efforts of the CWAC and the CWAC permanency sub-committee. CIP also collaborates with VDSS around the full implementation of concurrent planning in foster care cases. CIP staff worked collaboratively with VDSS around the development of the petition and court order forms necessary for full implementation of Fostering Futures, and provided training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. CIP has also been actively involved in the implementation of the Memorandum of Agreement (MOA) between DJJ and DSS promoting the continued collaboration between LDSS foster care staff and DJJ Court Services and facility staff when a child in foster care has been committed to DJJ. CIP provided feedback around the various court proceedings which impact the child and suggested language to address best practice for the

MOA. VDSS and CIP continue to work towards a data exchange between the court record system and OASIS which will permit the uploading of court findings and hearing outcomes directly into OASIS.

2019 Update

The Foster Care, Adoption, and QAA Program Managers are now members of the CIP Advisory Board; at a recent meeting, other members of the Board, including Judges, Guardian Ad Litem, and local government attorneys, provided input into the development of Virginia's CFSP. The CIP is also actively involved in the development and implementation of Virginia's CFSR PIP. Finally, VDSS has been working closely with CIP to facilitate data clean up and the provision of instruction to the LDSS regarding the use of the Foster Care Plan "Transmittal" form in OASIS. It is critical that the information in the form is entered correctly and updated regularly as the contact information for parties involved in the case is transmitted to the Court Service Unit database in order to facilitate timely notice.

Department of Education (DOE): While the majority of the collaboration between DOE and VDSS is directed at improving the educational stability and attainment outcomes of older youth in foster care, educational stability and attainment for all children in foster care is also addressed. VDSS has mandated the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data. Additionally, the education screens in OASIS were updated so that information regarding educational stability can be printed and submitted to court along with the foster care plan, increasing awareness of the importance of educational stability and accountability regarding practice in this area. With the enactment of *Every Student Succeeds Act* (ESSA) in December 2015, the Fostering Connections Act education workgroup composed of VDSS, DOE, OCS, the Legal Aid Justice Center, and other key stakeholders, has been largely focused on revising the education stability joint guidance (last updated in 2013) to incorporate best practice, clarify policies and procedures, and incorporate the ESSA provisions for youth in foster care. The joint guidance was published in June 2017. Since 2017, VDSS partnered with VDOE to conduct numerous trainings throughout the state regarding the updated education stability joint guidance. Representatives from both VDSS and VDOE conduct the training together for school divisions as well as LDSS. As issues arise regarding educational stability for children in foster care, state representatives from VDSS and VDOE work together to ensure the issues are resolved.

2019 Update

VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout the Commonwealth, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. VDSS and Virginia Department of Education (VDOE) focus their efforts on improving the educational stability and attainment outcomes for children and youth in foster care. Collaborative efforts centered on providing statewide joint trainings and TA to local school divisions and LDSS regarding school stability elements and procedures. Technical assistance is provided by VDSS and VDOE collaboratively to local school divisions and agencies and addresses questions and issues regarding providing appropriate notification of a student receiving foster care services; conducting the best interest determination process; immediate enrollment; coordinating transportation; addressing special education requirements; and other relevant components.

Department of Medical Assistance Services (DMAS): In FFY 2014, managed care for all children in foster care and for all children who receive adoption assistance was fully implemented. Additionally, DMAS brought on Magellan to provide managed care for behavioral health services. Magellan began managing community behavioral health services in December 2013. Approximately 80% of children in foster care are now enrolled in Medicaid Managed Care. The remaining 20% are those children placed in congregate care settings, those who have just entered foster care, or those who are moving from one region to another. Medicaid managed care improves access to health care providers, coordination of

health care services, case management, targeted services for chronic conditions, and access to a 24-hour nurse advice line. Foster and adoptive parents receive information directly from DMAS regarding these benefits so that they are fully informed and able to facilitate access to medical services for children placed in their homes. DMAS is able to provide data to VDSS regarding the provision of medical care to foster care children, including information about whether children are receiving their required medical and dental exams. In the future, VDSS will work with DMAS towards tying Medicaid reimbursement rates to evidence-based interventions for behavioral health and/or trauma certified providers.

DMAS is also working with VDSS to better understand strengths and concerns regarding the provision of medical care for children in foster care. In order to gather baseline data, DMAS commissioned a study regarding the care of children in foster care provided through Medicaid in Virginia. The study addressed a variety of variables including timeliness of medical and dental exams; prevalence of sick child visits; incidence of diagnoses (medical and psychiatric); and, prescription of psychotropic medication. A second iteration of this study was conducted in 2017. DMAS will use the annual follow-up studies to better assess if children in foster care are receiving the appropriate level of care. VDSS and DMAS will continue to work together to use the annual study findings to leverage managed care providers to incorporate outreach, risk identification and oversight strategies where problems are noted. Results from this year's study were utilized in the development of the CFSP.

2019 Update

See page 42.

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

- Adoption
- Health Care for children in foster care
- Transitions out of foster care
- Family & Youth Engagement (the "practice" of Permanency)
- Support of Relative Placements
- Support of Return to Biological Family
- Educational Stability of Youth In Care

The objectives of the Subcommittee include:

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

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

In FY 2018, the permanency sub-committee played an important role in providing input for the development of the CFSR PIP. Additionally, the group has provided input on strategies to improve timeliness to adoption; implementation of the Kinship Guardianship Assistance Program; and, raise awareness of the need for foster families and the successful achievement of reunification in many cases. More recently the group has begun to discuss the implications of the Family First Act on child welfare practice in Virginia and to consider how best to ensure that there is stakeholder input as VDSS begins to develop an implementation plan.

2019 Update

In FY 2019, the permanency sub-committee continued to provide input into the development of Virginia's CFSR PIP. As many of the meetings were largely focused on this work and members of the subcommittee have also joined PIP work groups, much of the subcommittee's input is incorporated into the PIP and CFSP goals.

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

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

2019 Update

In March 2019, the Permanency Sub-committee hosted another psychotropic medication oversight policy workday. In addition to regular permanency subcommittee meeting members, additional LDSS representatives, members of the medical community, experts in trauma treatment, and additional DMAS staff were included. The group reviewed the draft and made suggestions which were incorporated in to the final protocol. The group also recommended additional resources to be made available to the LDSS including contact information for the Foster Care Case Managers for each MCO and suggested training content to accompany the protocol.

II. DESCRIPTION OF CONTINUUM OF CHILD AND FAMILY SERVICES

This section describes the continuum of child and family services in Virginia. It includes child safety services, permanency services, child well-being services, prevention services, and quality assurance.

A. CHILD PROTECTIVE SERVICES

CHILD SAFETY SERVICES

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

Children Served: In SFY 2018, there were 55,255 children reported as possible victims of child abuse or neglect in 36,857 completed reports of suspected child abuse or neglect. Of those children, 6,485 were involved in founded investigations, 9,723 were involved in unfounded investigations, and 39,047 in family assessments (differential response).

2019 Update

In SFY 2019, family assessments accounted for nearly 72% of all CPS reports accepted by local department of social services. And, 328 children died as a result of abuse or neglect.

Over the last five years, there has been a 12% increase in the number of completed reports accepted by Virginia's local departments of social services and a 10% increase in the number of possible child victims. Founded dispositions have decreased by 4% over the last five years and by 7% in the last year. The number of completed family assessments has increased by 21% over the last five years. Child deaths have decreased by 32% over the last five years, and 26% in the last year.

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

CHILD ABUSE PREVENTION AND TREATMENT SERVICES

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

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

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

Healthy Families: The Virginia General Assembly continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in 80 communities across the state. The goals of the Healthy Families Program continue to include-improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect.

2019 Update

Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2019. This amount was distributed to thirty-two (32) sites who were awarded based on a formula using the 2015 number of live births and the 2015 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide Healthy Families organization, Families Forward dba Prevent Child Abuse Virginia (PCAV) to provide training and technical assistance to local programs.

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

2019 Update

For SFY 2019, a total of nineteen (19) programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$678,780.52), and state funds from the Virginia Family Violence Prevention Program (VFVPP) (\$500,000), totaling \$1,281,153.52 in combined funding to support evidenced-based and evidenced-informed programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. Nineteen contracts were renewed from the initial award issued in SFY2019 that supports the following geographic areas (two programs serve more than one region):

- Eastern - Three programs serving: counties of Hampton, Newport News, Isle of Wight, York, James City, Williamsburg, Poquoson, Chesapeake, Norfolk, Portsmouth, and Gloucester
- Western - Six programs serving: counties of Giles, Floyd, Montgomery, Pulaski, Radford, Washington County, Wise, Scott, Norton, and Bristol
- Northern - Five programs serving: counties of Loudoun, Shenandoah, Page, Winchester, Clarke, Frederick, Warren, Alexandria, Falls Church, Manassas, Arlington, Fairfax, and Prince William
- Central - One program serving: counties of New Kent and Charles City
- Piedmont – Four programs serving: counties of Lynchburg, City of Roanoke, Salem, Botetourt, Craig, Roanoke County, Charlottesville, and Albemarle
- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

CBCAP funds are distributed through a competitive Request for Application (RFA) process along with VFVPP funds. Funding must be directed to statewide or local, community-based primary and/or secondary child abuse and neglect prevention services. Funds were previously distributed using a similar Request for Proposals (RFP) process. The Child Abuse and Neglect Prevention Program Request for Proposals (RFP) was originally released on January 23, 2015. In SFY 2018, twenty contracts totaling \$1,114,000 were renewed. Contracts for SFY 2019 will be based on the RFA process with the March 23, 2018 release. Contracts for SFY2019 became effective on July 1, 2018.

Child Abuse Prevention Play: VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of performances of the child sexual abuse prevention play “Hugs and Kisses” for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, Families Forward, and VDSS. Families Forward receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and Families Forward jointly provide training on child sexual abuse to each touring cast. The primary safety lessons taught in the play are: 1) the concept of secret touching; 2) if you experience secret touching you should tell a trusted adult; 3) private parts of your body are those that are covered by a swimsuit; 4) children have the right to say “no” to secret touching; and, 5) secret touching is never the child’s fault.

2019 Update

In FFY 2019, 150 performances were given across the state and 43,598 children attended. Data revealed that 877 children asked questions about the theme of the play and 143 children were referred to CPS. The Virginia Repertory Theatre subcontracted with Families Forward (formerly PCAV) for continued evaluation of the program.

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

In SFY 2017, the Department of Criminal Justice Services (DCJS) separated the VOCA funding to VDSS into two categories, Purpose Area 1 for Children’s Advocacy Centers (CAC’s), and Purpose Area 2 for

other specialized child abuse services. Currently, a combined total of 37 programs (Child Advocacy Centers(18) and other specialized child abuse services (19)), utilizing \$3,182,340 in federal VOCA funds, support child abuse and neglect treatment services for child victims across the state.

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

The following geographic areas are served:

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

2018 Update

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

2019 Update

In SFY 2020, VDSS anticipates additional funding of \$405,000 from the General Assembly. State funds will be awarded to the 18 local CAC programs serving the above localities and CACVA. Additionally, in April 2019, VDSS submitted an application to DCJS for the continuation of funding (\$4.5 million). Once the application is approved, VDSS will renew contracts for the Child Advocacy Centers to continue to provide services to children who are victims of crime. The total budget for FY20 for CAC programs totals \$5,918,951.00

Child Advocacy Centers: There are currently 15 Child Advocacy Centers (CACs) located in Virginia whose purpose is to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. CACs provide comprehensive services to victims of child abuse and neglect throughout investigation, intervention, treatment, and prosecution of reported incidents. The CAC model is a child-friendly, community-oriented and facility-based program in which professionals from core disciplines discuss and recommend appropriate comprehensive services. CAC services include forensic interviews of child victims, case review, and recommendation for services from a multidisciplinary team, victim advocacy, and support for the victim and non-offending parent, medical assessment, mental health services, and legal expertise. CACs are incorporated, private, non-profit organizations or government-based agencies, or components of such organizations or agencies.

2018 Update

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

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

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

2019 Update

The State funds of \$1,125,000 to support 18 local CACs and the Child Advocacy Center of Virginia (CACVA) were awarded in SFY 2019 based on a formula proposed by CACVA and approved by the General Assembly and the Governor of Virginia. The formula used subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. In addition, local CAC programs received a total of \$1,482,000 in Victims of Crime Act (VOCA) funds from the Department of Criminal Justice Services (DCJS). Eighteen contracts were awarded to local CAC programs in FY 2019 representing the following geographic areas:

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

In SFY 2020, VDSS anticipates additional funding of \$405,000 from the General Assembly. State funds will be awarded to the 18 local CAC programs serving the above localities and CACVA. Additionally, in April 2019, VDSS submitted an application to DCJS for the continuation of funding. Once the application is approved, VDSS will renew contracts for the Child Advocacy Centers to continue to provide services to children who are victims of crime.

SERVICE COORDINATION AND COLLABORATION

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

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

2019 Update

FACT continues to act as a Citizen Review panel and partners with VDSS.

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

2019 Update

Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2019. This amount was distributed to thirty-two (32) sites who were awarded based on a formula using the 2015 number of live births and the 2015 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the Commonwealthwide Healthy Families organization, Families Forward dba Prevent Child Abuse Virginia (PCAV) to provide training and technical assistance to local programs.

Home Visiting Consortium: Early Impact Virginia operates as part of Virginia’s Early Childhood Initiative to increase local and state collaborative efforts and to increase the efficiency and effectiveness of home visiting services. Established in 2006, the Consortium is coordinated by the Virginia Department of Health (VDH). Members of the Consortium include representatives of home visiting programs funded through the Departments of Social Services; Health; Medical Assistance Services; Behavioral Health and

Developmental Services; Education; and non-profit partners. VDH administers the federal Maternal, Infant, and Early Childhood Home Visiting federal grants and the Home Visiting Consortium provides input and support to the grant. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and the Head Start Collaboration Grant. The Consortium sponsors a home visiting website and training through a VDH contract with James Madison University. The Consortium also addresses issues such as data collection, centralized intake, professional development and public awareness.

In SFY 2018, Virginia partnered with the state of Iowa to develop and launch a national training institute for home visitors. This national project is supported by a MIECHV Innovation grant. Early Impact Virginia is leading this work for Virginia. This innovative project offers all home visitors, regardless of background or model affiliation, free, on-line competency based training and includes My Career Compass a dynamic learning map that guides users through e-learning modules to develop the highest level of proficiency in each of the defined home visiting competency areas. The Institute will offer national certification, continuing education units (CEUs), and undergraduate college credit. In addition to the foundational training offered through the Institute, EIV continues to offer classroom trainings in all regions of the state to build knowledge and advance skill building. In addition, in SFY 2018, EIV launched its second two-year Reflective Supervision Learning Community. This training and coaching model of professional development, continues to transform practice and is contributing to higher levels of staff job satisfaction and improved quality of services for families.

2019 Update

Healthy Families: In the FY 2019 biennium budget the Virginia General Assembly appropriated \$9,035,501 in level funding for the Healthy Families program. This amount was distributed to 32 Healthy Families programs, serving 80 communities, with awards based on a formula using the 2015 number of live births and the 2015 child abuse reports weighted equally for each area served. The appropriation continues to include funding for the statewide Healthy Families organization, Families Forward dba Prevent Child Abuse Virginia (PCAV) to provide training and technical assistance to local programs. In FY 2019 PCAV received an additional one-time award increase of \$282,000 to support development costs for a customized, centralized, web-based case management system for use by each Healthy Families program and Healthy Families Virginia. The new case management system will help PCAV assess needs for technical assistance, quality assurance, training and evaluation of the Healthy Families programs to ensure that Healthy Families Virginia and the network of programs maintains their accreditation status with Healthy Families America.

Early Impact Virginia (formerly Virginia's Home Visiting Consortium): In 2017 the Home Visiting Consortium (HVC) underwent a change in the name and infrastructure of the group. HVC is now Early Impact Virginia (EIV) which is the alliance for family education and support in the home. EIV advances the delivery of high quality, efficient services that improve the health, social and educational outcomes for new and expecting parents, young children, and their families within safe homes and connected communities so that children grow up healthy and ready to learn. VDSS continues to serve on the EIV alliance and executive team.

In the FY 2019 biennium budget, Early Impact Virginia was awarded \$250,000 the first year and \$600,000 for FY 2020 for the authority and responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis. The appropriation authorizes VDSS to contract with EIV to award the funding. FY 2019 will be a planning year for EIV to develop a data management and evaluation plan and

convene a leadership group to set priorities and adopt a state plan to ensure a strong return on investment and facilitate effective, sustainable growth.

2019 Update

In the 2019-2020 budget, signed into law by the Governor, Early Impact Virginia was awarded the authority and responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis. EIV was awarded \$250,000 for the first year and anticipates an award of \$600,000 for the second year of this project. VDSS has been appointed the authority to contract with EIV to award the funding.

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

2019 Update

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

Children's Justice Act/Court Appointed Special Advocate (CJA/CASA) Advisory Committee: The CJA/CASA Advisory Committee oversees the CJA and CASA programs and makes recommendations to the Criminal Justice Services Board, Virginia Department of Criminal Justice Services. The Committee is composed of 15 members appointed by the Board and is focused on improving the investigation and prosecution of child abuse and neglect. The CJA/CASA Advisory Committee serves as one of the Citizen Review Panels. The CJA/CASA Advisory Committee develops a three-year plan in coordination with child welfare and the Child and Family Services Review. The most recent plan was developed in 2016.

2019 Update

The CJA/CASA Advisory Committee develops a three-year plan in coordination with child welfare and the Child and Family Services Review. The most recent plan recent plan developed is inclusive for 2016-2019.

VDSS has a Memorandum of Understanding (MOU) with the DOE regarding the mandatory reporting and investigation of child abuse and neglect complaints involving school personnel as the reporters and alleged abusers. VDSS will continue to modify and update the MOU, specifically updating recommendations and approvals through each chain of command.

Virginia Commonwealth University (VCU) Partnership for People with Disabilities hosts the Child Abuse and Neglect Collaborative involving VDSS, DOE, VCU, and the Department of Criminal Justice Services has been operating for over ten years focusing on children with disabilities and their risk of

being abused or neglected. The training has taken a number of different forms and is currently being delivered as a web-based training available statewide.

Child Abuse Prevention Month/Conference:

The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 1,300 packets were printed and distributed for April 2018 and the theme for this year was “Building Brighter Childhoods”. The packet is posted on the VDSS public web site at: <http://www.dss.virginia.gov/family/prevention.cgi> and on the PCAV web site at: <http://http://pcav.org/2018capmpacket/> for wider distribution.

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

- *Primary Prevention in Child Welfare* – Plenary Speaker: Jerry Milner, Acting Commissioner for the Administration on Children, Youth and Families
- *Align: Optimizing Community-Based Primary Prevention* – Morning Speaker: Dyann Daley, Founder and CEO of Predict-Align-Prevent
- *Race for Results: Building a Path to Opportunity for All Children In Virginia* – Morning Speaker: Karina Jimenez Lewis, Senior Policy Associate in the External Affairs, Annie E. Casey
- *Predictive Analytics; Aligning Community Resources for Prevention* – Carl Ayers, Director of the Division of Family Services, VDSS & Jeff Price, Director of Research and Planning, VDSS
- *Balancing Tradition and Innovation—Building Authentic Parent Partnerships* – Corey Best, National Alliance of Children’s Trust
- *Collective Impact: The Role of Individuals and Systems in the Development of Trauma Informed Communities Across Virginia* – Jeanine Harper, MSW, LCSW & Melissa McGinn, MSW, LCSW

2019 Update

April 2019 was declared Child Abuse Month by Virginia’s Governor. In recognition, a press conference was held to recognize the continued need to prevent child abuse. The event was supported by stakeholders, parents and community partners. Virginia’s statewide Child Abuse and Neglect Prevention Conference was held April 8-9, 2019. This was a collaborative effort in partnership with Families Forward, formally recognized as Prevent Child Abuse Virginia. The conference theme was, Power of Prevent: Teaming Up for Virginia Families, centered on community-based programs aimed to keep families together, highlighted practice advancements in the field, emphasized best practices related to prevention of child maltreatment and assessment of children and families. The conference was a two-day event and had over 400 attendees of varying professions to community representation.

Keynote speakers are as follows:

- *Preventing Early Adversity to Achieve Multiple Health and Wellbeing Outcomes*
Melissa T. Merrick, PhD CDC’s National Center for Injury Prevention and Control
- *An Overview of Family First Prevention Services: Shifting our Child Welfare System to Focus on Prevention*
Commissioner S. Duke Storen, Virginia Department of Social Services
Carl E. Ayers, MSW, Director Virginia Department of Social Services Family Services Division
- *The Neurobiology of Stress and Brain-Mind-Body Practices*
Linda Chamberlain, PhD MPH Consultant and University of Alaska Adjunct
- *Change in Mind: Applying Neurosciences to Revitalize Communities*

Jennifer A. Jones, MSW Change in Mind Institute at the Alliance of Strong Families and Communities

Gabriel McGaughey, MSW Children's Hospital of Wisconsin

- *The Surprising and Dangerous Science of Laughter*
Slash Coleman, MAed RVA Laugh Club

In partnership with PCAV, VDSS participated in a ceremony to show solidarity in supporting Virginia's efforts in preventing child abuse and neglect in our State. The State's Proclamation was shared with community partners and Virginia citizens. VDSS has also used social media (Facebook and Twitter) to support prevention month efforts.

2019 Update

Child Abuse Prevention Month Proclamation: In support of national efforts, Virginia's Governor designated April as Child Abuse Prevention Month in Virginia for 2019.

Child Abuse Prevention Play: VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual abuse prevention play "Hugs and Kisses" for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, PCAV, and VDSS. PCAV receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and PCAV jointly provide training on child sexual abuse to each touring cast.

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

For FFY 2018, 162 performances were given across the state and 44,210 children attended. Data revealed that 425 children asked questions about the theme of the play and 119 children were referred to CPS. The Virginia Repertory Theatre subcontracted with Families Forward for continued evaluation of the program.

2019 Update

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of performances of the child sexual abuse prevention play "Hugs and Kisses" for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, Families Forward, and VDSS. Families Forward receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and Families Forward jointly provide training on child sexual abuse to each touring cast. The primary safety lessons taught in the play are: 1) the concept of secret touching; 2) if you experience secret touching you should tell a trusted adult; 3) private parts of your body are those that are covered by a swimsuit; 4) children have the right to say "no" to secret touching; and, 5) secret touching is never the child's fault.

In FFY 2019, 150 performances were given across the state and 43,598 children attended. Data revealed that 877 children asked questions about the theme of the play and 143 children were referred to CPS. The Virginia Repertory Theatre subcontracted with Families Forward (formerly PCAV) for continued evaluation of the program.

Virginia Department of Education (DOE): VDSS has a Memorandum of Understanding (MOU) with the DOE regarding the mandatory reporting and investigation of child abuse and neglect complaints involving school personnel as the reporters and alleged abusers.

2019 Update

The MOU has been updated and revised and a model protocol for use by LDSS and local school divisions has also been revised and updated.

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

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

State Child Fatality Review Team: The State Child Fatality Review Team is an interdisciplinary team that reviews and analyzes sudden, violent, or unnatural deaths of children so that strategies can be recommended to reduce the number of preventable child deaths in Virginia.

Since 2016, the State Child Fatality Review Team has provided valuable information and made recommendations to VDSS on child deaths involving children who die as the result of unsafe sleep environments and poisoning. VDSS utilized the information and recommendations provided by the State Child Fatality Review Team to inform policies and practices. In 2018, the Team completed a review of children who die as the result of drowning. The Team presented their results and recommendations to VDSS. VDSS has reviewed the results and recommendations and will be incorporating a number of the recommendations into their child death prevention plan in the coming years.

2019 Update

Virginia's child fatality review teams utilize the National Maternal Child Health (MCH) Center for Child Death Review data tool to collect comprehensive information and document the circumstances involved in the death, investigative actions, services provided or needed, key risk factors, and actions recommended and /or taken by the review team. Child death data is collected and analyzed on an annual basis and reported to community stakeholders, the Commonwealth Board of Social Services, LDSS, and the general public.

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

2019 Update

The review of child deaths reported to CPS is accomplished by a multi-agency, multi-disciplinary process that routinely and systematically examines circumstances surrounding reported deaths of children. The purpose of the review is to enable VDSS, LDSS, and local community agencies to identify important issues related to child protection and to take appropriate action to improve the collective efforts to prevent child fatalities.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Assessment of Strengths and Gaps in Services

Strengths: The overall number of children in foster care in Virginia has been significantly reduced. The change in practice towards partnering with families to develop alternatives to foster care, and the increased reliance on local foster homes rather than congregate care have contributed to this outcome through reducing the number of children entering foster care and also through ensuring that children are able to exit foster care to permanency more quickly. Foster care practice has continued to progress in the area of family engagement. FPMs provide a valuable mechanism for partnering with parents and extended family around decision-making.

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

Practice improvements were also seen in a number of other areas. For example, foster care visits are routinely exceeding the target monthly standard of 95% completion. Additionally, significant progress has been made towards improving the timeliness and accuracy of data entered into the state's automated child welfare system.

Finally, VDSS has re-established the Child Welfare Stipend program in Virginia. This year the program is graduating a combined total of 38 BSW and MSW students who are seeking employment in a foster care position with a LDSS. This program is anticipated to address one of the most significant barriers to quality practice- the lack of a well-trained and committed workforce.

Gaps: Although the degree of cooperation between OCS and VDSS is currently very positive, LDSS and communities continue to struggle to consistently interpret guidance and use available funding to support best practice. Virginia's CSA funding structure is intended to support child-centered, and family-driven individualized service plans through which the family's community can make decisions about how to appropriately provide services. This structure has tremendous potential to permit the community to effectively and creatively reduce risk of harm and strengthen families. However, the complexity created by decisions being made on the local level by community policy and management teams and varying levels of cooperation within the teams creates challenges to consistency across the state. The child welfare funding mechanisms in Virginia continue to struggle to find the balance between insuring responsible, cost-effective spending and allowing for flexibility and creativity in the development of truly family driven service planning. This is especially apparent in the inconsistency in service availability, accessibility, and funding available between localities across the state.

Finally, the automated child welfare data system, OASIS, in Virginia is outdated, no longer meeting the needs of the field, and very challenging to modify given its aged software. In order to institutionalize

practice improvements, it is necessary that every aspect of the infrastructure support improvements. The OASIS database continues to be a limiting factor in the consistent implementation of practice changes throughout the state and VDSS’ ability to assess and monitor the provision of foster care services. To address this gap, VDSS is actively working towards providing an improved child welfare information system in the next five years. The implementation plan is based on stages. The initial stage will be a “mobility solution” to improve access to information in the field and accuracy and timeliness of documentation in child welfare cases. In addition, transcription services are now provided to each LDSS across the state.

Managing by Data

Virginia continues to be a strong supporter of managing by data and has worked to expand its capabilities and use of data across the state through the use of SafeMeasures®, dashboards, and other methods. SafeMeasures® reports permit tracking of percent of required caseworker visits completed; use of relative (kinship) foster home placements; use of congregate care placements; timely provision of physical and dental examination; whether children are prescribed psychotropic medications and, if so, which medications; sharing of credit report findings with youth; the verification of Indian Status and the child’s tribal membership; and, the use of Family Partnership meetings. There is an increasing amount of data available to evaluate timeliness to permanency. A variety of practice strategies have been implemented to improve permanency outcomes; data will be utilized to assess progress in this area. As information is entered by the LDSS, it will be used to identify unmet needs of the foster care population and to measure the success of practice interventions over time.

Feedback to Stakeholders

There are a number of ways that feedback is provided to stakeholders. The PAC meets quarterly and information about initiatives and proposed changes to Code, regulation, or guidance is shared with this group during these meetings. Another important way that information is provided to local workers and supervisors is through the five regional local supervisor’s meetings that are held quarterly in each region. The Permanency regional consultants share information and solicit input from local workers. Foster Care information is also presented at the bi-monthly CWAC and CWAC Permanency subcommittee meetings, where a wide-range of stakeholders are able to provide input. VDSS also meets regularly with SPEAKOUT, Virginia’s youth advisory board, to discuss topics of interest to them and presents information at two youth conferences each year. Information about policies, initiatives, and performance data are also published on\ VDSS’ public website.

B. PERMANENCY SERVICES

VDSS’ permanency efforts are implemented through the Promoting Safe and Stable Families Program, the Foster Care Services, Independent Living, and Adoptions Programs. Each area is described below.

1. PROMOTING SAFE AND STABLE FAMILIES (PSSF)

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

2016/2017/2018/2019

Estimated Children and Families Served by Service Type for the most recent 12-Month Period 120 of 128 Agencies reporting March 2015 to February 2016		
Service Type	Total Children	Total Families

Preservation	6,701	4,569
Support	9,522	6,858
Reunification	1,388	901
Adoption *	20	16
Total	17,631	12,344
*\$1.3M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.		

Estimated Children and Families Served by Service Type for the most recent 12-Month Period 115 Agencies reporting March 2016 to February 2017		
Service Type	Total Children	Total Families
Preservation	7,561	7,061
Support	12,214	9,547
Reunification	1,998	1,727
*Adoption	38	22
Total	21,795**	18,373**
*\$1.5M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.		
**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.		
Estimated Children and Families Served by Service Type for the most recent 12-Month Period 116 Agencies reporting March 2017 to February 2018		
Service Type	Total Children	Total Families
Preservation	7083	6646
Support	32,306	20,371
Reunification	1,741	1,474
*Adoption	57	72
Total	41,187**	28,563**
*\$1.5M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.		
**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.		

**Estimated Children and Families Served by Service Type
120 Agencies reporting
March 2018 to February 2019**

Service Type	Total Children	Total Families
Preservation	6,319	5,302
Support	35,916	15,969
Reunification	1,764	1,235
*Adoption	84	41
Total	44,083	22,547

***\$1.5M PSSF funds were allocated for adoption initiatives at the home office level, therefore, localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.**

****Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.**

Many children and families receiving PSSF funds are assessed by the local Family Assessment and Planning Team (FAPT). These teams facilitate family participation, assess the strengths and needs of children and their families, and develop individual family services plans. Of the estimated 21,795 children reported as served using PSSF funds for fiscal year 2016, an estimated 628 new founded dispositions were reported by LDSS. Of this number, an estimated 374 children entered foster care as reported by LDSS. Fiscal year 2016 data for new founded dispositions and number of children who entered foster care will be reported in the next APSR.

PSSF services reflect the Virginia Children's Services Practice Model concept that "Children are best served when we provide their families with the supports necessary to safely raise them. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based. PSSF services may be provided through local public or private agencies, individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home. The program funding is flexible and a local planning body determines what community services on behalf of the children and families in their respective communities will be funded or reimbursed for services. The PSSF Program provides services to children who are at risk of out-of-home placement or who are in Foster Care.

PSSF Services include:

- Family preservation services (FPS): These services are designed to help families alleviate crises that might lead to out-of-home placements for children because of abuse, neglect, or parental inability to care for them. They help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs. Families who may receive FPS are those with children ages birth through 17 years who are at imminent risk of out of home placement into the social services, mental health, developmental disabilities, substance abuse, or juvenile justice systems. The populations of children for whom these services shall be made available include those alleged or found to be

abused, neglected, or dependent; emotionally or behaviorally disturbed; undisciplined or delinquent; and/or have medical needs, that with assistance, could be managed in the home.

- Family support services (FSS): These services are primarily community-based preventive activities designed to promote the safety and well-being of children and families; promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families; and strengthen parental relationships and promote healthy marriages. There are no eligibility requirements to receive FSS other than a VDSS approved plan/renewal application.
- Time-limited family reunification services (TLRS): These services and activities are provided to children who have been removed from home and placed in a foster home or a child care institution and to their parents or primary caregivers. The goal is to facilitate reunifications safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that children entered foster care. Services may include counseling; substance abuse treatment services; mental health services; temporary child care; and therapeutic services for families, including crisis nurseries; transportation to services; peer-to-peer mentoring and support groups for parents/ primary caregivers; and for services and activities to facilitate access to and visitation of children in foster care by parents and siblings. Families who may receive TLFRS are those who have one or more children (ages birth through 17 years) that have been removed from the child’s home and placed in a foster family home or a child care institution. Services are provided to the family in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15- month period that begins on the date that the child is considered to have entered foster care.
- Adoption promotion and support services (APSS): These services and activities are designed to encourage adoptions from the foster care system that promote the best interests of children. Activities may include pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. Families who adopt or express interest in adopting children out of the foster care system, and families who adopt and the adoption is at risk of disruption are eligible.

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

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

Housing or Other Material Assistance	Teen Pregnancy Prevention
Information and Referral	Transportation

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

Local receipt of funding is based on VDSS approval of individual community plans developed from comprehensive community-based needs assessments. The PSSF Program is not an entitlement program and localities must meet program requirements. A minimum of 20% of each locality’s total annual PSSF allocation must be spent under each of the four program components. Localities may be eligible for a waiver of these percentages with adequate justification. Localities are not required to spend a minimum of 20% for adoption promotion and support since the state applies more than 25% of title IV-B Subpart 2 funds to adoption service contracts approved by the state.

Communities are required, under their community assessment and planning process, to establish and document linkages among services, programs, agencies, organizations, parents, and advocacy groups in order to identify and prioritize service needs. For SFY 2017, of the 120 LDSS, 115 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 115 LDSS served 131 localities.

The PSSF Funding Application for 2019 were submitted in April 2018 with approval of 114 localities by the due date. The following PSSF services are provided to children and families: Family Preservation- These services are designed to help families alleviate crises and to allow children to remain safely in their own home. Services also support families who are preparing to reunify or adopt and assist families to obtain support to address their multiple needs in a culturally sensitive manner.

The Virginia Department of Social Services received 125 PSSF Community Needs Assessments and Funding Applications from localities across the state for FY2020. All assessments and applications were reviewed to ensure that community partners and stakeholders participated in the process, that services aligned with community needs and that grant requirements were met.

Program Monitoring & Outputs: The PSSF state staff conducts training to assure local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Ongoing monitoring through review of quarterly reports and targeted on-site technical assistance as necessary is conducted to ensure the appropriate use of funds. According to the Division of Family Services Sub-Recipient Monitoring Plan for SFY 2017, PSSF state staff is required to complete a combined total of 60 programmatic and financial monitoring reviews. Monitoring may be conducted on-site or through desk reviews.

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

- Families receiving prevention services, and how many of their children enter foster care;
- Families whose children are in foster care 15 months or less who receive reunification services;
- Children who are placed with relatives other than the natural parents;
- Children for whom a new-founded disposition of abuse or neglect was determined; and
- Families served by ethnicity.

2018 Update

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

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

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

Program Monitoring and Outputs

The PSSF state staff provides training to localities in service planning, outcome measurements, data management, budget development and appropriate utilization of funding. PSSF staff initiated a work plan to develop guidance for the program in the upcoming year. Ongoing monitoring of the program is conducted according to the Division of Family Services Sub-Recipient Monitoring Plan for SFY 2018. PSSF state staff are required to complete 6 programmatic and financial monitoring reviews per quarter. Monitoring is conducted through onsite and desk reviews. Technical Assistance is provided to help localities determine the appropriate use of funding as well as to increase their knowledge in programmatic areas.

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

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

2019 Update

In FY 2019, the Promoting Safe and Stable Families (PSSF) program provided services to children and families in 128 localities in both urban and rural communities. Each locality addressed the needs of their communities through providing services in Family Support, Family Preservation, Family Reunification and Adoption and Promotion. The number of children and families receiving service increased and program highlights include the following:

- **Family Support**

Funding utilized under this service area focused on sustaining and expanding existing community based prevention services. These services are designed to strengthen, stabilize and to promote the safety and well-being of children and families. These services promote self-

sufficiency, relationship building, and increased parental capacity and help to compensate for the increased social isolation and vulnerability of families.

Services provided under Family Support includes coaching, mentoring, parenting skills training and education, enrichment activities for youth and families, housing and material assistance, fatherhood programs, early intervention services, community education and awareness, leadership and social skills training, socialization and recreation services, case management services, teenage pregnancy prevention services and information and referral services. Some localities held large community events and activities around promoting nurturing child and family relationships as well as socialization.

Because of families receiving these services, children were able to remain safely in their homes. In addition, there were reduced incidences of abuse and neglect, increased self-sufficiency and an increase of engaged youth in wholesome social activities.

- **Family Preservation**

Services under Preservation are designed to help families where abuse or neglect has occurred, where families are experiencing crises and where there is serious conflict between child and parent that could result in out of home placement. These services are provided to keep children safe, improve family functioning and prevent foster care placement.

Services provided under Family Preservation includes intensive in-home counseling, parental coaching, substance abuse treatment, parenting skills training, domestic violence counseling, programs for fathers, mentoring, transportation, assessment services, financial management and housing and material assistance.

As a result of families receiving these services, children were able to remain safely in their home preventing foster care placement. Services and activities also decreased the reoccurrence of abuse and neglect.

- **Family Reunification Services**

The services and activities are designed to reunify children with their parents or prior custodian in a safe and timely manner in order to ensure permanency. Services may include intensive therapy and counseling, mentoring, parental coaching, mental health assessments, parental capacity evaluations, substance abuse treatment counseling and transportation services.

As a result of Reunification services, children were returned home to parents, increased visitation between children and parents, increased visitation between siblings and increased placement stability. Localities are able to increase the utilization of these funds because of the Family First Prevention Act.

- **Adoption Promotion and Support Services**

Adoption services are designed to help facilitate more adoption of children in foster care when this is determined to be in their best interest. Localities are able to provide pre-and-post adoption services. Adoption initiatives are provided through the state Adoption staff.

Program Development

2019 Update

In FY 2019, PSSF state staff established the first PSSF Advisory Group, which is comprised of representatives from State and Local DSS. The purpose of the Advisory Group is to advise the Prevention program in the Division of Family Services (DFS) of the Virginia Department of Social Services in developing and implementing guidance and procedures to support, strengthen, stabilize and achieve permanency for children and families. The Advisory Group met over the course of several months and the first draft of guidance was completed in October 2018.

As in previous years, the Title IV-B Subpart 2 funds are allocated to communities. In January 2019, the Community Needs Assessment Guidelines for the next five- year period and FY 2020 Funding Application were made available to all localities. PSSF staff provided webinar training to assist localities with completing a comprehensive assessment.

The assessment is the process by which localities will systematically collect information about the needs, resources and the systems serving children and families in the community. This is a collaborative community effort to include various stakeholders including families, other community partners both public and private as well as staff. This information provides the foundation for localities to develop a plan to meet the goals and objectives for next five-year period. PSSF staff will use the data obtained from the assessments to build technical assistance around the needs of the localities in order to improve outcomes for children and families.

Program Monitoring and Outputs

The PSSF staff provides ongoing training and technical assistance to regional and local staff in the areas of budgeting, program requirements, and appropriate use of funds. Training and technical assistance also focuses on helping localities understand new policy and requirements resulting from Family First Prevention Act specifically around Family Reunification. Frequently Asked Questions (FAQs) were initiated in order to assist localities with meeting programmatic requirements.

In addition, PSSF staff completed a minimum of two reviews monthly including onsite and desk reviews on agencies receiving PSSF funds in accordance with the Division of Family Services Sub-Recipient Monitoring Plan for SFY 2019. During the review process technical assistance and training is provided to assist localities with meeting program requirements and appropriate use of funding.

As in previous years, VDSS required localities to submit quarterly as well as year- end reports. These reports capture the number of children and families served with PSSF funds, the number of children returned home from foster care, demographic information as well as progress and outcomes.

2. FOSTER CARE SERVICES

Children served.

2018 Update

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

Virginia continues to support increased use of foster family homes. On January 1, 2018 there were 3,795 foster care children (63.7%) in foster homes. On January 1, 2018, the percentage of all children and youth in non-relative foster home placements was 65.5% (3,398 children.) There were an additional 281

(5.4%) placed in pre-adoptive homes. The percentage of children placed in relative homes remained virtually the same: 5.26% on January 1, 2017 to 5.2% on January 1, 2018.

After several years of declining congregate care populations and reducing the percentage of clients in congregate care by about 50% from FFY 2005 to FFY 2011, Virginia experienced a small increase (9%) in the number of clients in congregate care for FFY 2012. The percentage of foster care children in congregate care then held steady for a number of years decreasing again slightly in 2016, from to 16.1% (810) to 15% (775). On January 1, 2018, 14.6% (759) of children in foster care were in congregate care placements which represents a slight decrease from 2017 (19).

The percent of clients discharged to permanency during calendar year 2014 increased slightly to 78.2% from 77% in calendar year 2013. In 2015, the percentage decreased slightly again to 77%. In 2016, the percent of children discharged to permanency was again 78%. For calendar year 2017, Virginia's permanency rate was 79.5%. Virginia continues to focus on reducing the number of children waiting to be adopted, but is also focused on increasing permanency outcomes of reunification and custody transfer to relatives. In particular, VDSS has been advocating for implementation of Kinship Guardianship in Virginia. Legislation enacting this program was passed in Virginia's General Assembly in the spring of 2018 and will go into effect on July 1, 2018.

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

Foster care in Virginia is required by state law (§ 63.2-905) to provide a "full range of casework, treatment and community-based services for a planned period of time to a child who is abused, neglected, or in need of services." All children in foster care are placed through a judicial commitment or a voluntary placement agreement with a LDSS or a licensed child-placing agency. Foster care services are provided to each child and family to either prevent foster care placement or, once placed in foster care, to facilitate a timely exit to a permanent home. The LDSS have either legal or physical custody of children in foster care and are responsible for providing direct services to these children and their families. VDSS continues to implement best practices to support local efforts to improve services to children and families involved in the foster care system. VDSS provides program training and technical support to each of its 120 LDSS through its regional support network of five permanency consultants. These consultants provide LDSS agency case reading/reviews, conduct technical assistance on foster care policy and procedures, and are available for on-site technical assistance as required. VDSS home office staff also provides program support for the implementation of independent living services and family support, stabilization and preservation services through regional training efforts, and technical assistance on foster care to all localities.

The VDSS Child Welfare case review process is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. This child welfare review does not address all guidance and practice expectation in any of the child welfare programs. It is designed to assist local agency Directors, Assistant Directors, and program supervisors as they manage and develop the child welfare program. Additionally, the review and report are designed to support the development of cross program areas of practice that impact timely and appropriate child and family outcomes. For the review of foster care cases, the focus is on early and timely permanence for foster children including quality worker visits with foster children and parents/prior custodians, quality cross program family engagement practices, foster care placement

stability, effective use of concurrent planning, and quality assessment, service planning, and service delivery. Additionally, this review also addresses the provision of mental and behavioral health services to the child and the use and management of psychotropic medications for children in foster care. A review is conducted in each LDSS in each region one time per year. The foster consultants use the findings to identify and provide targeted technical assistance and support to agency supervisors and managers to address areas needing improvement.

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

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

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

Preventing Sex Trafficking and Strengthening Families Act (HR 4980)

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

VDSS has taken several steps since then to implement the provisions of the law. VDSS has updated its case management system to identify and document children and youth who have been victims of sex trafficking prior to entering, while in, or while on the run from foster care. Revisions to the Foster Care chapter of guidance, which were effective in July 2015, included substantial improvements to directions regarding what the LDSS should do when a child or youth runs away from foster care. Foster care guidance was updated again for 2017 to include the additional federal requirements of October 2016, related to locating runaways. The VDSS Training Unit developed an on-line training to educate LDSS family service workers; private provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private provider foster parents; and other community partner agency staff on sex trafficking and appropriate services that can be offered to children and youth who have been victimized as well as those who are at risk of victimization. Finally, VDSS representatives serve on a joint committee

with DCJS and Housing and Community Development to develop and address strategies across state agencies related to increasing awareness, available services, and training.

In September 2015, VDSS provided direction through Broadcast 9386 to the LDSS regarding the change from 14 to 16 in the allowable age of the child regarding when a “non-permanency” foster care goal of Another Planned Permanent Arrangement (APPLA) or Permanent Foster Care (PFC) can be established. The Broadcast was followed by direct outreach by the regional permanency consultants to those LDSS which had previously established one of these goals for children or youth younger than 16. Compliance with this requirement is monitored by the title IV-E review team during the ongoing review process. This change is also reflected in Foster Care guidance published this spring with an effective date of June 1. The law also allows foster parents and caregivers more discretion to apply the “reasonable and prudent parent” standards towards children and youth in foster care. This will allow them to participate in normal activities that are appropriate for foster youth such as sleepovers, sporting activities, social or other extra-curricular events. VDSS has held focus groups for agency and community stakeholders and youth to understand the positive impact and challenges related to the implementation of the prudent parent standard and encourage suggestions regarding guidance and training. A Normalcy Steering Committee which includes youth, foster parents, state and local agency DSS representatives, and representatives of various licensing organization has been meeting for the last two years. This group has reviewed written materials, provided input on training, and will support continued efforts to implement normalcy in Virginia.

As of spring 2017, The Foster Care guidance has been revised to include direction to the LDSS around implementing “normalcy” for children and youth in foster care. VDSS has developed an eLearning, *Normalcy for Youth in Foster Care*, to provide training for LDSS approved foster parents to make informed decisions and for LDSS staff as they support the foster families. This training has also been made available on the public website for congregate care staff and licensed child placing agency (LCPA) staff and therapeutic foster parents. VDSS is currently researching the option of providing liability insurance to foster parents. The Code of Virginia already permits VDSS to do so for LDSS approved families; but no funding has been made available, nor has the best procedure for doing so been determined. Finally, VDSS has requested assistance from the Capacity Building Center for States in developing a state-wide campaign to increase awareness and address barriers to implementation on a regional basis during calendar year 2017.

In order to meet the requirements regarding the provision of information about youth rights to youth, VDSS revised the signature page of the current Transition to Independent Living Plan to include education, health, visitation, and court participation rights. VDSS sought youth input into how best to ensure that youth receive and make use of this information and are empowered to advocate for themselves especially in regards to their permanency plans. As of March 2016, the revised transition document must be submitted to court with the foster care plan including the youth’s signed acknowledgement that they have received a copy of their plan and a statement of their rights which have been explained to them. These and other aspects of the Sex Trafficking Act were addressed through legislation which was passed into law during the 2016 General Assembly session. House Bill (HB) 600 added sex trafficking to the definition of “child abuse and neglect”; required the involvement of a child age 14 and older in the development of his/her foster care plan; required that a child be consulted about their preferred permanency goal; changed the age at which a child can have the goal of PFC or APPLA; added a definition of sibling; added the reasonable and prudent parent standard; changed the ages from 16 to 14 when annual credit checks are required; added a new section requiring essential documents be provided to a child aging out of foster care; and, established the authority for VDSS to set out training requirements for workers and supervisors related to children who were victims of sex trafficking.

Foster care guidance specifically addressing the requirements of the Preventing Sex Trafficking and Strengthening Families Act for youth in foster care 14 and older was published in June 2016 in advance of the implementation of the Fostering Futures program. The remaining items have been addressed in a foster care guidance release in spring 2017.

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

2019 Update

VDSS continues to support the implementation of Normalcy across the state and is partnering with the Capacity Building Center for States. The Normalcy Steering committee has been meeting on a monthly basis for the past year and developed a publication, “Normalcy for Virginia’s Youth in Foster Care” that will be distributed to each LDSS for use with their foster families, LCPA families, and congregate care staff. Additionally, several surveys were developed to get a better understanding of the degree to which implementation has occurred across the state from the perspective of the LDSS worker, LCPA worker, foster parent and congregate provider. These survey will be distributed in June 2018 and results will be utilized to guide further implementation efforts. Youth input was solicited at the Youth Conference facilitated by Project Life, in Blacksburg, in May 2018. The 60+ youth in attendance were asked to identify the things that they were not allowed to do that their peers are allowed to do, simply because they are in foster care. Some youth additional provided written ‘statements’ to be used in informational material in the future. The committee is currently actively working on plans for regional Normalcy forums to be held in the fall of 2018. The forums will include youth, foster parents, LDSS staff, congregate care staff and community providers and facilitate discussions around the benefits and challenges to implementing normalcy. The intention is for the forums to provide an opportunity to develop solutions to certain barriers and challenges, but also to allow for the recruitment and development of regional Normalcy “champions” who will be able to continue the conversation over time. The committee has developed regional planning teams to better support/plan to event that will occur in each of the 5 regions across the state. The Capacity Building Center for States participates in each of the regional planning meetings and will continue to provide support throughout the process.

Foster Care Collaborations

Foster care services cut across other programs and child-serving agencies, including foster care prevention, Adoption, OCS, Department of Behavioral Health and Developmental Services (DBHDS), Department of Juvenile Justice (DJJ), DOE and VDH. Virginia is actively working with other internal Divisions and State agencies to improve service delivery to children and families involved in foster care. Other collaborations include:

Permanency Advisory Committee (PAC): PAC has had regular meetings since 2009 with a variety of stakeholders from around the Commonwealth. The purpose of the PAC is to advise the permanency programs in DFS on improving permanency and well-being for children and families across the Commonwealth and to serve as a mechanism for stakeholder input in to VDSS activities. In addition, PAC is charged with assisting VDSS to align policies and guidance to promote a seamless best practice continuum, improve coordination and integration, and provide consistency across the LDSS’ in the Commonwealth. With this goal in mind, in 2013 the PAC membership was realigned and additional recruitment of members was initiated to utilize LDSS representatives reflecting various regions,

department size, and job duties. Consultants from private stakeholder groups continue to be kept informed of PAC's work and are engaged as needed.

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

2019 Update

VDSS held quarterly PAC meetings to solicit input and feedback from LDSS and stakeholders. PAC was given the opportunity to provide feedback on the current VEMAT training process and suggested a refresher training for workers who were trained previously and have not had the opportunity to rate VEMATs often. They provided valuable feedback on the OASIS screens that were being developed to update the foster care plan/service plan in OASIS. The Fostering Futures program was discussed to provide LDSS an opportunity to make suggestions for guidance clarification. As VDSS develops the mobility app for LDSS, PAC was consulted on the forms that should be made a priority for the new mobile app to assist workers while in the field. PAC was consulted regarding the publication produced by the Normalcy Steering Committee to support the implementation of normalcy as well as the youth survey that will be given to youth as they age out of foster care. The group provided valuable feedback regarding the survey and shared ideas on how to administer the survey as well as the types of questions that should be asked. Lastly, PAC played an integral role in providing feedback during the stakeholder interviews for the CFSR as well as providing valuable input into the development of the CFSR PIP.

Office of Children's Services for At Risk Youth and Families (OCS): Areas of collaboration include clarifying guidance related to what CSA funds can be used for when title IV-E funds are not allowable. OCS and VDSS have published several critical joint broadcasts regarding use of title IV-E and CSA funds relative to the provision of services to older youth in foster care, especially concerning the implementation of Fostering Futures. These broadcasts have clarified practice expectations regarding the provision of independent living services, requirements for independent living arrangements with youth over 18, use of CSA funding to provide supportive independent living services to the population, and the expectation that youth turning 18 after July 1, 2016 be fully informed regarding the opportunities available to them through Fostering Futures and be provided with the opportunity to enter the program. OCS and VDSS also continued to work closely on the release of the revised Child and Adolescent Strengths and Needs (CANS) assessment instrument in early 2017. The tool is used for all children in foster care and has been revised to include reports identifying treatment progress for the planned caregiver as well as the child. The revised instrument also includes enhanced questions for use in screening for trauma. VDSS is provided introductory material to the CANS training thanking OCS for their partnership and pointing out the enhanced value of the revised instrument to LDSS.

SFY 2017 has seen a continuation of work by OCS in the area of establishing Systems of Care (SOC) across Virginia to improve services available to children in foster care. Intensive Care Coordinators (ICC) have been trained and are serving families and children with the highest risk of placement out of the home in many communities across Virginia. The ICC uses an evidence-based model of family engagement and service coordination to facilitate the development of highly individualized "wrap-around" plans designed to reduce the child's problematic behaviors, increase support to the child and family, and strengthen parental capacity. The effectiveness of the ICC in Virginia is currently being assessed.

2019 Update

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

Court Improvement Program (CIP): VDSS continues to work in partnership with the CIP in Virginia to insure that title IV-E requirements are adequately documented in court proceedings. CIP staff are involved in the on-going efforts of the CWAC and the CWAC permanency sub-committee. CIP also collaborates with VDSS around the full implementation of concurrent planning in foster care cases. CIP staff worked collaboratively with VDSS around the development of the petition and court order forms necessary for full implementation of Fostering Futures, and provided training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. CIP has also been actively involved in the implementation of the Memorandum of Agreement (MOA) between DJJ and DSS promoting the continued collaboration between LDSS foster care staff and DJJ Court Services and facility staff when a child in foster care has been committed to DJJ. CIP has provided feedback around the various court proceedings which impact the child and suggested language to address best practice for the MOA. VDSS and CIP continue to work towards a data exchange between the court record system and OASIS which will permit the uploading of court findings and hearing outcomes directly into OASIS. The Foster Unit has worked with the CIP this year on planning for a Guardian Ad Litem training to be held in the fall, and the implementation of Kinship Guardianship (re: the provision of training for the Juvenile and Domestic Court Judges.) The Foster Care Program Manager is now a member of the CIP Advisory Board; at a recent meeting, other members of the Board, including Judges, Guardian Ad Litem, and local government attorneys, provided input into the development of Virginia's CFSR PIP. Finally, the CIP's child welfare project focuses efforts on improving permanency outcomes for children in foster care 24 months or longer whose parents' rights have been terminated and for whom no permanent placement has been identified. The Foster Care Program Manager has been involved in the planning process as this project gets underway.

Department of Education (DOE): While the majority of the collaboration between DOE and VDSS is directed at improving the educational stability and attainment outcomes of older youth in foster care, educational stability and attainment for all children in foster care is also addressed. VDSS has mandated the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data. Additionally, the education screens in OASIS were updated so that information regarding educational stability can be printed and submitted to court along with the foster care plan, increasing awareness of the importance of educational stability and accountability regarding practice in this area. With the enactment of *Every Student Succeeds Act* (ESSA) in December 2015, the Fostering Connections Act education workgroup composed of VDSS, DOE, OCS, the Legal Aid Justice Center, and other key stakeholders, has been largely focused on revising the education stability joint guidance (last updated in 2013) to incorporate best practice, clarify policies and procedures, and incorporate the ESSA provisions for youth in foster care. The joint guidance was published in June 2017 and training is being provided.

2018 Update

Throughout 2017, VDSS partnered with VDOE to conduct numerous trainings throughout the state regarding the updated education stability joint guidance. Representatives from both VDSS and VDOE conducted the training together for school divisions as well as LDSS. As issues arise regarding

educational stability for children in foster care, state representatives from VDSS and VDOE work together to ensure the issues are resolved.

2019 Update

VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout the Commonwealth, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. VDSS and Virginia Department of Education (VDOE).

Department of Medical Assistance Services (DMAS): (revised for 2018) In FFY 2014, managed care for all children in foster care and for all children who receive adoption assistance was fully implemented. Additionally, DMAS brought on Magellan to provide managed care for behavioral health services. Magellan began managing community behavioral health services in December 2013. Approximately 80% of children in foster care are now enrolled in Medicaid Managed Care. The remaining 20% are those children placed in congregate care settings, those who have just entered foster care, or those who are moving from one region to another. Medicaid managed care improves access to health care providers, coordination of health care services, case management, targeted services for chronic conditions, and access to a 24-hour nurse advice line. Foster and adoptive parents receive information directly from DMAS regarding these benefits so that they are fully informed and able to facilitate access to medical services for children placed in their homes. DMAS is able to provide data to VDSS regarding the provision of medical care to foster care children, including information about whether children are receiving their required medical and dental exams. In the future, VDSS will work with DMAS towards tying Medicaid reimbursement rates to evidence-based interventions for behavioral health and/or trauma certified providers.

DMAS is also working with VDSS to better understand strengths and concerns regarding the provision of medical care for children in foster care. In order to gather baseline data, DMAS commissioned a study regarding the care of children in foster care provided through Medicaid in Virginia. The study addressed a variety of variables including timeliness of medical and dental exams; prevalence of sick child visits; incidence of diagnoses (medical and psychiatric); and, prescription of psychotropic medication. A second iteration of this study was conducted in 2017. DMAS will use the annual follow-up studies to better assess if children in foster care are receiving the appropriate level of care. VDSS and DMAS will continue to work together to use the annual study findings to leverage managed care providers to incorporate outreach, risk identification and oversight strategies where problems are noted.

2019 Update

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

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

- Adoption
- Health Care
- Transitions Out of Foster Care
- Family & Youth Engagement (the "practice" of Permanency)

- Support of Relative Placements
- Support of Return to Biological Family
- Educational Stability of Youth In Care

The objectives of the Subcommittee include:

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

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

2019 Update

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

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

2019 Update

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

Continuous Quality Improvement in Foster Care Services Assessment of Strengths and Gaps in Services

Strengths: The overall number of children in foster care in Virginia has been significantly reduced. The change in practice towards partnering with families to develop alternatives to foster care, and the increased reliance on local foster homes rather than congregate care have contributed to this outcome through reducing the number of children entering foster care and also through ensuring that children are able to exit foster care to permanency more quickly. Foster care practice has continued to progress in the area of family engagement. FPMs provide a valuable mechanism for partnering with parents and extended family around decision-making.

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

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

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

Gaps: Although the degree of cooperation between OCS and VDSS is currently very positive, LDSS and communities continue to struggle to consistently interpret guidance and use available funding to support best practice. Virginia's CSA funding structure is intended to support child-centered, and family-driven individualized service plans through which the family's community can make decisions about how to appropriately provide services. This structure has tremendous potential to permit the community to effectively and creatively reduce risk of harm and strengthen families. However, the complexity created by decisions being made on the local level by community policy and management teams and varying levels of cooperation within the teams creates challenges to consistency across the state. The child welfare funding mechanisms in Virginia continue to struggle to find the balance between insuring responsible, cost-effective spending and allowing for flexibility and creativity in the development of truly family driven service planning.

