

VIRGINIA'S ANNUAL REPORT ON THE FIVE YEAR STATE PLAN FOR CHILD AND FAMILY SERVICES 2025-2029

SUBMITTED TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FREQUENT ACRONYMS

| | |
|--------|---|
| AART | Adoption Assistance Review Team |
| ACA | Affordable Care Act |
| ACF | Administration for Children and Families |
| ADS | Additional Daily Supervision |
| AFDC | Aid to Families with Dependent Children |
| APD | Advance Planning Document |
| AFCARS | Adoption Foster Care Analysis Reporting System |
| ALA | Alternate Living Arrangement |
| AR | Alternative Response |
| ANI | Area Needing Improvement |
| APSR | Annual Progress Services Report |
| AREVA | Adoption Resource Exchange of Virginia |
| ARRIS | Adoption Resource and Research Information System |
| ATCP | Adoption Through Collaborative Partnerships |
| BPI | Business Process Improvement |
| BSFT | Brief Systemic Family Therapy |
| CAC | Child Advocacy Center |
| CANS | Child and Adolescent Needs and Strengths |
| CACVA | Child Advocacy Centers of Virginia |
| CAPE | Center for Advancing Policy on Employment for Youth |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CASA | Court Appointed Special Advocate |
| CBCAP | Community-Based Child Abuse Prevention |
| CC | Congregate Care |
| CCC | Commonwealth Coordinated Care |
| CCWIS | Comprehensive Child Welfare Information System |
| CDIP | Child Death Investigation Protocol |
| CEP-Va | Center for Evidence-based Partnerships in Virginia |
| Chafee | John H. Chafee Foster Care Program for Successful Transition to Adulthood Program |
| CIP | Court Improvement Program |
| CFCIP | Chafee Foster Care Independence Program |

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| CFRO | Child Fatality Review Teams |
| CFSP | Child and Family Service Plan |
| CFSR | Child and Family Services Review |
| CFTM | Child and Family Team Meetings |
| CJA | Children’s Justice Act |
| COBRA | Consolidated Omnibus Budget Reconciliation Act |
| COMPASS | Comprehensive Permanency, Assessment, and Safety System |
| CMS | Center for Medicare and Medicaid Services |
| CPMT | Community Policy and Management Teams |
| CPS | Child Protective Services |
| CQI | Continuous Quality Improvement |
| CRA | Credit Reporting Agency |
| CRAFFT | Consortium for Resource, Adoptive, and Foster Family Training |
| CRF | Children’s Residential Facility |
| CRILAY | Central Region Independent Living Advocates for Youth |
| CRS | Central Registry System |
| CSA | Comprehensive Services Act for At-Risk Youth and Families |
| CSB | Community Services Boards |
| CWEEAP | Child Welfare Employee Education Assistance Program |
| CWSP | Child Welfare Stipend Program |
| DARS | Department for Aging and Rehabilitative Services |
| DBP | Division of Benefit Programs |
| DCJS | Department of Criminal Justice Services |
| DBHDS | Virginia Department of Behavioral Health and Developmental Services |
| DDI | Design, Development, and Implementation |
| DFS | Division of Family Services |
| DJJ | Virginia Department of Juvenile Justice |
| DMAS | Virginia Department of Medical Assistance Services |
| DMV | Department of Motor Vehicles |
| DOE | Virginia Department of Education |
| DOLP | Division of Licensing Programs |
| DR | Differential Response |
| EBP | Evidence-Based Programs |
| ECP | Exceptional Circumstances Payment |

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| EIV | Early Impact Virginia |
| ESSA | Every Student Succeeds Act |
| ETV | Education and Training Vouchers |
| FA | Family Assessment |
| FACES | Virginia's Foster, Adoptive, and Kinship Parent Association |
| FACT | Family and Children's Trust Fund |
| FAPT | Family Assessment and Planning Teams |
| FFH | Fast Families Highway |
| FFP | Federal Financial Participation |
| FFPSA | Family First Prevention Services Act |
| FFT | Functional Family Therapy |
| FFY | Federal Fiscal Year |
| FMLA | Family and Medical Leave Act |
| FPM | Family Partnership Meetings |
| FRC | Family Resource Center |
| FSS | Family Services Specialist |
| FVPSA | Family Violence Prevention and Services Act |
| FYI | Foster Youth to Independence |
| HCD | Human Centered Design |
| HPAC | Health Plan Advisory Committee |
| HRL | Housing Resource Line |
| IAPD | Implementation Advance Planning Document |
| IBP | I Belong Project |
| ICAMA | Interstate Compact on Adoption and Medical Assistance |
| ICPC | Interstate Compact for the Placement of Children |
| ICWA | Indian Child Welfare Act |
| IEP | Individual Education Plan |
| IH | In Home |
| IL | Independent Living |
| ILP | Independent Living Program |
| IM | Information Memorandum |
| IRB | Institutional Review Board |
| KinGAP | Kinship Guardianship Assistance Program |
| LASER | Locally Automated System for Expenditure Reimbursement |