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

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

Managing by Data

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

SafeMeasures® reports permit tracking of percent of required caseworker visits completed, use of relative (kinship) foster home placements, use of congregate care placements, timely provision of physical and dental examinations, sharing of credit report findings with youth, and the use of Family Partnership meetings. There is an increasing amount of data available to evaluate timeliness to permanency. A variety of practice strategies have been implemented to improve permanency outcomes; data will be utilized to assess progress in this area. As information is entered by the LDSS, it will be used to identify unmet needs of the foster care population and to measure the success of practice interventions over time.

Feedback to Stakeholders

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

3. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

Children Served:

2019 Update

According to Virginia's FFY 2018 National Youth in Transition Database (NYTD) 1,448 foster youth ages 14 and over received independent living (IL) services. Youth were served in all five regions (Central, Piedmont, Northern, Eastern, and Western) of the state. The *Independent Living Services 6 Month History* screen in SafeMeasures revealed the Northern Region provided the most Chafee services to youth (618), followed by Piedmont (549), and Western (398) Regions. In SFY 2019, 115 of 120 LDSS submitted funding applications to VDSS to develop programs in order to provide IL services to this population. Over the past five years, there has been an increase in the number of local department of social services (LDSS) participating in the Chafee Program. The five LDSS that did not participate in the program had no eligible youth.

Program Service Description:

The Family First Prevention Services Act (FFPSA) of 2018, passed and signed into law (P.L. 115-123) as a part of the Bipartisan Budget Act, renamed the John H. Chafee Foster Care Independence Program to the John H. Chafee Program for Successful Transition to Adulthood (Chafee Program). The Chafee Program is a component of the Virginia Department of Social Services (VDSS) foster care program and the Fostering Futures program, the extension of foster care to age 21 implemented in July 1, 2016. The FFPSA supports all youth who experience foster care at age 14 or older in their transition to adulthood, and clarifies that youth may be eligible if they aged out at an age other than 18 as long as they have not attained age 21 or (23 if the state has extended foster care to youth up to age 21). Because Virginia has the Fostering Future program, VDSS expanded the Chafee Program to youth who have aged out of foster care up to age 23.

Virginia's LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for foster youth based on needs, local demographics, and available resources. These agencies are expected to coordinate services with local private agencies and community organizations engaged in activities relevant to the needs of older youth in foster care. However, not all LDSS have the staff and resources to provide the services needed in order to establish permanent connections, and to help youth develop adult living skills. As a result, VDSS and LDSS benefited from additional support from

Project LIFE Project LIFE (Living Independently, Focusing on Empowerment), a private contractor that provides Independent Living (IL) statewide, and community partnerships.

IL services are provided to each eligible youth, age 14 or over, in foster care regardless of the youth's permanency goal or living arrangement. IL services are designed to help youth expected to remain in foster care until age 18, former care recipient between 18 and 23 years of age, and youth who were adopted or entered the Kinship Guardianship Assistance Program (KinGAP) after age 16 from foster care, to make the transition to self-sufficiency. Services include education; career exploration; vocational training; job placement and retention; training in daily living skills, budgeting and financial management skills; substance abuse prevention; and preventative health activities. The state uses objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

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

The Fostering Futures program provides the much needed support and assistance for participants as they transition into adulthood. This program provides a "safety net" for young people that will promote a safer transition to independence and reduce the risk of youth and young adults becoming homeless or victims of human trafficking. VDSS guidance reinforces the need for all children and youth to learn life skills and engage in age or developmentally appropriate IL activities. These services are provided to each youth, age 14 or over, in foster care regardless of the youth's permanency goal or living arrangement. All youth who have aged out of foster care since July 1, 2016 or who turned 18 while committed to the Department of Juvenile Justice directly from foster care, are eligible for the Fostering Futures program, which is designed to provide financial assistance and continued support and services so these young adults can pursue educational, vocational, and employment goals.

Annually, VDSS allocates its Chafee funds in two primary spending categories; the basic allocations to LDSS and the funding of Project LIFE, a service provided by a private contractor (United Methodist Family Services). VDSS determines basic allocations to each LDSS based on their percentage of the statewide population of foster care youth, 13 years old and over, for the previous 12-month period. Approximately 90% of Virginia's Chafee grant were spent on services to assist youth in building competencies that strengthen individual skills, promote leadership skills and foster successful independence. These services were paid for by Chafee funds or provided by VDSS, LDSS, and Project LIFE. As in the previous four years, the primary expenditures of the Chafee basic allocations were:

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

It is important to note that the FFPSA revises the limitation on the use of funds for room and board by clarifying that not more than 30 percent of the Chafee allotment may be expended for room and board for youth who have aged out of foster care and have not turned age 23. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, food, and rent payments if youth are at risk of eviction. For FY 2019, the primary *IL Room and Board* expenditures of the basic allocations included: household items for apartment/dorm room, furniture, supplies, security deposits, apartment application fee, and emergency shelter. VDSS does not have a trust fund for foster care youth as allowed under the Social Security Act Section 477 (a)(1)(5).

LDSS continue to work closely with the local Children Services Act (CSA) teams that are responsible for overseeing the planning of, and approving state funds for, additional services for youth not covered by the Chafee funds. Together, LDSS and CSA teams share the primary responsibility for ensuring that youth in foster care are provided with the services needed to enhance their transition into adulthood. Additionally, youth that age out of foster care at age 18, regardless of whether or not they choose to receive services, may be eligible for Medicaid through age 26.

2019 Update

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

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

VDSS released foster care guidance addressing practice expectation for LGBTQ youth in foster care in October 2018. VDSS sought educational/awareness resources that can be included in guidance for LDSS, Licensed Child Placing Agencies (LCPA)'s and resource parents, and start organizing lists of community-based programs that serve LGBTQ youth, as well as LGBTQ affirming providers. In addition, VDSS continued to work with Project LIFE and community partners to enhance services to foster youth and provide training, information and support to the LDSS and other stakeholders working with this population.

A steering committee was formalized with representation from the VDSS Foster Care, Family Engagement & Resource Family, Licensing, and Training units, the Department of Behavioral Health and Developmental Services, and private foster and adoptive home providers, and youth to continue

collaborative efforts in Virginia for implementing normalcy for children and youth in foster care. The committee designed a survey for foster parents, and group home and residential program staff to provide input on current practice regarding normalcy. In addition, VDSS be hosted “Normalcy” panel discussions of youth and foster parents for LDSS leadership and staff in the fall in each region across the Commonwealth to promote the practice of normalcy.

Program Support

Project LIFE

In 2014, VDSS awarded a five-year contract to United Methodist Family Services (UMFS) to provide IL services statewide to youth in and transitioning out of foster care. UMFS is an independent 501(c) (3) corporation in the Commonwealth of Virginia and an Equal Opportunity Agency. No one is denied care, assistance or employment on the basis of race, religion, national origin, color, disability, gender, veteran/military status, sexual orientation, ancestry or marital status.

The goal of Project LIFE is to coordinate and enhance the provision of IL and permanency services to youth statewide. The partnership with UMFS has helped VDSS and LDSS meet the goals of Chafee Program, the federal requirements for the provision of opportunities to develop adult living skills, and the tenets of the Virginia Practice Model, which emphasizes children’s rights to permanency. It is essential that VDSS has an integrated approach to achieving permanency while offering comprehensive preparation for adulthood for all children and youth.

Project LIFE’s contract goals focus on youth development and engagement, raising awareness about NYTD, and training and TA for LDSS workers. By the end of FY 2019, Project LIFE will have met and/or exceeded the benchmarks of the annual contract goals as they have done in previous years:

Contract Goals	July 2018 Benchmarks	As of April 2019 Actual (# participants)
Implement strategies and training for youth and workers that promote positive youth development and youth engagement	60 individuals (youth and adults) will participate in Youth-Adult Partnerships trainings statewide	60 individuals have participated in Youth-Adult Partnerships training statewide
Plan and implement training opportunities for youth in foster care and those aging out to develop or enhance their life, leadership, and advocacy skills.	Conduct two regional events in each region with a total participation of 175 youth, with at least one of these events per region focusing on community engagement.	107 youth have participated in regional events focusing on life, leadership, and advocacy skills

	300 youth will participate in local, regional, and statewide events addressing permanency, IL assessments, TPs, money management, and post-secondary education	300 youth (duplicated count) have participated in local, regional, and statewide events addressing permanency, IL assessments, TPs, money management, and post-secondary education
	50 youth will participate in local, regional, and statewide events focusing on employment and job readiness	50 youth have participated in local, regional, and statewide events focused on employment and job readiness
SPEAKOUT opportunities and/or opportunities for youth and alumni to develop leadership, and advocacy skills.	Project LIFE will coordinate with VDSS to assist with implementation of four face-to-face meetings per year.	Project LIFE assisted with implementation of two face-to-face meetings
Deliver training to youth on the importance of good credit reports and access their credit report.	100 youth will receive good credit training	80 youth have received good credit training statewide
Provide training, coaching, and technical assistance to LDSS staff on the purpose, importance, and requirements of NYTD	125 adults will participate in NYTD training or coaching statewide	47 adults have participated in NYTD training or coaching statewide
Continue initiative to help youth in foster care and those aging out to understand and participate in NYTD.	125 youth will participate in NYTD training statewide	104 youth have received NYTD training
Increase the number of LDSS' receiving training, resources, and tools to assist youth in achieving permanency and preparation for adulthood.	Provide training, coaching, technical assistance, resources, and tools to a minimum of 500 adult stakeholders/partners	750 adult stakeholders/partners have received training, coaching, technical assistance, resources and tools

VDSS is committed to facilitating youth voice and engagement in policy development and program planning. In FY 2018, VDSS requested and received TA from the Capacity Building Center for States, a contractor with Children's Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues affecting youth in foster care. Due to the collaboration between the Center for States and VDSS, a youth advisory board was developed and the members came up with their own name, SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth). During FY 2019, the youth elected officers, developed their mission and vision statements, and bylaws that outline the roles of adults and alumni supports, membership, annual meeting, and strategies for communicating and working with VDSS and Project

LIFE. VDSS a hired a contractor to provide additional guidance and support to SPEAKOUT in planning and implementing their agendas, objectives, goals. Project LIFE played a crucial role in providing logistical support to this board.

2019 Update

During FY 2019, SPEAKOUT collaborated with VDSS to create a youth exit survey, required by the 2017 General Assembly to learn more about young people’s experiences in foster care. The survey asks about relationships, resources, and activities. VDSS will use the information collected to develop recommendations for improving foster care and better preparing youth for leaving care. The Youth Exit Survey Initiative will be implemented statewide July 1, 2019.

In November 2019, Project LIFE coordinated the fall statewide conference for youth in Arlington,VA. There were approximately 80 youth participants. This conference, titled "Living Your Best Life" explored different ways youth can better themselves as individuals, and focus on topics such as stress management, self-care, and self-awareness. Youth toured the Smithsonian National Museum and participated in evening activities, including a Saturday night dance party. SPEAKOUT also gave a presentation to the youth participants by introducing the officers and members, providing the purpose of the youth advisory board, and recruiting youth to be a part of the board. In addition, VDSS collected input from the youth on the “Top Ten Things that Should be Improved in Foster Care” to use for the Child and Family Service Review and CFSR PIP. The spring statewide youth conference will be held in May 2019.

VDSS and other key stakeholders continued to work with youth to address topics concerning youth voice, strengths-based perspective, youth-driven practice, family/sibling visitations, permanency, social life, and support in transitioning from foster care, emotional support, access to medication, and access to financial literacy resources.

Fostering Connections to Success and Increasing Adoptions Act

In accordance with options in the Fostering Connections to Success and Increasing Adoptions Act of 2008, Virginia continues to develop or refine guidance addressing youth engagement, educational stability and attendance, health, transition planning for young adults aging out, and support for youth who are adopted after reaching 16 years of age. The extension of foster care to 21 program, Fostering Futures, went into effect in Virginia on July 1, 2016. The program has provided much needed support and assistance for participants as they transition into adulthood.

2019 Update

In FY 2019, VDSS, in collaboration with internal and external partners, worked to ensure:

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

VDSS, Project LIFE, and other key stakeholders continued to work with youth to address topics concerning youth voice, strengths-based perspective, youth-driven practice, family/sibling visitations, permanency, social life, and support in transitioning from foster care, emotional support, access to medication, and access to financial literacy resources.

Credit Checks for Foster Youth

2019 Update

Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia require that free annual credit checks be conducted on all youth age 14 and older in foster care. VDSS conducts these annual credit checks and works with local departments of social services (LDSS) to discover and resolve cases of identity theft, fraud, and/or misuse of personal information. VDSS collected the following information during the period of January-December 2018:

Virginia

Statewide total # credit checks: 1,294

Statewide total # issues discovered: 114

Statewide issue discovery rate:* 8.81%

During 2019, VDSS hired a contractor to assist in implementing the statewide credit check mandate. VDSS ensured that a signed consent form is on file from the LDSS prior to running the credit check of each youth. The credit checks were run in the month following the foster youth's birthday to identify cases of identity theft and misuse of personal information. Once the credit reports were received, VDSS provided the reports to the LDSS. The local departments provide a copy of the credit report to the youth and put a copy in their file. LDSS has access to the Credit Check Guidebook and Sample Letters of Dispute forms developed by the state IL staff and found on VDSS' internal website.

VDSS continued to ensure credit checks were conducted annually and provided at no charge to the youth. The state program staff provided guidance, resources and support to LDSS. The hiring of an employee to focus on the credit checks mandate will allow VDSS to be efficient in collecting and tracking data from LDSS regarding their progress in resolving issues and removing erroneous information/discrepancies from the youth's credit reports.

National Youth In Transition Database

According to Virginia's FFY 2018 National Youth in Transition Database (NYTD) 1,448 foster youth ages 14 and over received independent living (IL) services compared to 1396 in FFY 2017. Youth were served in all five regions of the state. Virginia has complied with NYTD requirements and surveys for the past four reporting periods with no financial penalty.

2019 Update

As in previous years, NYTD remained a priority for Virginia in FY 2019. VDSS' goal is to enhance NYTD collecting and reporting processes, and making changes to guidance and policy, as needed, to improve services statewide for youth in and transitioning out of foster care. Virginia improved NYTD data collections by having NYTD data in SafeMeasures® (pulled from OASIS) so VDSS and LDSS will be able to track the delivery of IL services and NYTD surveys reported in real time. VDSS provided technical support and guidance to LDSS. The four services most often provided by LDSS were IL needs assessment, academic support, budget/fiscal management and other financial assistance. Because of the partnership between VDSS and LDSS, and youth presenting at the Project LIFE's youth statewide conferences, youth are aware of the purpose of the NYTD and the importance of taking the survey. During FY 2019, VDSS and Project LIFE continued to provide training and TA to LDSS to support young people, focused on improving the process for providing feedback to stakeholders and decision-makers on NYTD data, and complied with federal NYTD requirements. Virginia does not have a NYTD

Review scheduled in FY 2020. However, when VDSS is scheduled for such a review, the state will inform stakeholders (i.e., Permanency Advisory Committee (PAC), Child Welfare Advisory Committee (CWAC), and SPEAKOUT of the NYTD Review for the state.
Education and Training Vouchers (ETV) Program

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

Virginia administers its own ETV Program through the state Chafee staff and continues to use the allotted ETV funds to support eligible youth across the state. The ETV Specialist provides training and/or technical assistance to LDSS, youth-serving agencies, foster care alumni, and foster and adopted parents. Vouchers are available to youth otherwise eligible for Chafee services under the state program who have attained 14 years of age. Because of the new FFPSA, Virginia extended ETV benefits up to age 26 to eligible youth including those who left foster care through adoption or Kinship Guardianship Assistance Program (KinGap) at age 16. Students may participate in the ETV Program for a maximum of five years (whether or not the years are consecutive) as long as they are enrolled in a postsecondary education or training program and making satisfactory progress toward completion of that program. During FY 2019, VDSS extended the eligibility of the ETV to youth up to their 26th birthday. VDSS served 271 youth through ETV and of that number, 101 were new students.

Each year, the LDSS must complete an ETV application and submit the number of eligible youth. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs within the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, resulting in the base amount per youth. The funding is then allocated to the LDSS in accordance with the number of eligible youth they anticipate serving. The local agencies are primarily responsible for serving the youth. All localities are eligible to participate in the ETV Program and during FY 2019 101 LDSS applied for ETV funding. However, some localities did not participated due to not having eligible foster care youth. In the past five years there has been a gradually increase in the number of LDSS participating in the program because of eligible youth.

LDSS process ETV Student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. Although the ETV Program is integrated into the overall purpose and framework of the Chafee Program, this program has a separate budget authorization and appropriation from the general program. In December 2018, VDSS returned approximately \$124,000 in ETV funds to the federal government.

2019 Update

In FY 2019, state IL staff worked diligently to identify strategic efforts to improve ETV Program access and bring awareness about the ETV Program to local supervisors and workers; developed updated marketing material geared toward a broader audience (i.e., young adults who may not be connected with a LDSS); and provided increased training and technical assistance (TA) to LDSS. Staff produced ETV newsletters for LDSS IL Coordinators and community partners. The newsletters were geared to informing readers of programmatic changes and reminders, providing post-secondary financial and educational resource information, and strengthening the access to and consistency of the ETV Program throughout the state. VDSS is working with the Division of Public Affairs to develop statewide ETV marketing materials for LDSS, youth and key stakeholders (i.e., Project LIFE, Great Expectations, foster parents, etc.)

For FY 2019, VDSS continued to pilot a new program, referred to as the Student Support Services, geared toward youth ages 18-23 who reside or attend college/vocational school in the Central Region, to support older youth in foster care and foster care alumni who are accessing education and training vouchers (ETV) and enrolled in post-secondary programs. The pilot program was created in response to the known need for older youth in foster care or foster care alumni to have access to adult supporters in order to successfully surmount barriers to educational attainment. Barriers can encompass the universally experienced challenges within the age group as well as challenges more specific to the foster care alumni population. For many youth who have left or are exiting foster care, the presence of a caring, constant adult is not guaranteed, and relationships with caseworkers can be tenuous or non-existent at this point in their lives. A master’s level Social Work intern at VDSS provided the support services.

Attachment E: Annual Reporting of Education and Training Vouchers Awarded

Name of State: **Virginia**

	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> 2018-2019 School Year (July 1, 2018 to June 30, 2019)	271	101
2018-2019 School Year* (July 1, 2019 to June 30, 2020)	280 (estimate)	120 (estimate)

Comments

During the 2018-2019 school year VDSS served approximately 271 youth, which is comparable to last year. In addition, VDSS returned \$124,000 in ETV funds to the federal government. Once again, the state’s ETV Specialist position was vacant for approximately three months before being filled, which may have contributed to difficulties using the full allocation of ETV funds. However, VDSS hired a contractor to assist with the program until the position was filled.

Education Stability

2019 Update

In FY 2019, VDSS played a significant role in promoting educational stability throughout the state, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. VDSS and Virginia Department of Education (VDOE) focused their efforts on improving the educational stability and attainment outcomes for children and youth in foster care.

For 2019, VDOE and VDSS provided nine planned joint educational stability trainings across the state, reaching approximately 100 LDSS workers. VDOE and VDSS collaboratively conducted a recorded webinar that is now available to both school division and LDSS staff online, providing an additional avenue through which workers can receive guidance and training updates. A full-length e-learning course has been published and can be accessed by LDSS staff through the state’s online training portal, the Virginia Learning Center. Technical assistance was provided by VDSS and VDOE collaboratively to local school divisions and agencies and addresses questions and issues regarding providing appropriate notification of a student receiving foster care services; conducting the best interest determination process;

immediate enrollment; coordinating transportation; addressing special education requirements; and other relevant components.

Currently, over 95% of the LDSS have designated individuals to serve as educational stability liaisons, which has enabled wider understanding of state-provided guidance within agencies as well as expedited best interest determination and school enrollment processes in general. LDSS liaisons serve as counterparts to the designated school division foster care liaisons, and work in tandem with state agency staff and school division staff to promote maintaining school stability whenever possible; to disseminate guidance information to other workers within their agency; and to receive specialized training to support school stability best practice.

Housing

Following the Youth Housing Stability Summit in April 2018, VDSS began attending monthly meetings of the Youth Housing Stability Coalition. The purpose of the coalition is in part to "take a systems-level approach to respond to the issues that impact the housing stability of youth ages 14 to 24 in the Greater Richmond region - building on our collective strengths and intentionally working to address gaps." Meetings from April to November 2018 focused on the development of a comprehensive, coordinated community response plan for the Greater Richmond region which was released in December 2018 and outlines important steps needed to reduce homelessness and housing instability among Richmond's young people.

2019 Update

Meetings in 2019 have been utilized to begin the work of the plan and building strategies to engage stakeholders, systems, and the community in order to move the plan forward.

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

Independent Living Collaborations

Service Coordination

In addition to coordinating the state's IL and ETV programs and managing the IL services provider contract, VDSS is involved in several educational initiatives such as supporting the Great Expectations Program and the Fostering Connections to Success Education Stability workgroup. These core initiatives help to strengthen the state's postsecondary education assistance program and promote academic achievement and educational stability. Virginia continues to support its partnership with the Great Expectations Program. This nonprofit organization is unique to Virginia and works strictly with youth in foster care or foster care alumni attending community college. Great Expectations is primarily funded through donations and fund-raising efforts of the program which is now operating in 21 of Virginia's 23 community colleges. This program provides educational supports to assist this youth population in attaining their associates' degrees, vocational certificates, or GEDs. Supports include assistance in applying for college admission and financial aid (including linking students with the ETV Program);

personalized counseling; career exploration and coaching; student and adult mentors; life skills training; individualized tutoring; internet-based resource center (www.greatexpectations.vccs.edu); and emergency and incentive funds for students.

Project LIFE staff served on the Great Expectations advisory boards, which help to inform other professionals about the ETV program and eligibility requirements for foster youth who are served at community college and youth with disabilities attending college. The state ETV Specialist provides technical assistance to Great Expectations coaches to encourage greater access to the ETV program for youth attending community colleges. Great Expectations coaches and LDSS workers worked collaboratively and with VDSS staff on many occasions to identify eligible students and provide appropriate services and assistance through the ETV Program. Because of agency collaboration, professionals, internal website, resource parents, and other stakeholders are better equipped to assist youth in educational attainment, a significant predictor of successful transitioning to adulthood.

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

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

Great Expectations: Great Expectations helps Virginia's youth in foster care and foster care alumni gain access to a community college education, supports their educational attainment and academic success, and assist with the transition from the foster care system to adulthood. The program helps young people to establish and maintain personal connections and receive the community support they need to live productive and fulfilling lives. (Website: <http://greatexpectations.vccs.edu/>) This initiative of the Virginia Foundation for Community College Education is in partnership with:

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

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

Foster Care Alumni of America (FCAA): The mission of FCAA is to connect the alumni community of youth who are in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care. Virginia's Chapter is involved in outreach and recruitment efforts.

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

Continuous Quality Improvement (CQI)

NTYD IL services are required to be part of a planned program of service to youth that meets their assessed needs for permanency and development of life skills. LDSS workers documented IL services

provided to youth age 14 and older in OASIS. Virginia's goals are to collect and manage NYTD data for reporting accurate data consistent with the requirements specified in the federal NYTD regulation; and to utilize strategies that prove effective in evaluating data collection and reporting. In coordination with youth, LDSS, and internal and external partners, VDSS will continue to improve collecting and reporting processes, analyze the data, look at trends, and make changes to guidance and policy to improve services statewide for youth in and transitioning out of foster care.

Chafee Program Improvement Efforts

2019 Update

During 2019, VDSS continued to increase the full array of IL services and resources available to all youth through implementing strategies to promote permanency and self-sufficiency. Virginia improve services provided to youth by enhancing and increasing linkages, coordination, and collaborations among the different local and state agencies, organizations, and private providers. Such linkages allowed for effective and efficient planning around use of funds, development of shared policies across child-serving agencies, and increased knowledge across systems regarding available services. Specifically, VDSS:

- Provided support and resources to SPEAKOUT;
- Continued to partner with Project LIFE to engage youth and provide TA to LDSS;
- Engaged and involved youth in service planning, committees, workgroups, policy and legislation that impact them;
- Provide TA to LDSS on Chafee and ETV Programs and requirements, positive youth development, youth engagement and other promising practices and resources that promote permanency and self-sufficiency; and
- Continued to implement the credit check mandate statewide and provide guidance to LDSS on addressing credit report discrepancies.

Training

2019 Update

For FY 2019, VDSS provided six regional trainings on the Chafee Program and National Youth in Transition Database (NYTD), Education and Training Vouchers (ETV), Credit Checks and Educational Stability to approximately 80 LDSS workers. VDSS and Project LIFE provided training and technical assistance to LDSS to support young people, focus on improving the process for providing feedback to stakeholders. Youth were also involved with the regional training by sharing their stories and the benefits of IL and ETV services.

During FY 2019, DOE and VDSS provided nine planned joint educational stability trainings across the state, reaching approximately 100 LDSS workers. VDSS and DOE also provided several LDSS or school division-specific workshops, upon request. Collaborative trainings were provided in a variety of other forums, including the Office of Children's Services' (CSA) conference.

4. ADOPTION PROGRAM

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

2019 Update

The following charts show Virginia’s adoption activities and funding for SFY 2018:

Adoption Activity SFY 2018	Funding Source	Allocation & Services
Adoption Support	SSBG	\$1,125,000 Post Adoption Legal Services (SSBG funds)
Adoption Recruitment formerly (One Church One Child)	SSBG and Adoption Incentive Funds	\$284,435 Recruitment (SSBG/General Funds)
Adoption Services	title IV-B, Subpart 2 and State Funds	\$1,877,881 Adoption Services (title IV-B, 2 = \$1,408,411 and state match = \$469,470)
Adoption Subsidy Payments	title IV-E and State General Funds	\$103,364,795 Adoption Subsidy (\$51,966,307 title IV-E and \$51,398,488 state match)
Adoption Assistance	State Funds	\$26,781,250 State Adoption (State funds)
Va Adopt Campaign	General Funds	\$1,500,00 Adoption Services (State funds)
Reinvesting Adoption Savings	General Funds	4,681,399 Adoption Services (State Funds)

Adoption Assistance

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

In SFY 2018, there were a total of 7,797 children served per month through adoption assistance. A total of 6,334 adopted youth received services through title IV-E adoption assistance. The total allocation for title IV-E Adoption Assistance was \$103,364,795. There were 1,464 adopted children who received services through state adoption assistance. The total allocation for state adoption assistance was \$26,781,250. The local departments of social services (LDSS) provided for a total of 820 adoptions in SFY 2018.

Adoption Resource Exchange of Virginia (AREVA)

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA maintains information on the AdoptUSKids at www.AdoptUSKids.org. AREVA supports the efforts of the Adoption Exchange Association. AREVA utilizes AdoptUSKids in order to nationally promote children in care legally free for adoption. AREVA also works with LDSS to feature Heart Galleries in each of the five regions of the Commonwealth. Heart Galleries have been very

effective in recruiting families for waiting children (see updates in the Diligent Recruitment section). The Adoption Hotline (1-800-DO ADOPT) responsible for adoption inquiries is managed in the Adoption Unit.

The AREVA Coordinator is responsible for oversight of two contract staff. One staff is designated to respond and follow up on all telephone and email inquiries for children in care legally free for adoption featured on the VDSS, any promotional platforms and AdoptUSKids websites. Additional assigned tasks include the development and implementation of an adoption inquiry response tracking system; a consolidated activity report to assist in recognizing trends in foster care and adoption inquiries; an AREVA tracking system to monitor the timely transfer of cases, submission of documents by LDSS, the creation of positive, strengths-based narratives to facilitate timely photo listing on AdoptUSKids and VDSS websites; and, the development of a training and technical assistance program for LDSS regarding the efficient use of AREVA and the AdoptUSKids website to facilitate timely adoptions. In addition, in 2018, the AREVA Coordinator began providing training and technical assistance to contracted private providers.

Family inquiry tracking was implemented August 1, 2018 to determine how LDSS are responding to families with approved home studies who have expressed an interest in children featured on AdoptUSKids legally free for adoption. Responses include child no longer wishing to be adopted, child placed with perspective adoptive family, child on hold- reviewing home studies, and child on hold-other. The AREVA Coordinator works collaboratively with LDSS and private child placing agencies during November of each year to promote Adoption Month Celebrations and other adoption celebratory events throughout the month. For SFY 2018, the AREVA Coordinator assisted with the identification of youth who were featured in “30 Kids in 30 Days,” in partnership with Connecting Hearts of Virginia in the Metropolitan Richmond viewing area, CBS, Channel 6 and “30 Days of Hope” and in partnership with DePaul Community Resources in the Piedmont viewing area, WSLs, Channel 10. Children available for adoption were featured daily and information was shared about foster-to-adopt for the month of November 2018. A calendar of adoption events across the Commonwealth is maintained on the VDSS intranet during adoption month, November, by the AREVA Coordinator.

Beginning August 1, 2018 inquiries were tracked for caseworker responses to families who made inquiries. In 2018, there was an average of 214 children featured on AdoptUSKids and VDSS websites, an increase of 21 children or a 17% increase over 2017; 181 children were added to photolisting, an increase of 45 or a 33% increase over 2017. There were 2,566 inquiries, an increase of 35 or a 1% increase over 2017. From August 1, 2018 through December 31, 2018, there were 989 responses to initial inquiries, LDSS workers provided 318 responses or a 32% response rate. Inquiries are tracked at initial inquiry; 30 and 90 days after the initial inquiry. From January 1, 2019 through February 15, 2019 there were 640 responses to initial inquiries with 45 responses, a 7% response rate.

As of February 27, 2019 data taken from Safe Measures indicate there are approximately 1,627 children with the goal of adoption, where TPR has occurred. Currently, there are 229 children photo-listed on AdoptUSKids. Approximately, 602 children are on “Hold” of which 190 are placed on deferment because they are in an adoptive placement. The remaining 412 are on “Hold” for various reasons, i.e. will not consent to adoption, on medical hold, in detention, etc. While 1,627 cases have the goal of adoption, in 302 cases TPR has not been filed, 97 cases are on appeal, 697 cases are in non-adoptive foster homes, 206 are in pre-adoptive homes, 192 cases are in the finalization process, 118 have a parent missing from TPR, the remaining 15 cases- 8 TPR filed but not yet ordered and 7 TPR denied or overturned.

The AREVA Coordinator provides training and technical assistance at least one time during the year in each of the five regions, as well as in individual localities as requested. As a result of this training, family

services specialists are submitting documents more timely, case documentation is more accurate and cases are put on hold only when a family has signed the Adoption Placement Agreement or signing is imminent. Currently, more youth are being adopted by their initial foster family, hence a decrease in children being photo-listed on the AdoptUSKids and VDSS websites.

Adoptioninquiries@dss.virginia.gov			
December 2018		January 2019	
Total Inquiries	410*	Total Inquiries	599*
Completed Follow-ups	410	Completed Follow-ups	599
Missing Follow-ups	0	Missing Follow-ups	0

*includes inquiries from AdoptUSKids

Adoption Contracts Collaborative Partnerships (ATCP)

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

- Increase the number of finalized adoptions for the pool of children prioritized within this RFP;
- Utilize specific adoption processes (milestones) and provide services that prepare children and families for an adoptive placement and a final adoption;
- Support families through the stages of the adoption process; and
- Increase the pool of Virginia families interested, trained, qualified and dedicated to adopt eligible Virginia youth in foster care.

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

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

Extreme Recruitment®

Extreme Recruitment® is a race to permanency for youth who have parental rights terminated and have been waiting the longest for an adoptive family or those who have characteristics that put them at risk of aging out of the system without permanency. The contractors are working in partnership with the youth’s permanency team to find persons related by blood or fictive kin (i.e., former foster families, teachers, coaches) who may be prospective permanency resources for the youth or a significant reconnection for the youth to ensure support after foster care. The contractors are C2Adopt, United Methodist Family Services (UMFS) Tidewater C2Adopt is providing services to all of the localities in the Central Region. UMFS Tidewater is contracted to provide services in the Eastern Region (e.g., *Accomack, Brunswick, Dinwiddie, Franklin, Gloucester, Greensville-Emporia, Isle of Wight, James City, Mathews, Northampton, Prince George, Southampton, Surry, Sussex and York-Poquoson counties; and the cities of Chesapeake, Hampton, Newport News, Norfolk, Virginia Beach and Williamsburg*). UMFS Northern VA is contracted to provide services in the Northern Region (e.g., *cities of Alexandria, Arlington, Fredericksburg, Manassas, Manassas Park; and Clarke, Culpepper, Fairfax, Fauquier, Frederick, Greene, Harrisonburg-Rockingham, King George, Loudon, Louisa, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah, Spotsylvania, Stafford, Warren and Winchester counties*). Radford DSS is contracted to provide services in the Western Region (e.g., *City of Radford; and Montgomery, Floyd, Grayson, Giles and Washington counties*).

Extreme Recruitment	
Goal/Outcome	Total
# of total youth served	68
# of children connected with relatives	49
# of relatives identified during the search process	287
# of adoptions finalized as a result of Extreme Recruitment Contractors	12
# of youth reconnected with a network of safe appropriate adults	59
% of youth reconnected with a network of safe appropriate adults	87%
# of youth matched with an adoptive family	40
% of youth matched with an adoptive family	59%

Foster and Adoptive Family Recruitment

The purpose of the Foster and Adoptive Family Recruitment (FAFR) RFA was to develop and implement innovative service delivery approaches for foster and adoption recruitment statewide, and to recruit families for the purpose of adoption of children from foster care. There are four contractors; Connecting Hearts in Virginia, DePaul Community Resources, Lutheran Family Services of Virginia and Virginia One Church One Child.

In SFY2018 VDSS renewed Foster and Adoptive Family Recruitment contracts with the four original contractors.

A total of \$266,734.71 was spent by the four contractors. The table below is an aggregative report of their results in SFY2018:

Foster and Adoptive Family Recruitment (Heart Gallery) - SFY18 Results	
NEW FOSTER AND ADOPTIVE FAMILIES	TOTAL
1. # of NEW Family Inquiries in SFY18 (i.e. phone calls, online, FITT, etc.) (unduplicated)	515
2. # of NEW Families Recruited through Events in SFY18 (i.e. community events, Heart Gallery Display, Interest Meetings, etc.) (unduplicated)	134

3. # of NEW Families referred to LDSS agencies in SFY18	418
4. # of NEW Families referred to LCPA agencies in SFY18	240
Total # of Referrals	438
5. #of NEW Families who attended orientation/training in SFY18	76
6. # of NEW Families who are home study <u>approved</u> as a direct result of the referral in SFY18	48
7. # of NEW Families matched with a waiting child in SFY18	8
8. # of NEW Families who did not follow through with the referral OR have expressed that they are no longer interested OR no longer responding to follow-up in SFY18	201
EXISTING FOSTER AND ADOPTIVE FAMILIES	
1. # of EXISITNG family child specific inquiries in SFY18 (i.e. family only interested in specific child and will not be a pool family AND/OR only moving forward in the process regarding a specific child)	20
2. # of EXISITING Families referred to LDSS agencies in SFY18	180
3. # of EXISITING Families referred to LCPA agencies in SFY18	184
TOTAL # of EXISTING Family referrals	364
4. #of EXISITING Families who attended orientation/training in SFY18	27
5. # of EXISITING Families who completed a home study in SFY18 as a result of the referral	13
TOTAL # of NEW Families in the approval/matching process	40
6. # of EXISITING Families matched with a waiting child in SFY18	5
7. # of EXISTING Families who did not follow through with the referral OR have expressed that they are no longer interested OR no longer responding to follow-up in SFY18	86

Post Adoption Services Contracts

VDSS utilizes Title IV-B, subpart 2 funds and the Virginia Department of Social Services (VDSS) to fund Request for Proposals (RFP) to provide a statewide system of post adoption services.

Statewide Post-Adoption Services

These services are designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and in particular adoption dissolutions (after legal finalization). The contractors awarded the contract are as follows: Center for Adoption Support and Education (C.A.S.E) serving areas of the Northern, Eastern and Piedmont regions, Catholic Charities of Eastern VA serving the Eastern region, Children’s Home Society serving areas of the Central and Northern regions, DePaul Community Resources serving areas of the Western and Piedmont regions and United Methodist Family Services serving areas of the Central, Eastern and Piedmont regions.

Post Adoption-Underserved Communities

A new RFP for Post Adoption Services contracts began on July 1, 2018. Underserved areas in Virginia and unmet post adoption services were given greater consideration. The purpose of the contracts are to provide innovative post adoption services and support to adoptive families. The services provided are designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and, in particular, adoption dissolutions (after legal finalization). Contracts were awarded to the Center for Adoption Support and Education (C.A.S.E.), DePaul Community Resources and Frontier Health. Collectively the three contractors serve the Eastern and Piedmont Regions and seven localities in the Western Region.

In SFY18, a total of \$1,897,046 was spent on underserved and statewide post-adoption services.

Aggregate results from post-adoption service contractors follows:

Post-Adoption Services - # of children and families served in SFY 2018	Total
1. # of families served	468
2. # of children served	790
Post-Adoption Services - # of disruptions and dissolutions in SFY 2018	Total
3. # of disruptions	0
4. # of dissolutions	2

Post-Adoption Services - Service Category	Total
Number of Families Served in SFY18	438
Case Management	431
Educational Case Management	84
Supportive Counseling	142
Therapy	208
Crisis Intervention	76

Parent Coaching	89
Clinical Consultation	68
Information and Referral	522
Community Clinical Consultation	38
Respite (duplicated for UMFS)	232
Peer Support	68
Parent Trainings	198

	Total
# Of Post Adoption Competency Trainings, (to school counselors, therapists, families, LDSS staff, etc.)	81

The Center for Adoption Support and Education (C.A.S.E.) focused primarily on training mental health clinicians and families in adoption competencies including trauma-informed care. C.A.S.E. shared the following summary of client responses from a survey that evaluated satisfaction of services provided and therapeutic and behavioral outcomes.

The survey was administrated to pre-adoptive and adoptive families:

- 97.06% of respondents were very satisfied with services received
- 94.12% of respondents indicated they strongly agreed with the statement “*My therapist has an in-depth understanding of the many issues associated with being an adoptive family.*”
- 72.73% stated that as a result of therapeutic services received, “*I am better able to respond to my child’s emotional and behavioral needs.*”

The average percentages of ratings reflecting significant problems requiring interventions declined from 42.22% to 18.73% after the intervention. Areas where either identified as not a problem or a manageable problem increased from 52.78% to 81.29%. This pattern of migration of ratings suggests families have been moving away from being in crisis and perceive problems as more manageable – indicators of intervention effectiveness.

UMFS AFP Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served through March, 2018

Adoptive Families with International Adoptions: No disruptions/dissolutions since April 2011

Seven-year profile		One-year profile	
Families with international adoptions served since April 2011		Families with international adoptions served from April 2017 - March 2018	
Total families: 198 (unduplicated counts) Total children: 281		Total families: 36 (unduplicated counts) Total children: 53	
Breakout of all cases closed:		Breakout of all cases closed:	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	0	Disruption/Dissolution	0
Child out of home (no dissolution)	7	Child out of home (no dissolution)	0
Family moved out of region	4	Family moved out of region	1
No longer need services	49	No longer need services	0
No contact for 60 days	25	No contact for 90 days	7
Child turns 18 years old; aged out	0	Child turns 18 years old; aged out	1
Total closed	85	Total closed	9

Of the total 147 adoptive families served through March, 2018, 36 families have adopted internationally. These 36 families represent 24.48% of total families served in the time period. In the 36 families, there are 53 children adopted internationally.

All Adoptive Families Served: For the time period April 2017 – March 2018, there were no dissolutions. In the past 7 years (since April 2011), there have been 3 disruptions/dissolutions.

Seven-year profile		One-year profile	
All adoptive families served since April 2011		All adoptive families served from April 2017 – March, 2018	
Total served: 818 (unduplicated count)		Total families: 147 (unduplicated counts) Total children: 234	
Total of 3 families closed due to disruption/dissolution (2 foster parent and 1 relative adoption).		There are no cases that were closed due to disruption/dissolution.	
Breakout of all cases closed:		Breakout of all cases closed:	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	3	Disruption/Dissolution	0
Child out of home (no dissolution)	32	Child out of home (no dissolution)	1
Family moved out of region	22	Family moved out of region	2
No longer need services	184	No longer need services	10
No contact for 60 days	159	No contact for 90 days	18
Child turns 18 years old; aged out	0	Child turns 18 years old; aged out	2
Total closed	400	Total closed	33

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

Case coordination and management utilizing a family systems approach and the high fidelity wraparound model. Each family receives access to services through their assigned Adoption Care

Coordinator, who navigates the family through the process of determining service needs and developing a plan to address the identified needs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Post-Adoption Case Management

In SFY 2018, VDSS issued a RFA to purchase post-adoption case management services throughout the Commonwealth. VDSS allocated a portion of the state's adoption savings to support the activities of the RFA. Post-adoption case management embraces the vision of families and supportive communities collaborating to facilitate services to meet the specific needs of families who have adopted from foster care. The mission of this program is to assist adoptive families with identifying services and resources within the community, establishing support systems to meet the needs of adoptive families. Catholic Charities of the Eastern Region, Center for Adoption Support and Education (CASE), and C2Adopt were awarded contracts and began offering post-adoption case management services beginning in November 2017. CASE is providing PACM in the Northern, Piedmont, and Western VDSS regions. C2Adopt is serving the Central region and Catholic Charities of the East Region serves the Eastern region of the State.

Post-adoption case management became available for foster care adoptions finalized after July 1, 2017. The service is available to families for a period of twelve consecutive months after finalization. The contractors document how resources, services and supports will be utilized to meet the identified needs and help families achieve their desired goals.

In SFY 2018, a total of \$569,978.30 was spent on post-adoption case management services. Results of the first year of the post-adoption RFA are in the table below. Note that agencies only began providing services in November 2017, four-months into SFY 2018:

Post-Adoption Case Management - SFY18	
FAMILY DEMOGRAPHICS	TOTAL
TOTAL number of referrals	585
Single Parent	104
Two Parent	480
First Adoption	63
Subsequent Adoption	38
< 24 months in care	23
≥ 24 months in care	56
Child age 9 and younger	254
Child age 10 and older	132
No needs identified	
IDENTIFIED FAMILY NEEDS	TOTAL
No Needs Identified	107
Family Counseling	7
Individual Counseling (child)	24
Individual Counseling (parent)	7
Post-Adoption Education	76
School Related	39
Medical	6
VDSS Adoption Assistance	18
Residential Assistance	2
Recreation	40
Community	20
Other: (list type of need below)	8
REFERRALS FOR SERVICES PROVIDED	TOTAL
None - Family secured own services	0
Outpatient/Family Counseling	21
Support Groups	3
Post-Adoption Education & Training	70
Educational (child)	28
Financial	4
Medication Management	3
VDSS Adoption Assistance	19
Mentoring	0
Other: (list type of service below)	37

Post Adoption Consultant Contract

VDSS issued a RFP to purchase post-adoption subject matter expertise, program evaluation, and technical assistance consultant services. VDSS contracted with Child Trends in May 2018. Child Trends is a nonprofit, nonpartisan research center based in Bethesda, Maryland that conducts research on children, children's families, child well-being, and factors affecting children's lives. The overall purpose of the RFP was to augment VDSS' approach to the post-adoption Statement of Needs to ensure that contractors are providing quality services that make a difference, provide innovative and insightful post-adoption consulting services to service providers who receive post-adoption awards, and to provide a broader continuum of ongoing adoption support and preservation services to strengthen adoptive families with children from complicated beginnings to enable them to succeed.

Child Trends was tasked with the following specific requirements:

- (1) Develop and implement a comprehensive program evaluation plan of post-adoption services and supports available in the State;
- (2) Prepare a post-adoption services Statement of Needs to be included in SFY 2019's RFA to purchase comprehensive post-adoption services across the commonwealth for SFY 2020;
- (3) Develop and deliver a comprehensive technical assistance strategy; and
- (4) Develop a comprehensive communication strategy for VDSS to use statewide that stresses the importance of improving post-adoption services tailored to the interests and perspectives of a broad range of stakeholder groups.

Adoption Initiatives

Adoption Share

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

The objective of Family-Match is to provide a better understanding of family-child compatibility for placements from the child welfare system. In addition, it will help identify the relative importance of different factors that make up families' preferences, children's preferences, case workers' preferences, and successful placement outcome. It also identifies correlation of attributes that include but are not limited to, personality, attachment, coping mechanisms, support structures, parenting styles with successful placements. Lastly, it provides a more detailed understanding of the matching experience of children and families in the child welfare system through data on the matching process. Through an efficient matching system, Adoption-Share hopes to accomplish the following Secondary objectives through the Family-Match Demonstration Pilot: Decrease Time to Adoption Placement Increases Foster and Adoptive Family Satisfaction Increases Adoption Success Rate Decreases Number of Disruptions.

In SFY 2018, Adoption Share/Family-Match reported the following results of their self-funded pilot project:

- Number of LDSS and CPAs that have accounts with Family Match: 21 agencies (16 agencies are local DSS and 5 agencies are CPA in the state of Virginia)
- Number of workers that have an account on Family Match: 81 (Note: 42 new agent accounts were added in June of 2017, internally at Family-Match the self-funded alpha phase of this pilot was launched June 1, 2017)
- Number of prospective adoptive families with profiles in Family Match: 175 families (Note: 6 new family accounts were added in June of 2017, internally at Family-Match the self-funded alpha phase of this pilot was launched June 1, 2017)

- Number of completed profiles and number that has been approved: 108 (Note: 66 new cases were added in June of 2017, internally at Family-Match the self-funded alpha phase of this pilot was launched June 1, 2017. 13/108 cases in this reporting window do not have a completed profile = 12% incomplete)
- Number of family placements: 4 Placements
- Number of Adoptions: 1

Adoption Share reported the following successes and challenges experienced in SFY 2018:

- Adoption-Share/Family-Match worked closely with VDSS in establishing the initial pilot partners in Eastern and Central Virginia but as word of mouth about the program began to grow Adoption Share began fielding interest from DSS and CPA offices from across the Commonwealth.
- Family-Match quickly became a tool beyond its purpose for case workers in DSS offices, serving as a centralized repository for listing home-study approved families, cases and siblings, and coordinating details across an agency. To support the goals of workers in the field, Family-Match updated its software to incorporate case notes and “at a glance” features for family profile reviews. Family-Match Family Coordinator and Supports to Families. A Family Coordinator was staffed to follow families, call them if needed, and coordinate as much of the task as possible with family partners. This in turn grew into a support service offered to families which included weekly summary emails with analytics on waiting children and waiting families as well as monthly virtual family meetings.
- Some LDSS and CPA offices refused to provide families with a copy of their home study. This created inefficiencies for workers who stated they hesitated reaching out to consider families further if they did not have a home study easily accessible. Some workers reported that submitting a request for a home study of a family outside of their own agency could take 30-45 days. Family-Match had over 100 home study approved families (almost 50% of which had interest in older youth, 75% had in sibling sets, 60% open to all race and gender; and 51% open to special needs children). Despite this eligible pool of families, workers reported that the agency that licensed the family did not want to share its family with the placement agency.
- Fees and costs of therapeutic foster placement agencies presented challenges where TFPs did not want their families (who wanted to adopt children from foster care) to have profiles on Family-Match and be "used" by LDSS offices who might not contract with the TFP to provide the case management services for the 6 months of placement prior to adoption finalization. In some instances a bypass by a LDSS office could pose a financial loss of \$18,000 to the TFP.

2019 Update

In SFY2019, the Virginia General Assembly appropriated \$50,000 to Adoption Share to continue the pilot program. Virginia has three adoption contracts specific to foster and adoptive family recruitment. The Adoption Through Collaborative Partnerships (ATCP) contract specifically focuses on recruitment and supports to LDSS for children in care who are legally free for adoption. The contract specifically focuses on recruitment for children who are special needs and have such significant behavioral needs that they are identified as hard to place. Eight private, nonprofit agencies provided ATCP services during SFY19. The collective goal was to finalize 211 adoptions by June 30, 2019. The # of children adopted as of April 30 was 212. UMFS and DePaul received additional funds to increase the number of finalized adoptions by the end of the grant period. SFY20 is the last year of ATCP under RFP #FAM-18-011.

The Extreme Recruitment contract was awarded as a result of the VA Adopts initiative in 2013. Contractors conduct Extreme Recruitment® for youth who have TPR and have been waiting the longest for an adoptive family or have characteristics that put them at risk of aging out of the system without permanent placement. Contractors work in partnership with permanency team to find blood relatives or kin-like relationships that may be a prospective adoptive permanency resource for the youth. The LDSS will be responsible for the finalization of the adoption or integrating and engaging the reconnected resource as part of the youth's formalized transitional living plan. During this grant cycle, C2Adopt had 47 active cases and 29 matches with an adoptive family.

A match occurs when an adoptive family is identified for a child. C2Adopt youth had an average of 126 relatives identified at case closure. UMFS Tidewater served 31 children and UMFS Northern VA served 20 children this reporting period. An average of 112 relatives was identified for each child and 17 matches and four (4) adoptions were finalized by UMFS. Radford DSS provided services to 18 youth and had an average of 54 relatives identified at case closure. The Foster & Adoptive Care Coalition (FACC) conducted the second bi-annual site visit with the Extreme Recruitment® contractors on December 17, 2018. VDSS will extend existing contracts until June 30, 2020 after which a new RFP will be issued. Over the next two years, the state will implement a new model, 30 Days to Family, in an effort to move the system towards foster care prevention and identifying relatives for kinship placements.

Virginia also has the Foster and Adoptive Family Recruitment (Heart Gallery) contract which focuses on promotion of children in care who are legally free for adoption using the Heart Gallery format. There are four contractors who provide statewide coverage. They primarily provide interested families with LDSS contact information for children in foster care who are legally free for adoption via match events and Heart Gallery events. The contracts may partner with faith-based organizations and other community partners to promote children in care available for adoption. Four private, nonprofit agencies provided foster and adoptive family recruitment services in SFY19. An estimated 223 family inquiries were made and contractors reported 16 matches with adoptive children. SFY20 is the final year for contracts under RFP #FAM-17-042. Virginia plans to implement other modalities to recruit and retain foster parents while working with Virginia's Kids Belong and the VA Fosters Campaign.

Virginia also has several post adoption contracts to support all adoptive families for both domestic and international adoptions. The Post Adoption statewide contract provides innovative post adoption services and support to adoptive families in the five VDSS regions (Central, Eastern, Northern, Piedmont, and Western). These services should be designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and in particular adoption dissolutions (after legal finalization). Eight private, nonprofit agencies provided ATPC services during SFY19. The collective goal was to finalize 211 adoptions by June 30, 2019. The # of children adopted as of April 30 was 212. UMFS and DePaul received additional funds to increase the number of finalized adoptions by the end of the grant period. SFY20 is the last year of ATPC under RFP #FAM-18-011. Another contract, the Post Adoption Under-served contract provides innovative post adoption services and support to adoptive families in the previously under-served areas in Virginia. These services should be designed to help families build upon their strengths to stabilize and to prevent adoption disruptions and adoption dissolutions (after legal finalization). During this reporting period, C.A.S.E. provided family and individual counseling services to 27 families and 36 adopted youth. C.A.S.E. also provided Training for Adoption Competency (TAC) to mental health professionals and increased the number of adoption competent therapists in Virginia from 10 to 35 therapists. In the past year, the California Evidence-Based Clearinghouse for Child Welfare (CEBC), a nationally recognized body that applies rigorous standards of review to identify effective programs, recognized C.A.S.E.'s TAC program as one with high relevance to child welfare, with promising research evidence, and producing positive child and family well-being outcomes. DePaul provided case management, family counseling, and support group services to 55

families and 93 adopted youth. DePaul reported that out of the number of families engaged in mental health services, 100% of families that received family engagement treatment plan goals reported stability and 90% of clients that received out-patient therapy progressed or maintained stability on therapeutic goals. Frontier Health provided support groups, family and individual counseling, case management, and crisis intervention services to eight (8) families and 25 children. All three contractors continued to receive consistent feedback from families that highlighted how critical the services were to preserving the adoption of a child with special needs and a history of trauma.

Post Adoption Case Management (PACM) contract provides post adoption case management services statewide by region (Central, Eastern, Northern, Piedmont, and Western) to adoptive families who adopted from foster care after July 1, 2017. This service will provide stability and support to new adoptive families across Virginia. Three private, nonprofit agencies provided case management services to an estimated 393 families. A total of 786 child referrals were made to the PACM programs in SFY19. The most common types of case management services provided were child and family counseling, school advocacy, support groups, and assistance with birth records. No adoption dissolutions were reported by the three agencies. SFY20 is the final year of PACM under RFP # FAM-18-003. PACM services will be rolled into consortia-provided post adoption services and supports beginning July 1, 2020. Over the summer, VDSS will conduct a work group with case management professionals to develop a standardized PACM approach to the provision of PACM services provided to families.

On March 18, 2019, VDSS issued RFP # FAM-19-060 to solicit proposals from experienced nonprofit post-adoption service providers to establish consortia-delivered post-adoption services and supports in each of the five VDSS regions. Based on a set of recommendations from an evaluation of existing post-adoption services in Virginia commissioned by VDSS and conducted by Child Trends, a nonprofit, nonpartisan research center based in Bethesda, Maryland, VDSS is implementing a new service delivery model in response to feedback received from providers, families, local departments of social services and from an in-depth literature review and identification of best-practice interventions. The overall goals of the new model are to implement evidenced-based interventions identified by Child Trends and to expand post-adoption services and supports in each region to make sure that services are accessible and available, regardless of where adoptive families live in the region. Existing post-adoption contracts will continue through December 31, 2019 to ensure that no interruption in critical services occurs before consortia-provided services begin on January 1, 2020. Existing contracts with C.A.S.E., DePaul Community Resources, and Frontier Health have been renewed for a six-month period in SFY20. VDSS expects the three contractors to be highly involved in consortia and service delivery in their respective regions under the new model.

Virginia also awarded funds via appropriation to Adoption Share to administer the Family Match program.

Adoption-Share, Inc. will use the funds toward continuing the Family-Match demonstration pilot program in Virginia. Family-Match is a program designed to utilize data analysis and predictive models to enhance the quality of child placements through compatibility matching with foster/adoptive families. There have been two matches to date in SFY2019. During the first year of their collaboration of partnership with VDSS, Family-Match engaged in the first two regional directors meetings and continued the outreach and response to our recruiting of new VDSS agencies as a result of the new pilot parameters removing the limitation. Family events. 3 family-focused calls, averaging 20 participants per call (across all Family-Match families).

Family-Match Virginia hosted one call on Normalcy hosted 17 agency trainings for a total of 68 participants. This includes community events broadcast webinars, with presentations on Family-Match.

Family-Match is on progress to meet or exceed its 2-year goals. 52% of its family recruitment goal is achieved. 4 new agencies have actively joined Family-Match, on track for the 2-year goal of 7 new agencies. 34 new cases have been uploaded. Of the 25 new agents with Family-Match since the grant award.

Adoption Incentive Funds

In SFY 2019, VDSS received approximately \$164,000 in Adoption Incentive Awards funding. During SFY 2019, local departments of social services had the opportunity to apply for adoption incentive funds through proposal submissions. There were approximately 37 agencies out of 120 local departments of social services across the Commonwealth that applied and were awarded funds in excess of \$150,000. Additional funds are currently available from the two previous grant years. Local agencies utilized the funds to provide adoption trainings for post adoption services, purchased adoption and trauma training materials for adoptive families, create LDSS libraries with adoption materials, held recruitment initiatives for prospective foster to adopt families and celebrated adoptions during adoption month in November. Virginia plans to utilize any future Adoption and Legal Guardianship Incentive funds in FY 2020 to support adoption services for families statewide.

Adoption Savings Project

VDSS DFS and the Division of Finance conducted the third title IV-E Adoption savings calculations and case reviews in SFY2019. As a result of the project above, more than \$3 million was calculated as adoption savings in SFY2019. VDSS spent the funds in SFY 2019 on services to support and sustain adoptive placements for foster care adoptions.

In addition, at least 30% of the savings will be spent on post-adoption services as required by P.L. 113-183 modified section 473(a) (8) of the Act effective October 1, 2014. Adoption Savings monies were used in the same manner for FY 2019 by providing services to support and sustain adoptive placements for foster care adoptions such as funding Mutual Family Assessment contract staff, preservation of adoption records project and contractor support to assist LDSS with the highest number of youth legally free for adoption, in finalizing timely adoptions.

Adoption Month Proclamation and Awareness Events

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

2019 Update

VDSS co-host the 3rd Annual VDSS Conference with New Found Families, the state's Foster, Kin and Adoptive Family Association, November 20-21, 2019. The conference topics will focus on adoption supports for both domestic and international adoptions.

Other Services

In addition to adoption services for children in foster care, VDSS provides services to persons 18 years of age and older to obtain information from closed adoption records (adoption disclosure). VDSS also provides adoption services for children who are not in the custody of LDSS, as well as other court-ordered services such as custody investigations and visitation.

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

The Division is working collaboratively with VDSS I.T. and Security on a document management project. Specifically, the Division will be working with a vendor to scan current adoption records from microfiche and new records into a digital platform. The work from SFY2017 and SFY2018 has continued as the project required proposed legislation, which passed in March 2018, and internal agency policies were required to move forward.

2019 Update

As of February 2019 the adoption program is working closely with VDSS divisions such as General Services/Procurement, I.T. and Information Security and Risk Management to finalize the contract with the proposed vendor.

There were a total of 83 International Adoptions in SFY 2018, eleven of which were processed through ICPC. These cases were tracked through the ARRIS system because the NEICE system does not process international adoptions and cases cannot be tracked in our current child welfare case management system (SACWIS system). The ICPC adoptions were from the following countries:

- Bangladesh (4)
- Haiti (1)
- Morocco (2)
- Philippians (2)
- Thailand (2)

This count does not include the private domestic adoptions. There were a total of 175 private domestic adoptions that were processed into Virginia and a total for 62 private domestic adoptions that were processed out of Virginia.

VDSS will update our public facing website with language that informs families who adopt children internationally of the availability of post adoption services. In addition, we will explore adding conference workshops at upcoming adoption month conferences focusing on supports for children who adopt internationally. The Commonwealth will continue to track international options over the course of the next five years and identify additional resources, such as the use of adoption savings funds and Commonwealth funds to provide supportive services to children who are adopted from other countries, such as adoption assistance (if eligible) and post adoption services. Children who have been adopted from other countries may also be eligible for Family First services if identified as a “candidate for foster care”. As the Commonwealth continues to work towards the development and implementation of a new CCWIS case management system, within Compass, the goal will be to integrate this data source in the new case management system.

Historically, VDSS utilized a community stakeholder (contractor) to provide information specifically related to the numbers out of country adoptions served and post adoption supports to families who adopted children from other countries. In addition, we did not capture data on youth adopted from other countries who entered foster care and any supportive services required to achieve permanency for these children. We have requested a report to provide the latter annually and semi-annually. In addition, in the next APSR, we should be able to demonstrate an additional number of youth adopted out of country as all adoptions are captured in ARRIS and the previous information was provided for ICPC cases only.

Adoption Disruptions and Dissolutions October 2017 thru March 2019

Type Prior Adoption	Disturbance/Dissolution Reason									
	Unk	Attachm ent Issues	Child's Severe Behavi oral Needs	Family Expectati ons Not Met	Family Syste m Proble ms	Inadequ ate Preparat ion of the Family	Lack Of Family Support s And Resour ces	Lack Of Post Placem ent Service s	Oth er	Tot al
Unknow n	16	13	0	2	14	1	1	0	13	60
Foster Care Adoptio n in another State or Tribal Services area	0	0	7	1	10	0	1	0	4	23
Foster Care Adoptio n within State or Tribal Services area	0	0	36	0	20	0	0	1	6	63
Intercou ntry Adoptio n	0	1	3	0	0	0	0	0	0	4
Other Private or Independ ent Adoptio n	6	0	5	0	4	0	0	0	0	15
Total	22	14	51	3	48	1	2	1	23	165

Continuous Quality Improvement (CQI)

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

Virginia completed 820 adoptions in SFY 2018 within an average of 33 months to finalization. Results from the Child and Family Services Review, Permanency Outcome 1, rated achieving timely permanency

in adoptions at 19.23%. Based on the aforementioned data, the adoption program partnered with Casey Family Programs and implemented the Rapid Permanency Review (RPR) tool as a pilot with four local departments of social services; three in the Eastern Region and one in the Piedmont Region, Level 3 agencies. The tool was developed by Casey to identify gaps in moving cases toward finalized adoption and increase timeliness to permanency. Overall, the tool was helpful to the pilot agencies who fully utilized the tool and were able to move children to finalized adoptions at an expedited rate. Only one agency fully utilized the tool. The state will focus on the use of the shared accountability process which was a part of the RPR process. Also, the regional consultants conducted agency sample case reviews with local departments of social services for each agency in their region. VDSS recognizes there was not a formal evaluation (CQI) of statewide data as a result of the reviews. DFS will assist with an implementation plan to establish a statewide analysis of the reviews as a part of the upcoming CFSP.

Assessment of Strengths and Gaps in Services

The Adoption Program utilizes a variety of resources to assist the LDSS to achieve permanency via adoptions. Adoptions through Collaborative Partnerships, Virginia Adopts Initiative, and the various stakeholder partnerships between VDSS, contractors and LDSS increased the use of resources, reformed practice and increased the number of foster care youth in finalized adoptions over the past five years. In SFY 2013, the Governor's budget included language directing the Department to negotiate all adoption assistance agreements with both existing and prospective adoptive parents as a means of providing consistency, objectivity and neutrality in determining adoption assistance across the state for adoptive youth and families. In SFY2018 there were than 901 new agreements and more than 554 addendums negotiated. In SFY2018 there were more than 820 adoptions, the highest number of adoption the state has achieved.

The program area has experienced some challenges in expending adoption incentive funds. For the past two out of three years, local departments of social services have had the opportunity to apply for funding through proposal submissions to support adoptions and post adoption resources. Not all of the local departments apply for the funding or expend the funds timely during the fiscal year, resulting in a carryover of grant funding from fiscal year to fiscal year. In SFY2018 more than 30 local departments of social services (an increase of 5% from last year) requested more than \$200,000 in adoption incentive funds in support of the following: host adoption trainings, host professional speakers for families in the area of trauma and recruitment of foster to adopt families, support annual adoption celebrations, create adoption resource libraries at their agencies and honor foster and adoptive families. The program will continue to educate local departments of social services on a regional level through quarterly meetings and conference calls about the availability and purpose of the funds.

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

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

Stakeholder Involvement

Permanency Advisory Committee: The purpose of the PAC is to advise the permanency programs in DFS on improving permanency and well-being for children and families across the Commonwealth. PAC strives to achieve a more comprehensive and effective service delivery system for children and families that is family-focused and culturally relevant. It helps align policies, guidance, and practice to promote a

seamless continuum, improve coordination and integration, and provide consistency across child welfare programs, collaborating with Prevention, Child Protective Services, and Resource Families when needed.

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

Adoption Collaborations

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

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

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

American Academy of Adoption Attorneys: This organization is a non-profit national association of attorneys, judges, and law professors who practice and have otherwise distinguished themselves in the field of adoption law. It has collaborated with VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.

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

NewFound Families: This non-profit is a membership organization for foster, adoptive and kinship families and others who support children, youth, and families across Virginia.

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

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

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

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

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

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

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

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

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

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

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

5. Resource Family Development

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

Adoption and Recruitment Regional Consultants provide technical assistance to local departments regarding their home approval process and recruitment strategies. Quarterly meetings are held to provide updates related to Permanency and CPS practices. Through these meetings, the Consultants provide technical assistance and training in the areas of targeted and child specific recruitment, the development of strategic recruitment plans, and development of recruitment presentations.

Efforts in developing recruitment strategies have continued throughout the five Virginia regions. Market Segmentation training was provided by the NRC for Diligent Recruitment to the Resource Family

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

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

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

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

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

Resource Family Collaborations

Consortium for Resource, Adoptive, and Foster Family Training (CRAFFT):

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

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

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

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

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

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

Pre-Service Training

During the 2016 calendar year, the CRAFFT Coordinators facilitated 245 pre-service training sessions for a total of 779 prospective foster and adoptive parents. The pre-service training was provided using the Parent Resource for Information, Development and Education (PRIDE) curriculum, the Traditions of Caring (ToC) curriculum, or the New Generation PRIDE (NG PRIDE) curriculum. Both the PRIDE pre-

service training and the ToC training are comprised of nine in-person sessions and each session is three hours for a total of 27 hours of training. The New Generation PRIDE curriculum consists of five in-person sessions, and four on-line courses. Each in person session is three hours and the on-line courses are self-paced and each course takes a minimum of three hours to complete. The PRIDE pre-service curriculum and the NG PRIDE are designed for all prospective resource families (non-kinship and kinship) and the ToC curriculum is exclusively for kinship families.

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

In addition to the pre-service series that were solely facilitated by the CRAFFT Coordinators, they assisted and filled-in for LDSS staff that needed assistance with facilitating specific pre-service sessions but did not need assistance with an entire series. The CRAFFT Coordinators facilitated six PRIDE sessions and one NG PRIDE sessions to assist LDSS staff. Along with the scheduled pre-service training series that were facilitated in group settings, the CRAFFT Coordinators also facilitated pre-service series or sessions for individuals or couples that needed training immediately due to time sensitive placement needs or for those that needed to make-up a missed session. During the 2016 calendar year, the coordinators facilitated 132 sessions for 66 individuals that had time sensitive placement needs or missed a session.

In-service Training

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

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

The CRAFFT program has continued to be of support to LDSS as it relates to training needs for prospective foster, adoptive and kinship placements. A training position for the Western region has been restored. The focus of CRAFFT remains to ensure that LDSS families receive adequate training centered on core competencies identified in the current Local Department Resource, Foster, and Adoptive Family Home Approval Guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs. Intentional and timely support has been a focal point to meet the training demands throughout the state. Notably, for some LDSS, there is evidence of collaborative efforts as reflected through regional trainings or training offered to multiple agencies. CRAFFT is working towards being more innovative and creative in the manner of how training is offered (e.g., more flexibility, assisting LDSS with building collaborative training opportunities, pooling of resources). CRAFFT has maintained the facilitation of scheduled roundtables which is another opportunity to bridge communication between CRAFFT, LDSS and community partners. The meetings highlight positive training experiences as well as provides an environment to dialogue regarding needs. Additionally, the discussions support that sharing of information that would be pertinent to enhancing training efforts and what is working well within respective LDSS. There is also attention given to including CRAFFT in the child welfare continuum as there is emphasis on the importance of providing adequate training via pre-service and in-service requirements.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to LDSS to help them increase their capacity for offering training more frequently. The table below describes the training for SFY 2018 for foster and adoptive families.

Region	# PRIDE/Traditions of Caring hybrid pre-service training sessions	# Foster/Adoptive in-service training sessions	# 1-on-1 pre-service training sessions	# of Participants
Central	40 sessions	2 sessions	74 sessions	112 participants
Piedmont	73 sessions	13 sessions	6 sessions	474 participants
Northern	120 sessions	14 sessions	17 sessions	453 participants
Western* (CRAFFT Coordinator position was vacant)				
Eastern	22 sessions	6 sessions	10 sessions	167 participants
Total	255 sessions	35 sessions	107 sessions	1,206 participants

LDSS Staff Training and Support

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

workers to network and exchange ideas for training foster and adoptive families. A total of 251 workers participated in the roundtable meetings. Regional summaries are provided below.

Central Region: The Central Region CRAFFT Coordinator facilitated a total of 45 training sessions for a total of 158 prospective and current foster and adoptive parents. Forty-three of the sessions were pre-service trainings for a total of 138 prospective foster and adoptive parents and the remaining two sessions were in-service training for 20 current foster and adoptive parents. The Central Region CRAFFT Coordinator also facilitated 78 pre-service sessions for 22 foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Central Region CRAFFT Coordinator facilitated a two-day *Introduction to PRIDE* course for 11 LDSS workers; the two-day Mutual Family Assessment course twice for a total of 17 LDSS workers; a one day Traditions of Caring Day of Preparation for Workers course for three LDSS workers, and two roundtable meetings for a total of 32 agency workers.

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

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

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

Western Region: The Western Region CRAFFT Coordinator facilitated a total of 55 training sessions for a total of 86 prospective and current foster and adoptive parents. Fifty-one of the sessions were pre-service trainings for a total of 37 prospective foster and adoptive parents and the remaining four sessions

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

2018 Update

CRAFFT

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

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

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

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

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

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

Pre-Service Training

During the 2017 calendar year, the CRAFFT Coordinators facilitated two hundred and twenty-three (223) pre-service training sessions for a total of six hundred and seventy-two (672) prospective foster and adoptive parents. The pre-service training was provided using the Parent Resource for Information, Development and Education (PRIDE) curriculum, the Traditions of Caring (ToC) curriculum, or the New Generation PRIDE (NG PRIDE) curriculum. Both the PRIDE pre-service training and the ToC training are comprised of 9 in-person sessions and each session is 3 hours for a total of 27 hours of training. The New Generation PRIDE curriculum consists of 5 in-person sessions, and 4 on-line courses. Each in person session is 3 hours and the on-line courses are self-paced and each course takes a minimum of 3 hours to complete. The PRIDE pre-service curriculum and the NG PRIDE are designed for all prospective resource families (non-kinship and kinship) and the ToC curriculum is exclusively for kinship families. The pre-service trainings facilitated by CRAFFT consisted of twenty-eight (28) New Generations PRIDE series and five (5) Traditions of Caring series. The CRAFFT Coordinators also facilitated six (6) NG PRIDE information sessions to inform prospective foster and adoptive families of the training requirements for the new curriculum, six (6) extra content sessions, and three (3) make-up sessions. Additionally the coordinators facilitated three (3) PRIDE sessions towards the completion of a series that will be completed beyond this reporting period. In addition to the pre-service series that were solely facilitated by the CRAFFT Coordinators, they assisted and filled-in for LDSS staff that needed assistance with facilitating specific pre-service sessions but did not need assistance with an entire series. The CRAFFT Coordinators facilitated five (5) NG PRIDE sessions to assist LDSS staff. Along with the scheduled pre-service training series that were facilitated in group settings, the CRAFFT Coordinators also facilitated pre-service series or sessions for individuals or couples that needed training immediately due to time sensitive placement needs or for those that needed to make-up a missed session. During the 2017 calendar year, the coordinators facilitated eighty-three (83) sessions for fifty-two (52) individuals that had time sensitive placement needs or missed a session.

In-service Training

The CRAFFT Coordinators facilitated a total of forty-nine (49) in-service group sessions for five hundred and thirty-seven (537) current foster and adoptive parents. Additionally, the coordinators facilitated six (6) in-service sessions for thirteen (13) foster and adoptive parents on topics that were specifically selected for their cases. The in-service sessions varied from one to six hours and some of the in-service trainings were conducted using the PRIDE Core curriculum. The PRIDE Core curriculum consists of 11 modules that includes the following topics: Module 1: The Foundation for Meeting the Developmental Needs of Children at Risk; Module 2: Using Discipline to Protect, Nurture, and Meet Developmental Needs; Module 3: Addressing Developmental Issues Related to Sexuality; Module 4: Responding to the Signs and Symptoms of Sexual Abuse; Module 5: Supporting Relationships between Children and Their

Families; Module 6: Working as a Professional Team Member; Module 7: Promoting Children's Personal and Cultural Identity; Module 8: Promoting Permanency Outcomes; Module 9: Managing the Fostering Experience; Module 10: Under revision; Module 11 Understanding and Promoting Child Development; and Module 12: Understanding and Promoting Preteen and Teen Development.

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

LDSS Staff Training and Support

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

Regional Summaries:

Central Region

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

Eastern Region

The Eastern Region CRAFFT Coordinator was on medical leave from January 2017 through March 2017. From April 2017 through December 2017 she facilitated a total of thirty (30) training sessions for a total of one hundred and forty-five (145) prospective and current foster and adoptive parents. Twenty-five (25) of the sessions were pre-service trainings for a total of sixty-one (61) prospective foster and adoptive parents and the remaining five (5) sessions were in-service training for eighty-four (84) current foster and adoptive parents. The Eastern Region CRAFFT Coordinator also facilitated five (5) pre-service sessions for two (2) foster and adoptive parents that needed training immediately due to time sensitive placement needs or to make-up a missed session. The Eastern Region CRAFFT Coordinator facilitated a 2-day Introduction to PRIDE course twice for eighteen (18) LDSS workers; the 2-day Mutual Family

Assessment course two times for a total of twenty-four (24) LDSS workers, the Traditions of Caring course once for four (4) LDSS workers, and two (2) roundtable meetings for a total of fifty-seven (57) agency workers.

Northern Region

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

Piedmont Region

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

Western Region

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

NewFound Families

NewFound Families is supported with a multi-year contract with VDSS to “provide a supportive membership association as a partner to the Virginia Department of Social Services’ effort to improve the delivery of foster, adoptive, and kinship care services to children living in foster and adoptive family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home.” NewFound Families activities are based on contractual goals including maintaining a “Warm Line” for support of current and potential foster, adoptive, and kinship care providers. NewFound Families also holds events for foster and adoptive families which are intended to provide networking and

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

Continuous Quality Improvement (CQI)

The Resource Family consultants review monthly data reports that provide information regarding family-based placements and kinship placements during department visits and when assistance is requested. Active foster care reports are utilized to help LDSS develop targeted recruitment plans. The Consultants develop targeted strategies to assist the agencies that are below the national practice standards. The foster and adoptive family data in OASIS contains many errors. LDSS often do not close families who are no longer taking children; foster and adoptive family addresses and phone numbers may not be current; and, approval status is not updated appropriately, etc. As a result, VDSS cannot definitively say how many foster and adoptive families there are in the state. No standardized contact information is available for each foster and adoptive family and it is not possible to evaluate any demographic information. Nor is it possible to determine how many families were approved through the emergency approval process. It will be necessary to address these issues to improve recruitment planning in the future. Data clean-up in OASIS of foster and adoptive family information will be a major undertaking this year.

Assessment of Strengths and Gaps in Services

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

Gaps: Despite an increased focus and a variety of efforts to increase the use of kinship foster and adoptive family homes in Virginia, the percentage of children placed in relative foster homes has not substantially increased. Major obstacles in regard to the use of relative foster homes include: staff and community biases against “paying” relatives to care for their relative children; lack of LDSS staff and capacity of LDSS staff to adequately assess and support relatives who are approved through the emergency approval process and have children placed in their home prior to receiving any training; and, the lack of a permanency option beyond adoption for these children to readily exit foster care. Additionally, the lack of accurate foster and adoptive family data in OASIS continues to be problematic.

2019 Update

CRAFFT

The CRAFFT program has continued to be of support to LDSS as it relates to training needs for prospective foster, adoptive and kinship placements. A training position for the Western region has been restored. The focus of CRAFFT remains to ensure that LDSS families receive adequate training centered on core competencies identified in the current Local Department Resource, Foster, and Adoptive Family Home Approval Guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs. Intentional and timely support has been a focal point to meet the training demands throughout the state. Notably, for some LDSS, there is evidence of collaborative efforts as reflected through regional trainings or training offered to multiple agencies. CRAFFT is working towards being more innovative and creative in the manner of how training is offered (e.g., more flexibility, assisting LDSS with building collaborative training opportunities, pooling of resources). CRAFFT has maintained the facilitation of scheduled roundtables which is another opportunity to bridge communication between CRAFFT, LDSS and community partners. The meetings highlight positive training experiences as well as provides an environment to dialogue regarding needs. Additionally, the discussions support that sharing of information that would be pertinent to enhancing training efforts and what is working well within respective LDSS. There is also attention given to including CRAFFT in the child welfare continuum as there is emphasis on the importance of providing adequate training via pre-service and in-service requirements.

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

The table below describes the training for SFY 2018 for foster and adoptive families.

Region	# PRIDE/Traditions of Caring hybrid pre-service training sessions	# Foster/Adoptive in-service training sessions	# 1-on-1 pre-service training sessions	# of Participants
Central	40 sessions	2 sessions	74 sessions	112 participants
Piedmont	73 sessions	13 sessions	6 sessions	474 participants
Northern	120 sessions	14 sessions	17 sessions	453 participants
Western* (CRAFFT Coordinator position was vacant)				
Eastern	22 sessions	6 sessions	10 sessions	167 participants
Total	255 sessions	35 sessions	107 sessions	1,206 participants

2018 Update

Assessment of Strengths and Gaps in Services

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

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

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

2019 Update

Assessment of Strengths and Gaps in Services

Strengths: The overall number of children in foster care in Virginia has been significantly reduced. The change in practice towards partnering with families to develop alternatives to foster care, and the increased reliance on local foster homes rather than congregate care have contributed to this outcome through reducing the number of children entering foster care and also through ensuring that children are able to exit foster care to permanency more quickly. Foster care practice has continued to progress in the area of family engagement. FPMs were implemented statewide and provide a valuable mechanism for partnering with parents and extended family around decision-making.

Permanency for older youth has been a particular area of focus. The foster care goal of independent living was eliminated in order to ensure that agencies actively pursued permanent families for older children in care in every case. Transitional meetings are being used to engage extended family and additional resources prior to the youth turning 18 or 21. While the establishment of Fostering Futures is a significant accomplishment for Virginia and will provide additional support for those youth aging out of foster care, VDSS continues to be committed to reducing the number of youth aging out. Practice improvements were also seen in a number of other areas. For example, foster care visits are routinely exceeding the target monthly standard of 95% completion. Additionally, significant progress has been made towards the integration of assessment and service planning in the statewide automated child welfare data system.

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

Gaps: Although the degree of cooperation between OCS and VDSS is currently very positive, LDSS and communities continue to struggle to consistently interpret guidance and use available funding to support best practice. Virginia's CSA funding structure is intended to support child-centered, and family-driven individualized service plans through which the family's community can make decisions about how to appropriately provide services. This structure has tremendous potential to permit the community to effectively and creatively reduce risk of harm and strengthen families. However, the complexity created by decisions being made on the local level by community policy and management teams and varying levels of cooperation within the teams creates challenges to consistency across the state. The child welfare funding mechanisms in Virginia continue to struggle to find the balance between insuring

responsible, cost-effective spending and allowing for flexibility and creativity in the development of truly family driven service planning.

Finally, the automated child welfare data system, OASIS, in Virginia is outdated, no longer meeting the needs of the field, and very challenging to modify given its aged software. In order to institutionalize practice improvements, it is necessary that every aspect of the infrastructure support improvements. The OASIS database continues to be challenging to the implementation of practice changes throughout the state. To address this Gap, VDSS issued a RFI and received demonstrations from 14 vendors on potential solutions in August 2015. Based on those demonstrations and conversations with vendors, Virginia is in the final stages of awarding a contract to a vendor to develop requirements for replacement of our OASIS system. We have received PAPD approval from the federal government and expect to have these requirements completed by May 31, 2017.

Feedback to Stakeholders

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

C. ADDITIONAL UNITS WITH THE DIVISION OF FAMILY SERVICES

1. INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN (ICPC)

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

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

Children Served:

2019 Update

From 4/1/2018 to 4/30/2019, Virginia has processed 1,867 ICPC cases and 434 Interstate Compact on Adoption and Medical Assistance (ICAMA) cases.

Types of Placements Covered

The Compact applies to four types of situations in which children may be sent to other states:

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

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

Safeguards Offered by the Compact

In order to safeguard both the child and the parties involved in the child's placement, the Interstate Compact:

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

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

The Sending Agency's Responsibilities

While the child remains in the out-of-state placement, the sending agency must retain legal and financial responsibility for the child. This means that the sending agency has both the authority and the responsibility to determine all matters in relation to the custody, supervision, care, treatment, and disposition of the child, just as the sending agency would have if the child had remained in the home state.

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

Virginia/Tennessee Border Agreement – Non-custodial Children

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

The purpose for the agreement is as follows: "If during a child protective services investigation or family assessment, a Tennessee Department of Children's Services or Virginia LDSS case manager assesses a child to be at risk of imminent harm, he/she shall take actions necessary to ensure the safety of the child. The case manager will consider the feasibility and practicality of a temporary family-based placement of

the non-custodial child with a relative or person whom the child has a significant relationship with (“kin”) who resides in the other state.”

Since the beginning of the implementation, each state has tracked the numbers of children who were impacted by the Agreement and if the proposed placements were approved or denied.

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

2018 Update

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

The following local agencies are currently on the NEICE system: Arlington, Chesapeake, Fairfax, Hampton, Harrisonburg/Rockingham, Newport News, Norfolk, Prince William, Stafford, Virginia Beach, and Wythe. We have trained 267 local agency workers.

As of May 1, 2019, the following local agencies have onboarded to the NEICE system: Arlington, Bristol, Chesapeake, Fairfax Fredericksburg, Hampton Harrisonburg/Rockingham, Henrico, Newport News, Norfolk, Prince William, Roanoke County, Smyth, Stafford, Suffolk, Virginia Beach, Washington, and Wythe. We have trained 322 workers.

2018 Update

The Commissioners of Social Services for the States of Virginia and Tennessee re-codified and signed the Border Agreement Addendum with an effective date of November 15, 2017. The Virginia Juvenile Court judges and court staff received training on March 9, 2018 and the Border Agreement agencies’ supervisors and workers received their training on March 26, 2018.

2019 Update

As of May 1, 2019, the following local agencies have onboarded to the NEICE system: Arlington, Bristol, Chesapeake, Chesterfield County, Fairfax Fredericksburg, Hampton Harrisonburg/Rockingham, Henrico, Newport News, Norfolk, Prince William, Roanoke County, Smyth, Stafford, Suffolk, Virginia Beach, Washington, and Wythe. We have trained 331 workers.

TIMELY HOME STUDIES- MUTUAL FAMILY ASSESSMENTS

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

Placement Requests into Virginia - April 1, 2015 to April 30, 2016

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	164	1	1	2	
Relative	16				
Foster Home	551	3	3	1	
Adoptive	170	77		25	
Group Home					
Residential	157	2	6	68	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	1,061	83	10	96	

Sex of Children	Male		Female		Unknown	
		614		520		1
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	199	273	232	314	109	1
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	561	303	14	12	8	237
Hispanic	Yes	No	Unable to determine	Declined		
	127	746	261			
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision			0-30	31-60	61-90	Over 90
			196	30	33	134

Unaccompanied Refugee Minor=0; Adoption Assistance Subsidy=4; Retroactive compliance Into VA=2

Total Number of Agreements into Virginia Terminated

Adoption Finalized	108	Total: 1,175
Age of Majority/Emancipation	102	
Legal custody returned to parents (concurrence)	39	
Legal custody to relative (concurrence)	39	
Treatment complete	96	
Sending state jurisdiction terminated (concurrence)	1	
Unilateral termination	11	
Child returned to sending state	121	
Child moved to another state	13	
Proposed placement request withdrawn	43	
Approved resource will not be used for placement	74	
Other	528	

Number of children returned to Virginia: 159

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

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	195	1	4		
Relative	8				
Foster Home	433		1		
Adoptive	47	46		18	
Group Home				1	
Residential	51	2	7	89	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	734	49	12	108	

Sex of Children	Male		Female		Unknown	
		378		364		
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	109	174	149	191	117	0
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	388	225	10	1	1	117
Hispanic	Yes	No	Unable to determine			
	66	550	126			
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30		31-60	61-90	Over 90	
	61		15	11	69	

Unaccompanied Refugee Minor=1; Adoption Assistance/Subsidy=11; #Placements OUT of VA brought into Compliance=1

Total Number of Agreements Out of Virginia Terminated

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

Number of children returned to Sending state=102

2018 Update

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

National Electronic Interstate Compact Enterprise (NEICE) System

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

2018 Update

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

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

*Number of children placed during the reporting period

**Parent/Foster/Relative/Public Adoption

2019 Update

The ICPC Unit cannot provide an accurate assessment on the timeliness of home studies that were completed during this reporting period. The NEICE system does not provide this data.

Bristol County, Chesterfield County, Fredericksburg, Roanoke County, Smyth County, and Washington County were added to the NEICE system during 2018-2019. The following the NEICE placement report for 5/1/2017 – 4/30/18.

Home Studies Requests In **	907
Home Studies Requests Out **	656
Placements In *	379
Placements Out*	199
Private Adoptions In	175
Private Adoptions Out	62
Residential Placements In	398
Residential Placements Out	143

*Number of children placed during the reporting period

** Parent/Foster/Relative/Public Adoptions

2. PREVENTION SERVICES

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

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

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

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

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

Trauma-Informed Practice

A trauma-informed child and family service system is one in which all involved parties recognize and respond to the impact of traumatic stress on children, caregivers, and service providers who have contact with the system. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available evidence, to facilitate and support recovery and resiliency of the child and family.

Strength-Based Family Engagement

Family engagement is a cornerstone of practice in Virginia. It requires a shift from the belief that LDSS staff alone know best what is best for children and families, towards a practice that allows the family to fully participate in decision-making. The most effective approach to helping families protect their children and meet their needs is to focus on families' strengths rather than their deficits, and to engage them at every step in the child welfare process.

Protective and Risk Factors

Protective and Risk Factors were developed as a result of research that found that five factors most influence abuse and neglect:

- Parental resilience;
- Social connections;
- Knowledge of parenting and child development;
- Concrete support in times of need; and
- Social emotional competence of children.

If these factors are addressed in assessment, planning and service delivery, we are more likely to facilitate changes in families that enhance child well-being, keep children safe, and stabilize families.

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

2018 Update

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

In addition, FFPSA revised and renamed the definition of "family reunification services" (formerly time-limited reunification services") at section 431(a)(7)(A) effective October 1, 2018. The change now allows for reunification services to be provided for up to 15 months once a child is returned home. With

changes to the definition of Family Reunification Services, children will have access to services for a longer period of time. The increase in the time of allowable services, children and families will have an opportunity to engage in services for a longer period of time which may aid in successful completion of services. Children will have the benefit of receiving services within their home. Families will have access to an array of services to include: in-home, mental health, family therapy, substance abuse, domestic violence, parenting skills training, counseling and parenting education.

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

2019 Update

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

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia has had response times spelled out through Regulations in the past, this is the first time the Commonwealth has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one, but was expanded to cover our most vulnerable populations. We know that for FY2019, 33% of all Founded CPS cases involved children under the age of four. Furthermore, we know that for abuse and neglect fatalities, 83% of these involve children under the age of three.

The Commonwealth also began the first statewide Safe Sleep campaign to address the fact that 65-70% of both founded and unfounded CPS Child Fatality Investigations are due to unsafe sleep practices occurring in the familial home. The innovative partnership Virginia entered into with the Baby Box company has been a major success. As part of the statewide campaign, VDSS created the Safe Sleep 365 website to educate parents and caregivers regarding safe sleep practices. The practices focus on the core principles of Alone, Apart and Always. The website includes educational resources, tips and support. To date, there have been multiple hits to the website. In addition, VDSS developed a partnership with The Baby Box Company to equip parents across the Commonwealth with vital education and resources needed to give their babies a safe, healthy, and equitable start in life. Furthermore, VDSS developed a partnership with Children's Hospital of Richmond at Virginia Commonwealth University and The Baby Box Company to equip Virginia's new and expecting families with safe sleep education. As of October 31, 2018, 8,318 individuals have completed the safe sleep educational requirement through Baby Box University and 5,062 Baby Boxes have been distributed at no cost to any of the participants. Virginia is also continuing with its pilot study with the Virginia Commonwealth University Medical Center and School of Social Work to make safe sleep education, Baby Box distribution and a follow-up nurse home visit within 7-days of discharge available universally to all new parents. Additionally, VDSS collaborated with its Public Affairs Department to develop a Safe Sleep 365 video ad and advertorial. The video will be seen in 92 doctor offices and 4 hospitals throughout the Commonwealth and the advertorial will be featured in four parent and family magazines. Once they have been published, both will be shared with the regional consultants as resources for their teams.

Prevention Collaborations

Prevention Advisory Committee: VDSS remains committed to enhancing Prevention efforts around the state and convenes the Prevention Advisory Committee to provide an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The committee is co-chaired by representatives from Chesterfield-Colonial Heights DSS, Fairfax DFS, and Newport News DHS. The Prevention Advisory Committee meets on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of prevention, but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. There are also many LDSS who are providing early prevention services which are funded through community or local government initiatives. These early prevention programs provide an opportunity to conduct program evaluation and to develop meaningful budget proposals. LDSS staff and community partners engaged in early prevention activities have expressed interest in continuing to work with VDSS to promote early prevention interventions and advocate for the investment of available funding.

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

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

The TICN will provide the following through projects with LDSS:

- Facilitate the TICN and incorporation of new LDSS members;
- Conduct an organizational assessment, assist with implementation of the Trauma System Readiness Tool (TSRT), facilitate focus groups, and analyze TSRT and focus group data and develop a narrative report utilizing guidelines from Chadwick Rady Center;
- Develop a training series that follows the NCTSN Child Welfare Trauma Toolkit;
- Facilitate review of the subcommittee's TICN Project goals (e.g., development of trauma screening tool, trauma certification of mental health providers, referral directory for trauma-informed practitioners, trauma-informed family assessment and home study protocol, and outcome measurement tool);
- Conduct monthly case consultation;
- Develop a model to be used by other LDSS in Virginia to become a Trauma-Informed Organization; and,
- Provide information and training to community partners on trauma-informed care.

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

Continuous Quality Improvement (CQI)

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

Assessment of Strengths and Gaps

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

In 2014, significant training efforts were embarked upon to promote clear and consistent evaluative practice and documentation of Reasonable Candidacy for Foster Care. Several training opportunities were made available to LDSS staff, including five regional trainings conducted in March 2014, two Webinar sessions held April 2014, and the development of a new eLearning training course that is available in the Knowledge Center to facilitate the provision of further training. To ensure that LDSS are supported in the collection of data to support title IV-E administrative funding for LDSS prevention activities, additional efforts were initiated to incorporate the reporting of Reasonable Candidacy in the child welfare information system. Specifically, a new client screen and client count reports were recently developed to ensure adequate supporting documentation is maintained in the child welfare information system and to ensure the collection of accurate and reliable client counts to meet federal reporting requirements. The Prevention Program continues to support the Trauma Informed Community Network (TICN) with representation from the Prevention Program and solicitation of feedback from LDSS staff and community partners on efforts to develop trauma informed practice across child-serving systems. In 2014 and 2015, the TICN had many accomplishments, including the following: dispatch of monthly eNotes that contain updates about the TICN (such as training opportunities, job announcements, etc.) and the inclusion of trauma specific resources and research; facilitated focus groups for front line workers, child welfare supervisors, and resource families for Henrico County DSS; formed a TICN Richmond Committee; co-sponsored a community screening of the educational documentary Paper Tigers; developed a TICN webpage; assisted with the needs assessment process for the Vision 21: Linking Systems of Care demonstration project; supported the development of Trauma-Informed Leadership Team (TILT) within Chesterfield-Colonial Heights DSS and Henrico DSS; and continued facilitation of subcommittees to review TICN project goals (e.g., Trauma Informed Workforce Development, TIWD Education Subcommittee, Trauma Certification for Providers, Trauma Informed Practice Training, Trauma Informed Brief Screening Tool, Trauma Informed Quality Enhancement, and Richmond TICN Committee). Members of the TICN continue to promote trauma informed practice in their work, agencies, and

disciplines. Ongoing efforts will be focused on recruitment for TICN expansion and committee work and information sharing about upcoming trainings, conferences, and RFPs.

Gaps: The Prevention Program continues to struggle with the lack of funding to develop statewide prevention activities. Funding for intervention services has become less available and concerns remain about diversion practices across the state. Serious concerns about the wide-spread practice of diversion; the use of a temporary alternative caregiver as an alternative to removal and entry into foster care, began to surface by way of constituent feedback, agency reviews, and child advocacy group communications. This practice is addressed in Prevention guidance, but the VDSS has provided little direction to LDSS regarding their obligation (or not) to monitor these arrangements, to provide services to birth and or alternative caregivers, and children in diversion arrangements, and to ensure that meaningful permanency plans for these children are developed.

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

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

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

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

- **Recommendation 2:** VDSS should exercise the option to implement the Kinship Guardianship Assistance Program (KGAP) as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out.
- **Recommendation 3:** VDSS supports the development of a Kinship Navigator program in Virginia, which will provide information, resource, and referral services to children and kin caregivers.

During the 2016 General Assembly Session, VDSS was directed to conduct a pilot project on data collection and reporting for LDSS in the Western region regarding facilitated care arrangements (i.e., foster care diversion). In addition to the 22 pilot agencies in the Western region, agencies in the Northern, Piedmont, Central, and Eastern regions of the state have volunteered to participate in the pilot – specifically, Alexandria, Arlington, Fairfax, Prince William, Albemarle, Campbell, King William, Middlesex, New Kent, and James City.

Quarterly data will be collected for a period of 18 months with ongoing technical assistance and guidance provided by Family Services. Family Services will also establish a data sharing agreement with Child Trends to share and exchange data for the purpose of gaining an understanding of what the current kinship diversion practices are in Virginia. These diversion practices may include which staff are involved in facilitating diversion arrangements, under what circumstances the arrangements are made, child outcomes, and factors that influence these outcomes. Through this understanding, Family Services can begin to define elements of best practices for diversion and inform future data collection. VDSS has been directed by Budget Amendment, Item 339(s) to partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to placement in foster care for children in Planning District 11. The SFFC model utilizes a network of volunteer host families to assist parents in securing a temporary alternative living arrangement due to unmanageable or critical circumstances. DFS will evaluate the pilot program and determine if this model of prevention is effective. Findings and recommendations generated from pilot project will be submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Commission on Youth by December 1, 2017.

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

For FY 2018, prevention practices will continue to be assessed, monitored and evaluated to identify methods to further enhance the program. Further, there is anticipation of stronger connections with prevention, CPS, Foster Care and Adoption. One primary function of prevention will focus on ways to better document and monitor diversion practices throughout LDSS. Additionally, emphasis will be placed on linking children to relatives and seeking such placements before entry into foster care. Regarding a prevention standpoint, LDSS will be encouraged to conduct casework practice, supervision and engagement practices via the use of the Practice Profiles guided by the Children's Practice Model. Ultimately, prevention will focus on aiding in achieving outcomes for children and families in

areas of safety, well-being and permanency. Prevention will continue with practices centered around early intervention and strategies to respond to the needs of those requiring services short and long term. Additionally, it is expected that changes to guidance will be completed to provide clearer guidelines for practice. The possibility of utilizing a risk assessment tool will be considered to help support case decisions of closing cases and assessing for service referrals and community-based supports. Prevention will also focus on engaging with faith-based partners.

2018 Update

Prevention Services Guidance

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

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

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

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

Significant changes in Section 1 and Section 2 include:

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

- All sections: Updating links for the Code of Virginia and the Virginia Administrative Code (VAC) to reflect new online websites.

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

Prevention Advisory Committee

In April 2018, the Prevention Advisory Committee was reconvened to provide an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The Prevention Advisory Committee will seek to meet on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of Prevention but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. The committee served an integral role in the development of the newly revised Prevention Services guidance and will continue its focus on the following areas: developing the capacity to capture and analyze the impact of prevention and kinship diversion efforts in our automated data system; exploring funding needs, including how to realign current prevention funding sources and identify additional funding sources; and establishing core competencies and identify additional training needs.

2019 Update

The Prevention Advisory Committee continues to convene in an effort to provide an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The Prevention Advisory Committee seeks to meet on a quarterly basis to provide input to the Prevention Services Program on legislation, regulations, guidance, and practice. This input includes all areas of the prevention continuum and focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. The committee served an integral role in the development of the newly revised Prevention Services guidance and will continue its focus on the following areas: integration of Family First implementation efforts; developing the capacity to capture and analyze the impact of prevention and kinship diversion efforts in our child welfare information system; exploring funding needs, including how to realign current prevention funding sources (e.g., Promoting Safe and Stable Families (PSSF)) and identify additional funding sources; and establishing core competencies and identify additional training needs.

Kinship Navigator Program

VDSS received a grant from the Children's Bureau for \$379,246 dollars for use from October 1, 2018-September 30, 2019. With the grant, VDSS developed six regionally-located Kinship Navigator Programs involving forty localities (33% of the state) and partnered with 2-1-1 VIRGINIA to provide a dedicated toll-free number specifically for kinship families to receive 24 hour information and referral services across the state. Currently, we are providing technical support to five regionally-located Kinship Navigator Programs, as one of our sites was unable to hire a Kinship Navigator position, despite concerted efforts to do so. Our programs are diversified and were created to meet the needs of their particular communities, however, all of the programs provide the following services: information and referral, outreach and advocacy. Many of our programs are using creative strategies such as strategically placed electronic kiosks to assist families with applying for benefits, engaging school systems and the faith-based community to reach kinship families and forming regional public-private consortiums including kinship caregivers and youth to assess the needs of kinship families in their communities. VDSS is providing technical assistance to each program on a quarterly basis by hosting conference calls to allow for programs to communicate with one another and problem solve, as well as on an ad hoc basis in-between conference calls.

Currently, we have spent approximately \$95,000 of our \$379,246, with the majority of this money likely being spent over the next two quarters now that our programs have hired staff, are providing services and our contract with 2-1-1 VIRGINIA was executed in March 2019. In the first two quarters of the federal fiscal year, we served sixty nine youth and fifty seven kinship caregivers. Fifty-four kinship families received information and referral services including information about local, state and federal benefits,

mental health services, medical services, and advocacy to include face-to-face assistance in applying for benefits. Thirty-five kinship families received outreach, training and/or supportive activities to include, case management, support groups and social support activities.

Our Kinship Navigator programs continue to strive to problem solve challenges that arise in providing Kinship Navigator services. Challenges our programs have identified include:

- Regionally-located programs require a considerable amount of travel and in our rural areas this could be travelling several hours to visit a family.
- Engaging school systems has been challenging, as many of our school systems only recognize kinship families when it is a formal legal arrangement.
- Lack of financial assistance and appropriate housing options are major barriers to kinship families in general.

Diversion Data Pilot Project

Background

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

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

Project Description

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

Project Development

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

Data Collection

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

Evaluation Results

VDSS partnered with Child Trends in April 2017, working under the Annie E. Casey Foundation Kinship Diversion Study, to evaluate the Commonwealth’s diversion practices. There are two other states involved in the Child Trends and Annie E. Casey Foundation Kinship Diversion Study. Through partnership with Child Trends, the goal is to begin to define elements of best practices for kinship diversion across the United States. VDSS is also working with the Office of Research & Planning to retrieve some administrative data from the automated data system (OASIS) - as these cases will serve as a “comparison group” so that additional analyses can be conducted regarding practices and outcomes for children in diversion cases and in non-diversion cases. The analytic process will be iterative, requiring ongoing feedback from Child Trends on the preliminary results. Results of this evaluation project will influence the development of VDSS guidance to include best practices within the prevention realm.

Evaluation results may lead to recommended regulatory and/or code changes and inform future data collection processes.

Diversions Data Pilot Project

2019 Update

VDSS continues to partner with Child Trends, working under the Annie E. Casey Foundation Kinship Diversion Study, to analyze the data collected – with an emphasis on identifying the extent and scope of diversion practice statewide. There are two other states involved in the Child Trends and AECF Kinship Diversion Study. Additionally, with assistance from VDSS Research & Planning, general administrative data has been retrieved from OASIS for non-diversion cases (whole universe of cases for the same duration of the manual data collection pilot (July 2016 - December 2017)). These cases will serve as a “comparison group” so that additional analyses can be conducted regarding practices in diversion cases and in non-diversion cases. Using the aforementioned datasets, VDSS intends to address the following questions:

Description of Population

- What is the prevalence of kinship diversion in the state?
- What are the characteristics of the children and families in kinship diversion arrangements?

Description of Practices

- What types of workers divert children?
- What is the experience of children in kinship diversion arrangements?

Description of Child and Family Outcomes

- What are the outcomes for children and families in kinship diversion arrangements?
- Do outcomes (well-being, safety, and permanency) differ depending on the characteristics of the children and families and/or case-level practices (open vs. closed cases; type of worker)?
- Do outcomes (well-being, safety, and permanency) differ for children in diversion kinship arrangements versus children in other placement options (e.g., licensed kinship, differential response, in-home services, foster care)?

Description of Policies

- What, if any, are the policies and/or guidelines associated with diversion?
- Exploration of How Findings Might Inform Future State Kinship Diversion Policies and Practices
- What are we learning about what is working well or not so well with regard to kinship diversion?

The analytic process will be iterative, requiring ongoing feedback from Child Trends on preliminary results. In sum, VDSS seeks to develop clear and consistent best practice guidance to LDSS concerning diversion. Issues to be addressed include defining the role of LDSS, birth parents, and relatives in the development of meaningful permanency plans; appropriate assessment of kin caregivers; finding, preparing, and supporting kin caregivers; and assisting families to assess their options and collaborate in the decision-making process. Without a comprehensive approach to the enhancement of guidance and practice in this area, VDSS cannot adequately determine the impact on important goals and benchmarks relating to child well-being, safety and permanence for the universe of in-home services cases.

Safe Families Pilot Project

During the 2016 General Assembly Session, been directed by Budget Amendment, Item 339(s) to partner with Patrick Henry Family Services to evaluate the Safe Families for Children (SFFC) model as an alternative to placement in foster care for children in Planning District 11. The SFFC model utilizes a network of volunteer host families to assist parents in securing a temporary alternative living arrangement due to unmanageable or critical circumstances. As part of its charge, VDSS examined the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other states go further and follow the Uniform

Guardianship and Protective Proceedings Act (UGPPA), which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program took a similar approach. To accomplish this task, VDSS Division of Family Services consulted the Division of Licensing Programs in evaluating the effectiveness of the program, articulating findings, and providing recommendations.

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

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

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

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

2019 Update

As the result of continuing budget language adopted during the [2018 Special General Assembly Session 1](#), VDSS continued to partner with Patrick Henry Family Services (PHFS) to evaluate the Safe Families for Children (SFFC) model as an alternative to the placement of children in foster care. The pilot project was limited to Planning District 11 in the Piedmont region, which encompassed the following localities: Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg.

For the purposes of the pilot project, VDSS did not provide any direct guidance to LDSS regarding referral to SFFC, as VDSS' role was solely evaluative. In 2017, VDSS met the obligation of crafting the evaluation report for the General Assembly. The findings and recommendations of our evaluation can be viewed on the Virginia Legislative Information System (LIS) website: [RD549 - Report on Pilot Program - Temporary Placement of Children in Crisis – December 1, 2017](#).

Through continued evaluation, an ongoing emphasis was placed on the development and collection of the following qualitative elements: effort to capture more information regarding children who were unable to be hosted (chance to identify service gaps/opportunities), capturing sibling dynamics, and implementing

pre- & post-placement survey/questionnaire(s) for Host Families. Additionally, a concerted effort focused on examining hosting outcomes, to include capturing the following: number of hosting extensions, repeat referrals and hostings, risk level upon discharge, service connection upon discharge, and subsequent child welfare system involvement (e.g., CPS involvement or placement in foster care).

During the 2019 General Assembly Session, [HB 2542](#) was introduced to support the SFFC model. HB 2542 allows a parent or legal custodian of a minor to delegate to another person by a properly executed power of attorney any powers regarding care, custody, or property of the minor for a period not exceeding 180 days. The bill provides that a parent or legal custodian who is a service member, as defined in the bill, may delegate such powers for a period of longer than a year while on active duty service, but specifies that such a period is not to exceed such active duty service plus 30 days. The bill requires entities that assist parents with the process of delegating parental or legal custodial powers, be licensed as a child-placing agency. This includes assistance with identifying appropriate placements for children or providing services and resources to support parents and legal guardians to whom custody has been transferred. As included in the original language and to establish a level of oversight, these licensed child-placing agencies will be subject to background checks and must develop and implement written policies for certain services and provide staff and provider training.

VDSS acknowledges the intent of this community-based response to support families in crisis by expanding the network of entities that support children and families in the event that a parent or legal guardian is temporarily unable to care for their child. Alternatively, parents or legal guardians are offered greater family autonomy to make plans for their child's care with less involvement of the child welfare system. This approach is consistent with developing meaningful partnerships with others to support child and family success in a child welfare system that is family-focused, child-centered, and community-based.

Family First

The Family First Prevention Services Act (Family First) will enable the use federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families, and prevent foster care placements through the provision of the following: mental health and substance abuse, prevention and treatment services, in-home parent skill-based programs, and kinship navigator services. Family First is the first major modernization and overhaul of Title IVE and IVB funds in three decades and represents a significant milestone in ongoing efforts to transform the child welfare system.

Beginning in 2019, the Prevention Services Program will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes. Specifically, programmatic efforts have focused on the following: developing the prevention services workflow including prevention services planning, case management process, and practice guidance and training; improving ease of access to prevention services; and ensuring quality of programs and services through implementation of a Quality Assurance and Continuous Quality Improvement process. This approach aligns with the concept that Prevention Services are an integral part of the continuum of all child welfare services. The Prevention Services Program will leverage collaboration with the Prevention Advisory Committee and internal Family Services programs to develop a repertoire of prevention strategies and best practice guidelines that can be used by LDSS in their delivery of prevention services.

3. QUALITY ASSURANCE AND ACCOUNTABILITY UNIT (QAA)

The QAA Unit staffing includes: a QAA program manager, two QAA supervisors, a sub-recipient monitoring coordinator, 18 full-time program consultants, five part-time consultants, two full-time data analysts, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other. The Family Services Quality Assurance and Accountability Unit conducts title IV-E

Ongoing, Child Welfare Case Reviews (CWCR), and Child and Family Services Reviews (CFSR) to assess compliance, identify and enhance best practices, and ensure the accuracy of data in the child welfare information system. The purpose of these case reviews is to help VDSS improve child welfare services to achieve safety, permanency, and well-being for children and families served. The case reviews do not address all guidance and practice expectations in any of the child welfare programs. Instead, they focus on particular areas of practice directly related to statewide client outcome deficiencies. All case reviews support VDSS with the use of data to inform management, improve practice, measure effectiveness and assist with guidance development.

Through the case review process, VDSS intends to:

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

Follow-up with the LDSS after the completion of a review is largely dependent upon the assessed needs of the LDSS. Each review concludes with an on-site debriefing meeting where findings from the reviews are discussed with agency leadership and staff. During the debriefing, the QAA regional consultant may connect the LDSS with a program consultant for specific technical assistance, resource materials, and direct suggestions for practice improvement. At times, this requires an immediate intervention from the program regional consultant to address an identified safety concern.

For all reviews other than the CFSR, the consultants provide the agency with a detailed written report on all findings during the review with instructions on the actions needed from the agency to resolve all errors found. With assistance from the consultant, the agency will complete the required actions and provide verification of completion to the consultant. Once all actions required are completed, the consultants issue a final report detailing the entire process of the review. These final reports are disseminated to program managers, regional directors, regional program consultants, local directors, and local agency staff. The QAA unit conducts three types of case reviews that are described below:

Child Welfare Case Reviews (CWCR):

The Child Welfare Care Reviews (CWCR) involve a sample consisting of 10 Child Protective Services (CPS) family assessments and/or investigations, 5 CPS ongoing cases, 5 foster care cases, IV-E funding cases on all children who entered foster care during the sampling period, and Fostering Futures determinations. The CWCR are completed on all 120 agencies every three months and occur within approximately 90-120 days of families/children becoming involved with LDSS, which allows for timely feedback on current practices. The CWCR includes face-to-face interaction with staff, supervisors, and the local department director. These reviews focus on compliance.

For the IV-E funding cases, the QAA consultants review the initial eligibility determination to validate the funding determination of either IV-E or CSA as well as any other IV-E requirements. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument to ensure

that federal judicial language, AFDC eligibility, IV-E expenditures, and safety and licensing requirements are met. In addition, the QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS.

For Fostering Futures cases, the QAA consultants look at the eligibility requirements and determine whether the case has been appropriately found to be IV-E or CSA. Once the eligibility has been determined, no future monitoring is required.

If during the CWCR, errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency must provide proof that the adjustments have been made prior to the error being marked as resolved. Please see the attached Child Welfare Case Review Checklist for all items reviewed during the onsite review.

Title IV-E Ongoing Reviews

QAA title IV-E reviews facilitate compliance with title IV-E federal, state, and VDSS requirements and guidance. Ongoing reviews are designed to provide continuous quality control and support to the LDSS by reviewing all open title IV-E cases at least once per fiscal year.

The QAA regional consultants review all cases that were eligible with IV-E payments made during a specific period under review (PUR). The consultants verify that the initial eligibility determination has been previously reviewed during the CWCR. If it has not, then the consultant will validate the initial eligibility determination. Once validated and/or verified, the ongoing items required to maintain title IV-E eligibility are reviewed. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument to ensure that the ongoing judicial activity, IV-E expenditures, safety requirements, and licensing requirements comply with federal requirements.

Title IV-E expenditures include but are not limited to maintenance rates, enhanced maintenance rates, clothing expenditures, childcare, and transportation costs. The consultants verify the proper use of IV-E funds for services provided by requesting and reviewing the Standard Payment Record (SPR) for each case.

The review process includes examination of systems and documentation of the Online Automated Service Information System (OASIS) and case record to include the foster care, eligibility, and resource files. During the onsite review, the consultants select two resource files belonging to LDSS-approved foster homes where an IV-E payment has been made during the PUR. The QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS. In addition, the consultants verify the dates of the required safety checks on the checklist in the eligibility file to the formal results housed in the resource file.

If during the IV-E review, errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency is given the opportunity to make any necessary reimbursements. Agency reimbursement is a local agency decision; however, if the agency chooses not to make any adjustments, they notify the QAA consultant who then begins the process for the state to reimburse any ineligible payments. Any reimbursements that the state has to make is reflected in the agency's individual error threshold as stipulated in the Title IV-E Shared Fiscal Accountability Matrix. In addition, the matrix sets forth any required corrective plans and required fiscal accountability by the agency.

Child and Family Service Reviews (CFSR):

The CFSR reviews enable Virginia to accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance their capacity to help children and families achieve positive outcomes. Ultimately, the goal of the review is to help Virginia improve child welfare services and achieve the following outcomes for families and children who receive services: Safety, Permanency, Family and Child Well-Being. Based on the Federal Round Three CFSR results, Virginia was found not to be in substantial conformity, requiring a Program Improvement Plan (PIP). As part of the PIP, Virginia is required to complete a review of 35 cases per quarter statewide resulting in 140 cases reviewed each year. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Virginia utilizes the federal CFSR portal and Online System Review Instrument (OSRI). Each case consists of a two-day review, during which the key participants in each case are interviewed, and the case file is reviewed. The key participants include the child, the child's parents and/or caregivers, the child's foster parents, pre-adoptive parents, or other caregivers, and the family's caseworker. These interviews can occur within the agency, the community, or the home. Per case, each review requires a Regional Site Leader (RSL) who coordinates the review with the LDSS and provides the required initial Quality Assurance (QA) and two reviewers. The CFSR consists of 18 items that reviewers must assess during the onsite review process. The OSRI provides ratings based on the responses entered and provides a final rating of either "Strength" or "Area Needing Improvement." Once the OSRI is completed, initial QA of the case is required to ensure consistency across all 18 items. Following the completion of the initial QA, second level QA is required by the statewide lead QAA supervisor. For 25% of the cases reviewed, our federal partners require federal Secondary Oversight before the case can be approved and finalized. Please see the attached list of the 18 items reviewed during the CFSR process.

Subrecipient Monitoring

The Virginia Department of Social Services (VDSS) is a "pass-through" entity for state and federal funds. A subrecipient is the organization receiving the "pass-through" funds. Subrecipient monitoring (SrM) is the process used to monitor the appropriate usage of such funds, in compliance with the program parameters and state and federal supervisory guidelines. As a pass-through entity of federal and state funding, it is the Division of Family Services' (DFS) responsibility to ensure the monies are spent according to the parameters of each respective program.

Each subrecipient within Family Services is assessed to determine the level of monitoring that should be performed in order to ensure that the LDSS or contractor complies with federal and state program laws, regulations, and program guidance procedures. Determining factors could include the subrecipient's prior experience, review of any prior year's audits, financial data reviews, caseload/agency size, history of performance, and last subrecipient monitoring visits.

A risk assessment is utilized to create a monitoring schedule, determining whether the review of the LDSS or contractor will be required during the federal fiscal year as well as whether it will be completed remotely or onsite at the agency.

Outside of title IV-E reviews which utilize their own instruments, the reviews are completed utilizing a standard monitoring review instrument that includes the collection and analysis of critical documents. Once the instrument is completed, they are reviewed with the LDSS or contractor. The findings are based upon each program unit's requirements of the review and are submitted to the DFS subrecipient monitoring coordinator

The following programs are responsible for subrecipient monitoring within DFS:

- Programs that reimburse or provide services using state and federal funds
- Programs responsible for contracts, budget lines, federal and state funding streams, and grants

Unit	Programs
Adoption	Adoption and Legal Guardianship Incentive Grant
CPS and Adoption Contracts	Child Abuse and Neglect Prevention, Child Advocacy Centers, Healthy Families, Victims of Crime Act(ends June 30, 2019), Adoption through Collaborative Partnership, Post Adoption Services, Post Adoption Services Statewide, Post Adoption Case Management, Foster and Adoptive Family Recruitment, and Northern Virginia Family Services
Continuous Quality Improvement	Approved Foster/Adoptive Parent and Child Welfare Worker Training and Approved Foster/Adoptive Parent and Child Welfare Worker Training (administrative portion)
Foster Care	Independent Living Education and Training Vouchers Grant, Independent Living Program Grant, Child Welfare Stipend Program, and Project LIFE – Contract with United Methodist Family Services (UMFS)
Prevention	Family Preservation and Support Program, Child Welfare Substance Abuse and Supplemental Services, Promoting Safe and Stable Families, Respite Care for Foster Families, New Found Families, and Consortium for Resource, Adoptive and Foster Family Training
Quality Assurance and Accountability	Title IV-E Foster Care, New Child Welfare Case Review, Fostering Futures, and Title IV-E Adoption Assistance.

4. CONTINUOUS QUALITY IMPROVEMENT UNIT (CQI)

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

These key components of CQI are:

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

See Items 21-22 and 25 in Statewide Assessment of Performance on page 182.

5. DIVISION OF FAMILY SERVICES TRAINING

VDSS decentralized all of its training units in June 2014, and the mandated in-service CORE child welfare training system is now fully integrated into the Division of Family Services (DFS). This statewide competency-based skills training system is delivered by a team of four curriculum developers (three eLearning & instructor-led), 17 part-time trainers located statewide, a trainer coordinator, a training support staff, and a training program manager. DFS Training added 5 additional part-time contract trainers from local agencies in 2017 to provide needed training to fulfill our required training mandate by June 30, 2018. Administrative support for training delivery is provided by regional training center staff in four of the five VDSS Regional Offices. Program specific on-going guidance training (guidance transmittal training) is conducted by VDSS program staff from the Home or Regional Office.