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| LDSS | Local Departments of Social Services |
| LES | Local Engagement and Support |
| LIHEAP | Low-Income Heating and Energy Assistance Program |
| LPCA | Licensed Child Placing Agency |
| LS | Licensing Specialist |
| LTD | Local Training and Development Division |
| MCO | Managed-Care Organization |
| MDT | Multidisciplinary Team |
| MFA | Mutual Family Assessment |
| MI | Motivational Interviewing |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| MP | Measurement Period |
| MST | Multi-Systemic Therapy |
| MRP | Mandated Reporter Portal |
| NAGA | Needs Assessment and Gaps Analysis |
| NCANDS | National Child Abuse and Neglect Data Systems |
| NCIC | National Crime Information Center |
| NCMEC | National Center for Missing and Exploited Children |
| NCWWI | National Child Welfare Workforce Institute |
| NEICE | National Electronic Interstate Compact Enterprise |
| NFSN | National Family Support Network |
| NG | New Generation |
| NICWA | National Indian Child Welfare Association |
| NPCS | National Partnership for Child Safety |
| NRC | National Recourse Center |
| NSHA | National Safe Haven Alliance |
| NYTD | National Youth in Transition Database |
| OASIS | Online Automated Services Information System |
| OBI | Office of Background Information |
| OCME | Office of the Chief Medical Examiner |
| OCS | Office of Comprehensive Services for At-Risk Youth and Families |
| OKR | Objectives and Key Results |
| ONA | Office of New Americans |

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| ORP | Office of Research and Planning |
| OSRI | Onsite Review Instrument |
| PAC | Practice Advisory Committee |
| PAT | Permanency Assessment Tool |
| PCIT | Parent-Child Interaction Therapy |
| PCSP | Parental Child Safety Placement |
| PDC | Professional Development Committee |
| PHA | Public Housing Authority |
| PIP | Program Improvement Plan |
| PPG | Promising Practices Guide |
| PRIDE | Parent Resources for Information, Development, and Education |
| PRT | Permanency Roundtable |
| PSA | Public Service Announcement |
| PSSF | Promoting Safe and Stable Families |
| PUR | Period Under Review |
| PYD | Positive Youth Development |
| QSR | Quality Service Review |
| RAMP | Ready to Achieve Mentoring Program |
| RFP | Request for Proposals |
| RSP | Risk Standardized Performance |
| RTC | Required Training Console |
| QAA | Quality Assurance and Accountability |
| SDM | Structured Decision-Making |
| SDV | Sexual and Domestic Violence |
| SEC | State Executive Council |
| SEI | Substance Exposed Infant |
| SFY | State Fiscal Year |
| SME | Subject Matter Expert |
| SNAP | Supplemental Nutrition Assistance Program |
| SPEAKOUT | Strong Positive Educated Advocates Keen on Understanding the Truth |
| SPR | Standard Payment Record |
| SrM | Sub-Recipient Monitoring |
| SSA | Social Security Administration |
| SSEAC | State Special Education Advisory Committee |

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| SSI | Supplemental Security Income |
| SSN | Social Security Number |
| STI | State Testing Identification |
| SUPPORT | Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment |
| SWDI | State Wide Data Indicators |
| TANF | Temporary Assistance for Needy Families |
| TAP | Transportation Assistance Program |
| TAPP | Transportation Assistance Pilot Program |
| TFA | Teaching Family Association |
| TFSC | Thriving Families Safer Children Initiative |
| TICN | Trauma Informed Community Network |
| TIWD | Trauma Informed Workforce Development |
| TOC | Traditions of Caring |
| TOL | Transfer of Learning |
| TPR | Termination of Parental Rights |
| WIOA | Workforce Innovation and Opportunity Act |
| VBFR | Virginia Birth Father Registry |
| VCWOR | Virginia Child Welfare Outcome Reports |
| VDAP | Virginia Driving Assistance Program |
| VDH | Virginia Department of Health |
| VEMAT | Virginia Enhanced Maintenance Assessment Tool |
| VLC | Virginia Learning Center |
| VLDS | Virginia Longitudinal Data System |
| VLSSE | Virginia League of Social Services Executives |
| VDSS | Virginia Department of Social Services |
| VOCA | Victims of Crime Act |
| VRT | Virginia Repertory Theatre |
| YWA | Youth Welfare Approach |

ORGANIZATIONAL STRUCTURE AND VISION

State Agency Administering the Program

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. VDSS is part of the larger Virginia Social Services System (VSSS), which is a partnership of four key organizations responsible for the administration, supervision, and delivery of social services in Virginia:

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

Organizational Structure

Virginia is a state supervised and locally administered social services system. At the state level, VDSS includes the governor-appointed State Board of Social Services, which advises the commissioner, adopts regulations, establishes employee-training requirements and performance standards, and investigates institutions licensed by the department.

VDSS support areas include:

- Finance and general services,
- Organizational development,
- Information systems,
- Legislative affairs,
- Local Training and Development,
- Office of Trauma and Resilience,
- Operations, and
- Public Affairs.

VDSS program areas include:

- Benefits programs,
- Child care and early childhood development,
- Child support enforcement,
- Enterprise delivery systems,
- Family services,
- Community and Volunteer Services, and
- Licensing.

Five regional offices oversee community and local organizations, including:

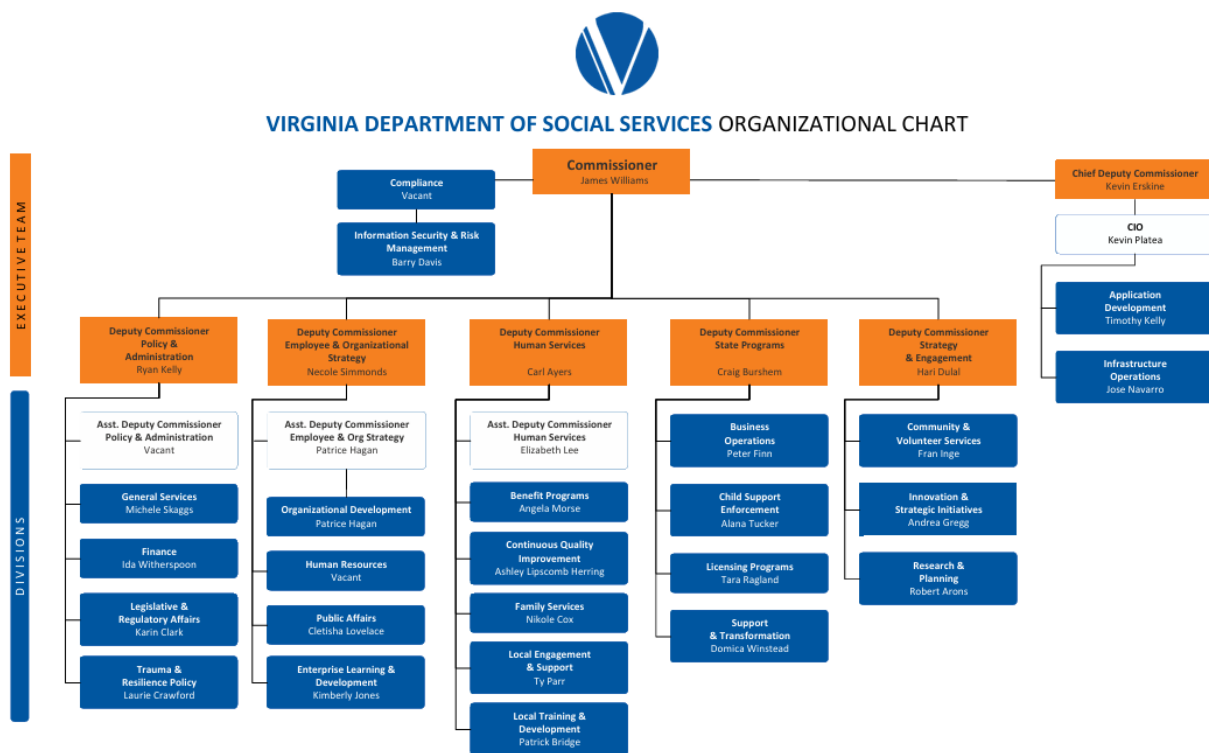
- Benefit programs,
- Child welfare services,
- 22 district offices for the Division of Child-Support Enforcement, and
- 8 field offices for the Division of Licensing program.

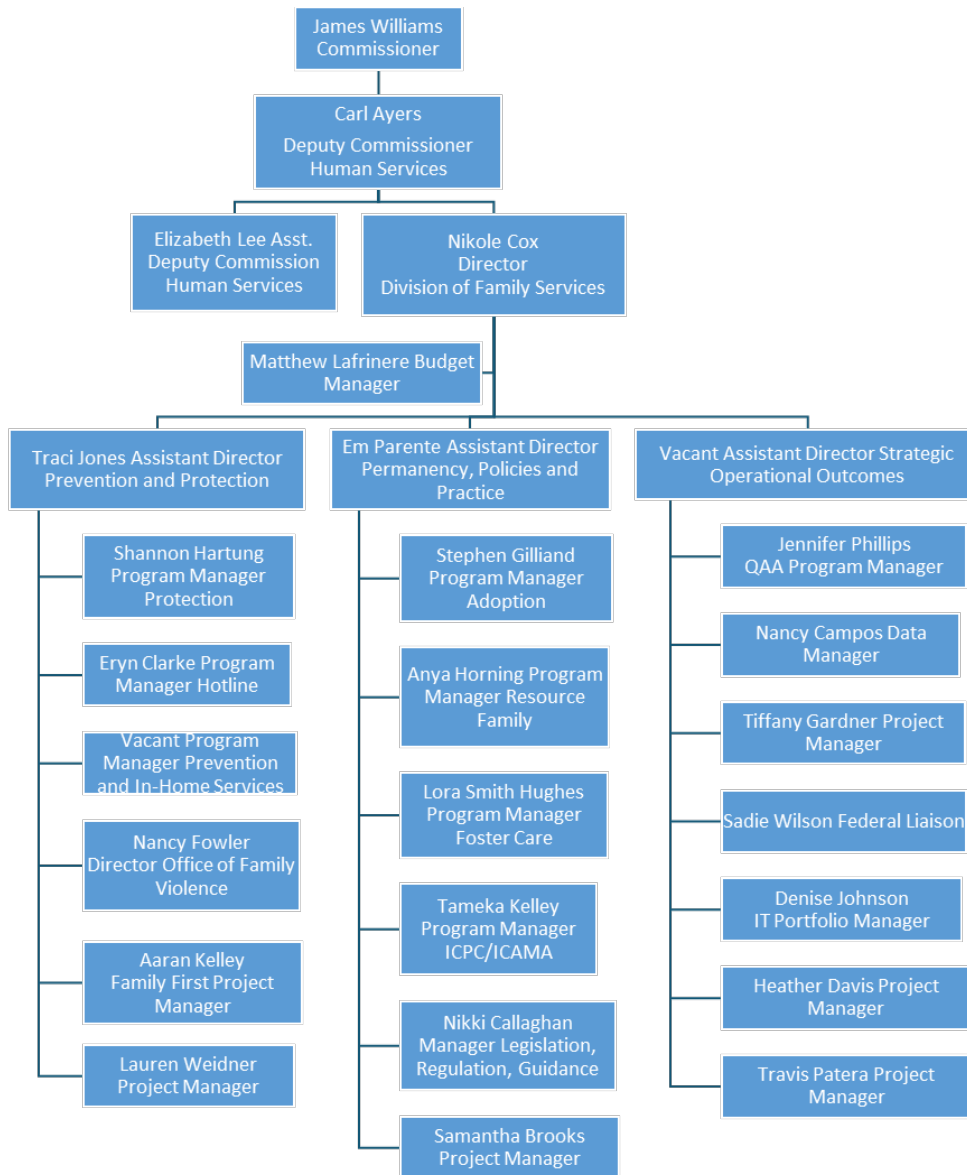
The Division of Family Services (DFS) oversees child welfare programs and promotes well-being, safety, and permanency for children, families, and individuals in Virginia. DFS provides supervision, development, and enhancement of child welfare policies, programs, and practice. DFS supplies guidance,

training, technical assistance, and support to LDSS. It collaborates with state-level partners (including state agencies and community-based organizations) in the following program areas:

- Prevention (prevention services, safe and stable family services, domestic violence resources, and In-Home services),
- Child protective services (child abuse and neglect),
- Permanency (adoption, foster care, resource family, independent living, and interstate/inter-country placement of children),
- Quality assurance and accountability (title IV-E review and Child and Family Service Review (CFSR), and
- Legislation, regulations, and guidance.