The training developed by the DFS is the legacy training system that started over thirty years ago as the “comprehensive, competency-based child welfare in-service training program” based on a model used in Ohio and implemented through the Virginia Commonwealth University School of Social Work. Established Supervisor and Caseworker Core Competencies have guided the development of several documents to inform LDSS directors, supervisors, and caseworkers on how to best integrate training and maximize learning in order to improve child welfare services. DFS Training is tasked with providing initial in-service training, based on these core competencies, for newer staff as well as training for supervisors and experienced workers.

In March, 2013, guidance in both Child Protection and Permanency established new mandates for an initial in-service training program for CPS, Foster Care and Adoption workers and for all new supervisors and those with less than two years of experience. Family Services Programs also provides subject matter expert (SME) trainings for experienced workers based on assessed needs of local staff. The assessments are an ongoing process that is run in conjunction with the evaluation system as well as being a bi-annual assessment survey topic. The SME trainings are offered regionally and help to fulfill the mandated 24 hours of continued education hours for experienced workers required after two years of employment. Continuing education activities to be credited toward the 24 hours are pre-approved by the LDSS supervisor. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, seminars and conferences. Documentation of continuing education activities is the responsibility of the LDSS with the help of a training tracker job aid provided by DFS Training.

Currently, the Division of Family Services maintains its own statewide training program (“Transforming Practice Through Skill-Building”) offering competency-based training for frontline staff and supervisors in fundamental skills and essential best practices. The DFS training system continues to be structured as competency-based training for both supervisors and caseworkers. Competency-based training is supported by a definable list of competencies that are a statement of knowledge and skill required for workers to do a job task effectively and represent fundamental and essential best practice. There are mandated core training requirements for each program area designed for new Family Services Specialists but also recommended for other staff that needs to develop fundamental knowledge and skills necessary for best practice. These training opportunities are accomplished through the strategic venue of five regional training centers located within the regional offices, with an additional training center in the Eastern Region to handle larger numbers needing training and geographic issues to reduce travel time. DFS training is delivered in both classroom and online courses that meet the critical needs of the workforce. All classroom training is conducted in a six hour training day (9:00 to 4:00) and tracked in the COVLC, our statewide Learning Management System.

DFS Training has worked to communicate with the local agencies and other divisions within VDSS on several training best practices including the following:

- Partnership with Division Program Managers, Policy Analyst, & Federal Partners
- Robust curriculum development – using the ADDIE Model
- Involves internal & external stakeholders in development of new curriculum – LDSS in review of on-line curriculum and classroom piloting of new course materials
- Transfer of Learning activities before, during, and after training
- Training is offered in variety of modalities (classroom, blended, eLearning, Micro-learning)
- Trainer certification process demonstrates required knowledge and skills, yearly evaluation and review, completion of three day T4T- Training for Trainers, participation in annual policy training, topic specific on-going professional development , topic specific workshop model for training certification of new curricula
- Trainers participate in bi-monthly conference calls, webinars, transmittal policy/guidance trainings, and attend professional development conferences to stay current with best practices
- Increase use of recorded webinars transformed into eLearning
- Implementing a robust training evaluation utilizing the Kirkpatrick model

The cost allocation report process for Family Services Training is used to process and allocate all costs on a quarterly basis to appropriate state and federal grants and programs. The VDSS Virginia Learning Center (COVLC) Learning Management System Administrator is charged with verification of completion of all classroom training conducted quarterly. Each course is provided a cost code and verified by a Financial Analyst from the VDSS Federal Accounting Branch. When a new course is requested to be placed in the COVLC, the course owner is required to verify the cost code via the VLC Learning Management System Administrator and validate the cost code with the appropriate representation of the VDSS Federal Accounting Branch. At the end of the quarter, the LMS Administrator will report against the COVLC and submit the quarterly report to the VDSS Federal Accounting Branch.

FAMILY SERVICES CLASSROOM COURSE LIST	Title IV-E	CAPTA
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development - 2 days	75%	
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice - 2 days	75%	
VDSS - CWS1041: Legal Principles in Child Welfare Practice - 1 day	75%	
VDSS - CWS1061.1: Family Centered Assessment in Child Welfare - 2 days	75%	
VDSS - CWS1071: Family Centered Case Planning - 2 days	75%	
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving - 2 days	75%	
VDSS - CWS2000.1: Child Protective Services New Worker Training with OASIS - Blended 4 days		50%
VDSS - CWS2001R: CPS Refresher Training with OASIS - 2 days		50%
VDSS - CWS2010: CPS Ongoing Services - 2 days		50%
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services - 3 days		50%
VDSS - CWS2020: On Call for Non-CPS Workers - 1 day		50%
VDSS - CWS2021: Sexual Abuse - 2 days		50%
VDSS - CWS2031.1: Sexual Abuse Investigations - 3 days		50%
VDSS - CWS2141: Out of Family Investigations - 2 days		50%
VDSS - CWS3000: Foster Care New Worker Training With OASIS - 4 days	75%	
VDSS - CWS3001R: Foster Care Refresher Training with OASIS - 2 days	75%	
VDSS - CWS3010: Adoption New Worker Training With OASIS - 2 days	75%	
VDSS - CWS3015: Adoption Assistance - 1 days	75%	

VDSS - CWS3021: Promoting Birth and Foster Family Partnerships - 2 days	75%
VDSS - CWS3041: Working With Children in Placement - 2 days	75%
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections - 2 days	75%
VDSS - CWS3071: Concurrent Permanency Planning - 1 day	75%
VDSS - CWS3081: Promoting Family Reunification - 1 day	75%
VDSS - CWS3091: Transition Planning with Older Youth in Foster Care - 1 day	75%
VDSS - CWS3101: Introduction to the PRIDE Model - 2 day	
VDSS - CWS3103: PRIDE Family Assessment - 1 day	
VDSS - CWS4015: Trauma-Informed Child Welfare Practice:: Identification and Intervention - Blended 2 day	75%
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships - 2 day	75%
VDSS - CWS4030: Virginia Family Partnership Meeting Facilitator Training - 3 days, one month later 1 day	75%
VDSS - CWS4040: Family Partnership Meetings and Domestic Violence: An Advanced Training for FPM Facilitators and Supervisors - 2days	75%
VDSS - CWS5011: Case Documentation - Blended 1 day	75%
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	75%
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare - 2 days	75%
VDSS - DVS1001: Understanding Domestic Violence - 2 days	75%
VDSS - DVS1031: Domestic Violence and its Impact on Children - 2 days	75%
VDSS - GEN1206: Worker Safety - 1 day	50%
VDSS - GEN1501: Train the Trainer - 3 days	50%
VDSS - SUP5701: Principles of Leadership - 2 days	50%
VDSS - SUP5702: Management of Communication, Conflict & Collaboration - 2 days	50%
VDSS - SUP5703: Enhancing Staff Performance and Growing a Team - 2 days	50%
VDSS - SUP5704: Critical Issues in Family Services Supervision - 2 days	50%
VDSS - SUP5705: Trauma-Informed Leadership and Developing Organizational Resilience Culture - 2 days	50%
VDSS - SUP5710: Foundations in Coaching - 1 day	50%
VDSS - SUP5720: Coaching in Supervision - 1 day	50%

FAMILY SERVICES eLEARNING COURSES	Title IV- E	CAPTA
CWSE6010: Working with Families of Substance Exposed Infants Module 1 - 1.5 hours		50%
CWSE6010: Working with Families of Substance Exposed Infants Module 2 - 1.5 hours		50%
VDSS - CWSE1002: Exploring Child Welfare (Module 1) - 1 hour	75%	
VDSS - CWSE1002: Exploring Child Welfare (Module 2) - 1 hour	75%	
VDSS - CWSE1002: Exploring Child Welfare (Module 3) - 1 hour	75%	
VDSS - CWSE1002: Exploring Child Welfare (Module 4) - 1 hour	75%	
VDSS - CWSE1006: Reasonable Candidacy - 1.5 hour	75%	
VDSS - CWSE1041: Legal Principles in Child Welfare - 1.5 hour	75%	
VDSS - CWSE1050: VEMAT Rater Training (Module 1) - .5 hours	75%	
VDSS - CWSE1050: VEMAT Rater Training (Module 2) - .5 hours	75%	

VDSS - CWSE1050: VEMAT Rater Training (Module 3) - .5 hours	75%
VDSS - CWSE1050: VEMAT Rater Training (Module 4) - .5 hours	75%
VDSS - CWSE1050: VEMAT Rater Training (Module 5) - .5 hours	75%
VDSS - CWSE1071: Introduction to SafeMeasures - 1 hour	75%
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 1: Introduction) - .5 hours	50%
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 2: Intake) - .5 hours	50%
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 3: Search and Merge) - .5 hours	50%
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 4: Family Assessments) - .5 hours	50%
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 5: Investigations) - .5 hours	50%
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 6: CPS Ongoing) - .5 hours	50%
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 1: Introduction) - .5 hours	75%
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 2 Module 2: Opening Cases and Recording Pertinent Information) - .5 hours	75%
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 3: Search and Merge) - .5 hours	75%
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 4: Documenting Placements and Funding) - .5 hours	75%
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 5: Legal Documentation and Service Planning) - .5 hours	75%
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 6: Special Circumstances and Case Closure) - .5 hours	75%
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 7: Termination of Parental Rights and Preparation for Adoption) - .5 hours	75%
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 1: Introduction and Intake) - 1.5 hour	50%
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 2: Safety Assessment) - 1.5 hour	50%
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 3: Risk Assessment) - 1.5 hour	50%
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 4: Family Strengths and Needs Assessment) - 1.5 hour	50%
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 5: Risk Re-assessment) - 1.5 hour	50%
VDSS - CWSE1515: Introduction and Intake (module 1) - 1 hour	50%
VDSS - CWSE1515: Safety Assessment (module 2) - 1 hour	50%
VDSS - CWSE2020: On Call for Non-CPS Workers - 1.5 hour	75%
VDSS - CWSE2090: Injury Identification in Child Welfare - 2 hours	50%
VDSS - CWSE3020 Educational Stability for Children and Youth in Foster Care - 1.5 hour	75%
VDSS - CWSE3030: Normalcy for Youth in Foster Care - 1.5 hour	75%

VDSS - CWSE3042: Interstate Compact on the Placement of Children (ICPC) - 1.5 hour	75%	
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 1) - .5 hours	75%	
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 2) - .5 hours	75%	
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 3) - .5 hours	75%	
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 4) - .5 hours	75%	
VDSS - CWSE3091: Transition Planning for Youth in Foster Care (Module 5) - .5 hours	75%	
VDSS - CWSE4000: Identifying Sex Trafficking in Child Welfare - 1.5 hour		50%
VDSS - CWSE4015: Introduction to Trauma-Informed Child Welfare Practice - 1.5 hour	75%	
VDSS - CWSE4025: AFDC Relatedness (Module 3) - 1.5 hour	75%	
VDSS - CWSE4025: Annual Judicial Reviews (Module 5) - 1.5 hour	75%	
VDSS - CWSE4025: Determining initial Title IV-E eligibility (Module 2) - 1.5 hour	75%	
VDSS - CWSE4025: Getting started in Title IV-E (Module 1) - 1.5 hour	75%	
VDSS - CWSE4025: Payment Accuracy (Module 6) - 1.5 hour	75%	
VDSS - CWSE4025: Placement and Licensing (Module 4) - 1.5 hour	75%	
VDSS - CWSE4050: Psychotropic Medications and the Child Welfare System - 1.5 hour	75%	
VDSS - CWSE5501: Substance Abuse (Module 1) - 1 hour	75%	
VDSS - CWSE5501: Substance Abuse (Module 2) - 1 hour	75%	
VDSS - CWSE5501: Substance Abuse (Module 3) - 1 hour	75%	
VDSS - CWSE5501: Substance Abuse (Module 4) - 1 hour	75%	
VDSS - CWSE5692: Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect - 1.5 hour		50%
VDSS - FSWEB1000: Psychotropic Medications and Issues in Foster Care - 1.5 hour	75%	
VDSS - FSWEB1001: Getting Started With Coaching - 1.5 hour	50%	
VDSS - FSWEB1003: The Journey to Practice Enhancement - 1.5 hour	50%	
VDSS - FSWEB1005: Fostering Futures Transmittal Training - 1.5 hour		
VDSS - FSWEB1007: July CPS Transmittal 273 Training - 1.5 hour		
VDSS - FSWEB1009: The Role of CPS in Supporting Fatality Review Teams - 1.5 hour		50%
VDSS - FSWEB1010: Child Protective Services Appeals Training - 1.5 hour		
VDSS - FSWEB1011: Using the Practice Profiles Assessment Toolkit - 1.5 hour	50%	
VDSS - FSWEB1012: CPS Regulations Revised 2017 - 1.5 hour		
VDSS - FSWEB1013: The Coaching Conversation - 1.5 hour	50%	
VDSS - FSWEB1014: Foster Care Guidance June 2017 Transmittal #274 Training - 1.5 hour		
VDSS - FSWEB1015: Educational Stability for Children in Foster Care - 1.5 hour	50%	
VDSS - FSWEB1016: Virginia Children's Services Practice Model Implementation Study - 1.5 hour	50%	
VDSS - FSWEB1017: Prevention Guidance Transmittal Training 2018 - 1.5 hour		
VDSS - FSWEB1019: Case Documentation in Child Welfare - 1.5 hour	50%	

VDSS - FSWEB1021: Overview of the JLARC Improving Virginia's Foster Care System Report - 1.5 hour		
VDSS - FSWEB1022: Promoting Safe and Stable Families Program (PSSF) - 1.5 hour	50%	
VDSS - FSWEB1023: OASIS 4.4 - 1.5 hour		
VDSS - FSWEB1024: Substance Exposed Infant Decision Tree Tool - 1.5 hour		50%
VDSS - FSWEB1025: CPS Transmittal Training - 1.5 hour		
VDSS - FSWEB1026: This Is Trauma Informed FPM Facilitation: Fidelity to the Model - 1.5 hour	75%	
VDSS - FSWEB1027: Swift and Savvy Actions to Improve Safety Outcomes - 1.5 hour		50%
VDSS - FSWEB1028: It's All Relative – Supporting Kinship Care - 1.5 hour	75%	

PROCESS TO PROMOTE TRANSFER OF LEARNING

DFS Training does not view training as a stand-alone event. Trainings are viewed as a collaborative effort with the local agency to meet the emerging needs of the workforce. Research shows that activities completed before, during, and after training can help a participant better understand the content of the training and apply it on the job much more effectively. Family Services Training includes a supervisory tool as a way to facilitate discussion on the content of each course including specific topics covered, a description of transfer of learning from the classroom back to the local agency, and suggestions for continuing the learning process in the local department to increase the knowledge, skills and abilities of caseworkers. This transfer of learning activity must be supported by the LDSS supervisor and they must be trained on how to provide adaptive leadership skills to support new workers while completing the required training and learning new skills in order to reduce the high turnover in the local agencies. A committee of regional consultants and local child welfare supervisors was formed to develop a process and course specific supervisory tools to integrate transfer of learning activities. As a way to collaborate more effectively with LDSS supervisors, a process was developed to promote transfer of learning for workers to provide direct feedback and support from the classroom to the supervisor to further enhance the skill-building and learning achieved through child welfare training. The following three types of transfer of learning activities were implemented into all child welfare training:

- a) Individual Action or Learning Plans – at the end of each child welfare training session each participant is ask to complete the Individual Action/Learning Plans. These course specific plans are a tool to document the learner’s self-assessed strengths in mastering new materials and identify possible issues to follow-up on in the field, along with identified support and resources to enhance their learning
- b) Field Practice Activities in New Worker Policy Training – following the end of the second day of training, participants are given letters to their supervisors with suggested field practice activities to be implemented during the two weeks between the sessions of the training. The supervisor must guide the worker and sign off on the trainees completed activities which are processed with the group during the return to the classroom
- c) Transfer of Learning Supervisory Tool – Supervisor Training Follow-up Guides are emailed to the trainee’s supervisor following each training session to provide specific information on the content of the training and to provide field activities to enhance the learning and skill development of the worker

REVISED SUPERVISORY SERIES

Family Services Training believes that middle management and supervisors are essential to developing and sustaining successful practice skills throughout child welfare. Therefore, the CORE Supervisor Training has been developed as a competency- based training for new LDSS supervisors with less than two years of experience or supervisors needing refresher training. The Supervisor Series are two

consecutive days per month for a period of four months with transfer of learning activities between sessions and builds a cohort for on-going networking and support. The supervisory series has been revised this year to include additional information on leadership development, developing a learning culture in the agency to support training, and expand coaching to correlate with our new coaching to the Practice Profiles. The new required Supervisor Series consist of the following two day classes delivered in consecutive months in a cohort training model:

SUP5701: Principles of Leadership: This course emphasizes the critical role played by supervisors in the Social Services system. Supervisors will enhance their ability to recognize, select and use supervisory styles and strategies to enhance and sustain effective job performance. In particular, Supervisor will explore the qualities of effective leaders including Vision, Integrity, Creativity, Decisiveness, and Emotional Intelligence and how these qualities impact staff and ultimately customer service; learn about the different types of Leadership power and influence; and, will have the opportunity to identify various Leadership challenges such as lack of resources, handling customer complaints and time constraints and explore possible solutions. Parallel Process and change management are also introduced and discussed to enable supervisors to examine how their behavior affects outcomes for staff and clients. Change is a force that is both necessary and unavoidable in the social services field. The types of change that impact organizations and ways to positively assist staff implement change will be discussed with a review of strategies for change management.

SUP5702: Management of Communication, Conflict and Collaboration: This course introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Collaboration by examining the importance of good communication in family service practice. Strategies for improving communication and ensuring that intended messages are received, the conflict cycle and management of resolving conflict that is frequently caused by poor communication or lack of communication are addressed. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community and by emphasizing the interrelated relationship between these three concepts.

SUP5703: Enhancing Staff Performance and Growing a Team: This course is intended to help supervisors learn how to hire and develop competent, confident, and committed staff that can perform the tasks assigned to them and support the agency mission/goal. Supervisors will explore different interview techniques such as Behavioral Interviewing, Routine Questions, Situational Questions, the STAR method and Written Work Samples to select applicants who demonstrate the attributes and competencies needed for the position. The role of orienting and training new employees is also highlighted including the best practice of a learning culture in the unit and Agency. Supervisors are introduced to the concepts of managing by data, performance assessment, performance evaluation, and performance improvement of the individual staff in their unit, techniques for maximizing performance such as the use of Coaching, Training, and Mentoring. Also discussed is the necessity of written performance expectations and are introduced to the Practice Profiles. The connection between a competent staff and a highly functioning unit is outlined. Characteristics of units that function effectively are also presented. Supervisors are given tools to assess the level of performance of their unit and are presented with an opportunity to develop a plan to improve their unit's functioning along with strategies are introduced to help the supervisor build a unit that is successful in achieving the agency mission and vision through successful collaboration and teamwork.

SUP5704 Critical Issues in Family Services Supervision: This course is presented within the context of the Parallel Process with an emphasis on issues primarily related to supervising workers doing the

challenging work in Family Services. Beginning with the importance of values; specifically how we connect our own personal values to the mission and vision of the organization, the direct work we do with families, the Supervisor-Worker relationship and the functioning of the work team. Characteristics of trust and boundaries, in the field and within the unit, are defined, and suggested guidelines for professional boundaries are provided. Supervisors are given tools to assess the current Learning Culture of their unit and agency and are presented with an opportunity to develop a plan to create and maintain a culture that nurtures collaborative learning, critical thinking and competence. An exploration of worker emotions, behaviors and personality characteristics on a spectrum ranging from desirable, to challenging (but workable), to problematic; with specific attention paid to the application in the selection and performance management processes as well as managing emotional interference to doing the work. The course closes with to help the supervisor model self-care and resiliency to maintain a positive connection to their position and colleagues, reduce recidivism and promote a trauma-informed team.

SUP5705 Trauma-Informed Leadership and Developing Organizational Resilience Culture: This course provides an overview of how trauma impacts the lives of children and adults and can be a contributor to the success or failure of working relationships between agency staff and those we serve. A trauma-informed system must acknowledge the impact of primary and secondary trauma on the workforce and develop organizational strategies to enhance resilience in the individual members. Participants will use tools and information to assess the current level of trauma-informed practices, approaches, and culture of their teams and organizations. The principles of trauma-informed practice are applied to supervisory approaches and organizational operations and policies, including exploring secondary trauma and the impact it has on frontline workers and supervisors; and its connection to service delivery, staff turnover, decision-making, and agency liability. Finally, the course looks at the trauma-informed social services organization as part of an extensive collective of agencies, services, and family networks and how your organization can lead the way to creating trauma-informed communities. Completion of the Trauma Informed Practice blended course is a prerequisite.

SUP5710 FOUNDATIONS OF COACHING: Examine the attributes and strategies of effective coaches and consider how an agency coaching and learning culture will contribute to the successful application of the Practice Profiles. Come prepared to observe demonstrations and practice skills related to coaching conversations, active listening, skillful solution-focused questioning, providing useful feedback, and crafting questions to help build critical thinking skills that generate solutions.

SUP5720 COACHING IN SUPERVISION: Learn a structured and focused process that utilizes appropriate strategies, tools and techniques to promote learning and staff development. Participants will explore the integration of coaching into their supervisory practice, understand how the Practice Profiles provide a foundation basis for coaching and identify strategies for successful implementation of coaching in supervision. This interactive workshop builds on the Foundations of Coaching and provides opportunities to practice new skills and begin an individualized coaching implementation strategy for your agency.

As a means to further develop and support our middle managers/supervisors, DFS Training planned and implemented our initial *2019 Child Welfare Best Practices Webinar Series for Leadership* to advance learning on key skills required to demonstrate optimal practice. These valuable webinars are for LDSS leadership including directors, managers, and supervisors, and focus on child welfare best practices to improve outcomes for children, youth, and families in our communities. Each of the webinar sessions is 1.5 hours and includes essential job aides and resource materials to improve practice. All of the webinars are recorded for online viewing in the COVLC at a later date (FSWEB Courses). The webinar topics are critical issues identified from the CFSR, agency case reviews, and direct requests. DFS Training will continue to provide six best practice webinar series annually. The 2019 webinars included the following:

This Is Trauma Informed FPM Facilitation: Fidelity to the Model

Understand why Family Partnerships Meetings are a trauma informed practice and learn the role of the FPM facilitator. Learn best practice Do's and Don'ts and know the typical stages of an FPM and why it is important to maintain fidelity to the model in order to engage our families in critical decisions.

Safety Services: Swift & Savvy Actions to Improve Safety Outcomes

When you leave a family's home, how confident are you that you are leaving the child safer than before you arrived? This webinar explains new terms and clarifies definitions of safety standards reviewed by the CFSR. Practical best practice examples will be discussed to help ensure staff is improving safety outcomes.

It's All Relative – Supporting Kinship Care

This webinar discusses the Virginia KinGap guidance and the importance of engaging relatives early in the process. Children achieve better outcomes, maintain a closer connection to parents and siblings, and experience fewer disruptions when in kinship care. Learn how to better understand, assess, and support kinship caregivers. Special emphasis is on how to identify and assess adult relatives as preferred caretakers.

Quality Visits and Visitation: A Service Leading to Improved Outcomes

Quality contacts are purposeful interactions between workers and children, youth, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes. This webinar focuses on how assessment, engagement, teaming, and planning are used in the development of the visitation plan. Additionally, we will discuss ways to monitor and adjust visitation plans to ensure the ongoing safety, permanency, and well-being of a child.

Supervision of Trauma Informed Practice

This webinar will focus on trauma informed practice principles applied to supervision and leadership with a special focus on building and sustaining a trauma informed organization. Special emphasis will be put on vicarious trauma and secondary trauma experienced by staff and cultivating resilience as a parallel process.

In addition to SME trainings and webinars, Family Services Training email notifications throughout the year to LDSS of national child welfare and state training opportunities that are free or inexpensive and these will fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc.

In addition to our training course catalog in the COVLC, the DFS mandated regional training schedules are posted on the Family Services Training FUSION website for a period of six months for planning purposes. All required and specialty training course descriptions for both on-line and instructor led sessions are also listed on the Family Services Training FUSION website in addition to topic specific resources to support learning for each of the required training classes. The comprehensive FUSION page also has national resources, announcements of new training opportunities, micro-learnings on brief best practices, and pod casts on coaching topics. The Family Services Training Program Manager attends Regional Supervisor and Director's Meetings quarterly and discusses the mandated training schedules, course sequencing, supervisor course tracking job aids, transfer of learning activities and supervisor guides and mandated child welfare course descriptions with pre-requisite requirements. All new course development is advertised on FUSION website and flyers are emailed to all family services specialists, supervisors, and directors statewide. Additionally, all mandated training requirements are listed in the

DFS Guidance Manuals. In May, 2018, DFS Training implemented the use of the required training console on its statewide Learning Management System so all new workers are automatically informed of their training requirements and training is tracked within set time periods for completion. Supervisors are also sent automated emails with training requirements. The use of the LMS required training console has greatly improved the completion of required training for new FSS workers within designated time frames at a rate of 97% completion.

The COVLC reporting consul provides the data necessary to run descriptive analytics per course or all courses over a given time period. This is extremely helpful for macro-level descriptive analytics including survey completion rates, and total reported level of understanding gained through a given training event. This information must be broken down by agency however to properly measure according to the Kirkpatrick Evaluation Model. Courses are not specific to agency, and so courses are not reflective of the organizational factors inherent to each agency that can impact learning. Also, the mandated training analysis must be broken down by agency and not by course as the CQI measures needed to evaluate the impact of a training event according to the Kirkpatrick Evaluation Model necessitate supervisor feedback for stage three on whether learning has transferred to behavior. VDSS is organized at a by agency jurisdictional level, in a State supervised locally administered system, and the mandated training analysis must illustrate this if information is going to be properly disseminated and recommendations administered. Family Services Training conducted an annual evaluation survey analysis where workers reported a significant training satisfaction and impact on classroom surveys. Macro-level descriptive statistics by course have helped inform the project to this point.

WORKFORCE DEVELOPMENT FRAMEWORK

As a complementary adjunct to the DFS Training approach, DFS is currently engaged in major workforce development projects. In 2017, DFS contracted with the Butler Institute for Families at the University of Denver to assess our thirty year-old Family Services training model, conduct a nationwide scan of training systems, and make recommendations to improve our training system for child welfare and adult services staff. The implementation team reviewed the results of the Butler Institute's final report, *Training Services Model Assessment and Recommendations*. The team is comprised of LDSS leaders, supervisors, and front-line workers (from 17 different LDSS), and training program professionals broken into seven action teams working in concert to develop a plan rooted in implementation science principles. Some of the recommended strategies can be implemented more immediately, while others will require a significant resource allocation. Strengths in existing areas will be maximized to facilitate action, such as use of our Practice Model (see below) which is integrated into our training system.

A key recommendation from the Butler study was the development and implementation of an academy model which incorporates a cohort approach where trainees complete courses together (with a mix of delivery methods) and participate in a comprehensive review three to four months post-completion¹. The use of an academy approach provides the most rigorous, efficient, and integrated approach to maximize the learning experience and best prepares new employees for their jobs. The academy approach recognizes the necessity of a holistic approach to preparing new workers to engage with families and communities. It also values and reinforces the partnership between classroom and field-based training, which incorporates essential adult learning principals. In order to engage in trauma-informed practice with families, workers must attend certain training and demonstrate proficiency in core competencies designated by VDSS. These proficiencies are demonstrated through the use of simulation labs and transfer of learning activities implemented with mentors in the agency with support from coaches who follow the new learners from classroom to the local agency. All training activities and proficiency standards are measured and tracked through the use of a learning development portfolio. Measured

¹ Prepared by the Butler Institute for Families School of Social Work, University of Denver (December, 2017).

proficiencies will result in a certification process and provide for career ladders for all child welfare workers.

One of the key recommendations adopted was the use of an Academy Model for Services Training: The use of an academy approach provides the most rigorous, efficient, and integrated approach to maximize the learning experience and prepares new employees for their jobs. The academy approach for the first year of employment recognized the necessity of a holistic approach to preparing new workers to engage with families and communities, values and reinforces the partnership between classroom and field-based training, which incorporates essential adult learning principals. In order to engage in trauma informed practice with families, workers must attend certain training and demonstrate proficiency in core competencies designated by VDSS. Key components of this new Academy Model include:

- A 16 week Academy Model with 10 weeks of Core Training & 6 weeks of program area specific training with Academy dates posted 1 year for onboarding and scheduling
- A cohort of trainees who moves through the academy together
- An academy that begins each month, rotating around different sites across the state; for example, an academy begins in the Central Region in January and then in the Piedmont Region in February.
- Possible travel reimbursement for localities who have to send staff to academy sites that require overnight lodging
- All aspects of the academy should be completed within a specific time frame
- Provide an academy review course 3-4 months post-academy completion, where workers field experience is applied to key concepts learned during the academy; this will help deepen learning and breadth of application of the most significant practice-related aspects of the training
- Include a mix of online learning, classroom, and field experiences, with ample time in the field for trainees to apply their learning (e.g., shadowing a senior worker or co-managing a case with a more experience staff person or coach).
- Restrict caseloads so that trainees can focus on learning; consider a gradual caseload starting when trainees are at least halfway through the academy
- Offer a “flipped” classroom so that knowledge components are taught through online learning, with knowledge application and skills practice in the classroom.
- Integrate family engagement simulation experiences/demonstrations at the end of the academy experience; offer simulation sites to accommodate staff from across the state.
- Provide On the Job/Transfer of Learning coaches whose responsibility it is to provide coaching and assist employees with TOL activities; coaching should be done by someone other than the supervisor

The Butler Institute also recommended that VDSS adopt a comprehensive workforce development framework, as training is only one component of a much broader rubric. Through training, a worker becomes more aware of best practices and proper procedures for completing required tasks. The training may also build staff confidence by developing stronger understanding of the role and the responsibilities of the job. However, training alone is not sufficient to recruit, prepare, and retain a competent and confident workforce. To address the myriad of issues facing an agency’s workforce, commitment to a comprehensive workforce development framework is essential. Butler Institute recommended adopting the NCWWI Workforce Development Framework (WDF) to inform training efforts going forward. The NCWWI-WDF and accompanying workforce Tool Kit has offered a practical, comprehensive, and integrated approach for creating a workforce development roadmap that has greatly assisted DFS in the development of a solid implementation plan for our new training system. This comprehensive approach will make our workforce an ongoing priority and provides the techniques and tools to maintain it as priority over a long period of time. Additional work to improve retention rates and develop our workforce will be the creation of the Family Services Leadership Institute, which includes the required

Supervisory Series of classroom training completed through a cohort learning model to further support our supervisors. The Leadership Institute will partner with regional consultants to develop and implement regional roundtables to address additional workforce development topics including: Recruitment and Retention Toolkit, Improving Documentation, Coaching with the Individual Development Plan, and other topics identified by the LDSS. These roundtables will provide additional training and support to meet the needs of the regions to further develop their workforce.

During the past decade, DFS and its community partners have worked diligently to promote culture change and achieve clarity of purpose in the child welfare field by creating and enhancing the *Children's Services Practice Model*. The Model sets forth a vision for services delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services. The practice model is central to VDSS decision making; incorporated explicitly or implicitly into all of our meetings; and present in every interaction that we have with a child or family. Our Practice Model is a foundational core component of all DFS training.

Further, The Model defines family engagement and child and family-focused services as the cornerstones of our work through 11 practice profiles, which are the core skill sets that operationalize the practice model. The Practice Profiles describe essential activities associated with each function of the Practice Model and enable it to be "teachable, learnable, and doable." The Practice Profile rubric consists of 11 master skill sets across the child welfare continuum from child protective services to permanency: Advocating, Assessing, Collaborating, Communicating, Demonstrating Cultural and Diversity Competence, Documenting, Engaging, Evaluating, Implementing, Partnering, and Planning. In recognition of the holistic well-being of children, the Practice Profiles were designed with a trauma-informed lens. Each Profile also contains skill subsets including: youth, family, and caregiver voice; critical thinking; respect for family privacy; information and roles; and transparency, honesty, and ethics. The Profiles describe caseworker practice across a spectrum of proficiency, operationalized in three categories: optimal, developmental, and unacceptable. The Practice Profiles have been integrated into our training system for both supervisors and Family Services Specialists.

In 2017, VDSS Division of Family Services, Rutgers University School of Social Work, and Casey Family Programs partnered to study how the practice model is being implemented across the state. Areas of focus in the study include: implementation, fidelity, and case outcomes. Twenty-four of the agencies from the pilot project were invited to participate to reflect training cohort, region, and agency size. Findings from the Rutgers University study of practice model implementation will be reviewed using a CQI lens and integrated into the Child and Family Services Plan (CFSP) required to be submitted to the federal Children's Bureau every five years. It is also a strategic plan that clearly explicates the state's vision and goals to strengthen the child welfare system. Historically in Virginia, VDSS-DFS has not employed the CFSP as a live, comprehensive, tool to guide our strategic systems improvement in child welfare. As with other strategic plans, this one will include the goals, objectives and strategies that align with the mission, vision and Practice Model of VDSS. In addition, we are highly focused on creating a strategic plan that reflects the other priorities in child welfare right now in Virginia such as the CFSR/PIP, JLARC Report, and the new Family First Prevention Services Act.

D. CHILD AND FAMILY WELL BEING SERVICES

1. SERVICES TO ADDRESS CHILDREN'S EDUCATIONAL NEEDS

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

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

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is committed to revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. However, with the enactment of the Every Student Succeeds Act (ESSA) in December 2015, the workgroup has been largely focused on understanding how Virginia's current practice and policies will be impacted. The group will move forward in FY 2017 with providing joint guidance, as needed, for ESSA. Best practices and issues that were discussed in the educational trainings will be incorporated into any guidance documents developed. VDSS and DOE met several times to address improving the educational performance and outcomes of children in foster care through improved decision-making based on data. The components of a Memorandum of Understanding on appropriate data sharing have been identified. Specific data elements have been selected and DOE has implemented an initial data run test using mock data. However VDSS and DOE are working with their counsel on issues related to the obtaining of data at the state level. This effort is complicated by Virginia's social services' system being locally administered. At this time, work on determining how to accomplish the requirements of the Uninterrupted Scholars' Act and ESSA is still underway.

Virginia has worked extensively with the Great Expectations program to improve educational outcomes for foster youth pursuing higher education. The Great Expectations program operates in 17 of the 23 Community Colleges in Virginia. This program helps youth to obtain an associate degree, vocational training, and certifications to increase their independence and the possibility of earning a sustainable living wage.

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

In FY 2017, VDSS and DOE worked with other key stakeholders including CSA and the Legal Aid Justice Center to revise the education stability joint guidance (last updated in 2013) to incorporate best practice, clarify policies and procedures, and incorporate the ESSA provisions for youth in foster care.

VDSS and DOE provided multiple trainings throughout the state to LDSS, school division staff and community providers (such as the Richmond School Social Workers Association) to provide a thorough understanding of the impact of new requirements and expectations for implementations to ensure not only compliance but to further Virginia's leadership role in understanding and implementing educational stability practice.

VDSS and DOE met several times to address improving the educational performance and outcomes of children in foster care through improved decision-making based on data. The components of a Memorandum of Understanding on appropriate data sharing have been identified. Specific data elements have been selected and DOE has implemented an initial data run test using mock data. However VDSS and DOE are working with their counsel on issues related to the obtaining of data at the state level. This effort is complicated by Virginia's social services' system being locally administered. At this time, work on determining how best to accomplish the requirements of the Uninterrupted Scholars' Act and ESSA is still underway.

2019 Update

In FY 2019, VDSS played a significant role in promoting educational stability throughout the state, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. VDSS and Virginia Department of Education (VDOE) focused their efforts on improving the educational stability and attainment outcomes for children and youth in foster care.

For FY 2019, VDOE and VDSS provided nine planned joint educational stability trainings across the state, reaching approximately 100 LDSS workers. VDOE and VDSS collaboratively conducted a recorded webinar that is now available to both school division and LDSS staff online, providing an additional avenue through which workers can receive guidance and training updates. A full-length e-learning course has been published and can be accessed by LDSS staff through the state's online training portal, the Virginia Learning Center. Technical assistance was provided by VDSS and VDOE collaboratively to local school divisions and agencies and addresses questions and issues regarding providing appropriate notification of a student receiving foster care services; conducting the best interest determination process; immediate enrollment; coordinating transportation; addressing special education requirements; and other relevant components.

Currently, over 95% of the LDSS have designated individuals to serve as educational stability liaisons, which has enabled wider understanding of state-provided guidance within agencies as well as expedited best interest determination and school enrollment processes in general. LDSS liaisons serve as counterparts to the designated school division foster care liaisons, and work in tandem with state agency staff and school division staff to promote maintaining school stability whenever possible; to disseminate guidance information to other workers within their agency; and to receive specialized training to support school stability best practice.

2. HEALTH CARE SERVICES

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in, and recipients of child welfare services. This section on health care services provides information on progress in and modifications to Virginia's Health Care Oversight and Coordination Plan, including the mechanism by which VDSS will receive consultation and input in to the provision of health care services for children in foster care.

Previously, the Virginia Health Plan Advisory Committee (HPAC) advised and made recommendations to the VDSS and the Virginia Department of Medical Assistance Services (DMAS) on improving health outcomes for children in foster care across the Commonwealth. Beginning in 2013, the work of HPAC was rolled into the work Virginia was doing as part of the plan that had been submitted and accepted by the Three Branch Policy Institute by the National Governors Association Center for Best Practices. The Three Branch project members included representatives from each of the three branches including: Executive Branch: VDSS Commissioner; Legislative Branch: Senators and Delegates of the Virginia General Assembly; and Judicial Branch: Judges and the director of the CIP. Committee members come from the OCS, VDSS, DMAS, DOE, DBHDS, and the Commission on Youth (legislative commission), and CIP. As the eighteen month Three Branch grant came to an end, VDSS decided that rather than re-establish HPAC, the work of providing ongoing oversight and coordination of health care services for children in foster care will be incorporated into the Permanency subcommittee of Virginia's Child Welfare Advisory Committee (CWAC).

Child Welfare Advisory Committee

While multiple stakeholders provide input to DFS, CWAC is the primary organization to advise VDSS on child welfare issues in Virginia. The objectives of this group include advising on the development of the five-year CFSP and annual progress reports as well as other state plans. The CWAC charter was revised to include sub-committees focused directly on strengthening state efforts related to safety, permanency and well-being. In particular, the Permanency subcommittee of CWAC focuses on the well-being of children in foster care and has been charged with providing oversight for the Health Care Oversight and Coordination plan. The CQI subcommittee of CWAC focuses on resources, tools, and communications that support implementation of CQI across the diverse 120 LDSS. The Advisory Committee is composed of appropriate members that provide representation from various stakeholder groups. Members may include, but are not limited to, at least one representative from each of the following areas:

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

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

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

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

Health Care Oversight and Coordination Plan

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

Focus area 1: Improve Health Outcomes for Children and Youth in Foster Care	
Goal	Measure
1) Increase children receiving primary health care services.	a. 100% of children have physical health exams within thirty days of entering foster care.
	b. 100% of children over age 3 have at least annual physical health exams and under age 3 have exams consistent with the EPSDT Periodicity Table, based on American Academy of Pediatrics and Bright Futures guidelines.
	c. 100% of children in foster care have electronic health records.
2) Increase children receiving dental health care services.	a. Increased percentage of children having dental exams within sixty days of entering foster care.
	b. Increased percentage having dental exams at age 3 years and 6 years.
	c. Increased percentage having dental exams every 6 months.

The VDSS Permanency Regulation was approved and in effect in 2012, requiring that children in foster care receive: a medical evaluation within 72 hours of initial placement if conditions indicate necessary; medical examination no later than 30 days after initial placement (was 60 days).

In January 2017, the Permanency Regulation was amended to include the requirement that if a child has not had a dental appointment in the past six months, and it is developmentally appropriate, a dental appointment shall be scheduled as soon as possible. The medical and dental evaluation requirements have been specified in the Foster Care Chapter of the VDSS Child and Family Services Manual since July 2015, whether or not the child has Medicaid coverage.

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

During FY 18, VDSS incorporated monitoring of medical and dental appointment into both the Child Welfare Case Review (CWCR) process and the Agency Case Review process. The CWCR includes a review of every new foster care case within the first few months. The CWCR report notes when children are not provided with required appointments within the timelines specified, and the LDSS must submit a

corrective action plan to address how they will address these requirements in the future. For the Agency Case Review process, a regional Foster Care consultant review the report for medical and dental exams in SafeMeasures® and include in the on-site debriefing and agency report any issues identified as well as technical assistance. Both review processes provide an opportunity to ensure that LDSS understand the policy and regulatory requirements and are adhering to them.

For FY 19, VDSS continued to monitor compliance and support LDSS in ensuring that all children in foster care received medical and dental exams as required by guidance and regulation.

Data sharing agreement and coordination of health services with DMAS

DMAS, is the single State Agency in the Commonwealth of Virginia that administers the Medicaid program under Title XIX of the Social Security Act and the Children's Health Insurance Program (known as FAMIS) under Title XXI of the Social Security Act. These programs are financed by both Federal and State funds and are administered by the State according to Federal guidelines. Both programs provide a system of high quality and cost effective health care services to qualifying Virginians and their families.

The Virginia Medicaid program covers approximately 1.2 million individuals and is delivered to individuals through two models: fee-for-service and managed care. As of January 2019, 89% of Medicaid enrollees received their benefits through a Managed Care Organization (MCO) and 11% of enrollees participated in full benefit Medicaid through the Fee for Service (FFS) program.

The original Medallion program was Virginia's first managed care program and dates back to 1996. Over the past 20 years, the Medallion program has provided acute and primary care services for enrolled members including: pregnant women, low-income families with children (LIFC), those receiving temporary assistance for needy families (TANF), and aged, blind and disabled (ABD) individuals, and children. The Medallion program has an established commitment to continuous improvement, which is a major factor in the re-procurement for the new Medallion 4.0 program, which started in August 2018.

During SFY2018, aged, blind, and disabled (ABD) adults and children transitioned from Medallion 3.0 to CCC Plus, along with other eligible populations. Medallion 3.0's focus shifted with its changing population to an increased focus on maternal and child health, including foster care children and adoption assistance members. DMAS implemented the new MEDALLION 4.0 Program on a regional basis from August 2018 through December 2018. Medallion 4.0 serves Medicaid and FAMIS eligible members including infants, children and adults in the low income families with children (LIFC) group, pregnant women, FAMIS MOMS, foster care and adoption assistance, children with special health care needs, teens, and adults under the Medicaid Expansion program.

Eligible foster care and adoption assistance members are enrolled into one of the two managed care systems, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus), with the majority enrolled in Medallion 4.0. Our managed care health plans work to provide increased access to preventive coordinated care for foster care and adoption assistance members.

Foster Care Enrollment as of April 2019

Region		Fee for Service	Medallion 4	CCC Plus
Central VA	98	1097	9	1204
Charlottesville	92	867	14	973
Northern VA	57	670	7	734
Roanoke	36	737	5	778
Southwest VA	24	606	2	632
Tidewater	54	833	3	890
TOTAL	361	4810	40	5211

There are six health plans that provide services under both Medallion 4.0 and CCC Plus. They include Aetna Better Health of Virginia, Anthem HealthKeepers Plus, Magellan Complete Care, Optima Health Family Care, United Healthcare, and Virginia Premier. In addition to the services noted earlier, Medallion 4.0 and CCC Plus both provide transportation services, early intervention services, and non-traditional behavioral health services.

Foster care children are classified in Virginia Medicaid as Children and Youth with Special Health Care Needs (CYSHCN) as defined by HRSA and CMS. Health plans have designated Foster Care Care Coordinators responsible for ensuring that foster care children receive health assessments, and medical, dental and behavioral health visits.

Health plans refer members for further diagnosis and treatment or follow-up of all correctable abnormalities uncovered or suspected during screenings. Plans provide other medically necessary health care, diagnostic services, treatment, and measures as needed to correct or ameliorate defects and physical, mental, and substance use illnesses and conditions discovered, or determined as necessary to maintain the child's current level of functioning or to prevent the child's medical condition from getting worse. Plans coordinate the unique needs of children in the foster care system and those who were adopted, through the provision of trauma-informed case management services to coordinate the care efforts for foster care children.

Including the benefits referenced above, for children in foster care enrolled in an MCO medical management services and member services include:

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

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

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

- Children in their first 30 days of foster care.
- Children placed in psychiatric residential care (Level C).

- Children in out of state placements.
- Children in nursing home placements.

These children are served in the fee for service population.

DMAS works in collaboration with their managed care partners and local DSS staff to ensure that all foster care members receive the full range of benefits including doctor, dental, hospital, pharmacy, behavioral health, disability support services, and transportation.

Approximately 90% of all foster care children are served through MCOs at any point in time. VDSS is now being provided with data from DMAS regarding the care of children in foster care provided by the MCOs. Data made available through DMAS indicates 93% of enrolled foster care children saw a primary physician at least one time during the last year. These numbers are slightly lower than in previously years; VDSS and DMAS will be working closely to determine what has changed this year, so that all children in foster care will receive their physical exams. For SY 2017, DMAS reported the following:

Percentage of Foster Care Youth Seen by a Primary Care Physician within the First Year of Medicaid Enrollment (2016)		
Region	Managed Care	Fee for Service
Tidewater	96%	87%
Central	92%	72%
Northern	92%	67%
Charlottesville	91%	74%
Halifax	93%	53%
Roanoke	95%	75%
Southwest	95%	56%

Note: DMAS regions do not coincide with VDSS regions.

Coordination of Care

In addition to improving documentation and monitoring abilities, the revision to the Health screens in OASIS permits a Health Report to be printed for each child in foster care. The report includes known health information for the foster child and the child’s birth family, any diagnosis, medications prescribed, dates of last dental and physical, immunization status, and health providers’ contact information. The report can be shared with foster parents and medical professionals who have occasion to treat the child. The report will automatically be updated whenever new information is entered into OASIS to ensure information is current. This report is also printed and submitted to court as part of each child’s Foster Care Plan. Additional progress was made in 2018 to address the goals of Focus Area Two.

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

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

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

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

Additionally, a work group comprised of VDSS, LDSS and OCS representatives has revised the Virginia CANS to include additional items related to trauma and child welfare. The revised version of CANS and the enhanced CANS on-line system became available in early 2017. The revised version of the CANS adds “disruptions in caregiving” as a form of trauma that a child may experience and requires that the trauma module is completed for all children in foster care. Guidance was developed which directs LDSS to utilize the trauma module as well as various behavioral indicators captured in the CANS as a screening tool to determine when a child in foster care should be referred for additional trauma assessment and/or services. Revisions in the CANS on-line system include a child-specific report to make possible the evaluation of a child’s progress over time and a permanency planning report to make possible the evaluation of a family or caretakers progress over time.

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

In June 2019, additional guidance (in the Introduction to the Child and Family Services Manual and the Foster Care chapter) will be published which addresses consideration of screening and referring for trauma treatment for children and parents of children being served, and self-care and secondary traumatization (for Family Service Specialists.)

Data sharing agreement and coordination of mental health services with DMAS

In 2014, VDSS worked closely with DMAS through the auspices of Three Branch to develop a medical review process for children in foster care who are prescribed psychotropic medication in three categories: 1) any child under the age of 6 prescribed any psychotropic medication 2) any child prescribed an atypical antipsychotic and 3) any child prescribed 2 or more psychotropic medications. DMAS instituted this policy for children covered by fee-for-service Medicaid. However, after the vast majority of children in foster care were transitioned to MCOs, this policy only addressed about 10% of the children in foster care.

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

Beginning in contract year 2015–2016, DMAS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct, as an optional external quality review (EQR) task under the Centers for Medicare & Medicaid Services (CMS) Medicaid guidelines, an annual focused study that provides quantitative information about children and adolescents placed in foster care and receiving medical services through Medicaid managed care service delivery.

To determine the extent to which children in foster care received the expected preventive and therapeutic medical care in the statewide-managed care service delivery system, 15 study indicators were assessed across three domains:

- **Characteristics of Medicaid Members in Foster Care:** Five indicators in this category provided information on age, sex, race/ethnicity, region of residence, and the degree to which children moved between regions for all foster children eligible for study inclusion.
- **Preventive Care:** Four indicators in this category provided information on the degree to which foster children continuously enrolled with one or more MCOs throughout the study period received expected well-child visits and expected immunizations as well as used PCPs and dental services. Indicators assessing expected well-child visits and immunizations were based on a sample of foster children meeting previously described continuous enrollment requirements, while indicators assessing access to PCPs and dental services used administrative claims and encounters for all foster children meeting continuous enrollment requirements.
- **Behavioral Health:** Six indicators in this category provided information on foster children continuously enrolled with one or more MCOs throughout the study period, with specific indicators addressing utilization of antipsychotic medications (three indicators), children's receipt of follow-up care following hospitalization for mental illness, and the prevalence of children prescribed antidepressant medications or medications for attention deficit hyperactivity disorder (ADHD).

HSAG utilized quantitative and qualitative study methodology to address the following question: *To what extent did children in foster care receive the expected preventive and therapeutic medical care in the first year of managed care service delivery?*

For the baseline study, HSAG identified approximately 500 children eligible for inclusion in the study population using a random sample stratified equally across three age groups based on the child's age at the end of the measurement period (children younger than three years, children ages three through 11 years, and adolescents ages 12 through 17 years). For these children, HSAG evaluated: expected well-child visits; expected immunizations; access to primary care providers; annual dental visit; use of multiple concurrent antipsychotics; use of first-line psychosocial care for children prescribed antipsychotics; overall use of psychosocial care for children prescribed anti-psychotics; follow-up after hospitalization for mental illness; prevalence of antidepressant medication; and, prevalence of children prescribed ADHD medication.

DMAS has contracted with HSAG to conduct follow up studies to evaluate changes over time with the provision of care for the foster care population. In October 2017, a second year of findings was published. The executive summary of this report can be found at: http://www.dmas.virginia.gov/Content_atchs/mc/2016%20Foster%20Care%20Focused%20Study.pdf

For the 2016 report period, 7,030 children in foster care at any time from July 1, 2015, through June 30, 2016, were included in the study population, and 4,282 of these children were continuously enrolled with one or more MCOs throughout the study period with enrollment gaps totaling no more than 45 days. Although the number of foster children receiving Medicaid decreased from CY 2016 to CY 2017, the proportion of children continuously enrolled throughout the study period increased. Of the 7,030 children

in the study population during CY 2017, 67.6 percent (n=4,749) were also in the study population for the CY 2016 study period.

The study was repeated in 2017-2018 with a third year of findings being published in August 2018. The executive summary of this report can be found at:

<https://www.dmas.virginia.gov/files/links/3482/VA-SFY2017-18%20Foster%20Care%20Focused%20Study%20Report.pdf>

For the 2017 report period, 7,599 children in foster care at any time from July 1, 2016, through June 30, 2017, were included in the study population, and 4,770 of these children were continuously enrolled with one or more MCOs throughout the study period with enrollment gaps totaling no more than 45 days. The proportion of children continuously enrolled in Medicaid increased to 62.8 % during the period. This is the highest proportion of continuously enrolled children observed across the three measurement periods. Of the 7,599 children in the study population during the 2017 measurement period, 62.8 % (n=4,773) were also in the study population for the 2016 study period, and 39.3% (n=2,988) were in the 2015 study population. Overall, 38.7 % (n=2,941) were in the study population for all three study years and among this group 57.7 % (n=1,698) were continuously enrolled for all three years.

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

Study Indicators by Domain	Rate for Measurement period 2015 (%)	Rate for Measurement period 2016 (%)	Rate for Measurement period 2017 (%)	Difference Statistically Significant?
<i>Preventative Care</i>				
<i>Expected Well-Child Visits</i>	41.3	31.5	36	Yes
Members With at Least One Well-Child Visit in the First Six Months of the Study Period	37	28	34.3	Yes
Members With Zero Well-Child Visits	44.3	54.3	49	Yes
<i>Expected Immunizations</i>	11	9.8	12.8	No
<i>Access to Primary Care Providers</i>	92.1	92.8	94.1	Yes
Members With at Least One Visit in the First Six Months of the Study Period	79.3	80.6	80.7	No
Members With Zero Visits to PCP-Type Providers	7.9	7.2	5.9	Yes
<i>Annual Dental Visit</i>	87.6	85.2	87.5	Yes
<i>Behavioral Health</i>				
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>	1.9	1.5	1.9	No
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	88.9	91.3	90.1	No
<i>Overall Use of Psychosocial Care for Children and Adolescents on Antipsychotics</i>	82.2	85.4	84.7	No
<i>Follow-Up After Hospitalization for Mental Illness— Follow-Up Within 7 Days</i>	61.8	54.5	52.8	No
<i>Follow-Up After Hospitalization for Mental Illness— Follow-Up Within 30 Days</i>	84.3	79.0	85.5	No
<i>Prevalence of Antidepressant Medication</i>	26.3	27.4	28.2	No
<i>Prevalence of Children Prescribed ADHD Medication</i>	44.1	44.3	46.4	No
<i>Members Newly Prescribed ADHD Medication</i>	7.4	7.4	8.9	No

Conclusions include:

During the second year of statewide managed care service delivery, children in foster care continuously enrolled with one or more MCOs VDSS will continue to work with DMAS to monitor provision of medical and dental services, as well as the prescription rates for psychotropic medications.

Psychotropic medication protocol and addressing trauma

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

LDSS staff have been supported in making the connection between the need for better assessment and treatment of trauma and the risk of over-prescription as well the importance of understanding the worker's role in asking questions, empowering the birth parents to be involved in decisions making, and advocating for treatment which is conservative and considers side effects through enhancements to Foster Care Guidance. awareness about the risks of over-prescription particularly as it relates to children in foster care.

Additionally, the Health screens in OASIS have been revised to include the ability to enter data regarding prescriptions and to indicate whether the prescribed medication is a psychotropic medication. This information is now available in a report in SafeMeasures® which makes it possible for LDSS supervisors, regional permanency consultants, and home office staff to monitor the incidence of psychotropic medication use.

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

The Permanency Subcommittee again hosted a psychotropic medication policy workday. This meeting was attended by 25 representatives from various stakeholder groups including state staff, local departments of social services, Virginia's Foster Parent Association, licensed child placing agencies, Voices for Virginia's Children, Virginia Poverty Law Center, Commission on Youth, and Department of Medical Assistance Services. The meeting focused on improving coordination between the MCOs and LDSS in regards to children with complicated medical, behavioral, and/or emotional needs; standardizing the informed consent for medications process (including ensuring the youth and the biological family are involved in decision-making); and, providing local departments of social services staff the resources needed to effectively monitor psychotropic medications. Recommendations from the workday included 1) the development of a standardized consent form which includes best practices steps/activities and requires the signatures of both the worker and a designated 'medication consent reviewer' who has a greater level of training and expertise and, 2) the development of an on-line 'medication consent

reviewer' certification course. The group felt strongly that the front line staff are not adequately equipped to advocate on behalf of the children on their caseload. While they felt training was helpful, they suggested that having a more experienced person review the prescription of new medication prior to consent being given would create a coaching opportunity. LDSS staff also made many suggestions about how to make information regarding trauma treatment, MCO case management, and psychotropic medications accessible.

A dedicated webpage where information about the MCO foster care points of contact and links to verified web sources where information about usual doses, purposes, and potential side effects are available. The Permanency Subcommittee of the Child Welfare Advisory Committee will continue to examine current and proposed policies and procedures in an effort to ensure that medication is not overprescribed and are being prescribed appropriately.

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

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

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

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

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

Information on a wraparound approach and intensive care coordination was added to the Foster Care Chapter of the VDSS Child and Family Services Manual. DBHDS, DMAS, and/or OCS provide trainings on these two approaches and implementing systems of care. Funding for Wraparound training, coaching, certification, and capacity building was provided through DMAS by the University of Maryland Institute for Innovation and Implementation Funding additionally supported the training of 80 community-based clinicians to be certified in Trauma Focused Cognitive Behavioral Treatment in order to insure that there are clinicians to whom the LDSS can refer children in need of trauma treatment. Two LDSS in the Richmond area are currently engaged in the use the trauma toolkit (NCTSN) towards piloting a community wide trauma-informed system of care.

Through the Learning Collaborative, VDSS conducted a Trauma Systems Readiness Tool (TRST) pilot with eight agencies (representative of size, region) to assess their current status as a trauma-informed agency in December 2015. The findings from these assessments were presented at the Virginia League of Social Services Executives Spring conference in May 2016. Based on the recommendations generated by attendees, information about tools, process, frequency, etc. for screening processes for both children and parents has been made available to LDSS on the VDSS website. The absence of such was identified as one of the major weaknesses of the current system in terms of being trauma-informed. Additionally, the trauma module of the CANS and trauma training is now available for LDSS staff.

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

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

In the interim, until the EMR for children in Medicaid is established, OASIS has been revised to permit LDSS service workers to gather known health information on the child and the child's birth family from health care providers, caregivers, MCOs, and other entities in one place. The worker can then appropriately share this information with caregivers and health care providers.

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

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

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

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

provide state-wide coverage, to ensure that when a child in foster care changes placement, their care can continue to be coordinated through the original MCO.

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

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

Virginia continues to use the service authorization requirements implemented by DMAS' Drug Utilization Review Board for any atypical antipsychotic prescribed for a child under the age of 18 in the fee-for-service population, including children in foster care. Similar authorization requirements for medical review of psychotropic medication prescription for children in foster care served through the MCOs in Virginia have been instituted.

HSAG study were presented to the CWAC Permanency subcommittee to inform recommendations regarding enhancements of the foster care psychotropic medication monitoring policy. The work that Fairfax County LDSS has done in instituting some internal protocols aimed at increasing family services specialists' knowledge about psychotropic medication and empowering them to take an active role in decision making around prescriptions was also shared.

The CWAC Permanency sub-committee will also be tasked with developing strategies for communicating the protocol out to target audiences:

- Front line workers (VDSS service worker, FAPT & CSB case managers, clinicians, managed care managers);

- Caregivers/providers where child lives (foster care parents, treatment foster care and residential treatment providers, etc.);
- Prescribers of psychotropic medications (child & adolescent psychiatrists, nurse practitioners, primary care providers in public and private sectors);
- Youth; and, Birth parents.

How the State actively consults with and involves physicians or other appropriate needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

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

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

- I understand that during the 90 days before I turn age 18, I will finalize my plans for successfully transitioning from foster care to adulthood. This **Plan for Successful Transition** will include the names of adult(s) who have agreed to help me during this transition and in the future. It will also address my specific needs, including housing, health insurance, education, local opportunities for mentors and continuing support services, work force supports, employment services, and any other needs I identify; and,
- I understand the importance of identifying someone to make health care treatment decisions on my behalf, if I become unable to make them and if I do not have or want a relative to make these decisions. I can identify a health care power of attorney using the form on the Virginia Department of Health's website, entitled "Virginia Advance Medical Directive."
<http://www.vdh.virginia.gov/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf>

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

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

III. ADDITIONAL REPORTING INFORMATION

A. MONTHLY CASEWORKER VISITS

Workers have been able to increase visitation despite receiving very few additional resources and have been consistently meeting the compliance expectation that 95% of children in foster care are visited face to face each month as established in October 2014.

As of April 2016, 95.09% of children in foster care had been visited monthly and visits occurring in the child's placement for each AFCARs reporting period since October 2014.

The state baseline CFSR review conducted in 2017 found that while worker visits were being completed monthly, the quality of the visits was not always adequate and workers did not increase frequency of visits to address periods of greater need.

Steps taken to address compliance and quality include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Any potential data issues identified through this process are being assessed and corrected as necessary. Regional Foster Care Consultants continue to reach out to provide technical assistance specifically to those LDSS whose compliance rate appears problematic.
- The state continues to publish a monthly visit report as part of the Critical Outcomes Report available to all LDSS staff through SafeMeasures®. The report provides monthly updates on worker visits and allows users to drill down to the worker level to identify where improvements in visits need to be made to reach and surpass the federal requirement. Additionally, a filter can be applied to identify when the narrative section of a worker visit has not been completed adequately. In the last year, a new report which calculates the federal fiscal year to date compliance rate has been made available to the LDSS through SafeMeasures® so that they will have access to the same information the regional consultants are using. These reports facilitate supervisory oversight and intervention at the LDSS level, as well as identifying when technical assistance from the Regional Office may be beneficial.
- Instituting FPM as a statewide initiative has contributed to children's placement in their home communities and decreased travel time for workers. As Virginia continues to focus on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic impact on children of coming into foster care, LDSS will be encouraged to recognize that strong family engagement practices and the use of local, family-based placements is optimal for many reasons, including making it easier to visit with children regularly.
- Federal Title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation, especially for children placed in residential placements out of state. Some LDSS have used the funds to purchase laptops or tablets.
- Federal title IV-B funds are also used to pay for training to help staff understand the importance of having meaningful and purposeful visits with children in care and helping staff gain skills in planning, preparing, engaging in, and conducting appropriate visits, and to provide small performance rewards to workers who successfully meet program expectations.
- This year, VDSS has made transcription services available to the LDSS, reducing the administrative burden associated with worker visits. LDSS have been provided with job aides to support documentation which also provides a template for the elements of quality worker visits.
- A significant challenge identified by the LDSS to meeting the requirement is documenting the visits in OASIS timely. The state is in the early stages of procuring a mobility application that

will ultimately allow workers to access OASIS in the field to facilitate the documentation of worker visits immediately following the visit. The projected availability of the mobility application is Fall 2019. This functionality in addition to the transcription services is expected to assist LDSS in completing documentation within appropriate timeframes.

- VDSS is in the process of developing additional training for supervisors and LDSS leadership to address components of quality visits.

Regional Consultants began completing annual case reviews with agencies to support good practice and identify areas of practice that need to be strengthened. Regional Foster Care Consultants visit two agencies per month, review 5 foster care cases per agency, and gather information and provide feedback to the LDSS. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits in addition to ensuring that documentation is meaningful and addresses the safety, permanency, and well-being of the child. VDSS continued the practice of regional consultants completing agency case reviews for each agency on an annual basis. The cases being selected for review for foster care are those which have been open between 9 and 12 months. In addition it is also an item in the QAA CWCR where they look at the compliance of monthly visits, these reviews are also looking at newer foster care cases that have been in care for around 120 days. Reviewing cases early in the foster care timeline permits a focus on early permanency efforts including concurrent planning, relative searches, and family engagement. The case review process permits VDSS to assess the degree to which LDSS are experiencing challenges and/or successes in these areas and to provide timely and specific feedback and TA to the LDSS as part of the debriefing process. The items reviewed currently include items a number of items which are directly related to the CFRS instrument.

2019 Update

Monthly Casework Visit Formula Grants and Standards for Caseworker Visits

Workers have been able to increase visitation despite receiving very few additional resources and have been consistently meeting the compliance expectation that 95% of children in foster care are visited face to face each month as established in October 2014.

For the 10/1/2018 to 3/31/2019 reporting period, the face to face month visit rate was 95.95% and the visits in residence rate was 78.65%. Virginia has met the federal standard for both monthly face to face contact and visits occurring in the child's placement for each AFCARs reporting period since October 2014.

Steps taken to address compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Regional Foster Care Consultants continue to reach out to provide technical assistance specifically to those LDSS whose compliance rate appears problematic.
- Provision of transcription services. Transcription services reduce the administrative burden associated with worker visits and ensure that documentation is quickly available in OASIS.
- Development of a mobility solution. VDSS will make a mobility application available to the field this fall which will allow workers to access OASIS from the field. This functionality in combination with transcription services is expected to assist LDSS in completing documentation within the appropriate timeframes.
- Continued publication of a monthly visit report as part of the Critical Outcomes Report available to all LDSS staff through SafeMeasures®. The report provides monthly updates on worker visits and allows users to drill down to the worker level to identify where improvements in visits need to be made to reach and surpass the federal requirement. Additionally, a filter can be applied to identify when the narrative section of a worker visit has not been completed adequately. In the

last year, a new report which calculates the federal fiscal year to date compliance rate has been made available to the LDSS through SafeMeasures® so that they will have access to the same information the regional consultants are using. These reports facilitate supervisory oversight and intervention at the LDSS level, as well as identifying when technical assistance from the Regional Office may be beneficial.

- Continued focus on placing children in their home communities. When children in care are placed locally, travel time for workers is decreased. Virginia will continue to focus on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic impact on children of coming into foster care through the use of local, family-based placements, for many reasons, including making it easier to visit with children regularly.
- Federal Title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation, especially for children placed in residential placements out of state. Some LDSS have used the funds to purchase laptops or tablets to assist with timely documentation of visits.

Steps taken to address the quality of worker visits:

- Foster care guidance emphasizes that worker visits be well-planned and focused on issues pertinent and meaningful to case planning the focus of caseworker visits should be on the child's well-being and safety, and progress towards permanency. Documentation of the visits should address how the contact was meaningful and include information specific to the child's well-being, safety, and efforts to achieve permanency. Guidance was updated in the fall of 2018 to emphasize the requirement that services workers must spend time alone with the child during the monthly visit. This provides the opportunity for the worker to more adequately assess the child's safety, the child to privately share any concerns, and for the child to provide input into their permanency plan.
- LDSS have been provided with a job aide which identifies the elements of quality worker visits. The Monthly Worker Visit Checklist supports the worker in conducting well-planned visits focusing on well-being, safety and permanency. The job aid includes reminders of worker's responsibilities and sample questions to ask the child and caregiver targeted towards assessing well-being, safety and permanency. It also provides a template for documenting a quality worker visit.
- In addition to new worker training, VDSS has developed and delivered additional training for supervisors and LDSS leadership to emphasize elements of quality visits.
- As the quality of visitation has been determined to be an area needing improvement, implementation of the CCWIS Permanency.
- Federal title IV-B funds are also used to pay for training to help staff understand the importance of having meaningful and purposeful visits with children in care and helping staff gain skills in planning, preparing, engaging in, and conducting appropriate visits, and to provide small performance rewards to workers who successfully meet program expectations.

Periodically, and especially during agency visits, regional foster care consultants review the LDSS' performance reports in SafeMeasures® with supervisors and Directors. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits in addition to ensuring that documentation is meaningful and addresses the well-being, safety and permanency of the child (Permanency Strategies 1 and 5).

B. NATIONAL YOUTH IN TRANSITION DATABASE

National Youth In Transition Database

According to Virginia’s FFY 2018 National Youth in Transition Database (NYTD) 1,448 foster youth ages 14 and over received independent living (IL) services compared to 1396 in FFY 2017. Youth were served in all five regions of the state. Virginia has complied with NYTD requirements and surveys for the past four reporting periods with no financial penalty.

2019 Update

As in previous years, NYTD remained a priority for Virginia in FY 2019. VDSS’ goal is to enhance NYTD collecting and reporting processes, and making changes to guidance and policy, as needed, to improve services statewide for youth in and transitioning out of foster care. Virginia improved NYTD data collections by having NYTD data in SafeMeasures® (pulled from OASIS) so VDSS and LDSS will be able to track the delivery of IL services and NYTD surveys reported in real time. VDSS provided technical support and guidance to LDSS. The four services most often provided by LDSS were IL needs assessment, academic support, budget/fiscal management and other financial assistance. Because of the partnership between VDSS and LDSS, and youth presenting at the Project LIFE’s youth statewide conferences, youth are aware of the purpose of the NYTD and the importance of taking the survey. During FY 2019, VDSS and Project LIFE continued to provide training and TA to LDSS to support young people, focused on improving the process for providing feedback to stakeholders and decision-makers on NYTD data, and complied with federal NYTD requirements. Virginia does not have a NYTD Review scheduled in FY 2020. However, when VDSS is scheduled for such a review, the state will inform stakeholders (i.e., Permanency Advisory Committee (PAC), Child Welfare Advisory Committee (CWAC), and SPEAKOUT of the NYTD Review for the state.

C. Timely Home Studies

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

Placement Requests into Virginia - April 1, 2015 to April 30, 2016

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	164	1	1	2	
Relative	16				
Foster Home	551	3	3	1	
Adoptive	170	77		25	
Group Home					
Residential	157	2	6	68	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	1,061	83	10	96	

Sex of Children	Male		Female		Unknown	
	Under 1	1-5	6-10	11-15	16-18	19-21
	614		520		1	

Ages of Children	199	273	232	314	109	1
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	561	303	14	12	8	237
Hispanic	Yes	No	Unable to determine	Declined		
	127	746	261			
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision			0-30	31-60	61-90	Over 90
			196	30	33	134

Unaccompanied Refugee Minor=0; Adoption Assistance Subsidy=4; Retroactive compliance Into VA=2

Total Number of Agreements into Virginia Terminated

Adoption Finalized	108	Total: 1,175
Age of Majority/Emancipation	102	
Legal custody returned to parents (concurrence)	39	
Legal custody to relative (concurrence)	39	
Treatment complete	96	
Sending state jurisdiction terminated (concurrence)	1	
Unilateral termination	11	
Child returned to sending state	121	
Child moved to another state	13	
Proposed placement request withdrawn	43	
Approved resource will not be used for placement	74	
Other	528	

Number of children returned to Virginia: 159

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

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	195	1	4		
Relative	8				
Foster Home	433		1		
Adoptive	47	46		18	
Group Home				1	
Residential	51	2	7	89	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	734	49	12	108	

Sex of Children	Male		Female		Unknown	
		378		364		
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	109	174	149	191	117	0
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/	Unable to determine

					Pacific Islander	
	388	225	10	1	1	117
Hispanic	Yes	No	Unable to determine			
	66	550	126			
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision			0-30	31-60	61-90	Over 90
			61	15	11	69

Unaccompanied Refugee Minor=1; Adoption Assistance/Subsidy=11; #Placements OUT of VA brought into Compliance=1

Total Number of Agreements Out of Virginia Terminated

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

Number of children returned to Sending state=102

2018 Update

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

National Electronic Interstate Compact Enterprise (NEICE) System

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

2018 Update

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

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

*Number of children placed during the reporting period

**Parent/Foster/Relative/Public Adoption

2019 Update

The ICPC Unit cannot provide an accurate assessment on the timeliness of home studies that were completed during this reporting period. The NEICE system does not provide this data.

Bristol County, Chesterfield County, Fredericksburg, Roanoke County, Smyth County, and Washington County were added to the NEICE system during 2018-2019. The following the NEICE placement report for 5/1/2017 – 4/30/18.

Home Studies Requests In **	907
Home Studies Requests Out **	656
Placements In *	379
Placements Out*	199
Private Adoptions In	175
Private Adoptions Out	62
Residential Placements In	398
Residential Placements Out	143

*Number of children placed during the reporting period

** Parent/Foster/Relative/Public Adoptions

D. Inter-Country Adoptions

The Commonwealth will continue to track international adoptions over the course of the next five years and identify additional resources such as the use of adoption savings funds and Commonwealth funds to provide supportive services to children who are adopted from other countries, such as adoption assistance (if eligible) and post adoption services.

Currently, international adoption data is extracted from an internal database which is not captured in our current SACWIS system. As the Commonwealth continues to work towards development and implementation of a new case management system (CCWIS) within COMPASS, the goal will be to integrate this data source in the new case management system.

There were a total of 83 International Adoptions in SFY 2018, eleven of which were processed through ICPC. These cases were tracked through the ARRIS system because the NEICE system does not process international adoptions and cases cannot be tracked in our current child welfare case management system.

They were from the following countries:

- Bangladesh (4)
- Haiti (4)
- Morocco (2)
- Philippines (2)

- Thailand (2)

This count does not include the private domestic adoptions. There were a total of 175 private domestic adoptions that were processed into Virginia and a total for 62 private domestic adoptions that were processed out of Virginia.

The Adoption program supports international adoption support. Families who adopt children internationally have access to the same post adoption services as families who adopt domestically. A description of these services can be found in the post adoption services section on page [\[redacted\]](#).

VDSS will update our public facing website with language that informs families who adopt children internationally of the availability of post adoption services. In addition, we will explore adding conference workshops at upcoming adoption month conferences focusing on supports for children who adopt internationally. The Commonwealth will continue to track international options over the course of the next five years and identify additional resources, such as the use of adoption savings funds and Commonwealth funds to provide supportive services to children who are adopted from other countries, such as adoption assistance (if eligible) and post adoption services. Children who have been adopted from other countries may also be eligible for Family First services if identified as a “candidate for foster care”. As the Commonwealth continues to work towards the development and implementation of a new CCWIS case management system, within Compass, the goal will be to integrate this data source in the new case management system.

Historically, VDSS utilized a community stakeholder (contractor) to provide information specifically related to the numbers out of country adoptions served and post adoption supports to families who adopted children from other countries. In addition, we did not capture data on youth adopted from other countries who entered foster care and any supportive services required to achieve permanency for these children. We have requested a report to provide the latter annually and semi-annually. In addition, in the next APSR, we should be able to demonstrate an additional number of youth adopted out of country as all adoptions are captured in ARRIS and the previous information was provided for ICPC cases only.

E. LICENSING WAIVERS

The Resource, Foster, and Adoptive Family Home Approval Standards became effective September 2, 2009. The regulation allows variances from a standard on a case-by-case basis and the variance must not jeopardize the safety and proper care of the child or violate federal or state laws or local ordinances. Virginia state code as well as federal law limits variances to relative foster families. A LDSS is required to submit the request for a variance to the regional Resource Family consultant for review. Any long term variances granted must be reviewed on an annual basis by the Department of Juvenile Justice.

2019 Update

The approval and variance (waiver) process for foster and adoptive family home providers has not had any modifications and continues to be based on the principles articulated in the Virginia’s [Children’s Services System Practice Model](#). These principles are instilled in all of Virginia’s child welfare guidance, practice, and training. They also undergird the guidance and practices that are used to approve those individuals in Virginia who wish to assume the daily care of children and youth placed in foster care or available for adoption. An emphasis has been placed on how service workers are trained to utilize the variance process and its related authority to quickly place children with relatives. Training on the approval and variance process continues to be provided via in-person or webinar training sessions and ongoing technical assistance provided by regional Foster, Adoptive, and Family Recruitment Consultants.

Per existing [Local Department Resource, Foster, and Adoptive Family Home Approval Guidance](#), the variance process allows for case-by-case exceptions to the general provider approval standards for kinship foster care providers (relatives). No variance is granted that would compromise the following: safety-related standards; requirements set by law (e.g., barrier crimes); or any variance that, if granted, would violate federal or state law or any local ordinances.

The process for obtaining a variance includes completing all requested information on the Provider Approval Variance Request Form and submitting it electronically to the regional Foster, Adoptive, and Family Recruitment Consultant for consideration and approval. Subsequently, the variance documentation is maintained in the applicant’s file and if granted, the variance is reviewed annually.

F. Juvenile Justice Transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance. When the child’s commitment to corrections terminates, Virginia Code specifies that youth under 18 who were previously in foster care are to be returned to foster care. There is a provision for the youth’s custody to be transferred to a responsible adult at the point that the youth is released from commitment, but there must be a foster care hearing to facilitate any custody transfer. Additionally, since July 1, 2016, any youth who turns 18 in committed who is committed to DJJ from foster care is eligible for the Fostering Futures (extension of foster care) when they are released. VDSS and VDJJ have an MOA in place to facilitate collaboration between the LDSS foster care worker and the DJJ commitment facility staff to continue work towards establishing permanency for the youth while the youth is in commitment. The LDSS are responsible for providing continued support to prospective permanent caregivers, including treatment services as appropriate and assistance with transportation for visitation. The foster care worker is also responsible for visiting the youth in commitment at least every other month. The DJJ facility staff are responsible for sharing information with the LDSS and working collaboratively on discharge planning. The MOA is available [here](#).

Since 2016, Virginia’s DJJ has been undergoing a significant transformation intended to 1) safely reduce the use of the state’s large and aging juvenile correctional facilities; 2) effectively reform supervision, rehabilitation, and treatment practices for youth in custody both during their commitment and upon their return home; and 3) effectively replace the Department’s two large, outdated JCCs with smaller, regional, rehabilitative, and treatment-oriented facilities supported by a statewide continuum of local alternative placement and evidence-based services. As a result of these efforts, many fewer youth in Virginia are being committed to DJJ and those who are receive sentences which are significantly shorter than previously. Delinquent youth are instead served in the community and with a deliberate emphasis on family treatment and collaboration with other community agencies. The VDJJ Transformation Plan 2018 Update can be found [here](#).

While it appears that the number of youth committed to DJJ from foster care has not decreased, anecdotal evidence suggests that these youth are returning to foster care much more quickly and the work that is done with them while in commitment is resulting in more appropriate post-commitment placements and services.

Youth Committed to DJJ from Foster Care

Calendar Year	Committed to Corrections
2014	32
2015	24
2016	32

2017	38
2018	49

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

G. COLLABORATION WITH TRIBES

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

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

Contacts have been updated to include all state recognized tribes in Virginia. DFS will work to build relationships and connections with the tribes. LDSS who have tribes in their service areas are familiar with and have relationships with many of the leaders of those tribes, but relationships need to be strengthened statewide. Several tribes participated in the stakeholder interviews as part of the CFSR process. Follow up letters will be sent to each Virginia tribe to begin/continue conversations with them and inquire about their experience with the child welfare system, provide them with contact information for each program, and provide them with information about regular meetings including the Child Welfare Advisory Committee where their participation would be welcome.

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

2019 Update

Virginia DSS has 11 state and federally recognized Tribes. There has been renewed engagement in the past several years as the Commonwealth continues to build bridges with Tribal communities. The collaboration with these 11 Tribes has already proven to be invaluable as it has led to multiple productive roundtable meetings as well as the recent joint attendance at the National Indian Child Welfare Act (NICWA) conference.

Federal and State Recognized Tribes	
Pamunkey Tribe	Chickahominy Indian Tribe
Eastern Chickahominy Indian Tribe	Upper Mattaponi Indian Tribe
Rappahannock Indian Tribe	Monacan Indian Nation
Nansemond Indian Nation	Cheroenhaka Tribe (Nottoway)
Nottoway Tribe	Patowomeck Indian Tribe
Mattaponi Tribe	

Virginia State Recognized Tribes

<https://commonwealth.virginia.gov/virginia-indians/tribe-contact-information/>

Recognized Tribe Contact Information:

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

This communication has helped direct future efforts to continue not only to collaborate further with Tribes but to address specific topics such as understanding state Tribal and Commonwealth roles under the Indian Child Welfare Act (ICWA), identifying tribal resource parents, and creating notification processes. Additionally, continued partnership with the Court Improvement Program (CIP) will focus on addressing court adjustments specific to tribal needs. The VDSS 2020-2024 Strategic Plan has a solid focus on continued engagement with these critical leaders.

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

Tribal members are one of the many stakeholder groups invited to participate in ongoing CWAC meetings.

In addition, a series of roundtable meetings specifically focused on improving relations with Tribal Nations to better serve children and families have also been taking place since 2018. The first meeting took place in June 2018 and resulted in requests for additional information about DFS and the different programmatic areas.

As a result of these requests, a second roundtable meeting was held on September 19th. Each DFS program manager provided a brief overview of their child welfare program. These presentations and dialogue were well received and resulted in follow up written documents being requested by and sent to Tribal leadership. The Tribal leadership also expressed continued interest in learning about how they could better collaborate with DFS to serve children recognized by Tribal communities.

In March, 2019 another roundtable meeting took place that included federal representatives as well as the Capacity Building Center for States, Tribal partners and state leadership. Willie Wolf, an enrolled member of the Cheyenne River Sioux Tribe, 40-year veteran of Indian child welfare affairs, facilitated the meeting. This was also a meeting where the CFSP was discussed specifically with an opportunity for feedback in the strategic plan offered.

During this meeting, it was agreed that VDSS would support sending a team of Tribal partners and VDSS leadership to the National Indian Child Welfare Association Conference, which was held in Arizona. Two tribal members representing the Rappahannock and Chickahominy Tribes traveled to Arizona along with one state representative in order to attend the 37th Annual Protecting Our Children, National

American Indian Conference on Child Abuse & Neglect, with the support of the Commonwealth. These individuals were joined at the conference by a member of the Nottaway tribe. The Conference began on March 31 and concluded on April 3, 2019.

During this 4-day conference, attendees were able to engage in workshops that addressed various topics applicable to ICWA. Individuals attending the NICWA Conference were able to select from over 100 individual workshops that pertained to Indian/Native Children. Some of the workshops attended were as follows;

- Time to Plan: an acknowledgement of rights and wrongs of past government decisions and the recognition that is needed to heal native members, families and communities. From this recognition of issues and concerns a partnership between state and tribe members will be developed and established;
- Meeting the Needs of Native Children and Families: Lessons from ICWA Court;
- A Rigorous Examination of the Evidence-Based and Culturally Centered Family Listening and Circle Program was attended;
- Recruitment, Development, and Support: How Tribes Can Build a Strong Pool of Kinship, Foster and Adoptive Families;
- Youth Suicide Prevention with Question, Persuade and Refer;
- Collaboration to Support Infants and their Families Affected by Prenatal Substance Exposure in Tribal Communities;
- Strengthening ICWA Compliance through Coalition Development and attendees were challenged to read about the uncomfortable past in order to develop coalitions that are needed for the future;
- The Well-Being of Native Children, Defending the Indian Child Welfare Act;
- An Imperative for Indian Country, Strengthening families through innovative tech solutions; and
- Peer Support Strategies for Kinship, Foster and Adoptive Families in Tribal Communities and ICWA Family Preservationists.

Discussions during and after the conference resulted in the following recommendations:

Meetings should take place with high level VDSS leadership and leaders of each Tribal nation; State representatives should receive training from each recognized Tribe based on the differences culturally between Tribal Nations.

- Future meetings should alternate locations so that transportation is not an issue that inhibits participation.
- At least two Indian families should be certified as resource parents to be utilized as placement preferences for Indian children in foster care, pre-adoptive, and adoptive homes;
- Members from the Indian community voiced that since the tribes are new to being federally recognized they are not prepared to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe;
- Tribes would like to be notified of Indian children from their tribes or neighboring communities that are in jeopardy of being placed outside the home;
- Tribal members would like to teach Indian children in foster care about their traditions and heritage, they would like to be contacted by LDSS.

Ongoing coordination for CFSP/APSR

VDSS anticipates holding quarterly meetings with Tribes for continued dialogue, partnership and to identify additional avenues for VDSS to support Tribes. These meetings are scheduled to occur quarterly. The next meeting will include a focus on the following issues:

- Notification of Indian parents and Tribes of state proceedings involving Indian children and their right to intervene;

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

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

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

Statewide Oct-Dec 2018	# of Children by CPS Report Type	% Native American Children
Referrals	31,829	0.23%
Accepted	14,673	0.20%
Family Assessment	10,491	0.20%
Investigated	3,237	0.22%
Founded	1,161	0.17%

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 10/1/2018 -12/31/2018

Statewide Jan-Dec 2018	Male	Female
All Children in Foster Care Services	3965	3536
# Native American Children	10 (0.25%)	9 (0.25%)
Age at Current Removal		
0-3years	1	5
4-10years	5	1
11-14years	1	2
15-16years	3	1
17-18years	0	0
Diagnosed Disability		
Yes	3	3
No	4	5
Unknown	3	1
Case Plan Goal		
Adoption	4	5
Independent Living	1	0
Relative Placement	0	1
Return Home	3	2
Other	2	1
Exits from Care		
Reunification	1	0
Adoption	1	2
Custody transfer to another agency	1	0
Emancipation	1	0
Still in care	6	7

Source: VCWOR, OASIS Rolling Year Data, Foster Care Raw Data Report – All submitted

Virginia continues to work across child welfare programs to develop consistency in guidance for active efforts at first contact with a child and family and to ensure documentation of those efforts. This information will be added in an introductory chapter to the child welfare manual since it is pertinent to all program areas. Those active efforts include, but are not limited to:

- Conducting diligent searches for family members as possible placements;
- Engaging the child and parents;
- Taking steps to keep siblings together;
- Overcoming barriers to services; and;
- Inviting family members to meetings including foster parents;
- Engaging tribal representatives;
- Documenting how the child’s tribal membership was determined.

Virginia’s information system, OASIS, has been updated to allow Virginia to better track and report on children of American Indian heritage. Two mechanisms have been put into place to ensure LDSS compliance with ICWA requirements. First, a new purpose of contact, “Indian status,” has been added to OASIS. Foster Care guidance will include a requirement that for every child entering care, information shall be documented in OASIS about how a determination about the child’s potential American Indian status was made. The specific contact purpose will permit VDSS to pull reports to track this activity. Secondly, during the new QAA process where the QAA teams review all new foster care cases, the QAA reviewers assess the LDSS’ initial compliance with ICWA requirements. When there have been indications that the child is an American Indian child, the QAA team has involved the Regional Foster Care Consultant to provide technical assistance to ensure ICWA requirements are addressed early on in the case, including that these activities are documented appropriately.

Finally, Virginia foster care guidance strongly encourages LDSS to contact Virginia tribes and work with them to address the needs of children associated with state recognized tribes. New Worker Foster Care Policy Training, provided on a regular basis in each region of the Commonwealth, reviews requirements for contact as part of the curriculum. The New Worker Foster Care Policy Refresher Course (for workers hired prior to 2013) also stresses ICWA requirements. The Foster Care Manual was posted effective June 2017.

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

All children in foster care covered by ICWA have the same access and rights to services under Chafee and ETV benefits. There is equitable treatment for Indian youth in care. The efforts described above also include discussion about Tribal youth being engaged in programs carried out under Chafee. No Tribes have requested the development of an agreement to oversee or administer Chafee.

H. CHILD MALTREATMENT DEATHS

Sources of Information

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

CPS workers. The reported death must first meet the criteria to be determined valid. The validity criteria are specified in regulation 22 VAC 40-705-50 B:

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

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

Use of information from the State's Vital Statistics Department, Child Death Review Teams, Law Enforcement Agencies and Medical Examiner's Offices

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

Virginia Department of Health, Office of the Chief Medical Examiner (OCME)

- Reports all deaths that occurred in a Virginia jurisdiction, regardless of residence of the decedent. Does not typically investigate or report on deaths to Virginia residents occurring outside of Virginia;
- Investigates infant and child deaths that are sudden, unexpected, violent, traumatic, unnatural, suspicious, unusual, and sudden while in apparent good health, etc.;
- Medico-legal death investigation to determine cause and manner of death, not whether or not child abuse or neglect occurred:
- Cause of death: a medical diagnosis about the disease, abnormality, injury, or poison that set the lethal chain of events in motion.
- Manner of death: the circumstances around the death and is classified as homicide, suicide, natural, accident, or undetermined.
- Homicide occurs when the action of one person directly causes the death of another.
- Some injury patterns are clearly linked to child abuse and neglect: in infants and toddlers, abusive or inflicted head trauma, or blunt force trauma to abdomen; and,
- Others injuries are accidental because the injury was not inflicted on the child in an intentional way; e.g., a child drowning in a bathtub or dying in a fire; a child unintentionally forgotten in an automobile. In these cases, the caretaker may be deemed neglectful by a department of social services, but it does not mean they intentionally inflicted the injuries on the dead child.

Task: To determine how a person died and the intention behind the fatal injury if manner of death was unnatural.

Virginia Department of Health, Division of Health Statistics-Part of Vital Records

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

Task: To report deaths, but uses a national reporting and coding schema that differs from the other reporting entities.

Virginia Department of Social Services, Child Protective Services

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

Task: To determine whether a child was abused or neglected.

Law Enforcement/Commonwealth's Attorney

- Law enforcement uses Code of Virginia framework to investigate whether or not a crime was committed: murder, manslaughter, felony child abuse, felony child neglect, etc. Works with our state prosecutors, called Commonwealth's Attorneys, to investigate, develop evidence, etc.; and,
- Differences in how they might determine whether or not a crime occurred. E.g., a gunshot wound death where a person who killed another person when "playing" with a gun, pointing it at the decedent in play, pulling the trigger because they didn't think it was loaded, etc. would typically be called a homicide by the Office of the Chief Medical Examiner (because the person playing with the gun knew it was a lethal weapon and pointed it at another anyway) while a criminal investigation would result in an accidental death outcome; and the department of social services would likely consider it a founded case of neglect due to a lack of supervision. Likewise, if a child drowned in a swimming pool, social services might decide the child was neglected by inadequate supervision, but law enforcement could decide no crime was committed because there was no criminal intent.

Task: To determine whether a crime was committed.

Expansion of Sources of Information

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

In addition, the State Child Fatality Review Team and Virginia's five regional child fatality review teams continue to review child death cases by a multidisciplinary group including social services, law enforcement, and the medical examiner. Over the past several years and since the establishment of the regional teams, the number of cases reported to and investigated by LDSS has increased significantly.

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Child Death Investigations	124	131	129	124	118
Founded Disposition*	47	52	46	46	35
Unfounded Disposition*	73	72	80	69	65

This information does not reflect pending investigations and appealed findings

SFY 2018: (As of 2-15-19), Child Death Investigations were 118; FD 35 and UF 65. There are 18 pending investigations which are consistent with data from previous years at this time.

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

2019 Update

Of the 65 unfounded reports in the chart above, 50 of the reports (77%) involved a child less than one year of age; 26 of the 65 reports (40%) were sleep-related. This means the actual surface the child slept on, with whom the child was sleeping, how the child was sleeping or the items in the sleeping environment. As of 2/15/19, the preliminary aggregate number of child deaths that occurred in SFY 2018 are as follows: There were 118 Child Death investigations, 35 founded dispositions and 65 unfounded. There are 18 pending investigations.

Regarding Virginia's ongoing safe sleep campaign to reduce infant mortality, VDSS partnered with the Children's Hospital of Richmond at VCU to host a Facebook Live Event "Debunking Safe Sleep Myths." The event began at 6pm so that working parents and caregivers might have the opportunity to participate. As mentioned in the SFY 2017 update, Safe Sleep Door Knockers and magnets were created and made available free to LDSS. They were so popular that VDSS has already completed their distribution. Home Office will solicit another RFP and complete the procurement process to obtain a second and larger supply.

VDSS collaborated with the Public Affairs Department at Home Office to develop a Safe Sleep 365 video ad and advertorial. The video will be seen in 92 doctor offices and 4 hospitals throughout the Commonwealth and the advertorial will be featured in four parent and family magazines.

I. POPULATIONS AT RISK FOR MALTREATMENT

VDSS continues to advance policies, programs and practices to enhance the prevention and early intervention, safety and well-being of our youngest and most vulnerable child population involved in the public child welfare system; the population of children zero to four. This is also the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment.

The State Child Fatality Review Team has provided valuable information and assisted in developing recommendations for the Commonwealth to address child deaths involving children who die as the result of unsafe sleep environments. In addition to the work with the State Child Fatality Review team, VDSS in partnership with Virginia's Children's Cabinet received a briefing from the Alliance regarding the Commission to Eliminate Abuse and Neglect Fatalities and used this information to inform policies and practices. Most significantly, the Commonwealth started the first statewide Safe Sleep campaign in August 2017. The Safe Sleep campaign was part of Virginia's Three Branch efforts to address the fact that 65-70% of both founded and unfounded CPS Child Fatality Investigations are due to unsafe sleep practices occurring in the familial home.

As part of the statewide campaign, VDSS created the Safe Sleep 365 website to educate parents and caregivers regarding safe sleep practices. The practices focus on the core principles of Alone, Apart and Always. The website includes educational resources, tips and support. To date, there have been multiple hits to the website. In addition, VDSS developed a partnership with The Baby Box Company to equip parents across the Commonwealth with vital education and resources needed to give their babies a safe, healthy, and equitable start in life. Furthermore, VDSS developed a partnership with Children's Hospital of Richmond at Virginia Commonwealth University and The Baby Box Company to equip Virginia's new and expecting families with safe sleep education. As of January 2019, 11,077 individuals have completed the safe sleep educational requirement through Baby Box University and 5,492 Baby Boxes have been distributed at no cost to any of the participants. Virginia is also continuing with its pilot study with Virginia Commonwealth University's Children's Hospital at Richmond and School of Social Work to make safe sleep education, Baby Box distribution and a follow-up nurse home visit within 7-days of discharge available universally to all new parents. However, with very little notice, Baby Box stopped distribution of free Baby Boxes in May 2019 as the company made business model changes. VDSS will continue to support safe sleep awareness, activities and education.

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia had response times spelled out through Regulations in the past, this was the first time the Commonwealth mandated a response time based on the age of the child. We know that for FY2019, 33% of all Founded CPS cases involved children under the age of four. Furthermore, we know that for abuse and neglect fatalities, 83% of these involve children under the age of three.

The number of child deaths for children age birth to 12 months decreased from 28 in 2017 to 16 in 2018. There was a slight decrease in the number of child deaths for children age 13 months to 3 years; 10 deaths in 2017 to 8 deaths in 2018. Children under the age of five remain at high-risk of death. In 2018, 80% of investigated child deaths suspected of being caused by abuse or neglect involved child victims under the age of five.

VDSS continues to identify, track, and serve victims of sex trafficking. The online training course remains available on the public domain. Since inception, 583 individuals employed with VDSS (state and local agency staff) have completed the online training. In addition, there have been 2,744 page views on the public domain. Virginia continues to use the automated data system to track victims of sex trafficking. Virginia provides sample trafficking screening tools and resources on working with victims of sex trafficking in CPS and Foster Care guidance. Virginia has been working with the Virginia State Crime Commission on a statewide study on sex trafficking in Virginia that will be submitted to the General Assembly.

Of the 100 child victims identified as sex trafficking victims between 2011 and 2018, the group of victims was predominantly female (88%), White (60%), and in their teens (75%) at the time of referral. In regards to race, 60% were White, 29% Black or African American, 1% Asian/Pacific Islander, and 9% multi-racial. One child was of “unknown” race.

In regards to age, 14% were under the age of 12, 75% were age 13-17 years, and 7% were 18 and older (including three in their 30's). Two cases had out-of-range values (i.e., zero for a calculated age), and two were missing age.

Based on the most recent case type recorded for each client, 56% were involved in Foster Care, 17% in CPS Ongoing, 3% in dual CPS ongoing/Foster Care, and 7% in other types of child welfare cases. Seventeen percent of cases had no case type reported, which may indicate that these youth had no assigned case ID number and were still involved in a CPS investigation or family assessment.

J. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

2019 Update

On January 1, 2019, there were 1,288 children under the age of 5 in foster care. The number of children in this age range in foster care has remained fairly stable over the last 5 years, ranging between 1340 in 2017 and 1279 in 2018. Of the children in care in 2019, 45 percent of these children were female and 55% percent were male. The majority of the children, 59%, were white. Twenty seven percent were black and 11% were of mixed race. For these children, 58 (5%) were in pre-adoptive homes and 26 (2%) were placed with parents on trial home visits. The remaining 1,204 were in placements which were not permanent, although 110 (9%) of all children under the age of 5 were placed in relative foster homes. This represents a nearly double use of relative foster homes in comparison with the overall foster care population.

For children in foster care under the age of five, services include the following:

- For those with the goal of adoption and where Termination of Parental Rights (TPR) has been ordered, these children are identified as available for adoption through the ATCP adoption project;
- Family engagement and FPM are used to involve relatives in the caretaking of these children. When possible, these children are placed with relatives;
- For those children with the goal of reunification, visits with parents are to be scheduled weekly if not more often;
- Concurrent planning practices and placement with a resource family (i.e., a family that will take the child and support both reunification and adoption); and,
- Placement with siblings.

All of these services respond to the need to keep the family together as much as possible; to build on the attachment needs of the young child to their parent (when reunification is likely); and to identify and

place the child in an adoptive home (or make the home an adoptive home) as quickly as possible once reunification has been ruled out.

VDSS offers several trainings that deal with children's issues from a developmental perspective and discuss this age group specifically. Those classes are: CWS1021 Effects of Abuse & Neglect on Child & Adolescent Development; CWS1031 Separation and Loss Issues in Human Services Practice; CWS3041 Working with Children in Placement; DVS1031 Domestic Violence and Its Impact on Children; CWS5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training – eLearning. There are two courses offered to foster parents, Nurturing Parents and PRIDE, which provide training specific to this age group.

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

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

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

- Medicaid's Early Intervention Program
- Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT)
- Infant and Toddler Early Intervention Program (Child Protective Services guidance outlines under what circumstances the referral is required by CPS)
- Head Start and Early Head Start

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia has had response times spelled out through Regulations in the past, this is the first time the Commonwealth has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one, but was expanded to cover our most vulnerable populations. We know that for FY2018, 32.8% of all victims of all Founded CPS cases involved children under the age of four. Furthermore, we know that for abuse and neglect fatalities, 83% of these involve children under the age of three.

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

2018 Update

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

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

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

K. PROGRAM IMPROVEMENT PLAN UPDATES

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

This Program Improvement Plan was initially submitted in August of 2012 following the AFCARS review in June 2010. Virginia continues to submit updates to our federal partners at least twice a year. In January 2018, the Division of Family Services and the Division of Information Systems released OASIS 4.0. Among other modifications and fixes, OASIS 4.0 included new features for searching for cases/clients and adding clients to referrals/cases, a security patch for Structured Decision Making (SDM) and a new Diligent Search screen. These enhancements were directly tied to the AFCARS PIP, Child and Family Services Reviews (CFSR) and security requirements.

2018 Update

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

2019 Update

VDSS is continuing work on the AFCARS PIP, Data Quality Plan and the Extended Foster Care Work Plan. In late January 2019, the Division of Family Services and the Division of Information Systems released a new version of OASIS specifically for modifications to address items in the AFCARS PIP. These changes included front-end changes to screens as well as back-end changes to the coding for AFCARS. Work continues on additional modifications to OASIS screens to meet the remaining

requirements of the AFCARS PIP, to include additional modifications to the extraction code/mapping for data submitted to the Administration for Children and Families (ACF) twice a year.

IV. STATEWIDE ASSESSMENT OF PERFORMANCE

In order to assess state performance on child and family outcomes and agency systemic factors, Virginia has examined its performance on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors. Using the most recent data profile, national standards, data related to systemic capacity, case record review data, and other relevant data, Virginia is able to begin providing insight to performance on outcomes and systemic factors.

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

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

Additional themes for improvement include:

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

VDSS worked closely with the Capacity Building Center for States and utilized a collaborative process to review CFSR results, which consisted of extensive problem identification and root cause analysis with local staff and stakeholders to identify goals and potential strategies through multiple focus groups and surveys. In addition, the Children's Bureau CFSR team met with VDSS program managers to provide technical assistance on how to pull and utilize CFSR data from the Online Monitoring System (OMS). VDSS explored various approaches to implementing identified strategies to maximize performance. Namely, VDSS's Office on Research and Planning created a methodology to identify the 20 designated local departments of social Service (LDSS) localities in which the PIP implementation plan will direct its focus. To address inconsistencies in practice, the PIP implementation team is comprised of representatives from the 20 PIP LDSS regional directors, Child Welfare Advisory Committee (CWAC) members, state program managers, and state leadership. Approximately seven topics-focused workgroups will be established to develop and implement strategies and activities in a sequenced manner throughout the 20 PIP LDSS localities over the two-year PIP implementation period. Workgroup members will consist of front line staff, supervisors, LDSS leadership, state program managers, regional consultants, CWAC members, and parent and youth representatives. Once the PIP is approved VDSS believes that the prioritizing efforts toward building a stronger CQI system will strengthen safety, permanency and

wellbeing outcomes and performance.

CHILD AND FAMILY OUTCOMES

The strategies and key activities listed in the VDSS Program Improvement Plan (PIP) identify new strategies and build upon existing improvement activities currently in implementation by the Virginia Department of Social Services (VDSS) to positively influence safety, permanency and child well-being outcomes. These strategies have been integrated throughout the CFSP strategic plan. This includes emphasizing collective accountability, CQI processes, and teaming. Additionally, stakeholder involvement follows our continual collaborative communication loop model, where input, guidance and solutions are provided in a variety of ways to include surveys, focus groups, interviews, etc. Updates on progress to date to achieve or maintain substantial conformity are based on the quarterly review data analysis, these targets are not only reported in this section but will also be reflected strategic plan updates.

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VDSS worked closely with *the Capacity Building Center for States* utilizing a collaborative process to review CFSR results, which consisted of extensive problem identification and root cause analysis with local staff and stakeholders to identify goals and potential strategies through multiple focus groups and surveys. An important source of stakeholder feedback and input was the Child Welfare Advisory Committee (CWAC).

A second significant stakeholder engagement process occurred with Virginia's Court Improvement Program (CIP) to obtain feedback from court community stakeholders (i.e., attorneys for local departments of social services, attorneys for parents, guardians ad litem, and juvenile and domestic relations district court judges). Focus was placed on CFSR Items 5 and 6 (timely establishment and timely achievement of permanency goals), and Item 23 (filing of petitions for termination of parental rights in accordance with required provisions). Efforts included CIP refining and distributing surveys to 119 J&DR district court judges and to 1,526 attorneys who represent local departments of social services or who serve as counsel for parents and/or as guardians ad litem for children. The purpose of the surveys was to obtain court community input to inform the development of strategies and activities for this program improvement plan. Thirty-four percent of J&DR district court judges and 16% of attorneys and guardians ad litem completed the surveys.

To further involve court community stakeholders in program improvement plan development, VDSS and CIP jointly planned and conducted a day-long meeting with 18 local teams. This meeting was held on November 30, 2018. Teams included a J&DR district court judge, attorneys who represent local departments of social services, guardians ad litem for children, parents' counsel, LDSS staff, and court appointed special advocates. The meeting provided court community stakeholders and local agency staff an opportunity to meet collectively to hear and consider the CFSR findings and the results of root cause analysis work completed in relation to Items 5, 6, and 23. Participants also received statewide and local data related to permanency, including the timeliness and permanency of reunification, the timeliness of adoptions, and children in foster care for long periods of time. Using the information presented, local teams were invited to meet on their own, and then with other localities from their regions, to develop strategies for consideration and possible inclusion in Virginia's PIP. The input of these teams has been further refined by CIP and VDSS and is included in this program improvement plan.

In addition to the above joint meeting, CIP arranged its November 5, 2018, advisory committee meeting agenda to include time for members to complete root cause analysis work on CFSR Items 5, 6, and 23. CIP's advisory committee consists of J&DR district court judges; a J&DR district court clerk; representatives from VDSS, the Office of the Attorney General, and Department of Criminal Justice Services; counsel for local departments of social services; guardians ad litem for children; court appointed special advocates, and representatives from the Office of the Executive Secretary.

Based on the findings, it is evident that major tenets of the Virginia Children's Services Practice Model (i.e. focus on safety, involving family, maintaining family connections, and timely permanency) can be more fully operationalized throughout state, regional, and local program administration^{1,2}.

As a result, this PIP will focus on four goals to include:

- The overarching themes of family engagement
- Safety practices
- Permanency practices
- Workforce

² In 2017, VDSS, Rutgers University School of Social Work, and Casey Family Programs partnered to study how the practice model is implemented across the state to generate "lessons learned" regarding implementation drivers.

CFSR/PIP Framework



The principal goal of the PIP – family engagement—provides the guiding framework for important practice changes put forth in this document. For example, family engagement encompasses all skill sets necessary to accomplish *concurrent planning* as a primary practice response. VDSS is committed to the principles and values of the Practice Model. The Practice Profiles were developed with the intention of placing *Engaging* at the center of the 11 skill sets, recognizing that good casework practice is not possible without the fundamental skill of engagement. This is also the rationale for placing Engagement as the first strategy in the PIP; further given the evidence of uneven adaptation of the full set of Practice Profiles VDSS will lay a firm foundation by focusing intensively on engagement. The engagement, safety, permanency and workforce goals reflect integration across the items and system factors

Goal 1. Engagement: Ensure youth and families are involved in all aspects of decision making across the child welfare continuum to achieve safety, permanency, and overall well-being.

Items 1-18, and Systemic Factors 20, 23, 24, 26, 27, 29, 30, 31 are addressed in the engagement goal.

Update on Current Performance: VDSS believes that the skill and practice of engagement is the core of the work we do from the first contact through case closure. When family engagement occurs, families are involved in all aspects of case planning, decision making, identifying individualized solutions, and being open to receiving support, resources and participating in services. Family engagement practices are imbedded in Safety and risk assessment, concurrent planning, and diligent recruitment

Virginia Children’s Services Practice Model, adopted by the Virginia Department of Social Services (VDSS), as well as by the Department of Juvenile Justice and the Department of Behavioral Health and Development Services, is the gateway to building relationships with families. The basic principles of the practice model are:

- We believe that all children and communities deserve to be safe.
- We believe in family, child, and youth-driven practice.
- We believe that children do best when raised in families.
- We believe that all children and youth need and deserve a permanent family.
- We believe in partnering with others to support child and family success in a system that is family

- focused, child-centered, and community-based.
- We believe that how we do our work is as important as the work we do.

VDSS focused on the implementation of the Practice Model by creating a Learning Collaborative with 20 LDSS in 2014. The Learning Collaborative made a substantial investment in supporting these LDSS by operationalizing the Practice Model through the joint development of [VDSS' Practice Profiles](#). The Practice Profiles are comprised of 11 key skill sets describing the core activities and behaviors associated with each function of the Practice Model. This ensures the model is teachable, learnable, and doable as vision and values are transformed from paper to practice; thus, resulting in creating the desired practice at the local level. Over the past three years, the Practice Profiles were implemented throughout the state and Rutgers University is in the process evaluating the implementation processes and impact of the Practice Profiles on the original 20 localities. Acknowledging that the Practice Profiles were recently implemented and are currently undergoing evaluation, the following was observed of the supervisors and workers who participated in the PIP focus groups and survey: 53% reported “Always” or “Sometimes” using the Practice Profiles in supervision, while 30% reported they “Never” use the Practice Profiles in supervision. This was due to the fact that, during the initial implementation and testing period from 2015 to 2017, the Practice Profiles were implemented in approximately 60 pilot agencies but not consistently throughout the state. VDSS recently received the final report from Rutgers University School of Social Work (footnoted above) which provides valuable lessons learned in implementing to fidelity going forward. To address implementation fidelity in the strategies listed below, the results of the aforementioned evaluation was used to identify the need to hire three capacity building coaches that will work with the LDSS on readiness and consistency, they will also offer regional communities of practice to address consistency across the five regions in the state. Additionally, training and coaching will be provided by the regional consultants as needed. Measures of success include, LDSS completing self-assessments, installing the practice profiles, and capacity building coaches will be hired (as outlined in the 2020-2024 CFSP).

Family engagement requires a shift from the belief that agencies alone know what is best for children and families, to one that encourages the family to fully participate in decision making and taking an active role in working toward change. VDSS has further operationalized Family Engagement through the establishment of the Child and Family Team Meeting structure. These meetings are less formal than the team decision making meetings, or Family Partnership Meetings (FPMs), but facilitate family and youth involvement in discussions about case and service planning.

Although family engagement practice obviously encompasses much more than a series of meetings, each of these meetings represents a critical measure of the degree to which family involvement is occurring in local practice. Since Implementation, data showed positive trends in the number of meetings held; however, from 2014 to the beginning of 2016 the number of meetings plateaued and the engagement process began to stagnate. In response, beginning in early 2016, VDSS instituted an incentive plan providing additional funding to LDSS for each FPM held that met all policy requirements. Since that time, the total number of FPMs held has continued to increase. For example, in June 2018 over 600 Child and Family Team meetings and over 1,200 FPMs were held. However, even with an increase in meeting occurrences, agency case reviews and monitoring revealed that FPMs are not held consistently at all required decision points.

Focus group and survey results also showed that inviting relatives to participate in FPMs and Child and Family Team Meetings was the main strategy for engaging relatives in permanency planning for children in Foster Care. Other potential strategies included: Encouraging relative and family participation in service planning, approving relatives as foster parents, providing regular visitation, and ensuring that more emphasis is directed toward providing families with resources. Feedback and data also suggested

that when relatives come forward and the child's custody is transferred to them, children tend to exit Foster Care within the first 90 days.

For children in Foster Care, Practice Guidance states that the worker should have contact with the parent(s) at least every month, as long as the goal is return home. When asked about the primary ways that workers engage parent(s) to work toward reunification as methods of practice, the top three responses were: 1. facilitating visitation between parents and children, 2. regular phone calls, and 3. inviting parent(s) to participate in activities with children (i.e. doctor's appointments). It was also noted that visits between parents and children are based on the parents' cooperation.

Overall, qualitative and quantitative analysis demonstrated that workers and supervisors understand policy and expectations. However, there is a gap in applying these expectations in practice (i.e., adaptive processes) which influences the ability to fully engage families which in turn impacts safety, regular contacts, assessments, service planning, monitoring of services, ensuring individualized services are available, concurrent planning, visitation with parents and siblings, timely permanency and worker turnover. As a result, implementing Practice Profiles, supervisor training, and a coaching model together will focus on providing supervisors with knowledge and skills to supervise and coach staff in applying concepts learned in training and utilizing the Practice Profiles to focus on building competencies and increasing family engagement practice skills.

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please see the chart on page 177 .

Goal 2: (Safety): Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible.

Items 1, 2, 3, 12, 13, 14 and Systemic Factors 20, 26, 27, 29, 30, are addressed in the safety goal.

Update on Current Performance: Virginia was not in substantial conformity with Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. The outcome was rated as an Area Needing Improvement (ANI) and was substantially achieved in 67% of the cases reviewed. Safety Outcome 2 was rated as a strength and substantially achieved in 67% of the cases reviews. Virginia performed higher in Foster Care cases (70%) and Differential Response cases (71%), but much poorer on In-home cases (44%). Specifically, Item 2 was substantially achieved in 71% of the cases, with Foster Care at 62%, In-home cases at 75%, and Differential Response cases at 80%. Item 3 was substantially achieved in 67% of the cases with Foster Care and Differential Response cases performing at or about 70% and In-home cases performing at 44%.

During the CFSR case review and subsequently through the Child Welfare Case Reviews, findings highlighted concerns with timeliness of initiating investigations and family assessments, assessment and monitoring of risk and safety issues, the limited engagement of families in completing comprehensive assessments of needs, and the provision of safety services. The frequency and quality of caseworker engagement of families in the assessment and case planning processes varied statewide. The results of the cases reviewed and stakeholder interviews highlighted the inconsistency in case practice and performance, resources, and services across LDSS. Variation in the interpretation of laws, policies, standards, and funding and resources may contribute to the identified inconsistencies in practice and outcomes.

In looking at timeliness of initiating investigations and family assessments, data analysis demonstrated that neither worker turnover rates, the type of abuse, distance, race and gender of the victims and of the

alleged abuser, nor the day of the referral significantly impact timeliness of initiating investigations. Town Hall events with supervisors and workers identified the following barriers:

- Delay in assigning cases;
- Difficulty locating clients;
- Lack of information in the referrals;
- Lack of time when assigned multiple R1s in the same day;
- Lack of time to make a second contact when the first contact attempt was unsuccessful;
- Not Following SDM screening protocols consistently; and,
- Family resistance.

Because 67% of the cases were initiated timely, we will focus efforts to address the remaining percentage of cases by enhancing worker awareness of the impact of delays on the child's safety, supervisor triage protocols, and utilizing real time data and CQI processes to ensure timeliness.

Further data analysis and feedback from Town Hall events showed that although safety and risk tools were completed, alleged victims and household members were not always seen and involved in the planning, and services were not initiated. Additionally, feedback from Town Halls, stakeholder events and survey responses highlighted that during investigations workers did not initiate services tending to view "making a finding" as their primary role. Further identified barriers included:

- Services were not immediately and consistently available;
- Family was unreceptive to services;
- Workers waited to transfer/open cases; and,
- Workload demands delayed getting services in place.

Virginia's Differential Response system showed differences in the way workers viewed their roles depending on whether they were responding to an investigation or family assessment. Service provision was more of a focus in family assessments, and although services were not immediately available and workload demands delayed getting services in place similarly to investigations, workers did acknowledge service provision as part of their role. Additionally, it was clear that workers and supervisors did not fully understand the difference between safety services (e.g. immediate daycare) and risk prevention services (e.g. mental health treatment). Town Hall event feedback also highlighted worker and supervisor lack of understanding of assessment tools and lack of "belief" in the tools' usefulness. As a result, there is an obvious disconnect in overall practice regarding the connection between timeliness, visits, family engagement, service array, use of tools to help inform decision making, importance of remediating safety needs, initiating services, and quality documentation. Town Hall participants provided several solutions that focused on training as a solution. However, nearly 90% of staff completed mandatory training and all workers have access to additional training opportunities. This suggests that more of a focus is needed on LDSS directors and supervisors identifying time for workers to attend advanced training, utilizing transfer of learning activities upon completion of training, and supervisor coaching techniques to help workers connect training to case practice.

Much of CPS practice, guidance, and training focuses on intake, investigations, and family assessments. CFSR findings demonstrate that In-home cases were performing at 75% for Item 2 and 44% for Item 3. About 85% of high and very high cases are opened, which is expected because Virginia requires staff to open these cases. Of the open cases, data reflects that documented visits with children and family members are about 50%, the Family Strengths and Needs Assessment (FSNA) tool is completed about 75% of the time, while service plans are completed about 87% of the time. It is a positive finding that tools are utilized and safety plans are developed and documented; yet, the data suggests that service plans are created without family involvement and information from the FSNA tool.

To support providing services identified by using the FSNA tool, it is important for services to be easily available. In the feedback and town hall events, themes of inconsistent approval of services and lack of safety services within regions and between LDSS emerged. The majority of services are funded through the Office of Children's Services through the Children's Services Act (CSA). Each LDSS has a CSA Community Policy and Management Team (CPMT) and services are approved by a Family Assessment Planning Team (FAPT), which is made up of LDSS, CSA, providers, parents, and foster parents. Because LDSS has a different local CSA dollar match and approval depend on the individual FAPT teams, it has difficult for services to be consistently available and consistently approved in a locally administered, state supervised system.

There is not a strong foundation for In-home case practice. This has led to inconsistency in practice, assessments, visits, and documentation. VDSS currently offers one training on In-home case practice and assumes that other Foster Care training courses can supplement In-home training. In-home work with children in the home at high or very high risk requires a skill set that focuses on family engagement and establishing a relationship, identifying individualized needs, creating and monitoring case plans and progress with families while continually assessing safety and risk. Attention to In-home case practice at both the supervisor level and worker level is needed to create consistency in practice. Using the SDM and FSNA tools to create individualized case plans, and establish a frequent visitation schedule focusing on quality contacts to empower family members to participate in case planning, and support case decision-making through consistent use of the FSNA.

Town Hall events identified that workers utilized supervision to make decisions when considering a removal, creating safety plans, seeking funding, clarifying guidance, concerns with personal safety, assistance "thinking outside of the box," and identifying services. Staff also uses team staffing sessions to assist with decision-making. Although supervisors are engaged at specific decision points, survey results indicate that about 50% of the time workers receive formal supervision every other week and about 50% receive supervision one time a month. Additionally, most of the time supervisory sessions fail to include coaching and utilizing Practice Profiles. Limitations identified include supervisors carrying caseloads and making decisions on cases on behalf of workers. This is consistent with the feedback that challenges in our workforce at both the direct worker and supervisor level potentially has a negative impact on overall performance with the CFSR outcomes.

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please reference the chart on Page 177.

Goal 3. Permanency Practices: Improve permanency outcomes for children in foster care through concurrent planning, birth parent engagement and service provision, timely and quality court hearings, placement of children with relatives, improved recruitment, and engagement of service provision to foster and adoptive families.

Items 4, 5, 6, 8, 10 11, 12, 13, 14, 15 and Systemic Factors 20, 22, 23, 24, 26, 29, 30, 33, 35, 36 are addressed in the permanency goal.