VDSS and DFS leadership organizational charts follow.





Vision and Mission Statement

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

VDSS Mission Statement: People helping people triumph over poverty, abuse, and neglect to shape strong futures for themselves, their families, and their communities.

Virginia Children’s Services Practice Model

The Virginia Children’s Services System Practice Model presents a vision for the services delivered by all child-serving agencies across Virginia, 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 Virginia’s child welfare decision-making. It is present in all meetings and in every interaction with a child or family. Decisions based on the practice model are supported and championed.

Guided by this model, the VDSS process aims to continuously improve services for children and families. It is rooted in best practice and the most accurate, current data available, and places the safety and well-being of children and families at the center of the work. The basic tenets 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.

CRITICAL PRIORITIES

Continuous Quality Improvement (CQI)

Virginia recognizes that a robust CQI system is vital to improve services for children and families, ensure effective resource use, and achieve the desired outcomes. An effective CQI system integrates quantitative and qualitative measures into an integrated system that thoroughly captures data to properly inform policy and service provision at all levels. An effective system also builds out a comprehensive data plan that lets VDSS examine the many data sources and also identifies opportunities to incorporate the qualitative and quantitative aspects of the case review system (**Operations Strategy 3**). VDSS' approach is both data-driven and practice-informed. At the core of VDSS's CQI system, VDSS examines data to identify and understand areas of opportunity to better serve all children and families.

Kin First Now

Kinship has been an ongoing focus for Virginia and was also a priority in the last CFSP. When Virginia began intensive efforts in CY2019 to improve the rate of kinship placements for youth in foster care, the rate was 6%, as reported in the 2020 APSR. As of January 2025, that rate is now 20.5%. In alignment with Governor Glenn Youngkin's Administration, the goal for the end of CY2025 is a rate of 35%. A central intervention in these efforts is Kin First Now, which Virginia launched in October 2023. A group of VDSS team members, representing different program areas and regional offices partnered to help selected LDSS develop a plan for enhancing the use of three existing practice elements that have helped other LDSS increase the rate of children in foster care placed with kinship families. Those three practice elements are:

- Effective Family Partnership Meetings (FPMs);
- Collaborative, cross-unit staff meetings when considering the removal of children from their parents or current caregivers (an Out of Home Staffing); and
- A Permanency Assessment Tool for all relative caregivers, whether kinship resource parents or alternate living arrangements.

While these practice elements currently exist in guidance and best practice, LDSS are not consistently using them. The first round of Kin First Now occurred from October 2023 to November 2024. Agencies in this cohort participated in an intensive two-day in person intervention at the selected LDSS supported by VDSS and LDSS preparation ahead of the in-person meeting and followed by ongoing coaching and support. Ahead of the in-person meeting, VDSS also provided LDSS staff with materials to re-familiarize themselves with the three practice elements. LDSS staff are asked to complete a survey, "Rate your Kin First Agency". Survey results, along with LDSS outcomes data, are reviewed with LDSS leadership ahead

of the two-day in person intervention. The LDSS identified strengths and opportunities for their kinship practice based on the in-person session and then developed action plans that commit to addressing opportunities in their agency to improve kinship practice. VDSS provides eight weeks of targeted coaching to help agencies embed the practice elements in their way of work.

Virginia's first Kin First Now's cohort consisted of 19 of the largest LDSS in Virginia. Agencies were selected for the number of youth in foster care under age 18, current kinship percentage numbers, and LDSS capacity to participate. The LDSS in the first cohort were: Chesterfield- Colonial Heights, Richmond City, Hanover, Newport News, Norfolk, Chesapeake, Harrisonburg/Rockingham, Alexandria, Prince William, Franklin County, Lynchburg City, Roanoke City, Roanoke County, Fairfax County, Virginia Beach, and Shenandoah Valley representing 36% of all youth in care under age 18 in July 2023. Cohort Two began in February 2025 with a kick-off for all remaining 101 LDSS. The model has now transitioned to a collaboration-based intervention. Kin First Now will continue to address the aforementioned practice elements, but instead of individual agency visits, the remaining LDSS are grouped together with surrounding LDSS and will participate in the intervention as a group. Follow up support will include collaborative learning experiences that will include the sharing and development of agency specific action plans and will address commonly discussed barriers to kinship placement such as lack of resources and resistance from the court community.

As Kin First Now affects the entire continuum, VDSS includes activities related to Kin First Now throughout the CFSP 2025-2029 strategic plan, particularly in **Protection Strategy 1, Prevention Strategy 2, and Permanency Strategy 1.**

Fatherhood Initiative

As the entire strategic plan demonstrates, VDSS is focused on promoting family engagement and empowering families to work together to overcome challenges, prevent family separation, and increase fatherhood engagement (**Protection Strategy 1, Prevention Strategy 2, Permanency Strategy 1**). VDSS will promote fatherhood engagement across the child welfare system. In conjunction with Kin First Now efforts, fatherhood efforts support LDSS by providing tools and resources to support and engage fathers throughout child welfare involvement.