Update on Current Performance: Virginia is not in substantial conformity with Permanency Outcome 1. During the onsite review, the outcome was substantially achieved in only 18% of the 44 applicable cases. A rating of ANI was received for associated Items 4, 5, and 6.

With regard to Item 4, 70% of the 44 applicable cases reviewed during the CFSR were rated as a Strength. Placement changes were planned in only 40% of 20 applicable cases. Review of placement data for the cohort of children who entered and exited care from July 2011 through March 2017, showed 40% of children with one placement, 21% of children with two placements, and 20% of children with three or

more placements. The data further showed that the number of placements went up as the child's length of time in care increased; although this aggregate number would also include cases where placement changes were related to the goal.

In general, increasing the number of approved foster homes (there are approximately 2,600) will provide youth with an opportunity to enter into a placement that is conducive to meeting their health, safety and well-being needs. An identified barrier is that the state does not have aggregated racial or ethnic demographic data for the approximately 50% of the statewide foster and adoptive parent population. As a result, the state is unable to ensure diligent recruitment of foster and adoptive parents statewide who reflect the racial and ethnic diversity of the children needing foster and adoptive homes.

A particular gap, as identified by LDSS staff, are foster home placements for teenagers (approximately 38% of the foster care population) with foster parents who are trained and have supports necessary to meet the needs of older children (e.g., intensive case management, specialized services for children, etc.). Participants at Town Halls reported that LDSS struggle to find appropriate foster home placements for sibling groups, African American children and youth (approximately 30% of the foster care population), teenagers, especially those who exhibit challenging behaviors or special needs. It was further reported that treatment foster care parents are no better equipped to support children who exhibit difficult behaviors than are LDSS-approved foster parents. Foster parent burnout and increasing/escalated needs of the child were identified by LDSS staff as the top two reasons foster parents decide to no longer foster children. S

CFSR findings related to Items 5 and 6 indicate that Virginia must make significant improvements in establishing appropriate permanency goals for children and in making concerted efforts to achieve reunification, guardianship (i.e., relative placement), adoption, or other planned permanent living arrangement. During onsite reviews, appropriate permanency goals were established in a timely manner in 64% of 42 applicable cases. Concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement were made in 25% of 44 applicable cases.

For children with the goal of reunification, concerted efforts were made in 37.5% of the cases reviewed during onsite reviews. Data available for state fiscal year 2018 (July 1, 2017-June 30, 2018) show that 58% of the children who were in foster care eight or more days and who exited to reunification, exited in fewer than 12 months. The median length of stay in foster care for these children was 10 months.

In the Town Halls, LDSS staff identified safety issues as a delay in reunification, noting that safety could not be addressed expeditiously (within six months) when the reason for entry into foster care included parental substance abuse. Staff also cited the resolution of non-safety related circumstances, (e.g., inadequate employment or housing) that arise or are identified after the child enters foster care, as a prerequisite for considering reunification. Barriers to addressing identified problems included:

- Limited access to providers who complete assessments.
- Limited or lack of services to address substance abuse, mental health, and trauma needs.
- Limited resources to address unstable housing.
- Inadequate transportation resources for parents.

Another barrier identified by LDSS staff to moving more quickly towards reunification is workload pressures in relation to increasing the number and length of visits between children and parents. Agency staffing issues was also one of the top three barriers identified by court community stakeholders to visitation between the child and his/her parents, and siblings being of sufficient frequency and quality to maintain and promote the continuity of these relationships. The lack of available visitation

monitors/supervisors and the lack of community visitation facilities were the other two most frequently identified barriers.

In Town Halls, workers identified the use of Family Partnership Meetings (FPMs) as helpful for concurrent planning. Several workers also noted LDSS' practice of meeting more frequently with parents and relatives as helpful in moving cases along the permanency timeline. However, LDSS struggle to implement FPMs as required by guidance (prior to a placement change and prior to developing a foster care plan). This is reportedly due to large caseloads, conflicting priorities, difficulty in coordinating schedules with the family, relatives, and professionals, lack of facilitator availability, and limited or no access to transportation for the parent. Involving relatives in concurrent planning may also be difficult because of parental resistance to relative involvement, difficulty obtaining names and/or contact information for potential relative resources, and time and effort required to make ongoing efforts to involve relatives.

The results of the survey of LDSS staff point to a difference in the degree to which relative engagement is embraced as a strategy for permanency planning. Similar to the input received in Town Halls, LDSS staff survey data show "inviting relatives to participate in FPMs/child and family meetings" as the most frequently selected strategy for successfully engaging relatives in permanency planning (selected by 33% of respondents). The second and third most frequently selected strategies were "providing visitation with the child" and "[encouraging] relative/family input/involvement in service plans" (selected by 24% and 19% of respondents, respectively). Only 18% of respondents identified the actual process of approving relatives as foster parents as a strategy or opportunity for successfully engaging relatives. Improved concurrent planning practices through which increased numbers of relatives are approved as foster parents could help children maintain close ties with family members and improve permanency outcomes.

Survey responses from court community stakeholders identified the lack of concurrent planning as the top barrier to establishing and achieving permanency goals. This category of responses included the following themes:

- The concurrent goal is not being worked.
- Insufficient consideration/identification of the concurrent goal.
- Insufficient understanding among parents of what is required of them.
- Insufficient planning/discussion about the concurrent goal.
- Insufficient screening of relatives to provide a permanent home for the child.
- Lack of family/relative identification/engagement early in the case.

Responses also showed that while the concurrent plan goal is frequently stated at court hearings, the details about the concurrent plan goal (e.g., the services provided as part of the concurrent goal, the steps taken to promote the concurrent goal, etc.) are not presented in court with the same frequency.

With regard to permanency through adoption, Virginia has made significant progress. It would be remiss not to note that Virginia set records in state fiscal years 2017 and 2018 with 747 and 820 finalized adoptions. Combined, the number of adoptions in these 2 state fiscal years is 32% higher than the number of finalized adoptions in state fiscal years 2015 and 2016 (1,188).

Despite this achievement, work remains to be done in Virginia to promote permanency through adoption. In cases reviewed during the CFSR, reviewers found concerted efforts to achieve permanency through adoption in only 19% of 26 applicable cases. Additionally, data available for state fiscal year 2018 (July 1, 2017-June 30, 2018) show that children who exited foster care to a finalized adoption during this period were in foster care an average of 29 months (median). Of the children who became free for adoption in the preceding state fiscal year (2017), only 13% exited foster care in fewer than 12 months.

Virginia's CFSR identified as an ANI, the filing of termination of parental rights proceedings in accordance with required provisions (i.e., termination of parental rights is filed for all children in foster care 15 of the last 22 months or documenting in the foster care plan the compelling reasons not to file to terminate parental rights). In cases reviewed as part of the onsite review, 63% of petitions were filed timely or exceptions were noted in the case records. Barriers to timely filing, as identified during stakeholder interviews, included a missing/absent parent and the reluctance of LDSS counsel to file for termination of parental rights in cases in which the agency may not prevail.

Court community stakeholders identified a reluctance to initiate termination of parental rights proceedings as the top barrier to timely filing these petitions. This category of survey responses centered around the parent's being given additional time to complete services and indicated that additional time is provided as a result of: the delayed start of services, the nature of the service not being conducive to completion within the time frame required, or the parent is making progress towards completing services/remediating the circumstances that brought the child into foster care. When parents are making progress towards completing services, local departments do not believe they have sufficient evidence to support termination of parental rights.

In Virginia, a LDSS may, under identified circumstances, petition the court for approval of an interim foster care plan at the time of the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). An interim plan may be approved by the court for a maximum period of 6-months if the court finds that marked progress is being made towards reunification or is being made to achieve the permanency goal identified. (See VA Code § 16.1-282.1). Almost 80% of court community survey respondents indicated that the LDSS always or often requests approval of an interim plan. This response rate suggests that interim plans are being routinely requested and approved, at least in part to give parents additional time to complete services. Survey respondents were also asked to indicate the extent to which they agree with the following statement: *The child's length of stay in foster care, as it relates to the requirement that a termination of parental rights petition be filed for a child in foster care 15 of the last 22 months, is addressed in foster care hearings.* Sixty percent moderately agreed (31%), slightly agreed (21%), or did not at all agree (9%) with this statement. When interim plans are approved, the LDSS and court community must be mindful of the approaching timeframe for filing termination of parental rights proceedings.

Input from members of the Virginia Court Improvement Program's Advisory Committee related to barriers to timely filing for termination of parental rights also included: insufficient discussion about where the child's case is on the time line in relation to the requirement to file for termination of parental rights (i.e., that the child's length of stay in foster care is approaching, has reached, or has passed the 15 of 22 months requirement for filing or documenting compelling reasons not to file a petition for termination of parental rights) and agency requests for approvals of interim plans to give parents more time to complete services.

Permanency Outcome 2. Virginia is not in substantial conformity with Permanency Outcome 2. During the onsite reviews, the outcome was substantially achieved in only 30% of the 44 applicable cases reviewed. The three items with the lowest ratings were visiting with parents and siblings (Item 8, 35%); Relative placement (Item 10, 34%); and, Relationship of child in care with parents (Item 11, 30%). In regards to visitation, LDSS made concerted efforts to ensure frequency of visits were sufficient to maintain or support continuity of the relationship with mothers in 48% of the cases and with fathers in 50% of the applicable cases. The quality of the visits was sufficient to maintain or promote the continuity of the relationship with the mother in 55% of the cases and with fathers in 67% of the applicable cases. In Town Hall meetings, the most frequently cited successful strategy for engaging parents in case planning

was the provision of visitation with the child or children, as this is often the best opportunity for workers to engage face-to-face with parents. However, workers reported wide differences in practice between agencies. Many reported that all visitation began with one hour of supervised visitation each week at the LDSS office. Initial visits were generally supervised by the assigned Foster Care worker. In some agencies, additional staff (case aides or service support workers) were assigned to assist with facilitating visits. Some workers reported that they were able to access funding to contract with a provider to offer therapeutic visitation to parents who needed additional support and coaching regarding parent-child interactions. Other staff reported that the delays in accessing funding or their localities' unwillingness to fund this type of services creates significant barriers to providing additional visitation.

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

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

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

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

Involvement of the child and family in case planning was rated a Strength in only 41% of 39 applicable cases. The child was most frequently involved (73.08%). Mothers were involved in 48.28% of cases and

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

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

For worker contact with parents (Item 15), the pattern of worker visits with the mother was found to be sufficient in only 31% of cases reviewed, and the quality of the contact was found to be sufficient in only 36% of cases. For the father, the pattern was found to be sufficient in only 22% of applicable cases, and the quality was found to be sufficient in only 29% of cases. A closer look at the CF SR and Agency Case Review findings, indicate that workers tend to make greater efforts to engage the parent from whom the child was removed.

Review of permanency data suggests that permanency outcomes are not substantially different among children based on individual demographic characteristics or between agencies based on size or region. Moreover, Virginia's Agency Case Review process has identified similar challenges and inconsistencies in efforts to implement concurrent planning and birth parent and relative engagement practices in multiple agencies in all regions.

Enhancing Family Engagement practices and Workforce issues will be addressed in separate goals. PIP strategies for Permanency will focus on enhancing practice areas which are underdeveloped (assessment and support of foster parents to prevent placement disruption, visitation of child with birth parents, use of relatives as foster parents) and addressing systemic barriers to timely achievement of permanency (availability of services, timely court hearings, and foster parent recruitment.)

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please reference the chart on Page 177.

Goal 4: (Workforce) Improve the consistency in practice to ensure safety, permanency, and well-being outcomes by investing in a well-trained workforce that is prepared, knowledgeable, and skilled.

Systemic Factors 26, 27, 32, 33 are addressed in the workforce goal.

Update on Current Performance: VDSS currently has a high turnover rate for child welfare workers with the overall highest turnover rate of 41.6% for new Family Services Specialist I positions; the highest rate within this category of 61.1% occurring in small agencies with fewer than 20 employees (increase of 14.4% from the previous year), and 50% in medium agencies with between 21-80 employees. Additionally, supervisors in small agencies are leaving their agencies at a rate of 26.1% while medium sized agencies have a much lower turnover rate in only 12.6% and large agencies a rate of 22.3%. New

workers are not staying in their positions long enough to complete required training which takes approximately two years from the date of hire.

VDSS is taking a dual approach to address the challenging issue of retention. First VDSS contracted with the University of Denver, Butler Institute for Families to assess the Family Services training model, conduct a nationwide scan of training systems, and make recommendations to improve the Division's training system. The study included a review of Virginia documents including Training System Task Force Report; 2016 Local Social Services Training Needs Assessment; Five-Year State Plan for Child and Family Services, training section; and, the Virginia Child and Family Services Review (CFSR). The study also included a Training System Self-Assessment performed by the leadership team; staff surveys sent to 2,717 VDSS staff with a 52% response rate; 13 listening sessions conducted in all five regions with a total of 147 participants; and completion of a national scan (using surveys and follow-up telephone interviews of state child welfare training systems located throughout the United States.¹ VDSS is implementing the primary recommendation of the Butler Study below as below. The component of our approach to improved retention is using technological solutions to provide immediate access to allow workers to document in real time using transcription services and mobility under Strategy 4.2. Taken together, VDSS is optimistic about the multiplier effect of an adaptive and technical approach to improving retention.

Update on Progress to Date to Achieve or Maintain Substantial Conformity
Please reference chart on Page 177.

Planned Activities

Update on Progress to Date to Achieve or Maintain Substantial Conformity

The PIP includes a prospective baseline and a stratified selection of localities representing the diverse geography and population of the state. The Virginia child welfare system is divided into five Regions: Northern, Eastern, Central, Piedmont, and Western. Each of the five regions contains a cross-section of city and rural population centers.

To ensure a statewide representative sample, the state will stratify the sample by all five Regions based on the percentage of caseload size. The stratification within each region will be using baseline proportions of number of core cases reviewed. The state plans on reviewing 70 PIP identified cases each six-month measurement period. These 70 cases (44 total Foster Care cases and 26 total In-home services cases) will be randomly selected throughout the five regions during the six months of the PIP measurement period. To ensure that Virginia's implementation plan is taken into account, a minimum of 44% (31) cases each measurement period will represent the identified PIP core localities. The remainder of sites in each region will be pulled using regional proportion of state caseloads. Virginia will pool cases from core PIP implementation sites in each region and rely on distribution of random sample, meaning some core sites could be excluded from the random sample.

During the six months of the PIP measurement period, Virginia proposes using a rolling quarterly sample to review the 70 cases divided by region. The number of Foster Care and Child Protective Services (CPS) cases will remain the same each measurement period. Each measurement periods will consist of two quarterly sample pulls. During each quarterly rolling sample, Virginia will review 22 Foster Care cases and 13 In-home cases. In addition, Virginia will have rolling six-month measurement periods advancing the six-month measurement period every quarter after the baseline period. For example, Feb-July 2018 = baseline period, May-October 2018 = measurement period one, August 2018 – January 2019 = measurement period two.

The following chart represents our Progress to Date to Achieve or Maintain Substantial Conformity. The PIP Baseline is the percentage of applicable cases reviewed rated a strength for the specified CFSR item. The Baseline Sampling Error represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases. The PIP Goal is calculated by adding the sampling error to the baseline percentage.

For the CFSR/PIP, VDSS is only required to show and meet measurement standards on 10 items (1, 2, 3, 4, 5, 6, 12, 13, 14, 15 shaded in grey). While VDSS is only required to measure, report, and meet standards for the 10 PIP items, VDSS is committed to reviewing and measuring all 18 items.

For the required 10 PIP items (shaded in grey), to show completion and that the standard has been met, the requirement is to stay within the 2% threshold for PIP measurement and reporting purposes. The items that have achieved the performance standard are indicated by the green font. The blue font indicates items were the number of applicable cases did not stay within the 2% threshold of baseline applicable cases. The PIP Goal has been met for 3 out of the 10 required items (3, 4, and 14) and for 5 out of the non-PIP required items (7, 8, 10, 17, and 18). VDSS will continue to meet the applicability threshold for the required 10 items; however, the blue font goal indicators will be utilized to provide measurement and reporting standards for the eight non required PIP items regardless of the threshold standard.

The following chart represents our Progress to Date to Achieve or Maintain Substantial Conformity. The green highlights indicate items achieved within a 2% threshold of the baseline applicable cases, and the blue indicates items were the number of applicable cases did stay within the 2% threshold of baseline applicable cases. For the 10 PIP identified goals, which are shadowed grey, we have to stay within the 2% threshold for PIP measurement and reporting purposes; however internally we will still use the blue goal indicators to provide measurement and reporting standards for the 8 items outside of the PIP goals.

CFSR Items Requiring Measurement	Item Description	PIP Baseline ^{e3}	Baseline Sampling Error ⁴	PIP Goal ⁵	Measurement Period 1 ⁸ Performance	Measurement Period 2 ⁸ Performance	Measurement Period 3 ⁹ Performance
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	76.9%	0.105764658	87.5%	68.0%	69.6%	73.9%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	67.6%	0.102695604	77.9%	60.6%	60.0%	74.2%
Item 3	Risk and Safety Assessment and Management	48.6%	0.076463402	56.2%	50.0%	58.6%	58.6%
Item 4	Stability of Foster Care Placement	70.5%	0.088040698	79.3%	61.4%	72.7%	86.4%

CFSR Items Requiring Measurement	Item Description	PIP Baseline e3	Baseline Sampling Error4	PIP Goals5	Measurement Period 18 Performance	Measurement Period 28 Performance	Measurement Period 39 Performance
Item 5	Permanency Goal for Child	65.9%	0.0914693 48	75.1%	72.7%	72.7%	65.1%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	38.6%	0.0939587 65	48.0%	38.6%	34.1%	30.2%
Item 7	Placement with Siblings	63.2%	0.1416508 59	77.3%	55.0%	87.5%	92.6%
Item 8	Visiting with Parents and Siblings in Foster Care	33.3%	0.0966209 74	43.0%	46.2%	51.6%	51.7%
Item 9	Preserving Connections	62.8%	0.0943515 76	72.2%	52.3%	52.3%	58.1%
Item 10	Relative Placement	46.5%	0.0973612 64	56.2%	52.4%	59.5%	58.5%
Item 11	Relationship with Child in Care with Parents	34.2%	0.0985090 78	44.1%	48.4%	47.6%	52.0%
Item 12	Needs and Services of Child, Parents, and Foster Parents	38.6%	0.0744696 00	46.0%	27.1%	30.0%	42.9%
Item 13	Child and Family Involvement in Case Planning	35.3%	0.0741785 88	42.7%	29.9%	41.3%	43.8%
Item 14	Caseworker Visits With Child	57.1%	0.0757100 50	64.7%	55.7%	65.7%	64.3%
Item 15	Caseworker Visits With Parents	34.4%	0.0759934 21	42.0%	19.0%	22.4%	41.5%
Item 16	Educational Needs of the Child	83.7%	0.0720622 07	90.9%	85.7%	87.8%	86.4%
Item 17	Physical Health of the Child	72.2%	0.0780184 40	80.0%	72.7%	81.8%	90.4%
Item 18	Mental/Behavioral Health of Child	39.1%	0.0921061 21	48.3%	58.0%	76.6%	59.5%

Although most of the systemic factors were integrated into the engagement, safety, permanency and workforce PIP goals, this section provides additional information on systemic factors 19, 20, 21, 25, 28, 32, 33, 34 and 36.

Item 19: Information Systems

Virginia social services agencies continue to rely heavily in 2018 on the functionality of and information maintained in several State supported information systems: the Online Automated Services Information System (OASIS); the Structured Decision Making (SDM) Tool; the Adoption Resource and Research Information System (ARRIS); and the Virginia Enhanced Maintenance Assessment Tool (VEMAT).

OASIS currently provides the Department the ability to collect and maintain demographics, characteristics, location (placement) and goals for every child in foster care. In preparation for migrating data to a new CCWIS compliant system, VDSS in 2018 has implemented several committees to ensure implementation, training and data governance related to data from our legacy system.

OASIS interfaces with the SDM Tool and ARRIS, while VEMAT is utilized as a stand-alone application. The web-based SDM Tool is used as an assessment instrument to formalize Child Protective Service Intake, Safety, and Risk business rules. ARRIS, a client-server application, is utilized by the Division of Family Services (DFS) staff to track finalized adoptions and interstate placements. VEMAT, a web-based application, is used by both VDSS and LDSS staff to assess a foster child's level of need for additional daily support and supervision.

VDSS entered into a contract with the National Council on Crime & Delinquency (NCCD) in December, 2008 to provide SafeMeasures®, a web-based application that provides data analytics through reports and dashboards. SafeMeasures® currently features over 150 reports, a Critical Outcomes Scorecard and features such as My Upcoming Work and My Calendar. SafeMeasures® receives nightly data extracts from our legacy case management system, OASIS.

In 2018, the VDSS Office of Research and Planning, began collaboration with the Division of Family Services, to develop an in-house reporting system that will provide data analytics to the Department as well as local department of social services, which will allow the Department to move away from a dependency on an outside vendor.

COMPASS is Virginia's response to new Comprehensive Child Welfare Information System (CCWIS) federal regulations. COMPASS which represents Virginia's Comprehensive Permanency Assessment and Safety System. Beginning in 2016, Virginia Department of Social Services (VDSS) embarked on a multi-year project to modernize the department's child welfare information systems. VDSS is committed to providing staff with innovative, integrated, and web-based tools needed to provide effective child welfare services thereby accelerating service delivery and improving outcomes.

In September 2018, VDSS took the first step in introducing innovative digital solutions through COMPASS by partnering with RedMane Technology as the vendor for the COMPASS Mobile application, which will significantly enhance the real-time case management capabilities of our local workforce. The selection of the COMPASS mobile app is in direct response to the feedback we received from Joint Applications Requirement (JAR) sessions conducted across the state. Based on feedback we received from nearly 300 staff members, the need to perform their job while in the homes of children and families was overwhelmingly expressed.

Mobility requirements are the foundation of a mobile case management device that would allow LDSS workers to complete case related functions when away from their home office. Ultimately, this would

reduce the need for workers to return to an office setting to complete documentation, and so would maximize time spent in the field, effectively use resources, and enhance client relationships.

Through this technology, workers will have the ability to complete case documentation, assessments and plans more efficiently as well as access robust reporting, analysis and dashboards. New tools such as e-signature capability and ready-access to demographics and forms will enable our front-line staff to reduce the amount of time spent at the computer and increase quality engagement with children and families.

In late 2018, VDSS was in the design and data interface phases of our COMPASS Mobility Application, which is the mobile solution. Our vendor, RedMane Technologies, and VDSS are currently on track to implement a phased roll-out across the state beginning in October 2019, with full implementation by early 2020.

Item 20- 21and 25: Case Review and QAA System

Case Record Review, Data and CQI Process

VDSS's QAA case review philosophy is shared accountability and collaboration between the state, local agencies, and collaborative partners. VDSS tiered system approach includes, workers and supervisors case reviews, court case reviews, VDSS QAA reviews, sub-recipient monitoring, and federal reviews. VDSS's Quality Assurance (QAA) system operates distinct, yet coordinated review types (reference chart below) which create standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures. Over the years Virginia has built a strong QAA process that provides results that are meaningful and useful to the LDSS, region and state and improves outcomes for children and families around well-being, safety and permanency and funding. Refer to Appendix A.

During the Round 3, CFSR received substantial conformity on systemic factors 21 and 22. Information in the statewide assessment demonstrated that Virginia routinely ensures that a periodic review by the court for each child in foster care occurs no less frequently than every 6 months. Judicial hearings resulted in active court involvement to monitor case planning, contributing to goal achievement and permanency for children.

To ensure that Virginia continues to have a healthy and robust case review system there is the Requirement in the Code of Virginia regulation, as well as guidance, that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan (Item 20). VDSS continues to ensure that all parties have input into the development of case plans through the use of Family Partnership Meetings or Child and Family Team Meetings. The Code of Virginia requires that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child. (§§ 63.2-907 and 16.1-282).

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

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

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

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

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

VDSS continues to ensure that all parties have input into the development of case plans through the use of Family Partnership Meetings or Child and Family Team Meetings. The release of OASIS 4.4.0.9 on 11/28/18 included additional fields to document that youth were provided the opportunity to invite up to two people to team meetings as well as the names of the individuals the youth chose. VDSS uses Safemeasures to monitor the use of Family Partnership Meetings as foster care guidance requires that a Family Partnership Meeting be held prior to the filing of court documents in preparation for each hearing. The November 2018 release of foster care guidance included clarification around the documents that are required to be completed with each court hearing as well as with administrative panel reviews. VDSS contracts with a vendor to provide transcription services for workers in all local departments of social services. This service aids workers in more accurate and efficient documentation of case activities which ultimately ensures proper case planning.

Regarding Periodic Reviews (Item 21) the Code of Virginia requires that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child. (§§ 63.2-907 and 16.1-282) VDSS uses and provides a Guide, developed specifically for attorneys and judges who handle child welfare cases. Formal reviews are held at least every six months. Dispositional hearings are held within 60 days after removal and foster care plans are filed within 45 days from removal. Foster care reviews are held within four months (§ 16.1-282) from the dispositional hearing. Petitions for permanency planning hearings are filed 30 days prior to the scheduled court date for the hearing which will be held within 10 months of the dispositional hearing (§ 16.1-282.1). For all

and any review, considerations include the child's safety, the continuing necessity for foster care placement, compliance and progress with the case plan for both child and family, transition planning for youth 14 or older whether an out-of-state placement is viable. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

SafeMeasures® includes the Approved Court Hearing Status Report. This report shows whether or not the child in placement has had an AFCARS-approved court hearing on the Hearing/Review screen according to the timeline provided by the Juvenile and Domestic Relations District Courts timeline for child dependency cases. The hearing types include; 60-day Dispositional, Court Review, Permanency Planning, and Admin Panel Review Hearing. VDSS monitors the SafeMeasures® report regularly. Because the LDSS are permitted 30 days to enter the court hearing information, DFS always looks at reporting from two months earlier. When the percent of timely hearings drops below 90%, the regional Foster Care consultants are provided with information about specific LDSS. They then reach out to those LDSS to encourage and insure timely data entry. In most cases, the LDSS have simply failed to enter the hearing/ panel review information appropriately. On one occasion, when one LDSS was actually not having hearings as required due to staff shortages, the consultant and Regional Director worked with the LDSS Director to develop an action plan to improve compliance.

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

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

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

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

At the Dispositional Hearing, the Judge decides who should have custody of the child. The Court may return custody to the parent or guardian from whom the child was removed with certain conditions and requirements, place the child with a relative, or keep the child in foster care with the LDSS. If the child stays in foster care, the Judge will review the Foster Care Plan prepared by the LDSS. The plan will

identify a goal for timely reunification or other permanent placement. The Judge reviews the Foster Care Plan to ensure the goals for the child and family are clear and achievable. At the Foster Care Review Hearing, the Judge reviews progress made towards reunification as well as services provided including medical, educational, and mental/behavioral health services provided to the child and services provided to the family. At the Permanency Planning Hearing, the Judge will determine if the child can be returned safely home or if the permanency goal needs to be changed from reunification to another permanency or alternative goal.

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

Court Orders

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

Frequent Permanency Hearings

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

Reviews completed timely/not timely from SafeMeasures (2016-2018)

Court Hearing Status (children in care Dec 2016 – Dec 2018)	Dec 2016	Jun 2017	Dec 2017	June 2018	Dec 2018
Current	86.1%	85.3%	84.0%	85.0%	83.5%
Not Current	6.6%	7.3%	7.9%	6.4%	9.2%
Not Found	0.8%	0.8%	1.2%	0.9%	1.2%
In Care <60 Days	6.5%	6.6%	6.9%	7.7%	6.1%
Total	100%	100%	100%	100%	100%

The rate of reviews completed timely in SafeMeasures has been down slightly since July 2018 (85%) to an average of 82% between January and March. This trend will need to be studied further to understand the cause. Guidance released in July 2018 ‘synched up’ a Virginia (state) required Adoption Report and the periodic review schedule. It was anticipated that this would prevent issues which had been occurring when the LDSS completed the Adoption Progress report instead of the periodic review. It is not clear how this change might have impacted this measure, but the potential for an unintended consequence will be considered in efforts taken to determine the cause for the trend.

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

Through the case review process, VDSS intends to:

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

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

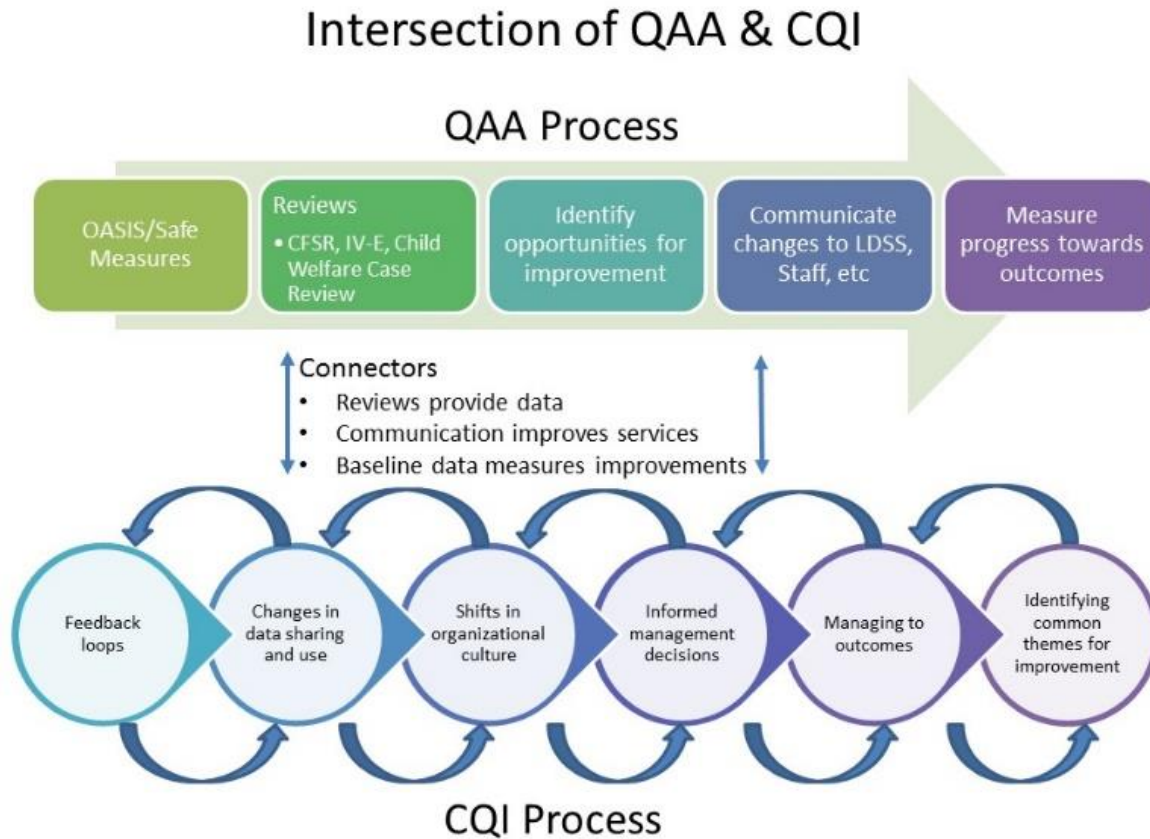
Virginia's QA system was at the beginning stage of implementation during the CFSR federal review; however, Virginia was found to be in substantial conformity with meeting the federal standards. Since the review, Virginia has continued to build upon the existing case review/QA system to include a more formalized process of supporting VDSS with the use of data to inform management, improve practice, measure effectiveness and assist with guidance development. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Following the federal CFSR review, Virginia has been able to build their CFSR review process to the level of only requiring 25% secondary oversight of CFSR cases which demonstrates the federal confidence in the process and skill of reviewers.

In September of 2019 the Commonwealth of Virginia will undergo its Federal Title IV-E Foster Care Review. To prep for this review as of July 1st, 2018 the Shared Fiscal Accountability for Title IV-E Foster Care error rate was reduced to zero percent. The Shared Fiscal Accountability Matrix details the review process and progression for the Local Department of Social Services (LDSS) based on the percentage of errors found during the Title IV-E Ongoing Review. Failure to meet the zero percent threshold requires the agencies to create Corrective Action Plans to address the issues found during the review and opens the agency up to subsequent follow up reviews.

Ultimately, the goal of the case review system is to help VDSS improve child welfare services and achieve outcomes for families and children who receive services: Safety, Permanency, Family and Child Well-Being. Virginia continues improve the case review system and ensure that the data and performance measures collected during the review process will be used to build a strong CQI system.

Currently the QAA system is used to ensure compliance, and provide feedback to LDSS management on Areas Needing Improvement, but there is not a comprehensive CQI system that identifies the themes regionally and statewide within our review system. In the graphic below, the current QAA process for DFS is outlined. The graphic highlights the compliance focus of the QAA case review process that moves linearly through a defined set of steps and eventually produces a set of findings and recommendations for

each isolated review. The CQI process outlined in the graphic shows the CQI iterative process that is continuously evaluating results and practice, and is being informed by the Case Review process. The CQI system envisioned for DFS will incorporate the data made available by the Case Review system outlined above, and incorporate the findings into daily operations at all levels.



As VDSS incorporates QA and monitoring across the state of Virginia into a CQI system, the case review system will identify alternatives and validity in meeting performance outcomes. An integrated system will also highlight Virginia’s commitment to the philosophy of shared accountability. This is already seen in VDSS’ transparency in outcomes and performance data. Title IV-E quarterly reporting has changed to include local and regional outcomes, which has led to stronger engagement from localities to reduce their error rate and to find new ways to improve their own outcomes. Another strategy to increase locality accountability is, as of July 1, 2018, the Shared Fiscal Accountability for title IV-E Foster Care error rate was reduced to zero percent. The Shared Fiscal Accountability Matrix details the review process and progression for LDSS based on the percentage of errors found during the title IV-E Ongoing Review. Failure to meet the zero percent threshold requires the agencies to create a Corrective Action Plans to address the issues found during the review and opens the agency up to subsequent follow up reviews. These examples show what an integrated QA and CQI system is already producing for VDSS, and highlights the opportunities of informing daily work with case review data.

DFS’ CQI system is designed to use all available data sources to inform improvements. A specific focal point is identifying opportunities for including CFSR reviews and case review data into the statewide CQI system. One identified challenge is that local jurisdictions do not currently engage in their own improvement planning processes. The statewide CQI system will use data from reporting databases and

Case Reviews to identify trends regionally and begin developing improvement planning processes for each region with input from LDSS in each region.

Some of the specific data tools that DFS will use to analyze and disseminate data include VCWOR, SafeMeasures, and the Chapin Hall Data Center. VCWOR is maintained by the VDSS ORP and provides reports directly from the state electronic case management system OASIS. It is the report of record and includes measures of CPS, foster care, well-being, and adoption. Safe Measures, from the National Council on Crime and Delinquency (NCCD), allows state and local agencies to obtain data and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. The Chapin Hall Data center to obtain longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. CQI is in the process of sharing these data with localities upon request, and identifying specific analytic reports to share with small to mid-size agencies that lack staff to perform research or analysis.

Items 22, 23, 24: Permanency Hearings, TPR and Notifications

These items are addressed in in the Engagement, Safety, and Permanency Sections (see pages 166, 168 and 170).

Item. 22 Time to First Permanency Hearing

This measure provides the average number of days to the date of the first permanency planning hearing (i) from the date of the disposition hearing on the underlying abuse or neglect, at-risk of abuse or neglect, or entrustment agreement case through which the child entered foster care; or (ii) from the date child is placed foster care, if placed as a result of a child in need of services, child in need of supervision (truancy/runaway), delinquency, or status offense case.³

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

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

³ Cases considered in the data include the first permanency planning case held for a child that is filed within the report date parameters, has a finalized disposition hearing, and has an underlying case of: (1) abuse or neglect, at-risk of abuse or neglect, or entrustment agreement with a finalized disposition of change in legal custody (LC) or child protective order issued and change in legal custody (FD), or (2) child in need of services, child in need of supervision (truancy/runaway), delinquency or status offense, the result of which was the entry of the child into foster care.

Case Types	FFY 2017 10/1/16-9/30/17	FFY 2018 10/1/17-9/30/18	Difference from Previous Annual Rate (2017 vs 2018)
	Average (Days)	Average (Days)	
Abuse or Neglect (AN) and At-Risk of Abuse or Neglect (RI) Cases	259	253	-2.3%
Entrustment Agreement (ET) Cases ⁴	172	210	22.1%
Other Cases (CS, DF, DM, TR, ST) ⁵	307	302	-1.6%

Summary of Findings:

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

The average days calculated for the above-referenced case types is from the date of the disposition hearing on the underlying case to the date of the hearing on the initial permanency planning case. Data available for FFY 2018 suggest that initial permanency planning hearings are being held in a manner consistent with Virginia’s time line requirements, which are consistent with federal related requirements. Specifically, at an average of 253 days (8.3 months), a permanency planning hearing was held within 10 months from the date of the dispositional hearing on the underlying abuse or neglect or at-risk of abuse or neglect case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

Entrustment Agreement Cases:

The average days calculated for this case type is from the date of the disposition hearing to the date of the hearing on the first permanency planning case. Data available for FFY 2018 suggest that initial permanency planning hearings are being held in a manner consistent with Virginia’s time line requirements, which are consistent with federal related requirements. Specifically, at an average of 210 days (6.9 months), a permanency planning hearing was held within 10 months from the date of the dispositional hearing on the underlying entrustment agreement case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

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

The average days calculated for “Other Cases” is from the date of the child’s placement into foster care to the date of the hearing on the first permanency planning case. Data available for FFY 2018 indicate that a permanency hearing is held in a manner consistent with Virginia’s time line requirements, which are consistent with federal related requirements. Specifically, at an average of 302 days (9.9 months), a permanency planning hearing was held within 12 months of placement into foster care for children entering as a result of one of these case types. The FFY 2018 average reflects a 1.6% decrease from the FFY 2017 average of 307 days (10 months).

⁴ The data do not include permanent entrustment agreement cases, which move directly to Virginia’s annual foster care review upon termination of parental rights.

⁵ The category “Other Cases” includes: CS-child in need of services, DF-delinquency felony, DM-delinquency misdemeanor, TR-child in need of supervision and ST-status offense.

Items 26, 27: Staff and Provider Training

These items are addressed in the Engagement, Safety, Permanency, and Workforce sections on pages (166, 168 and 170). Additional details on specific courses are described below.

In May, 2018, DFS Training implemented the use of the required training console on its statewide Learning Management System (LMS), which is the COVLC, so all new workers are automatically informed of their training requirements and training is tracked within set time periods for completion. Supervisors are also sent automated emails with training requirements. The use of the LMS required training console has greatly improved the tracking of completion of required training for new FSS workers within designated mandated time frames at a rate of 97% completion for FY19.

Data for the number of all classroom course completions, both in-service and on-going training involves training of 51 classroom courses in FY18:

- 511 Training Events
- 8549 Course Completions
- 17,765 Online Course Completions with 87 Online Modules
- 4 Additional Online Courses available on VDSS Public Website – Mandated Reporters – General & Educators, Sex-Trafficking, Normalcy

Federally Mandated Training Courses for CPS, Foster Care, and Adoption:

- 5 eLearning Courses
- 3 Mandated Reporter Courses on-line – CPS
- 29 classroom courses
- 4 two-day cohort network Supervisor Series – adding 5th in FY19 on supervising trauma
- 8 Annual Subject Matter Expert Workshops/Webinars – advanced on-going training – meets 24 hours continuing education requirements

Specialty On-going Courses – hot topics, guidance & data needs driven

- 16 additional eLearning courses
- 2 Coaching Courses
- 1 Training for Trainers – 3 day classroom
- 3 new Blended courses – eLearning/classroom
- 12 Webinars: FSWEB - Recorded webinars on transmittal training, psychotropic medication, CPS Appeals, CPS Guidance Refresher, Coaching, Implementation of the Practice Profiles, Case Documentation, Title IV-E Funding, Best Practice Webinar Series for Child Welfare Leadership

New Child Welfare Workers Trained: (FY18 new worker completions)

- CPS – 325 (22 sessions)
- Foster Care – 270 (17 sessions)
- Adoption – 129 (10 sessions)
 - TOTAL: 724 new child welfare workers per year

As of 4/30/18, the number of filled positions for first two years of employment were:

- FSS I – 248*
- FSS II – 1159*

The first two years of employment is the time period for completion of all mandated training under the current training system. With the instillation of the Academy Model, this time frame is reduced to 16 weeks with transfer of learning to on the job training.

The COVLC reporting consul provides the data necessary to run descriptive analytics per course or all courses over a given time period. This is extremely helpful for macro-level descriptive analytics including survey completion rates, and total reported level of understanding gained through a given training event. This information must be broken down by agency however to properly measure according to the Kirkpatrick Evaluation Model. Courses are not specific to agency, and so courses are not reflective of the organizational factors inherent to each agency that can impact learning. Also, the mandated training analysis must be broken down by agency and not by course as the CQI measures needed to evaluate the impact of a training event according to the Kirkpatrick Evaluation Model necessitate supervisor feedback for stage three on whether learning has transferred to behavior. VDSS is organized at a by agency jurisdictional level, in a State supervised locally administered system, and the mandated training analysis must illustrate this if information is going to be properly disseminated and recommendations administered. Family Services Training conducted an annual evaluation survey analysis where workers reported a significant training satisfaction and impact on classroom surveys. Macro-level descriptive statistics by course have helped inform the project to this point.

New Services Training Academy Implementation:

In April, 2018, Family Services Training established a 22 person advisory Model Training Implementation Team with an 18 month commitment tasked to develop an implementation plan based on the recommendations of the Butler Institute for Families Study of our training system. The implementation team consists of regional directors, local directors, supervisors & workers, training staff, and additional statewide subject matter experts will be joining committees based on identified need, including PIP agencies. This Implementation Team was given the following guiding principles to direct their work:

- Establish goals and objectives to prioritize the development of a training academy model.
- Develop an implementation plan for the new services training model system
- Develop an implementation timeline with specific goals and tasks needed to create a new training academy

The 18 month implementation project included the following goals:

Short-term – First 6 months (April – October, 2018): LMS – Implemented Required Training Console
May 1, 2018

- Update schedules weekly on FUSION & sent to regional consultants
- Improve LMS access to reports for case reviews
- Follow-up with states on LMS uses, staff capacity, innovation with technology
- Review states Academy models and evaluation process
- Communication Plan Developed
- Review of Implementation Science
- Resources and staffing identified

Mid-term – First 12 months Implementation Plan (October, 2018 – April, 2019):

- Academy foundational strategies prioritized – Roadmap developed
- Competencies of basic academy curriculum and on-going/advanced curriculum
- Resources required for development of Academy
- Plan for curriculum revisions and development
- Plan for simulation labs and resources needed
- Staff Certification Process Developed
- University Partnerships explored for robust evaluation system – Level IV

Long-term (May – October, 2019) – 18 months Implementation Plan with timelines, goals & tasks identified:

- Identify resources and positions needed for implementation and submit budget narrative for legislative package
- Develop plan for robust competency-based curriculum developed
- Identify key markers for testing of knowledge, skills, abilities
- Develop plan for use of portfolios to track workers KSA's & Coaching tools at agency
- Transfer of learning with supervisors with specialized TOL training –Leadership Institute with PIP
- Identify plan for coaching from simulation labs to reinforce learning and support transition to OTJ agency
- Develop plan for implementation and evaluate certification process – career ladders with testing and demonstration markers
- Develop robust evaluation measures tied to agency outcomes
- Plan for 2020 Academy Model Implementation

Item 28: Foster and Adoptive Parent Training

The purpose of foster and adoptive family training is to enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families in order for them to meet the needs of children receiving services funded by Title IV-E and/or the Commonwealth. Training is comprised of two major components: pre-service training and in-service training.

Pre-service training provides prospective foster and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children. Agency-Approved Provider Regulations (22VAC40-211) were approved that require specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. PRIDE is made available to LDSS who wish to use this as their training curriculum. LDSS that do not use PRIDE are able to purchase or develop an alternative curriculum and submit a copy to VDSS for approval.

In-service training is for current foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. Families are surveyed no less than annually to determine training needs and the determination is practiced uniformly and fairly across families and involves the family in the determination of training needs. While a specific number of hours is not specified, ten hours of in-service annually (per parent) should be considered the minimum acceptable amount with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.). The ten hours of in-service training is recommended and encouraged, but not mandated by LDSS for their foster and adoptive parents. The in-service training hours are provided as a guideline to allow providers opportunities for discussions and review related to the child's well-being, safety and permanency. A guideline for in-service training is provided, rather than a mandate, so that a family in progress towards fulfilling the 10 hours does not have a child unnecessarily removed from their home.

The VDSS Adoption and Foster Recruitment Consultants continue to provide formal training to LDSS staff around diligent search, family engagement, working with relatives, adoption matching, support of foster and adoptive families, and other topics on an as-needed basis. Using the PRIDE curriculum, the Community Resource, Adoption and Foster Family Training (CRAFFT) program promotes the well-being, safety and permanency of children through the training of LDSS foster and adoptive parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of foster/adoptive parents through the development and delivery of standardized, competency-based, pre-and in-service training, as required by VDSS. The standardized curriculum used

are the PRIDE training curriculum and A Tradition of Caring (Kinship PRIDE). CRAFFT delivers Commonwealth wide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each LDSS. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or A Tradition of Caring training. CRAFFT staff can serve as the PRIDE co-trainer with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT Coordinators also conduct the following activities:

- Development and delivery of additional in-service training for foster and adoptive families, based on input from families as well as the local agencies and VDSS;
- Development and maintenance of a regional training plan, updated as-needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
- Close work with the Regional Adoption and Foster Recruitment Consultants and training, meetings, conference calls, and activities related to the implementation of a family engagement model, permanency roundtable process and LDSS recruitment needs as available;
- Collaboration with the Regional Adoption and Foster Recruitment Consultants around the delivery of the newly revised Mutual Family Assessment course (CWS 3103) which covers both assessment skills and a review of foster and adoptive family approval policy and is team-taught;
- Collaboration with LDSS and Virginia's Adoption, Foster, and Kinship Association (NewFound Families) to promote membership, participation in the annual NewFound Families conference/training, and development of relationships with regional NewFound Families board members and NewFound Families staff; and,
- Conducting of regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding foster and adoptive parent development and support; informing agencies of current Commonwealth or program initiatives related to foster and adoptive parent training; and allowing agencies to collaborate, exchange resources and share challenges and solutions.

The CRAFFT program has continued to be of support to LDSS as it relates to training needs for prospective foster, adoptive and kinship placements. A training position for the Western region has been restored. The focus of CRAFFT remains to ensure that LDSS families receive adequate training centered on core competencies identified in the current Local Department Resource, Foster, and Adoptive Family Home Approval Guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs. Intentional and timely support has been a focal point to meet the training demands throughout the state. Notably, for some LDSS, there is evidence of collaborative efforts as reflected through regional trainings or training offered to multiple agencies. CRAFFT is working towards being more innovative and creative in the manner of how training is offered (e.g., more flexibility, assisting LDSS with building collaborative training opportunities, pooling of resources). CRAFFT has maintained the facilitation of scheduled roundtables which is another opportunity to bridge communication between CRAFFT, LDSS and community partners. The meetings highlight positive training experiences as well as provides an environment to dialogue regarding needs. Additionally, the discussions support that sharing of information that would be pertinent to enhancing training efforts and what is working well within respective LDSS. There is also attention given to including CRAFFT in the child welfare continuum as there is emphasis on the importance of providing adequate training via pre-service and in-service requirements.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to LDSS to help them increase their capacity for offering training more frequently. The table below describes the training for SFY 2018 for foster and adoptive families.

Region	# PRIDE/Traditions of Caring hybrid pre-service training sessions	# Foster/Adoptive in-service training sessions	# 1-on-1 pre-service training sessions	# of Participants
Central	40 sessions	2 sessions	74 sessions	112 participants
Piedmont	73 sessions	13 sessions	6 sessions	474 participants
Northern	120 sessions	14 sessions	17 sessions	453 participants
Western* (CRAFT Coordinator position was vacant)				
Eastern	22 sessions	6 sessions	10 sessions	167 participants
Total	255 sessions	35 sessions	107 sessions	1,206 participants

Items 29 and 30: Service array and Resource Development

Service Array

Child welfare programs in Virginia are state supervised and locally administered by 120 local departments of social services (LDSS). This system allows for VDSS to manage the LDSS through policy and support promoting well-being, safety and permanency. For children, families and individuals in Virginia, LDSS then work with federal, state, and local community programs to provide services to children and families. Each locality utilizes Title IV-B Subpart I funding as distributed for the service coordination of child welfare services in each locality. Virginia's LDSS have the flexibility to access and design services to meet a wide range of individual needs and circumstances for youth who are in foster care or at risk of entering foster care based on needs, local demographics, and available resources. LDSS are expected to coordinate services with federal, state and local private agencies and community organizations engaged in activities relevant to the needs of children and families involved in each local child welfare system.

Unique to Virginia, the Children's Services Act (CSA) is a single state pool of funds to support services for eligible youth and their families. The Virginia General Assembly enacted the CSA in 1993, and combined eight funding sources from four different state agencies into a single pool of funds administered at the local level. The General Assembly identifies two categories of child-welfare system-involved children who are eligible for funds: children who are "abused or neglected" and "children in need of services". CSA services for this population include foster care prevention, a full range of community-based and residential services to children in custody (including non-Title IV-E maintenance funds) and independent living supports. VDSS maintains responsibility for the management and distribution of Title IV-E Funds.

State funds are combined with local community funds and managed by local interagency teams who plan and oversee services to at risk youth, including state-funded foster youth. A child and family's need for services is determined by the local Family Assessment and Planning Teams (FAPT) on a case-by-case basis. Localities also have Community Policy and Management Teams (CPMT) with primary responsibility to coordinate long range, community-wide planning for needed resources and services in the community.

In addition to state and local funds through the CSA, PSSF funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program’s funding is flexible and services may be provided through local public or private agencies, individuals, or any combination of resources. These PSSF funds are used for direct and/or purchased services to preserve and strengthen families, avoiding unnecessary out-of-home or out-of-community placements, reunification of children and their families, or finding and achieving new permanent families for those children who cannot return home. For PSSF funds, each locality conducts a Community Needs Assessment which collects information about its needs, resources, and the multiple systems serving children and families, and then prioritizes the needs and assigns resources available to meet those needs.

Services available in Virginia include the following:

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

Since 2006, the General Assembly requires local CPMTs to report to the Office of Children’s Services (OCS) on gaps and barriers in services needed to keep children in their local community. The SFY 2018 OCS service gap survey indicates that of the gaps reported in SFY 2017, 22% have been resolved to include community based behavioral health, family support, foster care services, educational services and

“other”. The survey also indicates that 44% of localities reported a new service gap. The top five highest needs were community based behavioral health services, “other”, residential services, substance abuse services, and foster care services. The full report can be found on the OCS website (https://www.csa.virginia.gov/content/doc/FY_2018_CSA_Service_Gap_Survey.pdf).

Child welfare workers who participated in problem exploration activities during the 2018 process of CFSR PIP development identified several significant issues associated with limitations in the service array.

Further data analysis and feedback from Town Hall events showed that although safety and risk tools were completed, alleged victims and household members were not always seen and involved in the planning, and services were not initiated. Additionally, feedback from Town Halls, stakeholder events and survey responses highlighted that during investigations workers did not initiate services tending to view “making a finding” as their primary role. Further identified barriers included:

- Services were not immediately and consistently available;
- Family was unreceptive to services;
- Workers waited to transfer/open cases; and,
- Workload demands delayed getting services in place.

In the Town Halls, LDSS staff identified safety issues as a cause for delay in reunification, noting that safety could not be addressed expeditiously (within six months) when the reason for entry into foster care included parental substance abuse. Staff also cited the resolution of non-safety related circumstances, (e.g., inadequate employment or housing) that arise or are identified after the child enters foster care, as a prerequisite for considering reunification. Barriers to addressing identified problems included:

- Limited access to providers who complete assessments.
- Limited or lack of services to address substance abuse, mental health, and trauma needs.
- Limited resources to address unstable housing.
- Inadequate transportation resources for parents.

In the Town Hall meetings, the most frequently cited successful strategy for engaging parents in case planning was the provision of visitation with the child or children, as this is often the best opportunity for workers to engage face-to-face with parents. However, workers reported wide differences in practice between agencies. Many reported that all visitation began with one hour of supervised visitation each week at the LDSS office. Initial visits were generally supervised by the assigned Foster Care worker. In some agencies, additional staff (case aides or service support workers) were assigned to assist with facilitating visits. Some workers reported that they were able to access funding to contract with a provider to offer therapeutic visitation to parents who needed additional support and coaching regarding parent-child interactions. Other staff reported that the delays in accessing funding or their localities’ unwillingness to fund this type of services creates significant barriers to providing additional visitation.

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

Child welfare workers were also asked to participate in a statewide survey designed to collect additional information about the root cause of substantial non-conformity with expected CFSR performance outcomes. The table below summarizes responses given regarding the availability of particular services in their communities.

To what extent are the following services available in your community?

	Always	Sometimes	Rarely	Never
Substance abuse treatment	43.88%	45.41%	9.44%	1.28%
Transportation	23.20%	44.33%	26.29%	6.19%
Visitation	68.32%	24.35%	5.24%	2.09%
Psychological evaluations	50.00%	39.29%	8.67%	2.04%
Parenting capacity	42.08%	44.16%	10.39%	3.38%
Attachment assessments	25.52%	41.15%	24.48%	8.85%
Attachment services	22.34%	43.62%	24.73%	9.31%
Mental health services	55.10%	39.80%	4.59%	0.51%
Trauma assessments	27.65%	40.31%	25.32%	6.72%
Trauma services	28.98%	39.69%	24.80%	6.53%
Domestic violence services	41.48%	39.69%	17.81%	1.02%
Sex offender evaluations	27.65%	36.95%	26.10%	9.30%

Of particular concern, less than a third of respondents indicated that necessary transportation, trauma assessments, and trauma services were always available. Substance abuse services were always available less than half the time. Mental Health services were always available only slightly more than half the time. Yet inability to provide these services was considered a barrier to serving families in CPS cases and reunifying children in foster care cases.

Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS is working closely with DBHDS and DMAS on the Children’s Behavioral Health Redesign which will promote a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community-based and clinic-based supports shifting from a crisis-oriented approach towards prevention and early intervention. VDSS’ coordination with this Redesign is integral to success in ensuring children, regardless of funding source, have access to high-quality, evidence based and trauma informed services .

VDSS is also working closely with DJJ as they had previously rolled out evidence based programming for youth served by the Juvenile Justice System. DJJ has systematically stood up Functional Family Therapy and Multisystemic Therapy throughout the Commonwealth to serve youth. DJJ has been an asset

to VDSS throughout the implementation process to share lessons learned and resources, which made their implementation successful.

Over the next five years, the implementation of Family First, it will allow VDSS to utilize federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services (Prevention Strategy 2). Family First is the first major modernization and overhaul of Title IVE and IVB funds in three decades and represents a significant milestone in ongoing efforts to transform the child welfare system. As described in detail in the introduction and Family First Prevention Services Plan, VDSS is utilizing the Three Branch model to inform implementation of Family First and enhance services to children and families across the child welfare continuum.

In order to inform the service selection, implementation, and evaluation process of reimbursable services under Family First, the Three Branch Evidence Based Services workgroup designed a stakeholder survey and distributed it electronically via an internet link. The survey was designed to gather stakeholder perceptions regarding evidence-based practices (EBPs), current gaps in Virginia child welfare service offerings, availability of specific EBPs across the Commonwealth, and additional insights and comments regarding the implementation of evidence based services.

In regard to the services supported for reimbursement under Family First, respondents of the survey provided the following results. A total of 75 individuals described at least 1 parenting-related needs and gaps. A total of 110 parenting- related needs and gaps were provided by respondents. 24.7% of respondents who provided us with a response described something in the area of parenting, and 23.6% of the total gaps described involved parenting. Most described a specific need or gap within “parenting,” and these are detailed in the table below. As can be seen, almost half of parenting-related gaps identified related to tangible supports for caregivers. Fifty-one respondents described gaps related to substance use. A total of 62 gaps were described. This represents 16.8% of respondents and 13.3% of all gaps described. Many respondents described more specifically caregiver or youth substance use service needs and gaps. Sixty-eight individuals described a gap or need related to mental or behavioral health, with a total of 83 gaps described. This represents 22.4% of respondents and 16.9% of all gaps described. Many respondents described more specific areas of mental/behavioral health.

Based on the stakeholder feedback on evidence-based services, VDSS plans to utilize all 8 programs proposed in the Title IV-E Prevention Services Clearinghouse (May 2019). As each of the services currently exist in Virginia’s Child Welfare System with the exception of Families Facing the Future. VDSS plans to also offer Kinship Navigator Services throughout the Commonwealth (Prevention Strategy 1.5). VDSS received a grant from the Children’s Bureau for \$379,246 dollars for use from October 1, 2018-September 30, 2019. With the grant, VDSS developed six regionally located Kinship Navigator Programs involving forty localities (33% of the state) and partnered with 2-1-1 VIRGINIA to provide a dedicated toll-free number specifically for kinship families to receive 24 hour information and referral services across the state.

In preparation for implementation of Family First, through the Three Branch Team, VDSS requested, and ultimately received, \$851,000 from the Virginia General Assembly to support providers in enhancing their evidence-based service delivery, specifically for services listed in the Title IV-E Prevention Services Clearinghouse. VDSS plans to utilize these funds to develop a Request for Proposal (RFP) and/or offer state wide training for providers in order to enhance service delivery throughout the state (Prevention Strategy 2).

Items 29 and 32: Agency responsiveness to the Community

VDSS believes that strong partnerships lead to better outcomes, as our practice model states, we believe that how we do our work is as important as the work we do. This not only holds true for our direct service practice with children and families, but also with the work we do across agencies, stakeholder groups, and communities throughout the commonwealth. Collaboration is key to ensuring that all those across the Commonwealth dedicated to serving children and families share their passion and expertise to achieve the best possible outcomes.

Continual Collaborative Communication Loops

Collaboration is not a one-time event, but rather Continual Collaborative Communication Loops where avenues are available for offering input, guidance, and solutions. Often times, more information is needed, we conduct a process of inquiry to drill down on the issue of focus. We then re-engage focus groups, surveys, interviews, and data mining as needed. Once we have additional understanding, we provide updates and then return to the process of seeking input through guidance and solutions, leading to another process of inquiry as necessary, and continue this process throughout the project or program implementation. The diagram below depicts this process.



Many other state agencies intersect regularly with those involved with the child welfare system. VDSS recognizes the importance of jointly cooperating with other state agency partners to develop joint policies and guidance that positively impact children and families served by VDSS. This collaboration ensures the guidance developed meets the needs of various agencies and gives each agency an opportunity to provide input into both policy and practice. An example of this is the work between VDSS and the Virginia Department of Education (VDOE). VDSS recognized the importance of working cooperatively with VDOE to implement requirements such as the Fostering Connections Act and Every Student Succeeds Act. It was imperative that those knowledgeable in the relevant subject matter areas jointly develop policies and procedures to achieve the intended outcomes. This resulted in joint guidance that was shared by both agencies and is now leading towards improved outcomes for children served by both VDSS and VDOE.

As previously mentioned, there are 120 LDSS across the commonwealth, all of which are locally administered. While VDSS publishes the policies and procedures for each program, this is done through a collaborative process. Each program works closely with an advisory committee comprised of workers and supervisors from local departments. The advisory committees provide an avenue for VDSS to include LDSS in the decisions that ultimately impact their work. VDSS values the input provided by the

LDSS and recognizes that they are the experts on the work that they carry out on a day-to-day basis. Without comprehensive input, the decisions made by VDSS would not be nearly as effective in achieving the desired outcomes.

The collaborative approach demonstrated by VDSS mirrors that of the approach LDSS take with local stakeholders and families through engagement practices. Through collaboration with community stakeholders, creative solutions are implemented that build on the strengths and needs of the organizations working together. VDSS and LDSS have shifted focus to include family voice throughout planning processes, including youth voice through the SPEAKOUT Group. Additionally, VDSS and LDSS will continue to capitalize on opportunities to engage with parents and families engaged with the child welfare system.

Lived Experience

In addition, birth parents, foster parents and youth are critical voices throughout the collaborative engagement process. Youth are engaged through SPEAKOUT, a youth centered advocacy model that leverages the lived experience of youth in and exiting foster care. Foster parents are engaged in a variety of ways through LDSS to include foster parent support/advocacy groups, surveys and other tools to support recruitment and retention. Additionally, VDSS provides \$382,000 to fund the foster parent support warm line operated by Newfound Families. Birth parents and families of origin continue to be a focus of the engagement model through the Practice Profiles with Child Welfare Advisory Committee (CWAC) exploring potential increased engagement through that formal group (Permanency Strategy 1).

Tribal Consultation

Virginia DSS has 11 state and federally-recognized Tribes. There has been renewed engagement in the past several months as the Commonwealth continues to build bridges with Tribal communities. The collaboration with these 11 Tribes has already proven to be invaluable as it has led to multiple productive roundtable meetings as well as the recent joint attendance at the National Indian Child Welfare Act (NICWA) conference.

This communication has helped direct future efforts to continue not only to collaborate further with Tribes but to address specific topics such as understanding state Tribal and Commonwealth roles under the Indian Child Welfare Act (ICWA), identifying tribal resource parents, and creating notification processes. Additionally, continued partnership with the Court Improvement Program (CIP) (Permanency Strategy 2) will focus on addressing court adjustments specific to tribal needs. The VDSS 2020-2024 Strategic Plan has a solid focus on continued engagement with these critical leaders (Permanency Strategy 6).

Three Branch Model

In addition to establishing partnerships, collaborations and hosting stakeholder meetings, VDSS has also utilized a Three Branch Model to support collaborative implementation efforts. This model is based on the National Governor's Association, National Conference of State Legislatures and Casey Family Programs' Three Branch Institute, which began in 2009. Virginia has been a participant in three previous Three Branch Institutes with significant success in improving the child welfare system. The Three Branch model is a collaborative team comprised of not only representatives from state, legislative and court leadership but also several state and community-based agencies that respond to the needs of children and families, redefining the responsibility of child welfare to all agencies who serve children and families. The Three Branch model serves as a successful leadership group to enact legislative, financial, and policy changes to improve the child welfare system.

Court Improvement Program

Although VDSS actively engages regularly and continually with partners, the partnership between VDSS and the Court Improvement Program merits highlighting. Over the years, VDSS has considered the CIP a pivotal partner in achieving well-being, safety and permanency outcomes for children, particularly children involved in foster care. VDSS and the CIP collaborated closely in the PIP problem identification and root cause analysis process. The CIP organized a root cause analysis session with judges, attorneys, and VDSS to explore barriers to achieving permanency. Additionally, VDSS and the CIP hosted a joint court community stakeholder meeting in order to determine joint strategies leading to permanency for children in foster care and through adoption. As a result of this partnership, LDSS and local courts had the opportunity to contribute to the tasks and activities in both the PIP and the 2020-2024 CFSP. Therefore, this court community workgroup will lead the development and implementation of these strategies. This is another example of how the joint accountability will drive the focus on achieving better outcomes.

Child Welfare Advisory Committee

In addition to collaborations with local departments, there are many existing stakeholder groups that meet regularly to provide input, guidance, and feedback. One of the more diverse stakeholder groups is the Child Welfare Advisory Committee (CWAC). This committee has representatives from LDSS and other state agencies that serve the child welfare population, representatives from private child placing agencies and non-profit organizations, resource families, the Court Improvement Program (CIP) and members of Virginia's Tribes. It is a long-standing group as it was formed as the original stakeholder group to support the PIP development following the first round of the CFSP. Over the years, the CWAC group has continued to serve as the main advisory group to identify issues, concerns and solutions as it relates to PIP and CFSP development. As VDSS moves into the 2020-2024 CFSP, the CWAC group will continue to evolve to support the goals and outcomes identified. Plans include, updating the charter, adjusting meetings schedules, and ensuring all partners have opportunities to participate on various implementation workgroups.

Practice Advisory Groups

VDSS also operates three Practice Advisory Groups to help guide the Continuous Collaborative Communications Loop approach. There are three local advisory committees comprised of LDSS staff to advise child welfare programs across the continuum. The Permanency Advisory Committee (PAC), CPS Advisory Committee and Prevention Advisory Committee advise the child welfare programs in DFS on improving well-being, safety and permanency for children and families across the Commonwealth. These groups serve as a mechanism for consistent stakeholder input in to VDSS activities. In addition, each of these groups are charged with assisting VDSS to align policies and guidance to promote a seamless best practice continuum, improve coordination and integration and provide consistency across all LDSS in the Commonwealth.

Additional Collaborations

Throughout the 2020-2024 CFSP document, multiple references are made as it relates to engaging collaborators, partners, youth, parents, and foster parents. The CQI focus of the document also includes critical check points and ongoing engagement of these key partners throughout the development and implementation of the CFSP. Please see Appendix B for a full list and description of partner organizations.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

There has been intentional collaboration between program areas to include Family Recruitment and Quality Assurance and Accountability, and the Division of Licensing to discuss strengths and areas

needing improvement as it relates to the foster and adoptive parent licensing, recruitment and retention statewide to ensure state standards are applied to all licensed or approved foster family homes or child care institution receiving title IV-B or IV-E funds. In many instances, there has been a joint and consistent response to address any issues identified through IV-E reviews. For example, the emergency approval process requires background checks be conducted on all adult household members. LDSS were provided additional clarity and guidelines around how to ensure that these standards are met. The intent is to emphasize best practice to avoid any safety issues and IV-E errors.

Another marked change is through the data clean-up efforts to address the need to maintain accurate foster parent data within the data system (OASIS). State and regional offices have worked with LDSS to develop individual agency plans to maintain current foster parent data for the purpose of securing an accurate number of approved foster homes. Through placing priority on data accuracy, there is more insight into the success of the retention of foster parents and any needs in this area. Further, such data would allow Virginia to explore the number of available homes to the number of children in foster care within each region. By improving accuracy of information in the data system (OASIS), we are striving to assist LDSS with recruitment needs and to utilize resources in a strategic and cost effective manner.

Item 34: Requirements for Criminal Background Checks

The Code of Virginia §63.2-901.1 requires criminal history record checks from the Central Criminal Records Exchange and the FBI, and a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child on an emergency, temporary, or permanent basis. The Code of Virginia also requires background checks to be performed on all adult members of the home where the child is to be placed and requires that background checks comply with the provisions of the Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248.

In addition, LDSS or LCPAs cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia in §63.2-1719 (known as barrier crimes) or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry.

Residential facilities for children and group homes are required to have national criminal background checks and checks of the child abuse and neglect central registry on employees, potential employees, volunteers, or persons providing services on a regular basis. Family First outlined new requirements for criminal record and central registry checks for all adults working in children's residential facilities. Family First requires that children's residential facilities, reimbursed by IV-E, implement procedures for fingerprint-based criminal records checks of national crime information databases and child abuse registry checks for any adult working in a children's residential facility. This required Virginia Code to be updated. §37.2-408.1 and 63.2-1726 were amended on February 21, 2019 through Virginia Senate Bill 1678, to align with the new requirements for criminal record and central registry checks for all adults working in children's residential facilities.

Employees of LCPAs must have background checks in accordance with §63.2-1720 of the Code of Virginia, which also prohibits hiring an individual who has committed a barrier crime. In an emergency placement, LDSS may obtain criminal history information from a criminal justice agency. However, within three days, the emergency caregiver must submit fingerprints to the Central Criminal Records Exchange. A central registry check is required prior to the emergency placement.

Results from the Commonwealth's most recent Title IV-E QAA Reviews provide a measure of child safety, including Criminal Background Checks. Results from the Commonwealth's most recent Title IV-E QAA Reviews provide a measure of child safety, including Criminal Background Checks. Based on the FY2019 title IV-E third quarter reporting on 648 new IV-E cases reviewed eight cases had an identified

Safety Requirement error and 37 had a placement in Licensed Foster Care setting error. In addition, based on the title IV-E third quarter report of 882 ongoing cases reviewed 28 cases had safety requirement errors and 40 had placement in licensed foster care setting. It is important to note that these numbers are based on identified errors at the time of the review and could have been resolved during the report process. For FFY 2018, the overall error rate for New Case Validations was 13.74% (301 errors in 2,191 cases). For Ongoing Reviews the overall error rate was 16.31% (448 errors in 2,746 cases).

Item 35: Diligent Recruitment of Foster and Adoptive Homes

CFSP-In Virginia there is the continued need to recruit and approve foster and adoptive parents for teenagers, sibling groups and those who reflect ethnic and racial diversity of the children in care. The racial and ethnic backgrounds of children in foster care and foster and adoptive parents are available and continuously collected. Over the course of the next five years, this information will be used to support targeted recruitment and to ensure foster parents are identified and approved to meet the specific characteristics and needs of children who are receiving foster care services. VDSS has provided LDSS with tools and resources to bring more awareness to diligent recruitment practices, efforts and strategies. The regional consultants conduct regional roundtable discussions and supervisory meetings in order to disseminate information regarding updated resources, changes in policy and best practice as it relates to recruitment and retention. The division also utilizes various resources from federal partners such as information from webinars from the Capacity Building Center For States. As a result of the Performance Improvement Plan (PIP), a diligent recruitment workgroup was formed. Some of the group’s work will focus on identifying LDSS who have strong recruitment processes and practices and encourage peer to peer sharing of ideas and resources. VDSS will continue to support LDSS in providing opportunities to share information and resources as it relates to diligent recruitment. The exploration of further training and community-based events will be a priority to build more capacity and provide supports to our foster and adoptive families.

Chart representing demographics of children in care as of April 1, 2019 (VCWOR)

Race	Count	Percentage
Black	1,696	30.9%
Multi-Race	440	8.0%
Other	42	2.4%
White	3,222	58.7%
None Listed	0	0

Age	Count	Percent
<1	266	4.8%
1-5 years	1,258	22.9%
6-9 years	835	15.2%
10-12 years	625	11.4%
13-15 years	820	14.9%
16-18 years	1,243	22.6
19+	446	8.1%
Total	5,493	100%

In the last two years, during foster care month (May) the division funded foster care recruitment campaigns which included promotional recruitment methods through social media, commercials and billboards of diverse family compositions, in an effort to promote foster and adoptive parent diversity. Over the course of the next five years, Virginia will review foster and adoptive recruitment contracts and

foster parent training, collaborate with the NewFound Families, Virginia's foster, adoptive and kinship parent association and Virginia's Kids Belong (Virginia Fosters Initiative) to implement strategies to encompass recruitment of foster and adoptive families who reflect the diverse backgrounds of the children in foster care.

Virginia will continue to further enhance practices and priority for the recruitment of foster families who are able to meet the needs of children in foster care. In addition, collaborative efforts are in place with the Virginia Fosters Campaign. Together, VDSS and Virginia Fosters will align resources and supports to ensure that foster families are recruited and approved with the intent to connect with the various characteristics of children who need a family-based placement.

Another aspect of partnering with Virginia Fosters will focus on promoting and preserving sibling placements. Attention will center on securing foster parents who are willing to provide living arrangements for siblings to support their relationships and help them to establish a lifelong connection to kin. Further, the work of securing sibling placements may lessen placement disruptions as siblings will be able to support each other through the experience of being in foster care. One approach to building a capacity of homes for meeting the needs of siblings will be to intentionally recruit families that have adequate space to accommodate siblings.

It will be imperative for Virginia to also utilize Virginia Fosters to message the need for increasing the number of families who can meet the needs of African-American children as there is a strong need for families who have the ability to meet the specific needs of African-American children. Much work will need to be done to provide evidence of the number of foster families who are identified as African-American in comparison to the number of children in care who identify as African-American. Additionally, Virginia will recruit families based on the communities that African-American children are removed from and instill a culture that makes recruitment within those communities a high priority.

Foster and Adoptive Family Recruitment

The purpose of the Foster and Adoptive Family Recruitment (FAFR) RFA was to develop and implement innovative service delivery approaches for foster and adoption recruitment statewide, and to recruit families for the purpose of adoption of children from foster care. There are four contractors; Connecting Hearts in Virginia, DePaul Community Resources, Lutheran Family Services of Virginia and Virginia One Church One Child.

In SFY2018 VDSS renewed Foster and Adoptive Family Recruitment contracts with the four original contractors. A total of \$266,734.71 was spent by the four contractors.

The table below is an aggregative report of their results in SFY2018:

Foster and Adoptive Family Recruitment (Heart Gallery) - SFY18 Results	
NEW FOSTER AND ADOPTIVE FAMILIES	TOTAL
1. # of NEW Family Inquiries in SFY18 (i.e. phone calls, online, FITT, etc.) (unduplicated)	515
2. # of NEW Families Recruited through Events in SFY18 (i.e. community events, Heart Gallery Display, Interest Meetings, etc.) (unduplicated)	134
3. # of NEW Families referred to LDSS agencies in SFY18	418
4. # of NEW Families referred to LCPA agencies in SFY18	240
Total # of Referrals	438
5. #of NEW Families who attended orientation/training in SFY18	76
6. # of NEW Families who are home study approved as a direct result of the referral in SFY18	48
7. # of NEW Families matched with a waiting child in SFY18	8
8. # of NEW Families who did not follow through with the referral OR have expressed that they are no longer interested OR no longer responding to follow-up in SFY18	201
EXISTING FOSTER AND ADOPTIVE FAMILIES	
1. # of EXISITNG family child specific inquiries in SFY18 (i.e. family only interested in specific child and will not be a pool family AND/OR only moving forward in the process regarding a specific child)	20
2. # of EXISITING Families referred to LDSS agencies in SFY18	180
3. # of EXISITING Families referred to LCPA agencies in SFY18	184
TOTAL # of EXISTING Family referrals	364
4. #of EXISITING Families who attended orientation/training in SFY18	27

5. # of EXISTING Families who completed a home study in SFY18 as a result of the referral	13
TOTAL # of NEW Families in the approval/matching process	40
6. # of EXISTING Families matched with a waiting child in SFY18	5
7. # of EXISTING Families who did not follow through with the referral OR have expressed that they are no longer interested OR no longer responding to follow-up in SFY18	86

Adoption Share

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

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

In SFY 2018, Adoption Share/Family-Match reported the following results of their self-funded pilot project:

- Number of LDSS and CPAs that have accounts with Family Match: 21 agencies (16 agencies are local DSS and 5 agencies are CPA in the Commonwealth of Virginia)
- Number of workers that have an account on Family Match: 81 (Note: 42 new agent accounts were added in June of 2017, internally at Family-Match the self-funded alpha phase of this pilot was launched June 1, 2017)
- Number of prospective adoptive families with profiles in Family Match: 175 families (Note: 6 new family accounts were added in June of 2017, internally at Family-Match the self-funded alpha phase of this pilot was launched June 1, 2017)
- Number of completed profiles and number that has been approved: 108 (Note: 66 new cases were added in June of 2017, internally at Family-Match the self-funded alpha phase of this pilot was launched June 1, 2017. 13/108 cases in this reporting window do not have a completed profile = 12% incomplete)
- Number of family placements: 4 Placements
- Number of Adoptions: 1

Adoption Share reported the following successes and challenges experienced in SFY 2018:

Adoption-Share/Family-Match worked closely with VDSS in establishing the initial pilot partners in Eastern and Central Virginia but as word of mouth about the program began to grow Adoption Share began fielding interest from DSS and CPA offices from across the Commonwealth.

Family-Match quickly became a tool beyond its purpose for case workers in LDSS offices, serving as a centralized repository for listing home-study approved families, cases and siblings, and coordinating details across an agency. To support the goals of workers in the field, Family-Match updated its software to incorporate case notes and “at a glance” features for family profile reviews. A Family Coordinator was staffed to follow families, call them if needed, and coordinate as much of the task as possible with family partners. This in turn grew into a support service offered to families which included weekly summary emails with analytics on waiting children and waiting families as well as monthly virtual family meetings.

Some LDSS and CPA offices refused to provide families with a copy of their home study. This created inefficiencies for workers who stated they hesitated reaching out to consider families further if they did not have a home study easily accessible. Some workers reported that submitting a request for a home study of a family outside of their own agency could take 30-45 days. Family-Match had over 100 home study approved families (almost 50% of which had interest in older youth, 75% had in sibling sets, 60% open to all race and gender; and 51% open to special needs children). Despite this eligible pool of families, workers reported that the agency that licensed the family did not want to share its family with the placement agency.

Fees and costs of therapeutic foster placement agencies presented challenges where TFPs did not want their families (who wanted to adopt children from foster care) to have profiles on Family-Match and be "used" by LDSS offices who might not contract with the TFP to provide the case management services for the 6 months of placement prior to adoption finalization. In some instances a bypass by a LDSS office could pose a financial loss of \$18,000 to the TFP.

In SFY2019, the Virginia General Assembly appropriated \$50,000 to Adoption Share to continue the pilot program.

Extreme Recruitment

There are three contractors (four contracts) providing child specific adoption recruitment services. Extreme Recruitment® is a race to permanency for youth who have parental rights terminated and have been waiting the longest for an adoptive family or those who have characteristics that put them at risk of aging out of the foster care system without permanency. The contractors are working in partnership with the youth’s permanency team to find persons related by blood or fictive kin (i.e., former foster families, teachers, coaches) who may be prospective permanency resources for the youth or a significant reconnection for the youth to ensure support after foster care. The contractors are C2Adopt, United Methodist Family Services (UMFS) Tidewater and Northern Virginia, and Radford Department of Social Services. C2Adopt is providing services to all of the localities in the Central Region. UMFS Tidewater is contracted to provide services in the Eastern Region (e.g., Accomack, Brunswick, Dinwiddie, Franklin, Gloucester, Greensville-Emporia, Isle of Wight, James City, Mathews, Northampton, Prince George, Southampton, Surry, Sussex and York-Poquoson counties; and the cities of Chesapeake, Hampton, Newport News, Norfolk, Virginia Beach and Williamsburg). UMFS Northern VA is contracted to provide services in the Northern Region (e.g., cities of Alexandria, Arlington, Fredericksburg, Manassas, Manassas Park; and Clarke, Culpepper, Fairfax, Fauquier, Frederick, Greene, Harrisonburg-Rockingham, King George, Loudon, Louisa, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah, Spotsylvania, Stafford, Warren and Winchester counties). Radford DSS is contracted to provide services in the Western Region (e.g., City of Radford; and Montgomery, Floyd, Grayson, Giles and Washington counties).

VDSS entered into a sole source agreement with Foster and Adoptive Care Coalition, the creator and owner of the Extreme Recruitment® intervention. The Foster & Adoptive Care Coalition provided

training and ongoing technical assistance to contracted agencies that were replicating the Extreme Recruitment® intervention. The Coalition provided the following:

- An overview of the Extreme Recruitment® philosophy, goals, strategies, and standard forms.
- Diligent Searching
- Technical Assistance & Outcomes Tracking.
- Case Example
- Overcoming Barriers & Biases
- Extreme Recruitment® Program Goals
- Reconnect 85% of youth with a network of safe, appropriate adults
- Match 70% of youth with an adoptive family

Virginia has three adoption contracts specific to foster and adoptive family recruitment. The Adoption Through Collaborative Partnerships (ATCP) contract specifically focuses on recruitment and supports to LDSS for children in care who are legally free for adoption. The contract specifically focuses on recruitment for children who are special needs and have such significant behavioral needs that they are identified as hard to place. Eight private, nonprofit agencies provided ATCP services during SFY19. The collective goal was to finalize 211 adoptions by June 30, 2019. The # of children adopted as of April 30 was 212. UMFS and DePaul received additional funds to increase the number of finalized adoptions by the end of the grant period. SFY20 is the last year of ATCP under RFP #FAM-18-011.

The Extreme Recruitment contract was awarded as a result of the VA Adopts initiative in 2013. Contractors conduct Extreme Recruitment® for youth who have TPR and have been waiting the longest for an adoptive family or have characteristics that put them at risk of aging out of the system without permanent placement. Contractors work in partnership with permanency team to find blood relatives or kin-like relationships that may be a prospective adoptive permanency resource for the youth. The LDSS will be responsible for the finalization of the adoption or integrating and engaging the reconnected resource as part of the youth's formalized transitional living plan. During this grant cycle, C2Adopt had 47 active cases and 29 matches with an adoptive family. A match occurs when an adoptive family is identified for a child. C2Adopt youth had an average of 126 relatives identified at case closure. UMFS Tidewater served 31 children and UMFS Northern VA served 20 children this reporting period. An average of 112 relatives was identified for each child and 17 matches and four (4) adoptions were finalized by UMFS. Radford DSS provided services to 18 youth and had an average of 54 relatives identified at case closure. The Foster & Adoptive Care Coalition (FACC) conducted the second bi-annual site visit with the Extreme Recruitment® contractors on December 17, 2018. VDSS will extend existing contracts until June 30, 2020 after which a new RFP will be issued. Over the next two years, the state will implement a new model, 30 Days to Family, in an effort to move the system towards foster care prevention and identifying relatives for kinship placements.

Virginia also has the Foster and Adoptive Family Recruitment (Heart Gallery) contract which focuses on promotion of children in care who are legally free for adoption using the Heart Gallery format. There are four contractors who provide statewide coverage. They primarily provide interested families with LDSS contact information for children in foster care who are legally free for adoption via match events and Heart Gallery events. The contracts may partner with faith-based organizations and other community partners to promote children in care available for adoption. Four private, nonprofit agencies provided foster and adoptive family recruitment services in SFY19. An estimated 223 family inquiries were made and contractors reported 16 matches with adoptive children. SFY20 is the final year for contracts under RFP #FAM-17-042. Virginia plans to implement other modalities to recruit and retain foster parents while working with Virginia's Kids Belong and the VA Fosters Campaign.

Virginia also has several post adoption contracts to support all adoptive families for both domestic and international adoptions. The Post Adoption statewide contract provides innovative post adoption services and support to adoptive families in the five VDSS regions (Central, Eastern, Northern, Piedmont, and Western). These services should be designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and in particular adoption dissolutions (after legal finalization). Eight private, nonprofit agencies provided ATCP services during SFY19. The collective goal was to finalize 211 adoptions by June 30, 2019. The # of children adopted as of April 30 was 212. UMFS and DePaul received additional funds to increase the number of finalized adoptions by the end of the grant period. SFY20 is the last year of ATCP under RFP #FAM-18-011. Another contract, the Post Adoption Under-served contract provides innovative post adoption services and support to adoptive families in the previously under-served areas in Virginia. These services should be designed to help families build upon their strengths to stabilize and to prevent adoption disruptions and adoption dissolutions (after legal finalization). During this reporting period, C.A.S.E. provided family and individual counseling services to 27 families and 36 adopted youth. C.A.S.E. also provided Training for Adoption Competency (TAC) to mental health professionals and increased the number of adoption competent therapists in Virginia from 10 to 35 therapists. In the past year, the California Evidence-Based Clearinghouse for Child Welfare (CEBC), a nationally recognized body that applies rigorous standards of review to identify effective programs, recognized C.A.S.E.'s TAC program as one with high relevance to child welfare, with promising research evidence, and producing positive child and family well-being outcomes. DePaul provided case management, family counseling, and support group services to 55 families and 93 adopted youth. DePaul reported that out of the number of families engaged in mental health services, 100% of families that received family engagement treatment plan goals reported stability and 90% of clients that received out-patient therapy progressed or maintained stability on therapeutic goals. Frontier Health provided support groups, family and individual counseling, case management, and crisis intervention services to eight (8) families and 25 children. All three contractors continued to receive consistent feedback from families that highlighted how critical the services were to preserving the adoption of a child with special needs and a history of trauma.

The Post Adoption Case Management (PACM) contract provides post adoption case management services statewide by region (Central, Eastern, Northern, Piedmont, and Western) to adoptive families who adopted from foster care after July 1, 2017. This service will provide stability and support to new adoptive families across Virginia. Three private, nonprofit agencies provided case management services to an estimated 393 families. A total of 786 child referrals were made to the PACM programs in SFY19. The most common types of case management services provided were child and family counseling, school advocacy, support groups, and assistance with birth records. No adoption dissolutions were reported by the three agencies. SFY20 is the final year of PACM under RFP # FAM-18-003. PACM services will be rolled into consortia-provided post adoption services and supports beginning July 1, 2020. Over the summer, VDSS will conduct a work group with case management professionals to develop a standardized PACM approach to the provision of PACM services provided to families.

On March 18, 2019, VDSS issued RFP # FAM-19-060 to solicit proposals from experienced nonprofit post-adoption service providers to establish consortia-delivered post-adoption services and supports in each of the five VDSS regions. Based on a set of recommendations from an evaluation of existing post-adoption services in Virginia commissioned by VDSS and conducted by Child Trends, a nonprofit, nonpartisan research center based in Bethesda, Maryland, VDSS is implementing a new service delivery model in response to feedback received from providers, families, local departments of social services and from an in-depth literature review and identification of best-practice interventions. The overall goals of the new model are to implement evidenced-based interventions identified by Child Trends and to expand post-adoption services and supports in each region to make sure that services are accessible and available, regardless of where adoptive families live in the region. Existing post-adoption contracts will continue

through December 31, 2019 to ensure that no interruption in critical services occurs before consortia-provided services begin on January 1, 2020. Existing contracts with C.A.S.E., DePaul Community Resources, and Frontier Health have been renewed for a six-month period in SFY20. VDSS expects the three contractors to be highly involved in consortia and service delivery in their respective regions under the new model.

Virginia also awarded funds via appropriation to Adoption Share to administer the Family Match program. Adoption-Share, Inc. will use the funds towards continuing the Family-Match demonstration pilot program in Virginia. Family-Match is a program designed to utilize data analysis and predictive models to enhance the quality of child placements through compatibility matching with foster/adoptive families. There have been two matches to date in SFY2019. During the first year of their collaboration of partnership with VDSS, Family-Match engaged in the first two regional directors meetings and continued the outreach and response to our recruiting of new VDSS agencies as a result of the new pilot parameters removing the limitation.

Family-Match Virginia hosted one call on Normalcy hosted 17 agency trainings for a total of 68 participants. This includes community events broadcast webinars, with presentations on Family-Match. Family-Match is on progress to meet or exceed its 2-year goals. 52% of its family recruitment goal is achieved. 4 new agencies have actively joined Family-Match, on track for the 2-year goal of 7 new agencies. 34 new cases have been uploaded. Of the 25 new agents with Family-Match since the grant award.

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

Children placed out of the state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original jurisdictions should placements prove not to be in their best interests or should the need for out-of-state services cease. Both the great variety of circumstances which makes interstate placements of children necessary and the types of protections needed, offer compelling reasons for a mechanism which regulates those placements and ensures the safety of children as they move across state lines.

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

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

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

From 4/1/2018 to 4/30/2019, Virginia has processed 1,867 ICPC cases for a total case load of 5,421 cases. From 4/1/2018 to 4/30/2019, Virginia has processed 434 Interstate Compact on Adoption and Medical Assistance (ICAMA) cases for a total case load of 4.301 cases.

Virginia on boarded the NEICE system on April 16, 2016 and became one of the first states to activate the system after the pilot was completed. As of May 1, 2019, the following local agencies are currently on the NEICE system: Arlington, Bristol, Chesapeake, Chesterfield, Fairfax, Fredericksburg, Hampton, Harrisonburg/Rockingham, Henrico County, Newport News, Norfolk. Prince William, Roanoke County, Smyth County, Stafford, Suffolk, Virginia Beach, Washington and Wythe. We have trained 331 local agency workers.

ICPC Administrative Program Support Specialist

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

Continued services are provided through the Virginia/Tennessee Safety Border Agreement whereas the placement process is monitored and quarterly meetings are held to address challenges that have been identified. This is an ongoing responsibility of this program manager.

2019 Update

From 4/1/2018 to 4/30/2019, Virginia has processed 1,867 ICPC cases and 434 Interstate Compact on Adoption and Medical Assistance (ICAMA) cases.

As of May 1, 2019, the following local agencies are currently on the NEICE system: Arlington, Chesapeake, Chesterfield County, Fairfax, Fredericksburg, Hampton, Harrisonburg/Rockingham, Henrico County, Newport News, Norfolk. Prince William, Roanoke County, Smyth County, Stafford, Suffolk, Virginia Beach, Washington and Wythe. We have trained 331 local agency workers.

NEICE Data

The following is the NEICE placement report for 4/1/17 to 4/30/18:

Home Studies Request In **	907
Home Studies Request Out **	656
Placements In *	379
Placements Out *	199
Private Adoptions In	175
Private Adoptions Out	62
Residential Placements In	398
Residential Placements Out	143

*Number of children placed during the reporting period

**Parent/Foster/Relative/Public Adoption

International Adoptions

There were a total of 11 International Adoptions during this reporting period. These cases were tracked through the ARRIS system because the NEICE system does not process international adoptions. They were from the following countries:

Bangladesh (4)

Haiti (1)
Morocco (2)
Philippians (2)
Thailand (2)

This count does not include the private domestic adoptions. There were a total of 175 private domestic adoptions that were processed into Virginia and a total for 62 private domestic adoptions that were processed out of Virginia.

V. Program Support

In addition to the vast training offered (see training plan), VDSS technical assistance provided to counties and LDSS and regional offices includes training and capacity building on achieving goals outlined in the 2015-2019 CFSP. These include providing supports in installing the practice profiles, ensuring the findings from the QAA reviews were understood, resolved and incorporated, and support around understanding how to access and use data from Safe Measures were offered via webinars. In person trainings were offered to increase understand on impacts of trauma on families as well as the workforce, and capacity building supports were offered in building knowledge and skills in implementing “Normalcy” in foster care to include normalcy for LGBTQ youth. VDSS state and regional staff were able to provide these supports as VDSS received TA and capacity building supports from the Center for States on normalcy, CQI, and root cause analysis as it related to the PIP and 2020-2024 CFSP development. VDSS has state and regional staff dedicated to providing TA and capacity building to LDSS on policy guidance, CQI, change management, project management, and subject matter experts in program areas such as adoption and adoption negotiation, diligent recruitment, foster care, child protective services, and prevention.

Additional capacity building and TA supports were provided by the Quality Improvement Center on Workforce Development (QIC-WD) and focused on increasing workforce satisfaction via technical advancements, specifically transcriptions services. The QIC-WD offered support in change management to include developing an understanding of how to assess and support regional and LDSS readiness processes, providing targeted trainings, collecting data to support decision making, and evaluating implementation and effectiveness of the intervention. Although the QIC-WD will continue to provide support, VDSS, regions and LDSS are building capacity to take on tasks and transfer skills learned to other implementation projects. Additionally, Butler also provided TA in exploring training systems that will best meet the needs of state and local staff, as well as support workforce retention. Based on the exploration, Butler recommended implementing a supervisor training academy that focused primarily on developing competencies. Through 2019, VDSS began the next steps of implementing the recommendations and look to install the model in the 2020-2024 CFSP report period. Because these supports helped VDSS better identify root causes, determine the best interventions, and assess readiness to install, as well as provided support to evaluate effectiveness VDSS is better positioned to achieve identified goals and objectives.

In summary, supports from the Center for States (page 210), QIC-WD, and Butler (page 309) helped to move VDSS into a better position to achieve outcomes, with the support from the Center for States, VDSS is developing a comprehensive CQI system that incorporates the case review and QAA process, as well as uses the data from our information systems (OASIS/ Safe Measures, VCWOR, CFSR results) to inform service delivery decisions, determine adjustments needed, and decide what projects are best to implementation help contribute to meeting the goals and objectives outlines in the CFSP. Specifically, the support from the Center for States in the root cause analysis helped VDSS understand the underlying issues, and helped to create a PIP implementation approach that offered opportunities for teaming at the

state, region and local levels. The state and regional offices have provided TA and capacity building on teaming, data analysis and application, and implementation, as well as change management techniques. VDSS looks forward to continuing these partnership and building capacity of state, regional, and local staff to continue to position VDSS to meet identified goals and objectives.

V. Primary strategies, goals and action steps

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

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					SAFETY
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
1. Build the capacity of LDSS to provide Prevention Services through organizational development and collaboration	a) Refine prevention guidance to clearly define the differences between early prevention and prevention of foster care	Prevention guidance manual	2016 2017	Prevention Team	a)Completed b) Ongoing
	b) Collaborate with Prevent Child Abuse, VA and VA Rep Theater to renew and support a	Copy of contract and performance schedule	July, yearly	CPS Program Manager CPS Prevention	b) Ongoing

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services						SAFETY
Goal: Strengthen families to ensure safety of children						
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments	
	contract for the delivery of a sexual abuse prevention play to be presented to school-aged children statewide.				c) Ongoing	
	c) Co-sponsor with Prevent Child Abuse VA, a statewide conference /event.	Copy of conference program	April, yearly	CPS Program Manager CPS Prevention	d) Ongoing	
	d) Reconvene the Prevention Advisory Committee to establish an ongoing opportunity	Minutes/outlines from stakeholder meetings	March 2014, and ongoing quarterly meetings	Prevention Team		

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services						SAFETY
Goal: Strengthen families to ensure safety of children						
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments	
	for collaboration, feedback, and evaluation e) Provide TA	Record of TA provided	Ongoing	Prevention staff	e)Ongoing	
2. Assess desired outcomes and service delivery in the Promoting Safe and	a) Identify and promote best practice service	Information distribution	Yearly	Prevention, Family Engagement, and Resource Family Unit		

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					SAFETY
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
Stable Families Program	models for prevention, family preservation and support to localities annually and as requested.	PSSF quarterly reports	Yearly – with annual report	Administrator (all)	a)Completed
	b) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements.	Revised allocation process	2015		b)Ongoing
	c) Revise allocation process to highlight best practices				c)Ongoing

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	and provide support for those practices	On-going, as-needed			
	d) Provide training sessions, TA, and present at conferences (as appropriate) for localities and other stakeholders on the use of the allowable uses PSSF funding.				d)Ongoing
	e) Disseminate the Child Welfare Funding Package in sufficient	Child welfare package	Yearly		e)Ongoing

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

Goal: Strengthen families to ensure safety of children

Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	time annually for localities to complete a community needs assessment and develop a comprehensive proposal. f) Conduct monthly onsite and desk reviews of localities PSSF program to ensure consistency with PSSF federal requirements and state guidelines	Sub-recipient monitoring reports	Monthly		f)Ongoing

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					SAFETY
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
3. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.	a) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices.	Copies of RFPs, Description of funded programs	July, yearly	CPS Prevention Grant Manager	a)Complete
	b) Develop and implement formula for Healthy Families Programs statewide	Copies of funding formulas; Description of funded programs	July, yearly	Healthy Families Grant Manager	b)Complete
	c) Utilize child abuse and neglect treatment funds for support services to child victims.	Copies of RFPs, Description of funded programs	July, yearly	CPS VOCA Program Grant Manager	c)Complete
	d) Develop and implement	Copies of funding formulas; Description of funded programs	July, yearly	CAC Program Grant Manager	d)Complete

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

Goal: Strengthen families to ensure safety of children

Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	formula for Child Advocacy Programs.				
4. Increase the use of kinship care as a diversion option	a) Train LDSS staff to more effectively engage relatives as kinship options b) Explore multiple options for supporting kinship care relationships for children at risk of	Kinship training Diversion policy in each program area's manual OR standalone guidance for diversion throughout the continuum of child welfare	2016 and ongoing 2016 2017	Prevention staff, Family Engagement staff DFS training Prevention staff	a)Ongoing b)Complete

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services SAFETY					
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	entering or in the foster care system.				
	c) Write Legislative study SB 284 and follow recommendations	Legislative study	January 2016	Prevention Staff	c)Complete
	d) Support state collaborations that focus on increasing awareness and training of kin (<i>relatives</i>) as valuable resources in creating permanency options	Collaborations developed	July 2017	Regional Resource Family consultants	d)Ongoing

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					SAFETY
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	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.	TA provided	Ongoing, as-needed	Prevention staff, Regional Resource Family consultants, CRAFFT	e)Ongoing
	f) Promote use of a person locator tool at all stages of the child welfare continuum	Webinar, onsite trainings, and TA	Ongoing, as-needed	DFS training, Resource Family contractor	f)Ongoing

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					SAFETY
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	g) Train local workers using Diligent search and Family Engagement	e-learning course Training	2015 2016	DFS training	e)Ongoing
	h) Use Permanency Roundtables to promote kinship	Record of PRT held	Ongoing	Strengthen Families Project Manager Prevention staff	f)Completed
	h) Conduct a pilot project on data collection and reporting for LDSS regarding facilitated care (diversion) arrangements	Quarterly data collection from LDSS for a period of 18 months	2018	Prevention staff	h)Completed

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					SAFETY
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments
	i) Partner with Patrick Henry Family Services to implement a pilot program in Planning District 11 which will evaluate the Safe Families for Children model as an alternative to placement in foster care for children in crisis	Report of the evaluation findings and recommendation submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Commission on Youth	December 2017		i)Completed
5. Provide guidance to local departments on dynamics of domestic violence in all services within the child	a) Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on	Stand alone DV chapter in the child and family services manual.	Dec 2014	Family services staff, DV staff	a)Completed

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

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

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

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services					SAFETY
Goal: Strengthen families to ensure safety of children					
Objectives 1-6	Strategy	Evidence	Deadline	Lead Person	Status/Comments

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

- Objective 1: Complete and Ongoing
- Objective 2: Complete and Ongoing
- Objective 3: Complete
- Objective 4: Complete and Ongoing
- Objective 5: Complete and Ongoing
- Objective 6: Complete

Virginia has the majority of these supports are already in place. VDSS staff, regional staff, and LDSS continue to partner with community resources. For the timeframe of July 2015 through April 30, 2016, there were 50 reviews conducted. This is in addition to the quarterly and yearly reports localities submit to the VDSS Prevention, Family Engagement, and Resource Family Unit Administrator. Overall, localities are spending their PSSF funds with the aforementioned parameters.

2016 Objective 3:

Strategy a) Funded Prevention Programs include:

- *Bristol Virginia Department of Social Services*: provides family support services, parent education and parent support groups to fathers and new, teen, single or expecting parents. Model(s)/Curriculum(a) used: Systematic Training for Effective Parenting (STEP), 24/7 Dads and Circle of Parents
- *Catholic Charities of Eastern VA*: offers parent education & parent support to families at risk of child abuse & neglect residing in Southeast VA with children ages 10-14 years. Model(s)/Curriculum(a) used: Strengthening Families Program

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

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

Strategy b) Healthy Families list of grantees (2018 Updated list)

- Chesterfield CSB
- Culpeper DSS
- Danville CSB
- Fairfax Dept. of Family Services
- Family Lifeline (Henrico)

- Family Lifeline (Petersburg)
- Tri-County Community Action Agency
- Hampton City
- Hopewell City
- HumanKind
- IN-MED (Loudoun)
- JMU-Page County
- JMU-Shenandoah
- Middle Peninsula Northern Neck CSB
- Mountain Empire Older Citizens, Inc.
- Newport News DSS
- NVFS (Alexandria)
- NVFS (Arlington)
- NVFS (Prince William)
- Piedmont Community Services
- Quin Rivers, Inc.
- Rappahannock Area CSB
- Ready Kids, Inc.
- Richmond City DSS
- Sentara RMH Family Connection
- Va. Beach Department of Public Health
- Western Tidewater Dept. of Health
- Winchester Medical Center-NSV
- The Up Center
- Children's Trust
- Skyline CAP (Fauquier/Rapp)
- Skyline CAP Orange/Madison)

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

- *Center for Children and Family Services:* provides trauma-informed individual and family counseling to children that have been abused and neglected and adults molested as children.
- *Commonwealth Catholic Charities:* provides services to children and adolescents who are identified as victims of abuse, neglect and domestic violence; services to adults who have been victims of sexual abuse as children or are victims of domestic violence, crime or sex trafficking.

- *Doorways for Women and Families*: provides immediate, short-term child mental health intervention through play therapy, expressive therapy and art therapy while engaging parent(s) in the process to facilitate long-term child emotional wellness; provides family-centered services to support children and parents in rebuilding post-trauma relationships.
- *Family Resource Center, Inc.*: provides non-residential therapeutic services to victims of abuse and neglect that address safety and physical, social and emotional functioning; provides support groups as well as an on-site shelter.
- *Horizon Behavioral Health*: provides individual therapeutic services to victims of child abuse or neglect to help meet their specific needs for safety and well-being.
- *Loudoun Citizens for Social Justice*: provides therapeutic counseling to children who are victims of domestic abuse, sexual assault, and neglect.
- *Project Horizon*: provides individual and group counseling for victims of child abuse and neglect; provides education on the dynamics of abuse; provides safety planning for victims of child abuse and neglect; provides emergency shelter at “Lisa’s House” which is on site, for victims of abuse.
- *Rappahannock Council Against Sexual Assault*: their mission is to provide education, prevention and intervention regarding sexual violence in the community. Their purpose/goal is to provide comprehensive services including hotline support, crisis response, counseling, and court and hospital accompaniment to victims of child abuse, sexual assault, dating violence and stalking.
- *Sexual Assault Resource Agency*: provides 24-hour hotline and emergency services, accompaniment to the hospital, police station and/or courts for child sexual abuse victims. The program provides individual counseling, peer support groups, and victim assistance in accessing community resources in meeting the needs of child sexual abuse victims.
- *James House Intervention/Prevention Services, Inc.*: provides support, advocacy and education for adults who are affected by domestic violence, sexual violence and stalking to empower them to become healthy, safe and self-sufficient; services include one-on-one and support group therapy.
- *Transitions Family Violence Services*: provides, through the use of art therapy, assessment and treatment support to children who are victims of family violence and those who have witnessed violence, in addition to providing services to adults abused as children.
- *Women’s Resource Center of the New River Valley, Inc.*: provides therapeutic services to victims of child sexual abuse including on-going counseling and support groups; also provides hotline, shelter services in instances of domestic violence, and court advocacy.
- *YWCA of South Hampton Roads Women in Crisis*: provides art therapy to women and children who are victims of domestic violence and residing in the shelter and in transitional housing.
- *ReadyKids*: provides ongoing therapeutic counseling using evidence-based methodologies for the treatment of victims of child abuse and neglect.
- *Bristol Department of Social Services*: provides evidenced informed/evidenced based treatment services utilizing Trauma Focused Cognitive Behavioral Therapy(TF-CBT), Eye Movement Desensitization and Reprocessing for Adults(EMDR) and Parent Child Interaction Therapy to child abuse and neglect victims and adults who are survivors of child sexual abuse.
- *Family Services of Roanoke*: provides individual play therapy to child abuse victims and individual counseling and group therapy to adult survivors of sexual abuse.
- *Middle Peninsula Northern Neck Community Services Board*: provides intensive individual and family therapy to address trauma and behavioral health issues as well as supportive services to include support groups and connections to other community resources.
- *Mountain Empire Older Citizens, Inc.*: provides crisis intervention and mental health treatment services to children who have been sexually and/or severely physically abused.

- *Rappahannock Area Community Services Board*: provides outpatient therapy to youth victims of child abuse and neglect and families utilizing Pre and Post PTSD Scales, Trauma-Focused Cognitive Behavioral Therapy as well as connection to community resources, supportive services and psychoeducation.

Strategy d) Funded CAC programs include:

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

Primary Strategy: Engage Families and the Community to Support Permanency for Children					PERMANENCY
Goal: Focus on reducing the number of children aging out of foster care without a permanent placement					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. Increase timely adoptions	a) Contract with public and private child placing agencies to focus on achieving finalized adoptions of a specified group of eligible children and youth.	Monitoring of ATCP contracts	Yearly	Adoption Program Manager	a) Complete

Primary Strategy: Engage Families and the Community to Support Permanency for Children					PERMANENCY
Goal: Focus on reducing the number of children aging out of foster care without a permanent placement					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	b) Utilize Extreme Recruitment as a targeted recruitment method	Extreme recruitment contract	July 2016 Yearly	Adoption Contract Administrator	b)Complete
	c) Utilize general recruitment through market research methods	General recruitment contract	July 2016 July 2017		c)Complete
	d) Update AREVA photo listing to be more accurate	Updated photo listings	Dec 2016		d)Complete
	e) Increase marketing/ awareness of Putative Father registry	Marketing campaigns	Yearly	AREVA coordinator	e)Complete

Primary Strategy: Engage Families and the Community to Support Permanency for Children					PERMANENCY
Goal: Focus on reducing the number of children aging out of foster care without a permanent placement					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	f) Update Heart Gallery g. Increased Foster & Adoptive Family Recruitment	Link to Galleries Foster & Adoptive Family Recruitment contract	Ongoing, as-needed July 2017 – June 2018	Adoption Program Manager Adoption Contract Administrator	f)Complete
2. Increase use of Post Adoption Contract and Communications (PACCA) to help sustain adoptions	a) Review PACCA – determine how to collect information b) Training of staff about PACCA	Revised guidance PACCA training curriculum	2017	Adoption Program Manager	Complete

Primary Strategy: Engage Families and the Community to Support Permanency for Children **PERMANENCY**
Goal: Focus on reducing the number of children aging out of foster care without a permanent placement

Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	c) Training for bio-parents, adoptive parents, youth on PACCA				
3. Increase family involvement in service and permanency planning	a) Develop a model of Concurrent Planning for Virginia b) Update foster care and family engagement guidance to include concurrent planning model	Concurrent planning model Updated guidance Curriculum for training Curriculum for training	2017 2017 2018 2018	Foster Care Program Manager DFS training/CIP	a)Complete b)Complete c)Complete

Primary Strategy: Engage Families and the Community to Support Permanency for Children					PERMANENCY
Goal: Focus on reducing the number of children aging out of foster care without a permanent placement					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>c) Train/promote understanding of concurrent planning as a means of permanency</p> <p>d) Develop joint training opportunities – COURTS, GAL, CASA</p> <p>e) Continue use of family engagement and teaming</p>	Family partnership report	quarterly		<p>d)Complete</p> <p>e)Complete</p>
4. Utilize Relative Placement (kinship) as permanency options	a) Assess relatives for longevity prior to placement	Assessment tool	2014	Foster Care Program Manager Prevention and Resource Family Program Manager	a)Complete

Primary Strategy: Engage Families and the Community to Support Permanency for Children					PERMANENCY
Goal: Focus on reducing the number of children aging out of foster care without a permanent placement					
Objectives 1-4	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	b) Examine CSA policies concerning placement with family	Summary of recommendations	2015 2016	Manager and ICPC staff	
	c) Explore ways to increase relative placements	Summary of recommendations	2015 2016		
	d) Explore ICPC issue of difficulty obtaining relative home studies	Summary of recommendations	2015 2017		

Implementation supports needed for Primary Strategy: Engage Families and Community to Support Permanency for Children (PERMANENCY)

- Objective 1: Complete
- Objective 2: Complete
- Objective 3: Complete
- Objective 4: Complete

These strategies have all been completed. Implementation supports needed for goals and strategies of the 2020-2024 CFSP will be addressed in that document.

2018 Primary Strategy: Engage Families and Community to Support Permanency for Children (PERMANENCY)

2017 Objective 1 a)

The Adoption Through Collaborative Partnership (ATCP) Contracts were renewed for SFY 2016; this is year two and the contracts have a maximum of two one-year renewals. The VDSS Office of Research and Planning (ORP) provides mid-year and annual analysis and reporting on the ATCP contract outcomes. Overall results in SFY 2016 are below:

- 680 children served by 12 contracts (one contractor has two contracts)
- Finalized adoptions for 267 children
- 39% of children served were adopted.
- Contractors met 84% of their goals in 2015
- Average cost per adoption (payment to contractors) - \$6,115

The Adoption Through Collaborative Partnership (ATCP) Contracts will end in FY17. A new RFA will be issued for ATCP in spring 2017.

2017 Objective 1b)

The contracts were awarded to C2Adopt, United Methodist Family Services (UMFS) Tidewater office, and UMFS Northern Virginia office. C2Adopt serves the Central Region. UMFS Tidewater office serves Eastern Region and UMFS Northern Virginia office serves the Northern Region. Although there were no proposals submitted for the Western Region, with the interest expressed by LDSS in that region and the persistent efforts of the regional Family and Permanency Consultants, a Memorandum of Agreement (MOA) was executed with Radford Department of Social Services and the City of Radford effective March 1, 2016 through June 30, 2017. The Radford MOA includes partnerships with three other Western Region LDSS county agencies: Montgomery, Floyd and Giles.

During SFY 2016 two contract agencies provided Extreme Recruitment® services for 39 children. Of these 39 cases, 56% (22) of the youth were in group homes or residential treatment facilities when services began.

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

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

2017 Objective 1d)

AREVA guidance is in the Child and Family Services Manual, Chapter E, Foster Care. The June 2017 guidance reflects the following revisions:

- Clarifies that deferments may be extended for an additional 30 or 60 days upon written request of the supervisor.
- Adds that the AREVA Coordinator will follow up on the deferment every three to six months for an update on the child.
- Clarifies the steps for families to register with AREVA.
- Clarifies the process for registering children with AREVA and required deadlines.
- Emphasizes the use of the AdoptUSKids' publication called "Lasting Impressions: A Guide for Photo-listing Children" that provides tips and worksheets for how to write strength-based narratives for the photo-listings.

2017 Objective 1 e)

House Bill 2216 changed the Virginia Putative Father's Registry name to Virginia Birth Father's Registry that will be effective on July 1, 2017. The intent of the name change is to increase an understanding of the purpose of the registry.

2017 Objective 1 f)

Currently the link to the Heart Gallery sends to AdoptUSKids link to view Virginia's waiting children. Virginia's Heart Galleries are managed by One Church One Child and Change Who Waits. One Church One Child manages the travelling Heart Gallery. They completed 51 Heart Gallery setups in FY 2016. Change Who Waits features Virginia's youth eligible for adoption on their website. <https://changewhowaits.org/heart-gallery>. They held four photography sessions across the state in 2016 for waiting youth.

2017 Objective 1 g):

The Adoption Unit of the Division of Family Services realized in the 1990s that a state system of post adoption services was critical. If a family knows that adoption services are available to them after their adoption is legally finalized, they are more likely to consider and proceed with adopting children with special needs. At that time, there were no coordinated services available to children and families after the final order of adoption. Some of the large local departments of social services provided selected post legal adoption services, but smaller local departments of social services were unable to provide any services. The Adoption and Safe Families Act (ASFA) of 1997 made federal funding available to the states for the provision of post legal (after finalization) adoption services to families who adopt children with special needs. Using Title IV-B, subpart 2 money, the Virginia Department of Social Services (VDSS) issued a Request for Proposals in October 1999 to launch a statewide system for these services. After a competitive process, a contract was awarded to United Methodist Family Services (UMFS) to establish a statewide system for Virginia coined Adoptive Family Preservation (AFP). Although considered a statewide adoption services network with staff willing to travel considerable distances, the AFP program has never been reasonably accessible to families in far western and remote eastern localities. This

AFP contract expired June 30, 2016. A new RFP was issued for SFY2017 for statewide post adoption services. The purpose of the new RFA was to provide innovative post adoption services and support to adoptive families in the five Department of Social Services Regions (Western, Piedmont, Central, Northern and Eastern). These services should be designed to help families build upon their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and in particular adoption dissolutions (after legal finalization). The contract period will be July 2017 – June 2018 with two 1 year renewal options.

Objective 3: The Foster Care guidance in regards to Concurrent Planning has been substantially revised and enhanced. This guidance has been published and is effective June 2017. Webinars to review changes to Guidance will be conducted in late May and June and will provide an opportunity to review the Concurrent Planning Model and policies and procedures with LDSS staff and supervisors. Additionally, the Family Engagement guidance is currently being revised. Publication is planned for the end of 2018 and will provide another opportunity to “refresh” LDSS staff understanding of the model, requirements, and benefits. Concurrent planning was included as an element on the QAA review so each foster care case is now being reviewed to determine if the LDSS has appropriately identified and begun working towards a concurrent goal. The Foster Care portion of the Agency Case Review is also looking specifically at LDSS practice around efforts to achieve the concurrent plan. The review processes has generated inquiries from the field, which permit additional training to LDSS staff. VDSS staff has presented on the model and its impact on achieving permanency at various events and regional consultants routinely provide TA. The training course of Concurrent Planning was revised in 2016, and attendance is being encouraged. Additionally, VDSS is providing financial incentives on a quarterly basis to LDSS for each FPM conducted which meets policy requirements. These funds can be utilized to support FPM practices through the purchase of supplies or equipment, training of staff, or providing financial assistance to extended family members to facilitate their participation. Use of incentives has resulted in a steady increase in the number of FPMs each quarter since implementation.

Challenges/ barriers to improving permanency outcomes include: staff turnover at the LDSS level and difficulty hiring due to lack of qualified applicants; lengthy training period and limited supervisory/coaching support at the LDSS; multiple priorities; increasing numbers of children entering foster care due to parental and extended family drug abuse where kinship care is not an option.; and, continued philosophical resistance to approving relatives as foster parents and using regular team meetings to strengthen family engagement and casework practices.

2019 Update: VDSS hosted a very successful Trauma Informed Family Engagement Conference in December 2018 to refocus attention on the array of family engagement practices which result in better permanency outcomes for children: relative search and engagement; relative placement; teaming; facilitating parental decision-making re: services and permanency planning; youth participation in decision-making; FPM facilitation skills; and working with the non-custodial parent. Additionally, Kinship Guardianship Assistance went into effect on July 1, 2018 in Virginia. The program was operated utilizing state funds while additional revisions were made to guidance to satisfy the requirements for the Title IV-E Plan and PACAP. These issues are on track to be resolved for the July 1, 2019 quarter. New guidance and training re: KinGAP were provided in June 2018 and will be reviewed when revisions to guidance are trained in June 2019. Supporting the implementation of KinGAP has provided an opportunity to emphasize to LDSS the importance of relative caregivers in permanency planning. Revisions and enhancement of family engagement guidance has been completed and training will be provided in July 2019.