The first step in these efforts was to understand where fatherhood engagement already stands in Virginia. VDSS gathered initial feedback from the Parent Advisory Council. VDSS Office of Research and Planning (ORP) also reviewed Fatherhood initiatives in other states, and ORP surveyed all LDSS to gather information about agency specific strategies, local/regional community resources, and community partnerships related to fatherhood engagement. The survey asked LDSS how VDSS could assist their Fatherhood engagement efforts. Survey respondents identified a variety of potential supports, including toolkits, operational guidance, training, funding for dedicated personnel and new programs, facilitating father-focused provider networks, and publishing father engagement data.

Based on this data, the following were put in place to support LDSS:

- A database of fatherhood supports and services throughout Virginia: VDSS developed a comprehensive database of services and supports specific to fathers. LDSS and other stakeholders can provide this resource to fathers, and it can be accessed via the VDSS public website, <https://dss.virginia.gov/family/fatherhoodresourcedatabase.cgi>
- Fatherhood toolkit: LDSS staff can quickly reference this internal guide on Fusion, which includes resources, tools, tips, and strategies to help them foster meaningful connections and collaboration with fathers. This toolkit assists with identifying fathers, promoting father engagement, and eliminating barriers to engagement. (Toolkit available upon request)

- Funding opportunities: Promoting Safe and Stable Families (PSSF) incentive funds were made available to LDSS to support, enhance, or pilot a project/strategy related to the engagement and support of fathers within the community. LDSS were offered a one-time funding opportunity up to \$12,500. Most agencies used the funds to provide individualized services to fathers, and some agencies used the funds for staff training or conferences, and to partner with community organizations to host or support fatherhood community events. VDSS will continue to seek other funding opportunities to support LDSS in their efforts to increase fatherhood engagement.
- Communication plan: VDSS established a cross-divisional Steering Committee that continues to meet monthly to ensure collaboration in the initiative to communicate, uplift, and promote fatherhood engagement across all platforms. The committee developed a comprehensive communication plan, which includes the following:
 - Partners with Public Affairs to create monthly awareness messaging on social media platforms (i.e. Instagram, Facebook, and X); and published a toolkit on the FUSION intranet site and database on the VDSS public internet site.
 - Distributes internal mass communications (i.e. Fusion touts and broadcasts) to provide fatherhood updates, resources and information.
 - Provides ongoing meeting presentations for leadership, local and state staff relating to fatherhood engagement.
 - VDSS created an annual Fatherhood Engagement Week to celebrate and uplift fatherhood engagement. During this week, VDSS engages internal and external audiences through various activities, such as webinars, trainings and resources that focus on fatherhood engagement.

VDSS identified data points that measure father involvement and engagement in child welfare cases to gather baseline data. The following data points were identified and are currently being measured:

Are fathers listed in OASIS?

- CPS Referrals- In FY2024, fathers were listed in 65.3% of referrals, compared to 89.2% of mothers.
- Foster Care cases- In FY2024, fathers were listed in 85.2% of cases, compared to 97.2% of mothers.

Discharges from foster care to the father

In FY2024, 22 children in foster care under 18 who were discharged to reunification were discharged to their fathers, compared to 78 who did not discharge to their fathers.

Rate of Familial Involvement in FPMs

In FY2024, 45.5% of FPMs included fathers and 17.4% included paternal family compared to 72.9% that included mothers and 30.9% that included maternal family.

Source: KFN03, KFN01, and KFN07, Kin First Now Dashboard

Research continues to link a father’s positive family involvement to improved child well-being.¹ When child welfare agencies successfully engage fathers in their children’s cases, the agencies help create a connection that can improve children’s outcomes.² The goal of VDSS’s fatherhood efforts is to support LDSS by providing tools and resources to support and engage fathers throughout child welfare involvement in efforts to improve child well-being.

¹ Diniz, E., T. Brandao, L. Monteiro, and M. Verissimo. “Father Involvement During Early Childhood: A Systematic Review of the Literature.” *Journal of Family Theory and Review*, vol. 13, no. 1, 2021, pp. 77–99.

² Casey Family Programs (2024). What are some strategies for engaging fathers in child welfare? <https://www.casey.org/engaging-fathers-prevention/>

Primary Prevention

VDSS prioritizes primary and secondary prevention efforts upstream of child welfare involvement through Community Pathways and Evolution. Community Pathways will allow Virginia to use title IV-E Prevention Services funds to serve more families without formal child welfare cases. VDSS's initial implementation of Family First was designed as tertiary prevention, using Family First and title IV-E funds to prevent the removal of children from families already at the attention of the child welfare system. In the next phase of VDSS's Family First implementation, VDSS will expand the population of eligible children and families by redefining and operationalizing Candidates for Foster Care to include families at risk of child welfare involvement. VDSS is partnering with other child and family serving state agencies, community providers, local agencies, advocates, individuals and families with lived experience, and other stakeholders to develop Community Pathways that will reduce child maltreatment and the need for child welfare involvement. Virginia envisions developing more than one pathway and using different evidence-based programs (EBPs) to meet the needs of as many families as possible. VDSS will develop these pathways simultaneously and implement them as they develop. VDSS began the early exploration phase of Community Pathways in 2023, identified an initial pathway in 2024, are exploring additional pathways in 2025, and aims for initial implementation by 2026. Community Pathways is part of the Strategic Plan, outlined in **Prevention Objective 1, Strategy 1**.