Primary Strategy: Managing by Data and Quality Assurance					QAA and	
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.						
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments	
1. Assess and define the CQI system for VDSS using the resources from the NRCOI specifically identified sources	a) Plan a leadership retreat with VDSS Commissioner, Family Services Leadership, Program Managers, Regional Staff and community partners	Action plan and identification of a CQI model to implement process improvements at VDSS	July to Sept 2014	CQI Manager	1a-e_Model determined. Using with PIP. Complete	
	b) Decide on Model	Model chosen	2015			
	c) Test model at DFS	Summary of findings Protocol	2015			
	d) Develop systems wide feedback protocol	Record of TA provided	Ongoing			
	e) Explore state level Technical Assistance	Summary of key points/concerns from 2014 retreat.	June 2016			
						December 2016
	a) Revisit 2014 retreat with VDSS, DFS, and regional leaders, along with community partners	Revised CQI website materials & links.				
b) Use resources from the 2014 Retreat; CQI				b)Complete		

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	Academy, Center for States, CB; Regional consultants; DFS PMs; QA/MBD Network; and CWAC CQI subcommittee to revise CQI communications (website, resources, committees' purpose, etc.)				
2. Expand the utilization of Quality Service Reviews (QSR) by implementing the use of a Supervisory Tool based on the QSR protocol to assess quality on a consistent basis at the point of practice in all LDSS.	a) Train field test agencies in b) Field test the instrument	Curriculum Summary of findings	August 2014 Nov. 2014	CQI Unit	a)Complete b)Complete
3. Adoption Assistance Review Team to work in collaboration with Federal partners to identify if VDSS current review protocol meets federal	a) Assess if the AART current review instrument meets federal requirements b) TA request c) Draft of tool	Summary of findings Incorporation of federal feedback in to AART review process into tool Results of field test Guidance Curriculum for training	July, 2015 Sept, 2015	AART Supervisor	3 a)-c) Complete

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
requirements for Adoption Assistance case monitoring	d) Field test e) Develop guidance f) Training g) Statewide roll out h) Monitoring	Summary of Report on monitoring	Jan 2016 July 2016 Sept 2016 Ongoing	AART team	
4. Establishment of a standardized title IV-E protocol for conducting ongoing and new case validation reviews	a) Develop electronic review instrument b) Incorporate into VDSS guidance c) Receive feedback of effectiveness of process d) Monitor for effectiveness of use	Instrument Revised guidance Summary of feedback reflected in changes to the tool Summary of usage	December, 2015 March 2016 June 2016 July 2016 Ongoing	Title IV-E Supervisor	a)Complete b)Complete c)Complete d)Complete

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
5. Develop an electronic application and evaluation of title IV-E	a) Incorporate title IV-E automation into OASIS	OASIS	July 2017 undetermined	Title IV-E Supervisor	a)Ongoing
	b) Work in collaboration with VDSS IT, Permanency, and Eligibility Units to implement the usage of an electronic application and evaluation process for the determination of title IV-E	Trained and incorporated into VDSS guidance and procedures Receive feedback of effectiveness of process Reduced data errors in OASIS			b)Ongoing
	c) Monitoring of OASIS stratified data				c)Ongoing
6. Increase use of data driven decision	a) Review CPS on Timeliness of	Copy of reports Copy of broadcasts	December 2016	CPS Program Manager	a)Complete

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
making in Virginia's child welfare system	Contacts, Response Times, Referral Time Open and Duplicate Clients on a monthly basis to identify problem areas			CPS Policy Specialist CPS Regional Consultants	
	b) Identify and prioritize problem agencies and workers				b)Complete
	c) Develop and implement a plan to improve practice				c)Complete
	d) Increase use of SafeMeasures®	Copy of reports	January 2017		d)Complete
	e) Add CQI measures to SafeMeasures® – supervisory dashboard	Copy of reports and action plans	December 2016		e)Complete
	f) Use NYTD survey outcomes and services provided	SafeMeasures® e-learning	January 2017		f) Complete
	c) Identify and prioritize data issues stemming				

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>from case reviews</p> <p>d) Increase use of SafeMeasures® to identify critical areas of concern.</p> <p>e) Increase use of SafeMeasures® focusing on new measures for Family Strengths and Needs Assessment and Risk Reassessment measures</p>				
7. Evaluation of training	a) Utilize in class evaluations that look at curriculum content, the	<p>Summary of evaluations</p> <p>Data on transfer of learning</p>	<p>2015</p> <p>2016</p>	DFS training	<u>a)Complete</u>

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	trainer, and other training needs b) Implement Learning Labs for transfer of learning c) Track classes in KC to monitor what has been taken by local dept. workers d) Continue to conduct training needs assessment	Summary of reports for directors	2016 2015		b)Complete c)Complete d)Complete
8. Prepare and conduct the 2017 state led CFSR	a) Collaborate with the Children's Bureau and all 120 state localities in preparation for the state conducted 2017 CFSR b) Incorporate as many requirements of the state conducted 2017 CFSR into the statewide case review process to include but not limited to; utilization of the	Ongoing communication with Children's Bureau through conference call series, emails, site visits, etc. During 2016, completed reviews of in 120 localities with incorporation of federal review requirements and standards.	Ongoing Completed December, 2016	QAA Manager	a)Complete b)Complete

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>CFSR federal instrument, sampling period, case elimination process, consistent usage of instrument, interview process, incorporation of QA process</p> <p>Develop and pilot training for 2017 CFSR</p> <p>c) Conduct the state-led CFSR based on the approved case review Criterion 1 by Children’s Bureau</p> <p>e) Selection of localities for 2017 CFSR</p>	<p>Completed all development and required training and presentation of one pilot.</p> <p>Receipt of approval from Measurement and Sampling Committee of CB for case review process</p> <p>During Fall 2016, QAA staff attended regional directors meetings and conducted the selection of localities for 2017 CFSR.</p>	<p>Completed December, 2016 – April, 2017</p> <p>March – June, 2017</p> <p>Completed October, 2016</p>		<p>c)Ongoing</p> <p>e)Complete</p>
9. Specify responsibilities and tools for monitoring, supporting, and evaluating improvement plans	a) Develop a tool for monitoring	Virginia tool for monitoring.	Tool developed April 2016; communication and collaboration ongoing	CQI manager	<p>a)Complete</p> <p>b)Complete</p>

Primary Strategy: Managing by Data and Quality Assurance					QAA and
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives 1-11	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
based on LDSS Areas Needing Improvement (ANI) from the state CFSR reviews held in 2016, the federal review in 2017, and on-going.	b) Develop trend report c) Develop communication plan for sharing information with LDSS	Quarterly Report to Division PMs and Regional consultants, noting trends and improvements reported Communication plan for all LDSS regarding supports available, improvements suggested, etc.	June 2016 First Qtrly report of trends and improvements shared June 2016 and ongoing		c)Ongoing
10. Improve the ability for LDSS to provide input and participate fully in Virginia CQI efforts.	a) Restructure existing committees related to CQI at the state and local levels b) Groups develop specific purpose, roles, and connections to each other and the Division	Committees are restructured Agendas for committees have specific with outputs of recommendations, reports, etc.	April 2016 December 2016 and ongoing	CQI manager and committee chairpersons	a)Complete b)Complete
11. Develop cohesive data reporting and analysis processes for CQI, in collaboration with QAA.	a) Meetings with Office of Planning and Research to identify key reports used/ needed b) Develop communications on ways to use data for CQI	Reports identified and documented Increased understanding and use of data by Division managers, regional consultants, LDSS	June 2016 Ongoing	CQI manager, Asst. DFS director, OPR staff, DFS Program Managers CQI committees	a)Ongoing b)Ongoing

Implementation Supports needed for Primary Strategy: Managing by Data and Quality Assurance (CQI)

- Objective 1: Complete
- Objective 2: Complete
- Objective 3: Complete
- Objective 4: Complete
- Objective 5: Ongoing
- Objective 6: Complete
- Objective 7: Complete
- Objective 8: Complete and Ongoing
- Objective 9: Complete and Ongoing
- Objective 10: Complete
- Objective 11: Ongoing

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

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					OLDER YOUTH
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. Decrease the number of youth aging out of foster care	a) Identify different older youth populations by entry reason (A/N vs. other entry reason); b) Investigate funding source availability for older youth c) Investigate effective	Reports Summary of available funding Summary of suggestions	2017 2018	Foster Care Program Manager Partners – CSA, CIP, MH	a)Ongoing b)Complete

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					OLDER YOUTH
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	strategies for achieving permanency for older youth based on entry reason				c)Complete
2. Increase youth involvement in service planning and developing transitional planning to promote permanency and self-sufficiency.	a) Develop strategies to increase the level of youth involvement in program planning, implementation and evaluation.	Development of youth network	2016	IL state coordinator	a)Ongoing
	b) Involve the "Youth Network" in the development and improvement of state and local child-serving policies and practices by creating and/or supporting initiatives and partnerships	Summary of input Curriculum for training	Ongoing after formation 2016 2017 and ongoing		b)Ongoing

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					OLDER YOUTH
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	that promote permanency, self-sufficiency, and networking.				
	c) Involve youth network 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.	Bill of Rights	2017		c)Ongoing
	d) Provide training and technical assistance to LDSS in developing appropriate youth-driven service plans that focus on transitional	Increased participation of alumni in request for information/input	2016 2017		d)Ongoing

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					OLDER YOUTH
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>living plans for older youth.</p> <p>e) Establish a Foster Youth Bill of Rights</p> <p>f) Increase linkage between foster care youth and Foster Care Alumni</p>				<p>e)Complete</p> <p>f)Ongoing</p>
3. Increase Post-Secondary Education and Training opportunities	<p>a) Improve collaboration between LDSS and Great Expectations</p> <p>b) Identify vocational training opportunities statewide</p>	<p>Marketing and promotion of post-secondary education</p> <p>Efforts to share information</p>	<p>2015</p> <p>2016</p>	IL state coordinator	<p>a)Complete</p> <p>b)Complete</p>

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					OLDER YOUTH
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	c) Make information re: vocational and educational opportunities available statewide d) Continue to share information re: ETV statewide				c)Complete d)Complete
4. Facilitate transitions to Adult Services	a) Ensure information is available to LDSS and youth for youth who will qualify for adult services as they transition out of FC b) Improve Guidance to address transition planning for this population specifically c) Identify gaps in services for youth who will	Updated guidance Recommendations for services Curriculum	2016	DARS, DFS training Foster Care Program Manager	a)Complete b)Complete c)Complete

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					OLDER YOUTH
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>still need services but will not qualify for adult services</p> <p>d) Develop training for CW staff re: eligibility and transition planning for this population</p>				d)Complete
5. Explore expanding foster care and adoption assistance to 21	<p>a) Identify options for youth if the extension of foster care is not included in the budget</p> <p>b) Redefine IL living arrangement to better meet the needs of older youth who continue to</p>	Updated guidance	2015	Foster care program manager, IL state coordinator	a)Complete
			2015		b)Complete

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21)					OLDER YOUTH
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	receive services through LDSS				
	c) Explore addressing issues of youth homelessness, access to MH and trauma services	Summary of suggestions for service delivery	2017		c)Ongoing
		Publication	2015		
		Summary of findings	2017		
	d) Develop strategies for publicizing information about Medicaid to 26				d)Complete
	e) Explore potential continuation of CASAs working with youth 18 and older (permitted by law)				e)Complete

Implementation Supports needed for Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) (older youth)

Objective 1: Complete and Ongoing

Objective 2: Complete and Ongoing

Objective 3: Complete

Objective 4: Complete

Objective 5: Complete and Ongoing

2019 Objective 1

VDSS has continued to study permanency practices and outcomes for older youth who enter care and to consider how outcomes differ in relation to reason for entry into care. This efforts has been complicated by issues with available data in OASIS (reason for entry coding has been revised several times). Additionally, the VDSS contract with Chapin Hall was another means which was used to try to obtain data which would help identify areas needing attention and bright spots, but there were issue in coding which resulted in challenges between the systems and limited the utility of reports generated. Finally, Virginia's DJJ system has undergone a significant transformation over the last 5 years, including a significant reduction in the number of youth committed, reductions in lengths of commitment, and a shift away from criminalizing youth towards family engagement and community based treatment as alternatives. There are fewer youth in foster care who spend time in commitment, as there are fewer youth in Virginia who are committed. Initially LDSS were concerned that when commitment was not an option, more youth would be placed in foster care as a result of delinquency matters. Reason for entry due to delinquency was monitored and while some LDSS saw increases in this population, overall the state rate did not increase, and this trend has leveled off even in those communities. Generally, entries due to delinquency or child in need of services (child behavior) petitions continues to be a very small percent of overall entries. The issues with obtaining useful data and the shifts in the delinquency population contributed to VDSS focusing more intently on improving permanency outcomes for other populations of focus (children under 5; sibling groups; children with special needs, etc.)

Finally, there has been a significant improvement in the average length of stay in care for children who enter foster care in Virginia at any age regardless of the reason fro entry.

Average stay in care by age at entry:

Average Time in Care (in Months)									
Age at Entry	2010	2011	2012	2013	2014	2015	2016	2017	2018
0	21	19	18	17	16	16	16	16	16
1	25	22	20	19	17	18	17	18	17
2	23	22	20	18	16	16	18	18	18
3	24	23	20	20	18	18	18	18	17
4	29	27	25	24	23	22	23	23	22
5	35	31	28	22	21	23	25	25	24
6	36	33	31	27	24	25	26	26	24
7	36	36	34	33	29	27	26	26	28

8	38	36	32	30	26	26	24	25	22
9	37	37	34	31	28	28	25	25	25
10	35	32	29	28	28	26	25	27	24
11	33	32	33	30	27	25	27	26	28
12	34	33	29	27	25	25	25	26	26
13	29	28	26	23	23	24	24	25	24
14	23	22	21	20	19	19	20	20	22
15	18	16	16	16	15	15	16	17	18
16	12	12	12	11	10	11	12	12	13
17	6	6	5	6	5	5	6	8	8

Data Source: VCWOR > OASIS Rolling Year > Any Client in Care at Least 1 Day > DOS = CY 2010 - 2018

2017 Objective 2

During FY 2017, VDSS requested and received technical assistance from Capacity Building Center for States, a contractor with Children’s Bureau, to develop a statewide youth board. The purpose of the board is to be a stakeholder group for VDSS and facilitate youth input on legislation, policies and issues affecting youth in foster care. VDSS partnered with the Capacity Building Center for States to ensure the youth board is developed and sustained. Project LIFE played a crucial role in providing logistical support. A group of 10 youth and young adults from all over Virginia, who are in foster care or alumni of the foster care system, participated in two weekend planning meetings (January and March 2017). The group named themselves SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth). During the planning meetings, SPEAKOUT developed their mission and vision statements, and bylaws that outline the roles of adults and alumni supports, membership, annual meeting, and strategies for communicating and working with VDSS and Project LIFE. SPEAKOUT has determined that the total membership will include 25 youth; 4 from each region and 5 at-large members. SPEAKOUT will elect officers, finalize their strategic plan for the coming year, and recruit to fill the vacancies remaining on the board at the statewide spring youth conference scheduled for May 19-21, 2017 in Richmond, VA. In regard to youth involvement/engagement and youth network, Project LIFE’s will meet and/or /exceed the FY 2017 benchmarks of the contract goals by the end of the fiscal year,

Contract Goals	Benchmark (# of participants)	Actual (# of participants as April 2017)
Implement strategies and training for youth and workers that promote positive youth development and youth engagement	60	70
Prepare youth to serve on panels and committees for foster care policy development, conducting life skills and self-	25	13

advocacy training, and increasing youth's understanding and embracement of the concept of achieving permanency		
Deliver public speaking training to youth to prepare them to speak to audiences.	25	15
Deliver training to youth on the importance of good credit reports (ages 18 and over)	100	92
Provide training and technical assistance to LDSS staff on the purpose, importance, and requirements of NYTD	125	151
Train youth ages 14 and over on NYTD	125	111
Provide life skills training for eligible youth between the ages of 14-21 in each region that supports permanency and teaches self-sufficiency through skill development	150	703
Provide local, regional, and statewide events focusing on post-secondary education	50	56
Provide training, technical assistance, resources, and tools to LDSS in partnership with VDSS and other stakeholders/partners	500	1084

For Foster Care Month in FY 2017, Project LIFE and foster youth will participated in two FosterWalk with members of Foster Care Alumni of America (FCAA)-Virginia Chapter. The FosterWalks were held in the Central and Piedmont and facilitated by the FCAA. The purpose of the walk was twofold: 1) to help draw attention to the issues facing current and former foster youth; and 2) to urge foster care alumni and the greater community to get involved in helping youth obtain permanency or at least life-long connection. In addition, the walks provided an opportunity for youth currently in care to become aware of and connected to the Virginia Alumni Chapter.

2017 Objective 4

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

2017 Objective 5

Effective July 1, 2016, Virginia implemented the Fostering Futures program statewide. VDSS developed and provided training to LDSS supervisors and staff on two additional chapters of Foster Care guidance entitled, *Independent Living Program, serving youth ages 18-21*, and *Fostering Futures (extension of foster care to 21.)* Because Fostering Futures, excludes those youth who turned 18 in foster care prior to July 1,

2016, it was necessary to provide guidance specific to the population of 18 to 21 year olds being served. Along with a previous chapter, *Achieving Permanency for Older Youth*, these three chapters provide guidance to the local departments of social services (LDSS) regarding working with youth in and transitioning out of care and reinforce the need for all children and youth to learn life skills and engage in age or developmentally-appropriate IL activities.

Primary Strategy: Infrastructure improvement					TECHNOLOGY
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. Create pilot program to explore mobile/field computing	<ul style="list-style-type: none"> a) Secure mobile devices: Tablets, webcams, and mobile printers b) Select localities to pilot c) Review quarterly reports on satisfaction and address issues 	<ul style="list-style-type: none"> Contract or agreement List of localities Timely note entry 	2018	Assistant Director	<ul style="list-style-type: none"> a)Complete b)Complete c)Ongoing
2. Explore the possibility of	<ul style="list-style-type: none"> a) Develop requirements b) Request Funding 	Up and running system to include	2019	Assistant Director	a)-e) Ongoing

Primary Strategy: Infrastructure improvement					TECHNOLOGY
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
implementing a new child welfare information system	c) Design (if funded) d) Training (if funded) e) Roll-out (if funded)	financial data and improved reporting functions.			
3. Implement title IV-E Automation in OASIS to incorporate local financial data and OASIS data for title IV-E to include reasonable candidacy	a) Create requirements for automation b) Review requirements and give approval for development c) Completed UAT when development is complete d) Provide training to the field e) Implement new OASIS screens	Virginia is currently creating and assessing requirements for implementation of title IV-E automation in Virginia's future CCWIS. It is anticipated these requirements will not be implemented in OASIS.	2022	Assistant Director, QAA program manager	a)-e) Complete
4. Improve tools available in SafeMeasures® to state and local workers to allow for a broader range of reporting elements.	a) Review current reporting b) Determine reports to be created c) Implement new reports	New reports	Ongoing	DFS program managers	
5. Begin use of market segmentation to identify prospective foster and adoptive families.	a) Create and share list of targeted recruitment criteria b) Use ESRI software to analyze existing	Criteria Summary of work done	2015 2016	Adoption program manager, Resource Family program manager	a)-c) Complete

Primary Strategy: Infrastructure improvement					TECHNOLOGY
Goal: Enhance the use of technology to better serve children and families					
Objectives 1-6	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	adoptive and foster families c) Follow T/TA recommendations from NRC on Diligent Recruitment	Foster & adoptive families, increased number of families			
6. Improve local staffs' abilities to conduct and document service needs assessments and develop relevant services plans in the automated data system (OASIS)	a) Develop requirements for changes to service planning in OASIS b) Development of new service planning c) UAT of new screens d) Training of changes to service plan e) Roll out of new service plan screens	Requirements doc Draft of screens Testing results Curriculum Updated screens	May 2014 Feb 2015 Sept. 2014 2016 Jan 2015 2016 April 2015 2016/2017 2017	DFS staff	a)-e)Complete

Implementation Supports needed for Primary Strategy: Infrastructure improvement TECHNOLOGY

- Objective 1: no longer viable
- Objective 2: Complete and Ongoing
- Objective 3: complete
- Objective 4: Complete
- Objective 5: Complete
- Objective 6: Complete

The RFI was developed with the support of local department stakeholders who will assist in reviewing vendor submissions.

2016 Objective 4

Report developed or in development for use in SafeMeasures® since July 2015.

- 1) Referral Recidivism
- 2) Data Issues: IL Services Open Over 60 Days
- 3) Perpetrators With Duplicate Records (Based on DOB and SSN)
- 4) Adoption Recruitment Status
- 5) Education Records for Foster Care Youth Ages 5 to 20
- 6) NYTD 19 Year-Old Survey Completion
- 7) Resource Activity
- 8) Independent Living Services 6 Month History
- 9) Case FPMs for Concurrent Planning
- 10) Timeliness of First Contact with Victim
- 11) Safety and Risk Reassessment before Case Closure
- 12) Clients Missing SSN
- 13) Recurrence of Maltreatment
- 14) (Still in development) Timeliness of 1st Contact
- 15) (Still in development) Maltreatment in Foster Care
- 16) (Still in development) Placement Stability
- 17) (Still in development) Permanency in 12 Months for Children Entering Foster Care
- 18) (Still in development) Permanency in 12 Months for Children in Foster Care 12-23 Months
- 19) (Still in development) Re-entry to Foster Care
- 20) (Still in development) FSNA Ongoing Timeliness
- 21) (Still in development) Risk Reassessment Ongoing Timeliness
- 22) (Still in development) Time to Validation

Primary Strategy: Focus on Child Well-Being					WELL-BEING
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
1. All foster children are screened and referred to medical professionals as-needed.	a) Update guidance and regulations to include requirements for medical exams	Updated guidance	2014 2015	Foster Care Program Manager	a)-d)Complete

Primary Strategy: Focus on Child Well-Being					WELL-BEING
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	<p>c.) Identify and promote best practice in a trauma-informed child welfare system</p> <p>d). Explore the possibility of increasing the availability of qualified trauma treatment providers in VA</p> <p>e). Train foster and adoptive families on trauma-informed care</p>	<p>Summary of findings</p> <p>Curriculum for training</p>	<p>2016 2017</p> <p>2015</p>		
4. Implement a psychotropic medication system to protect children in foster care	<p>a) Develop guidelines for children currently prescribed/taking psychotropic meds, around medical exams and mental health evaluations related to med management</p> <p>b) Track children who are currently prescribed and taking psychotropic meds</p> <p>c) Develop a strategy for assessing risk among children</p>	<p>Guidelines and updated guidance</p> <p>List of children</p> <p>Strategy and protocol</p>	<p>2019</p> <p>2016</p> <p>2016 2018</p>	3 Branch coordinator, Foster Care Program Manager	a)-d) Complete

Primary Strategy: Focus on Child Well-Being					WELL-BEING
Goal: Improve health including social and emotional well-being for children in foster care					
Objectives 1-5	Strategy	Evidence Completed	Deadline	Lead Person	Status/Comments
	taking psychotropic meds d) Develop protocol for reviewing high risk cases				
5. All children will have stable school enrollments	<p>a) School-aged children, when changing foster care placements, have a best interest determination done jointly by the LDSS and the appropriate school division</p> <p>b) Develop protocols with LDSS to implement strategies which will allow children to remain close to their home and school communities</p> <p>c) Develop protocols that will help children when they cannot remain in their home schools to maintain connections</p> <p>d) Develop e-learning training on immediate enrollment BID</p>	<p>Report on BID,</p> <p>Updated guidance,</p> <p>Protocol developed,</p> <p>Curriculum on immediate enrollment</p>	<p>2015</p> <p>2016</p> <p>2017</p> <p>2015</p> <p>2016</p>	Foster Care Program Manager, 3 Branch Coordinator, IL state coordinator, DFS training	<u>a)-d) Complete</u>

Implementation Supports needed for Primary Strategy: Focus on Child Well-Being (WELL-BEING)

- Objective 1: Complete
- Objective 2: Complete
- Objective 3: Complete and Ongoing
- Objective 4: Complete
- Objective 5: Complete

VDSS has good working partnerships with OCS and DOE to continue the work that has already begun. As mentioned above, VDSS has started the process to access TA.

2019 Objective 4

During the last 5 years, VDSS has continued to work with DMAS and other stakeholders to 1) increase access to medical review of higher risk prescription situations through an MCO process and 2) increase the LDSS understanding of the risks of over-prescription and ability to monitor and effectively intervene as needed for children in foster care who are in their custody. The MCOs which manage the health care for children in foster care have established protocols which result in a 'prior authorization' requirement for certain categories of atypical anti-psychotic medications, very young children, and children prescribed multiple medications. In previous years, VDSS has enhanced the OASIS system and provided SafeMeasures reports to facilitate the process of tracking the use of psychotropic medications. This year the Psychotropic Medication Oversight Protocol was developed in collaboration with the Permanency Subcommittee of CWAC members and LDSS staff. It has been published and on-line training will begin in June. Additional training via webinar will be offered later in June and early July.

2017 Objective 5

VDSS and DOE are working together to update the Joint Guidance to incorporate new requirements of ESSA. Publication of the guidance during the summer of 2017, will provide an opportunity to train LDSS on BID procedures and the ESSA requirements. The eLearning course addressing Educational Stability is also being updated.

Implementation Supports needed for Primary Strategy: Focus on Child Well-Being (WELL-BEING)

- Objective 1: updates to case management system
- Objective 2: IT support for CANS from DSS and OCS
- Objective 3: training for foster and adoptive families, TA on trauma

- Objective 4: data around medication usage, partnership with other state agencies

Objective 5: training for staff, partnership with DOE

VDSS has good working partnerships with OCS and DOE to continue the work that has already begun. As mentioned above, VDSS has started the process to access TA.

2017 Objective 5

VDSS and DOE are working together to update the Joint Guidance to incorporate new requirements of ESSA. Publication of the guidance during the summer of 2017, will provide an opportunity to train LDSS on BID procedures and the ESSA requirements. The eLearning course addressing Educational Stability is also being updated.

VI. Additional Plans Associated with the Final APSR Report

The following plans are attached that are relevant to the Final APSR report:

- A. CAPTA Plan
- B. Training Plan
- C. Diligent Recruitment Plan
- D. Citizen Review Panel Reports and VDSS Responses
- E. COOP/Disaster Plan

VII. Appendix

- A. QAA/Case Review Attachment
- B. Stakeholder List

Appendix A: QAA/Case Review Attachment

VDSS QAA/Case Review System				
Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
Title IV-E New Case Validations	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	Each 90 days (<i>100% of children entering foster care within 90-120 days of entering care</i>)	2191
Title IV-E Ongoing Reviews	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	One time annually (<i>Cases selected at random</i>)	2746
Child Welfare Case Reviews (CWCR)	QAA Team	Targeted observations to review compliance with state and federal requirements in CPS; referrals, ongoing. Monitor and ensures proper OASIS documentation.	Quarterly (<i>100% of children involved with LDSS within 90-120 days of involvement</i>)	CPS Referrals: 3,581 CPS Ongoing: 1,139 Foster Care: 868
Child and Family Service Reviews (CFSR)	QAA Team	Conformity with federal child welfare requirements; determine what is happening to children and families as they are engaged in child welfare services; and assist VDSS to enhance their capacity to help children and families achieve positive outcomes.	Quarterly (<i>35 cases selected at random</i>)	February 2017- April 2019: 175

Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
Agency Case Reviews (ACR)	Program Regional Consultants	Targeted observations to evaluate compliance and quality of case practice. Monitor and ensures proper OASIS documentation.	One Time Annually (<i>Each LDSS reviewed</i>)	120 per year
Written Case Plans	LDSS	Per child review to document written case plan that is developed jointly with the child's parent(s) and includes the required provisions.	Daily	All Cases
Periodic Reviews	LDSS and Courts	Per child status review via court or administrative review.	Daily	All Cases
Permanency Hearings	LDSS and Courts	Per child permanency court or administrative body hearing.	Daily	All Cases
Subrecipient Monitoring (rM)	Specific Program Staff Assigned	Monitors the appropriate allocation of federal funding, in compliance with the program parameters and state and federal supervisory guidelines.	One time annually (<i>as determined by risk assessment</i>)	Varies

Title IV-E New Case Validations

New case validations ensure that the initial funding determination has been made on every child who enters foster care. They coincide and are part of the Child Welfare Case Review (CWCR) process. For the IV-E funding cases, the QAA consultants review the initial eligibility determination to validate the funding determination of either IV-E or CSA as well as any other IV-E requirements. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument to ensure that federal judicial language, AFDC eligibility, IV-E expenditures, and safety and licensing requirements are met. In addition, the QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS.

For Fostering Futures cases, the QAA consultants look at the eligibility requirements and determine whether the case has been appropriately found to be IV-E or CSA. Once the eligibility has been determined, no future monitoring is required.

If during the CWCR, errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency must provide proof that the adjustments have been made prior to the error being marked as resolved.

Title IV-E Ongoing Reviews

QAA title IV-E reviews facilitate compliance with title IV-E federal, state, and VDSS requirements and guidance. Ongoing reviews are designed to provide continuous quality control and support to the LDSS by reviewing all open title IV-E cases at least once per fiscal year.

The QAA regional consultants review all cases that were eligible with IV-E payments made during a specific period under review (PUR). The consultants verify that the initial eligibility determination has been previously reviewed during the CWCR. If it has not, then the consultant will validate the initial eligibility determination. Once validated and/or verified, the ongoing items required to maintain title IV-E eligibility are reviewed. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument to ensure that the ongoing judicial activity, IV-E expenditures, safety requirements, and licensing requirements comply with federal requirements.

Title IV-E expenditures include but are not limited to maintenance rates, enhanced maintenance rates, clothing expenditures, childcare, and transportation costs. The consultants verify the proper use of IV-E funds for services provided by requesting and reviewing the Standard Payment Record (SPR) for each case.

The review process includes examination of systems and documentation of the Online Automated Service Information System (OASIS) and case record to include the foster care, eligibility, and resource files. During the onsite review, the consultants select two resource files belonging to LDSS-approved foster homes where an IV-E payment has been made during the PUR. The QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS. In addition, the consultants verify the dates of the required safety checks on the checklist in the eligibility file to the formal results housed in the resource file.

If during the IV-E review, errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency is given the opportunity to make any necessary reimbursements. Agency reimbursement is a local agency decision; however, if the agency chooses not to make any adjustments, they notify the QAA consultant who then begins the process for the state to reimburse any ineligible payments. Any reimbursements that the state has to make is reflected in the agency's individual error threshold as stipulated in the Title IV-E Shared Fiscal Accountability Matrix. In addition, the matrix sets forth any required corrective plans and required fiscal accountability by the agency.

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

Child Welfare Case Reviews (CWCR)

The Child Welfare Care Reviews (CWCR) involve a sample consisting of 10 Child Protective Services (CPS) family assessments and/or investigations, 5 CPS ongoing cases, 5 foster care cases, IV-E funding cases on all children who entered foster care during the sampling period, and Fostering Futures determinations. The CWCR are completed on all 120 agencies every three months and occur within

approximately 90-120 days of families/children becoming involved with LDSS, which allows for timely feedback on current practices. The CWCR includes face-to-face interaction with staff, supervisors, and the local department director. These reviews focus on compliance.

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

DFS completed a state led federal CFSR review in the Spring of 2017. Reports of the federal review for 2017 are available from the Children's Bureau CFSR Web Portal. Due to substantial conformity not being met, DFS will enter into a PIP, which is scheduled to be approved in April 2019. In February 2018, the QAA began the PIP monitored CFSR reviews within the LDSS. Each quarter, the QAA CFSR team reviews 35 cases, totaling 140 cases annually. The anticipated PIP approval date of September 2018 did not come to fruition. The DFS currently anticipates the PIP approval prior to April 2019 when implementation is expected to begin. The QAA CFSR team will continue CFSR reviews throughout the duration of the PIP and the subsequent monitoring year. The CFSR review team provides feedback to the local agencies during an exit conference with the LDSS. In addition, DFS is currently developing a reporting out process with the LDSS that involves the comprehensive report being provided to the LDSS in order to support the improvement of outcomes. As part of the CFSR PIP, work groups have been created to address various strategies outlined in the PIP. The work groups include an LDSS lead with an assigned state co-lead. The work groups meet at least once monthly and occur both in-person and by webinar. The DFS has held bi-monthly meetings for all of the 20 PIP localities. Technical Assistance is being provided to the localities on an ongoing basis.

Child and Family Service Reviews (CFSR):

The CFSR reviews enable Virginia to accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance their capacity to help children and families achieve positive outcomes. Ultimately, the goal of the review is to help Virginia improve child welfare services and achieve the following outcomes for families and children who receive services: Safety, Permanency, Family and Child Well-Being. Based on the Federal Round Three CFSR results, Virginia was found not to be in substantial conformity, requiring a Program Improvement Plan (PIP). As part of the PIP, Virginia is required to complete a review of 35 cases per quarter statewide resulting in 140 cases reviewed each year. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Virginia utilizes the federal CFSR portal and Online System Review Instrument (OSRI).

Each case consists of a two-day review, during which the key participants in each case are interviewed, and the case file is reviewed. The key participants include the child, the child's parents and/or caregivers, the child's foster parents, pre-adoptive parents, or other caregivers, and the family's caseworker. These interviews can occur within the agency, the community, or the home. Per case, each reviews requires a Regional Site Leader (RSL) who coordinates the review with the LDSS and provides the required initial Quality Assurance (QA) and two reviewers. The CFSR consists of 18 items that reviewers must assess during the onsite review process. The OSRI provides ratings based on the responses entered and provides a

final rating of either “Strength” or “Area Needing Improvement.” Once the OSRI is completed, initial QA of the case is required to ensure consistency across all 18 items. Following the completion of the initial QA, second level QA is required by the statewide lead QAA supervisor. For 25% of the cases reviewed, our federal partners require federal Secondary Oversight before the case can be approved and finalized.

Agency Case Reviews (ACR)

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

To adequately address all items in the review, the expectation is that the regional review team will spend a work day at the agency to include record reviews as needed, informal interaction with LDSS staff, and the debriefing meeting. Following an agency case review, VDSS’ follow-up with the LDSS will be largely dependent upon the assessed need of the LDSS. VDSS is not requiring a formal Program Improvement or System Improvement Plan.

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

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

Written Case Plans: VDSS requires that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan. For CPS, plans must be created within 30 days of opening a case. For Foster Care, a full service plan on all children must be completed within 60 days of custody or placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement or within 30 days of signing a temporary entrustment for a placement of 90 days or more. Part of the requirements is that the agency involve parents and children in the development of the plan.

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

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

VDSS continues to ensure that all parties have input into the development of case plans through the use of Family Partnership Meetings or Child and Family Team Meetings. The release of OASIS 4.4.0.9 on 11/28/18 included additional fields to document that youth were provided the opportunity to invite up to two people to team meetings as well as the names of the individuals the youth chose. VDSS uses Safemeasures to monitor the use of Family Partnership Meetings as foster care guidance requires that a Family Partnership

Meeting be held prior to the filing of court documents in preparation for each hearing. The November 2018 release of foster care guidance included clarification around the documents that are required to be completed with each court hearing as well as with administrative panel reviews. VDSS contracts with a vendor to provide transcription services for workers in all local departments of social services. This service aids workers in more accurate and efficient documentation of case activities which ultimately ensures proper case planning.

Periodic Reviews

VDSS requires that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child. (§§ 63.2-907 and 16.1-282) VDSS uses and provides a Guide, developed specifically for attorneys and judges who handle child welfare cases. Formal reviews are held at least every six months. Dispositional hearings are held within 60 days after removal and foster care plans are filed within 45 days from removal. Foster care reviews are held within four months (§ 16.1-282) from the dispositional hearing. Petitions for permanency planning hearings are filed 30 days prior to the scheduled court date for the hearing which will be held within 10 months of the dispositional hearing (§ 16.1-282.1). For all and any review, considerations include the child's safety, the continuing necessity for foster care placement, compliance and progress with the case plan for both child and family, transition planning for youth 14 or older whether an out-of-state placement is viable. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

The process for scheduling cases prior to the 4-month foster care review stage is dependent upon how the child is entering foster care and the hearings associated with that particular case type (i.e. abuse or neglect; at-risk of abuse or neglect; relief of custody or entrustment agreement, or disposition of a child in need of services, child in need of supervision, etc.).

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

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

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

Permanency Hearings

In Virginia, a LDSS may, under identified circumstances, petition the court for approval of an interim foster care plan at the time of the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). An interim plan may be approved by the court for a maximum period of 6-months if the court finds that marked progress is being made towards reunification or is being made to achieve the permanency goal identified. (See VA Code § 16.1-282.1). Almost 80% of court community survey respondents indicated that the LDSS always or often requests approval of an interim plan. This response rate suggests that interim plans are being routinely requested and approved, at least in part to give parents additional time to complete services. Survey respondents were also asked to indicate the extent to which they agree with the following statement: *The child's length of stay in foster care, as it relates to the requirement that a termination of parental rights petition be filed for a child in foster care 15 of the last 22 months, is addressed in foster care hearings.* Sixty percent moderately agreed (31%), slightly agreed (21%), or did not at all agree (9%) with this statement. When interim plans are approved, the LDSS and court community must be mindful of the approaching timeframe for filing termination of parental rights proceedings.

This measure provides the average number of days to the date of the first permanency planning hearing (i) from the date of the disposition hearing on the underlying abuse or neglect, at-risk of abuse or neglect, or entrustment agreement case through which the child entered foster care; or (ii) from the date child is placed foster care, if placed as a result of a child in need of services, child in need of supervision (truancy/runaway), delinquency, or status offense case.⁶

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

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

Case Types	FFY 2017 10/1/16-9/30/17	FFY 2018 10/1/17-9/30/18	Difference from Previous Annual Rate (2017 vs 2018)
	Average (Days)	Average (Days)	
Abuse or Neglect (AN) and At-Risk of Abuse or Neglect (RI) Cases	259	253	-2.3%

⁶ Cases considered in the data include the first permanency planning case held for a child that is filed within the report date parameters, has a finalized disposition hearing, and has an underlying case of: (1) abuse or neglect, at-risk of abuse or neglect, or entrustment agreement with a finalized disposition of change in legal custody (LC) or child protective order issued and change in legal custody (FD), or (2) child in need of services, child in need of supervision (truancy/runaway), delinquency or status offense, the result of which was the entry of the child into foster care.

Entrustment Agreement (ET) Cases ⁷	172	210	22.1%
Other Cases (CS, DF, DM, TR, ST) ⁸	307	302	-1.6%

Summary of Findings:

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

The average days calculated for the above-referenced case types is from the date of the disposition hearing on the underlying case to the date of the hearing on the initial permanency planning case. Data available for FFY 2018 suggest that initial permanency planning hearings are being held in a manner consistent with the VDSS time line requirements, which are consistent with federal related requirements. Specifically, at an average of 253 days (8.3 months), a permanency planning hearing was held within 10 months from the date of the dispositional hearing on the underlying abuse or neglect or at-risk of abuse or neglect case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

Entrustment Agreement Cases:

The average days calculated for this case type is from the date of the disposition hearing to the date of the hearing on the first permanency planning case. Data available for FFY 2018 suggest that initial permanency planning hearings are being held in a manner consistent with the VDSS time line requirements, which are consistent with federal related requirements. Specifically, at an average of 210 days (6.9 months), a permanency planning hearing was held within 10 months from the date of the dispositional hearing on the underlying entrustment agreement case, which is the same hearing at which the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed (within 60 days of placement in foster care).

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

The average days calculated for “Other Cases” is from the date of the child’s placement into foster care to the date of the hearing on the first permanency planning case. Data available for FFY 2018 indicate that a permanency hearing is held in a manner consistent with the VDSS time line requirements, which are consistent with federal related requirements. Specifically, at an average of 302 days (9.9 months), a permanency planning hearing was held within 12 months of placement into foster care for children entering as a result of one of these case types. The FFY 2018 average reflects a 1.6% decrease from the FFY 2017 average of 307 days (10 months).

Subrecipient Monitoring

VDSS is a “pass-through” entity for state and federal funds. A subrecipient is the organization receiving the “pass-through” funds. Subrecipient monitoring (SrM) is the process used to monitor the appropriate usage of such funds, in compliance with the program parameters and state and federal supervisory guidelines. As a pass-through entity of federal and state funding, it is the Division of Family Services’ (DFS) responsibility to ensure the monies are spent according to the parameters of each respective program.

Each subrecipient within Family Services is assessed to determine the level of monitoring that should be performed in order to ensure that the LDSS or contractor complies with federal and state program laws, regulations, and program guidance procedures. Determining factors could include the subrecipient’s prior

⁷ The data do not include permanent entrustment agreement cases, which move directly to Virginia’s annual foster care review upon termination of parental rights.

⁸ The category “Other Cases” includes: CS-child in need of services, DF-delinquency felony, DM-delinquency misdemeanor, TR-child in need of supervision and ST-status offense.

experience, review of any prior year’s audits, financial data reviews, caseload/agency size, history of performance, and last subrecipient monitoring visits.

A risk assessment is utilized to create a monitoring schedule, determining whether the review of the LDSS or contractor will be required during the federal fiscal year as well as whether it will be completed remotely or onsite at the agency.

Outside of title IV-E reviews which utilize their own instruments, the reviews are completed utilizing a standard monitoring review instrument that includes the collection and analysis of critical documents. Once the instrument is completed, they are reviewed with the LDSS or contractor. The findings are based upon each program unit’s requirements of the review and are submitted to the DFS subrecipient monitoring coordinator

The following programs are responsible for subrecipient monitoring within DFS: Programs that reimburse or provide services using state and federal funds

Programs responsible for contracts, budget lines, federal and state funding streams, and grants.

Unit	Programs
Adoption	Adoption and Legal Guardianship Incentive Grant
CPS and Adoption Contracts	Child Abuse and Neglect Prevention, Child Advocacy Centers, Healthy Families, Victims of Crime Act (ends June 30, 2019), Adoption through Collaborative Partnership, Post Adoption Services, Post Adoption Services Statewide, Post Adoption Case Management, Foster and Adoptive Family Recruitment, and Northern Virginia Family Services
Continuous Quality Improvement	Approved Foster/Adoptive Parent and Child Welfare Worker Training and Approved Foster/Adoptive Parent and Child Welfare Worker Training (administrative portion)
Foster Care	Independent Living Education and Training Vouchers Grant, Independent Living Program Grant, Child Welfare Stipend Program, and Project LIFE – Contract with United Methodist Family Services (UMFS)
Prevention	Family Preservation and Support Program, Child Welfare Substance Abuse and Supplemental Services, Promoting Safe and Stable Families, Respite Care for Foster Families, New Found Families, and Consortium for Resource, Adoptive and Foster Family Training
Quality Assurance and Accountability	Title IV-E Foster Care, New Child Welfare Case Review, Fostering Futures, and Title IV-E Adoption Assistance.

Attachment B. Stakeholder List

Collaborative Body	Description
<i>Adoption Development Outreach Planning Team (ADOPT)</i>	ADOPT is a voluntary child-advocacy group of individuals from public and private child welfare agencies, adoptive parents, therapists, attorneys, and others interested in promoting its purpose. ADOPT is committed to promoting and assuring the rights of children in Virginia to permanent homes through advocacy, education, legislative activities, and examination of practice issues.
AdoptUSKids	This national non-profit organization is committed to the adoption of waiting children. It is the lead agency in the AdoptUSKids network, which is funded by a Federal grant through the CB, to recruit adoptive families for children waiting in foster care across the United States. It is also the membership organization for Adoption Exchanges, of which VDSS is a member. Virginia collaborates with the national adoption network to provide national photo listings of waiting children in Virginia.
American Academy of Adoption Attorneys	Non-profit national association of attorneys, judges, and law professors who practice and have otherwise distinguished themselves in the field of adoption law. It has collaborated with VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.
Child Protective Services Advisory Committee	Composed of local CPS supervisors and workers from across the State. The group meets quarterly and provides input into the CAPTA Plan, legislative proposals, regulatory review, policy and guidance, and overall program direction.
Child Welfare Advisory Committee	Committee has representatives from LDSS, other state agencies that serve the child welfare population, representatives from private child placing agencies and non-profit organizations, resource families, child and family advocates, Tribal partners, and the Court Improvement Program (CIP). It was formed as the original stakeholder group for the first round of the CFSP but has continued as the main advisory group to the division director for Family Services. CWAC ensures that all child welfare activities are child centered, family focused, and community based. CWAC includes standing sub-committees that meet at the discretion of the Division Director. These sub-committees include Prevention, Child Protective Services, Permanency, and Continuous Quality Improvement. The purpose of the subcommittees is to elicit feedback on a very specific focus of child welfare practice. The CWAC has reviewed the goals and provided feedback that is incorporated into 2020-2024 CFSP.

Children's Bureau	VDSS has worked closely with the Children's Bureau on both the CFSR/PIP and the CFSP holding bi-weekly calls with Children's bureau representatives. Prior to each call, a PowerPoint presentation is developed with needed updates and discussion points allowing for an organized flow to the call. Children's Bureau staff has the opportunity to ask and answer questions along with providing guidance to VDSS leadership as these reports and action items progress.
Children's Justice Act/Court Appointed Special Advocates (CJA/CASA)	Court Appointed Special Advocate (CJA/CASA) Advisory Committee oversees the CJA and CASA programs and makes recommendations to the Criminal Justice Services Board, Virginia Department of Criminal Justice Services. The Committee is composed of 12 members appointed by the Board and is focused on improving the investigation and prosecution of child abuse and neglect. The CJA/CASA Advisory Committee serves as one of the Citizen Review Panels. The CJA/CASA Advisory Committee develops a three-year plan in coordination with child welfare and the Child and Family Services Review. The most recent plan recent plan developed is inclusive for 2016-2019.
Citizen Review Panels (CRPs)	Three CRPs are extremely helpful in gaining input and providing information. These groups are composed of diverse points of view and meet at least quarterly. Feedback from the CRPs is critical in vetting new or revised regulations, policies, and practices. In SFY 2019, all three CRPs provided VDSS with recommendations to improve the Child Protective Services system in Virginia.
Community-Based Child Abuse Prevention	<p>As the CBCAP Lead Agency, VDSS is involved with all sectors engaged by CBCAP. Funds awarded to Virginia through this grant are used to support the development, operation and expansion of community-based, prevention-focused programs and activities with the goal of prevention of child abuse and neglect.</p> <p>During FFY 18, VDSS worked in collaboration with the Virginia Family and Children's Trust Fund Board; the Virginia Partnership for People with Disabilities; the Department of Behavioral Health and Developmental Services; the Department of Health; the Department of Criminal Justice Services; the Department of Juvenile Justice; Prevent Child Abuse Virginia (PCAV) and Early Impact Virginia (under the umbrella of Families Forward); and other Commonwealth and local public and private non-profit agencies and organizations.</p> <p>The CBCAP Annual Performance Report, October 1, 2017 through September 30, 2018 details the additional collaborative efforts of VDSS founded in the prevention community.</p>
Court Improvement Program	Virginia's Court Improvement Program (CIP) provides feedback from court community stakeholders (i.e., attorneys for local departments of social services, attorneys for parents, guardians ad litem, and juvenile and domestic relations district court judges). Focus was placed on CFSR Items 5 and 6 (timely establishment and timely achievement of permanency goals), and Item 23 (filing of petitions for termination of parental rights in accordance with required provisions). Efforts included CIP refining and distributing surveys to 119 J&DR district court judges and to 1,526 attorneys who represent LDSS or who serve as counsel for parents and/or as guardians ad litem for children. The purpose of the surveys was to obtain court community input to inform the development of strategies and activities for the PIP. Thirty-four percent of J&DR district court judges and 16% of attorneys and guardians ad litem completed the surveys.
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.
CQI Subcommittee	CQI Subcommittee of CWAC is charged with several responsibilities described below. Membership in the CQI Subcommittee draws from the same pool of diverse stakeholders as CWAC. Participants are those with knowledge and/or experience in the work of Continuous

	<p>Quality Improvement. The subcommittee is co-chaired by a CWAC member and VDSS-DFS CQI Program Manager. The group convenes approximately six times per year (every two months), either through conference calls or meetings that coincide with CWAC meetings. Reports and recommendations from the subcommittee are subsequently forwarded to CWAC for discussion.</p> <ul style="list-style-type: none"> • Provision of feedback and sharing of results for data analyses of outcomes and national indicators • Provision of assistance to DFS in planning and implementing appropriate program improvements • Service as a channel of communications among each member’s professional arena regarding child welfare policies, programs, and practices • Being knowledgeable of the elements of the Child and Family Services Plan, Annual Progress and Services Report, Child and Family Services Review, as well as program changes needed to improve outcomes • Provision of input on development and implementation of Program Improvement Plans (PIP) that address areas of improvement for positive outcomes for children and families, and the systemic factors that support positive outcomes.
Domestic Violence Action Team	The Domestic Violence Action Team (DVAT), is an ongoing committee that works to improve victim services, statewide. DVAT is made up of multiple VDSS representatives, local domestic violence programs, local DSS, and other state agencies. DVAT was the driving force in multiple VDSS guidance and practice changes and is currently developing a promising practices resource for local domestic violence programs.
Early Impact Virginia (EIV)	Early Impact Virginia (EIV) operates as part of Virginia’s Early Childhood Initiative to increase local and Commonwealth collaborative efforts and to increase the efficiency and effectiveness of home visiting services. Established in 2006, the Consortium is coordinated by the Virginia Department of Health (VDH). Members of the Consortium include representatives of home visiting programs funded through the Departments of Social Services; Health; Medical Assistance Services; Behavioral Health and Developmental Services; Education; and non-profit partners. VDH administers the federal Maternal, Infant, and Early Childhood Home Visiting federal grants and the Home Visiting Consortium provides input and support to the grant. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and the Head Start Collaboration Grant. The Consortium sponsors a home visiting website and training through a VDH contract with James Madison University. The Consortium also addresses issues such as data collection, centralized intake, professional development and public awareness.
Family and Children’s Trust Fund	Effective July 1, 2012, the Governor's Advisory Board on Child Abuse and Neglect merged with the Family and Children’s Trust Fund (FACT). FACT also provides grant funding to state and local programs that provide prevention and family support services in the Commonwealth. FACT’s mission focuses on intergenerational violence including child abuse, domestic violence and elder abuse. A standing committee of the FACT Board has been established to serve as a Citizen Review Panel.
Families Forward	In 2017, Families Forward Virginia, was created as a merger of Prevent Child Abuse Virginia, CHIP of Virginia, and EIV. Families Forward provides statewide leadership for and unifies support for a multitude of Virginia programs through evidence based and multi-generational prevention strategies. Families Forward provides home visiting programs, family support and education, professional development, child sexual abuse prevention programs, advocacy, public awareness and public education.
Fathers Support & Engagement Initiative (FSEI)	This workgroup helps develop the Fathers Support & Engagement Plan. The plan includes policies to serve both parents as a family unit and strategies to increase noncustodial parents’

	financial and emotional involvement with their children. FSEI also helps identify and promote the current fatherhood programs and services in the VDSS regions.
Joint Application Requirement Sessions (JAR)	VDSS held Joint Application Requirement (JAR) sessions, which consisted of 32 meetings with 252 attendees. In addition, interviews with VDSS leadership and key stakeholders took place resulting in key considerations being documented prior to requirements of the gathering process for CCWIS. These key considerations prioritized the business process of field workers, the efficient use of any obtained funds, and the VDSS lessons learned through the implementation of previous IT systems. In identifying organizational requirements prior to, during, and following the JAR sessions, this stakeholder feedback served as the foundation for prioritizing issues and discussions as they arose. Utilizing these considerations, requirement categories were then developed to track the functional, non-functional, technical, and interface requirements. Requirements included, but are not limited to business processes, document management, portals, mobility and security requirements.
Local Advisory Committees	There are three local advisory committees detailed in this list that are comprised of LDSS staff to advise child welfare programs across the continuum. The Permanency Advisory Committee (PAC), CPS Advisory Committee and Prevention Advisory Committee which advise the child welfare programs in DFS on improving safety, permanency and well-being for children and families across the Commonwealth. These groups serve as a mechanism for consistent stakeholder input in to VDSS activities. In addition, each of these groups are charged with assisting VDSS to align policies and guidance to promote a seamless best practice continuum, improve coordination and integration and provide consistency across all LDSS in the Commonwealth.
Local Government Attorneys' Association (LGA) Children Dependency Committee	The LGA is an association of local government attorneys. It collaborates with the VDSS Adoption Programs by providing feedback on proposed legislation and state policy issues. Attorneys also serve on legislative study committees and other steering committees. VDSS provides resources to LGA to train on child welfare activities.
NewFound Families	Virginia is Virginia's Foster, Adoption, and Kinship Association and is supported by a multi-year contract with VDSS to "provide a supportive membership association as a partner to the Virginia Department of Social Services' effort to improve the delivery of foster, adoptive, and kinship care services to children living in resource family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home." NewFound Families-Virginia also provides an educational newsletter to a mailing list of more than 1,150 members and conducts four educational webinars on "Webinar Wednesdays" that cover a broad range of topics affecting resource families.
Office of Children's Services for At-Risk Youth and Families (OCS):	OCS administers the CSA which provides child-centered, family-focused, cost-effective, and community-based services to high-risk youth and their families. VDSS collaborates with OCS to coordinate and provide services for children with adoption assistance agreements.
Parents and Families	Birth parents were engaged through the survey along with a specific group feedback session held at United Methodist Family Services, a provider partner, on March 11, 2019. The session included an overview of the CFSP and other major VDSS initiatives along with a 90-minute facilitated feedback session related to their experiences with VDSS. This feedback was recorded and has been considered in the CFSP Strategic Plan as stakeholder feedback.
Permanency Advisory Committee	Serves as a stakeholder group for the Permanency Program. Permanency Program Staff regularly attend the meetings and seek feedback on a variety of overlapping topics.

Prevention Advisory Committee (PAC)	Serves as a stakeholder group for the Prevention Program. Prevention Program Staff regularly attend the meetings and seek feedback on a variety of overlapping topics.
Regional Child Fatality Review	The review of child deaths reported to CPS is accomplished by a multi-agency, multi-disciplinary process that routinely and systematically examines circumstances surrounding reported deaths of children. The purpose of the review is to enable VDSS, LDSS, and local community agencies to identify important issues related to child protection and to take appropriate action to improve the collective efforts to prevent child fatalities. Virginia's child fatality review teams utilize the National Maternal Child Health (MCH) Center for Child Death Review data tool to collect comprehensive information and document the circumstances involved in the death, investigative actions, services provided or needed, key risk factors, and actions recommended and /or taken by the review team. Child death data is collected and analyzed on an annual basis and reported to community stakeholders, the Commonwealth Board of Social Services, LDSS, and the general public.
Sex Trafficking Legislation Implementation Workgroup	Serves as a stakeholder group for the CPS Program. CPS Program Staff regularly attend the meetings and seek feedback on a variety of topics related to the implementation of sex trafficking legislation.
State Child Fatality Review Team	interdisciplinary team that reviews and analyzes sudden, violent, or unnatural deaths of children so that strategies can be recommended to reduce the number of preventable child deaths in Virginia.
Tidewater Inter-Agency (TIA)	This group of public and private licensed child-placing agencies formed to discuss and advocate for improved adoption services and practice. VDSS collaborates with TIA to improve adoption practice and receive input in developing guidance regarding adoption.
Three Branch Team	The Three Branch Team is Virginia's implementation team for the Family First Prevention Services Act. The Team was assembled in June 2018 and is comprised of approximately 110 members who represent all child and family serving Commonwealth agencies, private providers, advocacy groups, judicial representatives, CIP, legislative representatives, LDSS, and nonprofits.
Trauma Informed Community Network (TICN)	The Trauma-Informed Community Network (TICN) is a diverse group of professionals in the Greater Richmond area who are dedicated to supporting and advocating for continuous trauma-informed care for all children and families within the child welfare system in the city of Richmond and surrounding counties. The TICN initiated in the fall of 2012 and is comprised of trauma-informed experts from different non-profit, for-profit, and government agencies.
Virginia Department of Education (DOE):	DOE assists individuals who have been adopted to meet their educational needs and coordinates services and assistance for individuals who have adoption assistance agreements.
Virginia Department of Health (VDH):	VDH provides access to health care programs and providers and maintains records of birth certificates and acknowledgements of paternity. It assists individuals who were adopted or seeking to establish paternity.
Virginia One Church, One Child Program (OCOC)	This program is part of Virginia's campaign to recruit families to adopt waiting African-American children. The VDSS is a primary funder of the program.
Virginia Poverty Law Center (VPLC)	This non-profit organization concentrates in the areas of law that affect low-income families and children. The VPLC provides input on proposed legislation, participates on committees concerning adoption issues, and assists with legal training for attorneys who work for children in foster care.

Virginia Services Training Model Implementation Team	<p>The Training Model Implementation Team is a collaborative effort between the Virginia Department of Social Services (VDSS), Department for Aging and Rehabilitative Services (DARS) and the Virginia League of Social Service Executives (VLSSE) to make decisions to the Division of Family Services about the development and the implementation of a new services training model. This Implementation Team is an eighteen month project tasked with reviewing the Butler Institute for Families at the University of Denver final recommendations and develop an implementation plan for the services training delivery system in Virginia. It is tasked with setting priorities and timelines, including short-term, medium-term, and long-term goals for the development of a new services training delivery system. Additionally, this advisory group will establish funding priorities to assist in the development of possible legislative initiatives and IV-E funding to support the new training delivery system in Virginia.</p>
Virginia Sexual and Domestic Violence Action Alliance	<p>The Action Alliance is the statewide coalition of domestic and sexual violence programs. They are national leaders in primary prevention, provide expertise to organizations on effective response, and house the Virginia Family Violence and Sexual Assault Hotline.</p>
Virginia statewide Parent Education Coalition (VSPEC)	<p><i>The Virginia statewide Parent Education Coalition (VSPEC)</i> consists of Commonwealth and community stakeholders and service providers working together to identify gaps in parent education and to strengthen existing services. VSPEC was convened as part of the Virginia Early Childhood Comprehensive Systems initiative sponsored through the VDH as a result of a Maternal and Child Health Bureau grant. The work of this group is linked to the Virginia Early Childhood Initiative. The VSPEC is working to identify components of best practices in parenting education and to improve the availability and quality of parent education programs in Virginia. VDSS participates on VSPEC and provides sub-grant funding to Families Forward to assist with facilitation of VSPEC.</p>
Virginia Underserved Population Advisory Committee	<p>Lead by the Office of Family Violence, the Virginia Underserved Population Advisory Committee (VUPAC) exists to ensure that the voices of diverse populations are heard in various planning projects, including funding guidelines (RFAs) and training plans. VUPAC also responds to diverse requests for feedback from other advisory committees and state agencies. VUPAC is made up of representatives from population specific organizations, domestic violence programs that address the needs of underserved populations, state agencies and other statewide stakeholders.</p>
Voices For Virginia's Children	<p>This Commonwealth wide, privately funded, non-partisan awareness and advocacy organization builds support for practical public policies to improve the lives of children.</p>