Evolution is VDSS's commitment to transform Virginia's child welfare system and the provision of services to families, using and promoting economic and concrete supports to help prevent child abuse and neglect. VDSS has a Benefit Programs Division (TANF, SNAP, child care, Medicaid determination, LIHEAP, etc.), the Local Training and Development (LTD) Division, the Local Engagement and Support (LES), and the Office of Continuous Quality Improvement (CQI). These divisions can partner within the Human Services Portfolio to think innovatively about family services. Evolution will focus on ways that Virginia's child welfare and benefits programs can better partner to serve families, as well as seeking ways to improve and expand the use of benefits programs that help prevent child welfare involvement.

Workforce: Training Reform

Focusing on workforce is a critical priority of the 2025-2029 CFSP strategic plan and reforming training is a major strategy. The Division of Local Training and Development (LTD) plans to establish a centralized training academy model to bring Virginia in line with best-in-class formats used by states with similar local/state relationships in social services, depending on funding allotted by the Virginia General Assembly. This reformed training system will strengthen VDSS's ability to provide safe, stable environments for children and families in Virginia by reducing workforce turnover and better preparing the workforce to work with children and families.

In Virginia, the current state training program is based on a legacy training system developed more than 30 years ago. Currently, newly hired child welfare services staff take between 15-20 instructor led virtual courses, two-to-three in-person courses, and up to eight eLearning courses, within the timeframes their programs require, over two years. They must also receive an additional 24 hours of annual continuing education beyond pre-service training. This system is not effectively preparing workers for child welfare casework. Many LDSS staff are forced to work cases before they are ready to do so, contributing to the LDSS FY2023 average turnover rate of 44 percent for newly hired Family Services Specialist (FSS) I.

The Butler Institute for Families from the University of Denver partnered with VDSS in 2017 and 2023 to review their training services for the Division of Family Services and identify areas for continuing improvement. Findings from the 2023 assessment offer insights on improving trainings and professional development for local Family Services staff. Collaborating with the Virginia League of Social Services Executives (VLSSE), the LTD worked with representatives at all levels of staff from LDSS across

Virginia in spring 2023 and continued through July 2024 to determine an effective training academy framework on which work could continue with assistance of the Butler Institute for Families consultation to bring about training system reform based on their previous 2023 Training System Assessment. VDSS is implementing a cohort-based training academy model that uses in-person instruction, virtual instructor-led, eLearning, and simulation labs to better prepare staff for the difficult work of social services. The goal is to increase staff retention, provide more structured and consistent foundational training, and offer more professional development for seasoned staff. Most states favor the academy approach, as it allows for a shared, consistent foundational training experience and builds a support network for new staff from their very first day. An academy approach also lets its graduates easily move from one locality to support another.

Statewide Information Systems

Current Statewide Information Systems

Currently, VDSS relies heavily on several legacy systems: Online Automated Services Information System (OASIS); the Comprehensive Permanency, Assessment, and Safety System (COMPASS) mobile application and portal; the Structured Decision Making (SDM) tool, the Adoption Resource and Research Information System (ARRIS); the Mandated Reporter Portal (VaCPS); the Central Registry System (CRS); the Virginia Enhanced Maintenance Assessment Tool (VEMAT); and Virginia’s Faster Families Highway.

| System | Purpose | Interface |
|----------------|---|--|
| OASIS | Supports adoption, foster care, CPS intake, investigations, In-Home, independent living, foster/adoptive family provider management | SDM Intake, CRS, COMPASS Mobile, COMPASS Portal, MRP |
| COMPASS Mobile | Cloud-based mobile application that provides workers flexibility around when and where they complete their work. SDM tools (other than intake) are housed in COMPASS Mobile | OASIS |
| COMPASS Portal | A web-based version of the mobile application. Provides printing and audio upload capability plus access to in-application information for those who do not need the mobile application to complete frontline casework. | OASIS |
| SDM | Web-based assessment instrument to formalize child protective services intake, safety and risk assessment. | OASIS |
| ARRIS | Client-server application DFS staff use to track finalized adoptions and interstate placements | Stand-alone |
| VaCPS | Online, public-facing portal where mandated reporters can report suspected cases of abuse and neglect. | OASIS |

| System | Purpose | Interface |
|------------------------------------|---|-------------|
| CRS | A central registry of people who have ever been the subject of a founded complaint of child abuse or neglect in Virginia. | OASIS |
| VEMAT | Web-based application used by both VDSS and LDSS staff to assess a child's level of need for additional daily support and supervision. | Stand-alone |
| Virginia's Faster Families Highway | Online, public-facing portal that facilitates recruiting, training, and approving resource families for children in foster care. Manages inquiries from prospective foster parents in a more efficient, geographically organized way. VDSS is currently working to add functionality that will match children with potential adoptive families. | Stand-alone |

VDSS also relies on external systems: the National Electronic Interstate Compact Enterprise (NEICE); eCare Vault; and SafeMeasures to assist in case management activities.

| System | Purpose | Interface |
|--------------|--|-------------|
| NEICE | National electronic system for quickly and securely exchanging data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. | Stand-alone |
| eCare Vault | A cloud-based security system for nationwide ICAMA forms stored nation-wide. Has a comprehensive range of cybersecurity and cloud-hosting services. | Stand-alone |
| SafeMeasures | A comprehensive internet-based reporting and quality improvement system that includes data analysis, report publishing, and hosting. Delivers reports using the interactive SafeMeasures reporting engine. | Stand-alone |

OASIS: Case Management

OASIS is the primary application and system of record. It was a transfer solution from Oklahoma in 1997 and was customized to meet Virginia's needs. At the time of initial implementation, OASIS supported only the Adoption and Foster Care programs. Since 2000, OASIS has also been used to support CPS intake and investigations, In-Home, Family Support, Independent Living, ICPC, and Resource Family.

OASIS interfaces with COMPASS|Mobile, COMPASS|Portal, the SDM intake tool, MRP, and CRS; ARRIS, VEMAT and the Faster Families Highway are stand-alone applications. COMPASS|Mobile is a cloud-based application accessible on a mobile device. COMPASS|Portal is web based; users access via desktop or laptop computer. Information is exchanged bi-directionally between OASIS and COMPASS|Mobile-Portal with the exception of forms, documents, and photos created or uploaded to COMPASS|Mobile-Portal. They are unable to be transmitted to OASIS due to limitations of the OASIS platform. Forms, documents, and photos are secured on the application in the cloud. VDSS uses the SDM tools housed in COMPASS|Mobile-Portal as an assessment instrument to formalize rules around safety and risk and uses the web based SDM Intake Tool as an assessment instrument to formalize CPS Intake. DFS staff use ARRIS, a client-server application, to track finalized adoptions and interstate placements. Information entered by mandated reporters via the MRP transmits to OASIS. Hotline staff then route the referral to the appropriate LDSS. OASIS users can use CRS to search and determine if a person has ever been the subject of a founded complaint of child abuse or neglect in Virginia. VDSS and LDSS staff use VEMAT, a web-based application, to assess a child in foster care's level of need for additional daily support and supervision. The Faster Families Highway is a system that allows enhanced recruitment of resource families. These internal systems, along with the external systems previously listed, collectively help Virginia manage child welfare cases.

In November 2020, VDSS went live with a mandated-reporter online reporting system called VaCPS. The system lets mandated reporters report allegations of child abuse or neglect through an online website. This secure website minimizes wait times for mandated reporters and significantly reduces data entry for hotline staff, saving time and freeing them up for other calls. This technology helps mandated reporters and LDSS ensure the timely capture of information about children who may be at risk of abuse and/or neglect and increase validation of referrals that require LDSS action.

The Faster Families Highway is a statewide foster parent recruitment portal to serve Virginia's five regions. In April 2022, VDSS went live with the Faster Families Highway, beginning the pilot program and then implementing statewide in September 2022. The portal gives all LDSS, regional and state staff access to a list of parents who have created profiles through the portal including the locality in which the parent resides, demographic information regarding the parent, and an assessment score of readiness for resource home approval. The portal provides local, regional, and state reporting including the number of families who have registered through the portal on a weekly, monthly and annual basis; the number of families advanced into the formal approval process; demographic information including race and ethnicity along with religious preference and the parents' preferences (age, race and gender) for children they will foster and/or adopt.

Existing legacy systems do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Proposed changes to the Adoption Foster Care Analysis Reporting System (AFCARS) fields required extensive changes to OASIS; these were expensive and difficult to implement. Deficiencies in these existing legacy systems make data collection inefficient and don't support the management of payments to foster care providers.

OASIS is currently supported in PowerBuilder 12.6 Classic. Since the initial deployment, VDSS has enhanced the system by adding new functionality to meet changing needs. OASIS is built on obsolete technology, so it is rigid to modifications. VDSS currently employs three contracted PowerBuilder developers to maintain and update OASIS and ARRIS. A limited number of staff with required PowerBuilder skills means OASIS is difficult and expensive to maintain, enhance, and expand. The system does not have the capability to perform automatic updates and requires staff intervention to distribute updates. The existing maintenance costs significantly outweigh the estimated cost of replacement.

Although OASIS provides a foundation for the automation of child welfare services and currently lets VDSS collect and maintain demographic characteristics, location, status, and goals for every child in foster care, it can't meet DFS operational requirements. OASIS and the other in-house applications require duplicate information entry and cumbersome data-entry processes. They lack the capability to effectively support programs, including financial management, electronic document management, mobile use, and interoperable functions. OASIS will remain the system of record for child welfare information until a new CCWIS can be implemented (**Operations Strategy 1**).

COMPASS (CCWIS): Child Welfare Information System

VDSS's priority is to design and deliver a high-quality human services child welfare information system that helps Virginians achieve safety, independence, and overall well-being. Current legacy systems fall short of the agency's vision of integrated and coordinated child welfare services. In addressing this and other shortcomings posed by the existing applications, VDSS will acquire a system(s) that meets the ACF federally prescribed Comprehensive Child Welfare Information System (CCWIS) requirements, conforms to Virginia's enterprise architecture standards, and effectively aligns with practice requirements.

As part of a multi-year plan, VDSS will develop a CCWIS-compliant system. Once implemented, the system will support VDSS in meeting state and federal requirements (**Operations Strategy 1**). It will also provide uniform and reliable information about children involved with VDSS and their families and support service delivery and all associated day-to-day case-management activities.

VDSS has invested significant time and resources in developing the potential CCWIS system's functional and non-functional requirements. These requirements reflect the needs and objectives identified by the department and its stakeholders. These needs and objectives will guide the replacement of the current legacy systems and better meet end-user needs. VDSS will replace the legacy systems hosted at VDSS with a new system called COMPASS.

To prepare the workforce for a modern child welfare information system, VDSS followed a Human Centered Design (HCD) approach (**Operations Strategy 1**) to review and update established workflows, prepare journey maps for system users and community stakeholders, identify pain points in current processes, and provide a roadmap to improve current processes. The outcomes of this approach will help create a state-of-the-art child welfare information system, one built with the end user in mind. The HCD project began in September 2024 and concluded in February 2025. It followed human-centered design principles including understanding and engaging with end users and stakeholders and testing and revising deliverables based on their feedback.

In September 2021, VDSS asked for and received funding for CCWIS design, development, and implementation, as well as ongoing funding for staff to support this effort and for ongoing license costs. This funding supports VDSS in building a full CCWIS within approximately three years from the date the project begins.

VDSS submitted a Multiple Operating Division (MultiOpDiv) APD on August 3, 2022. The APD was conditionally approved on September 21, 2022. The Children's Bureau requested an updated budget to include a quarterly cost breakdown and the addition of an acquisition summary. The updated MultiOpDiv APD was submitted on December 8, 2022, and final approval was granted on January 17, 2023. On August 15, 2023, VDSS submitted an as needed update to the MultiOpDiv APD to add costs for Human Centered Design (HCD) consultation services, to include business process improvement. That update was fully approved on August 31, 2023, along with the approval came instruction from ACF to modify

VDSS's APD from a MultiOpDiv submission to a standard (ACF only) submission. The annual update was submitted as a standard APD on November 16, 2023, which was approved on December 13, 2023. The current APD was submitted on August 20, 2024, and approved on October 15, 2024.

VDSS continues to work internally on design, development, and implementation (DDI) readiness and has established the following work groups (**Operations Strategy 1**):

- The Data Governance Council, which is required by the ACF as part of CCWIS development. It coordinates data cleanup, develops data controls, and ensures effective communication around CCWIS-related data.
- The CCWIS Advisory Group reviews requests and questions from users across program areas and provides feedback.
- The COMPASS|Mobile Navigator Team consists of front-line users who share updates about the current mobile solution. This team will work on CCWIS DDI and may be called on to assist in design sessions and user acceptance testing.

Other internal work surrounding DDI readiness includes continuing to gather requirements, user story development and elaboration, interface control documents, data clean-up efforts, system readiness efforts, product team development, and procurement.

High Quality Legal Representation for All Parties in Child Welfare Proceedings

In January 2021, the Administration for Children and Families (ACF), part of the U.S. Department of Health and Human Services, published Informational Memorandum (IM) 1702 "High Quality Legal Representation for All Parties in Child Welfare Proceedings". This memorandum focuses on the need for high quality legal representation for parents, children and youth, and child welfare agencies at all stages of child welfare proceedings. Along with the memorandum, ACF updated the child welfare policy manual to let title IV-E agencies claim title IV-E administrative costs for attorneys to provide legal representation for both a child in foster care and for the child's parents to prepare for and participate in all stages of legal proceedings related to foster care.

Section 474(a)(3) of the Social Security Act and regulations at 45 CFR 1356.60(c) specify that Federal financial participation (FFP) is available at the rate of 50 percent for administrative expenditures necessary for the proper and efficient administration of the title IV-E plan. A title IV-E agency's representation in judicial determinations is still an allowable administrative cost.

Federal title IV-E instruction lets the title IV-E agency claim title IV-E administrative costs for independent legal representation by an attorney for a parent of a child who is a candidate for title IV-E foster care or in foster care. This lets the attorney prepare for and participate in all stages of foster care legal proceedings, such as court hearings related to removal from the home. The policy change is meant to ensure that reasonable efforts are made to prevent removal, to finalize a permanency plan, and to keep parents and youth engaged and complying with case planning. The revision also allows for claiming of costs for paralegals, investigators, peer partners, or social workers that support an attorney providing legal representation.

In addition, ACF published a proposed rule in the Federal Register on September 28, 2023 (88 FR 66769) proposing changes to regulation to let a title IV-E agency claim federal financial participation for the administrative cost of an attorney providing legal representation in certain proceedings. VDSS submitted comments in support of the regulation and highlighted the need for funding to support full-service legal representation models.

The Code of Virginia requires appointment of counsel and guardian ad litem for a child in [§16.1-266 A](#): “Prior to the hearing by the court of any case involving a child who is alleged to be abused or neglected or who is the subject of an entrustment agreement or a petition seeking termination of residual parental rights or who is otherwise before the court pursuant to subdivision A 4 of § 16.1-241 or § 63.2-1230, the court shall appoint a discreet and competent attorney-at-law as guardian ad litem to represent the child pursuant to § 16.1-266.1.” Subsection D of the same section instructs judges, clerks, or probation officers to inform parents or guardians of their right to counsel but does not require appointment of counsel. The adult has the opportunity to provide their own counsel or waive the right to counsel. If the adult is indigent, the court shall appoint an attorney to represent them.

The 2020 Virginia General Assembly session considered legislation that would increase the amount of money paid to court appointed counsel. Senate Bill 878 (Marsden) and House Bill 401 (Keam) let court-appointed counsel for parents in child welfare cases submit a waiver application for additional compensation of \$120 in district court cases and \$158 for cases appealed to the circuit court. Both bills were left in appropriations committees. During the 2022 General Assembly session, a group led by the Virginia Poverty Law Center proposed implementing a Parent Representation Center pilot program for the 18th and 30th Judicial Circuits (Alexandria, Norton, Wise County, Scott County, and Lee County). This program would create two multi-disciplinary Parent Defender Offices, one based in the Legal Services of Northern Virginia, and one based in the Lonesome Pine Office of Youth and coordinated with the Southwest Virginia Legal Aide and the Commonwealth Attorney’s Office for Wise County. The pilot program was not included in the final budget.

These two multi-disciplinary law offices are based on similar interdisciplinary law offices in New York and Pennsylvania. They would include attorneys, a social worker, and administrative staff. These centers would claim title IV-E funds as reimbursement, in partnership with VDSS as the title IV-E agency. Program benefits would include greater parental involvement in child welfare cases, shorter stays in foster care, and potential cost savings. VDSS participated in several meetings with the Court Improvement Program (CIP) about the pilot program in 2020 and 2021 and had conversations with states that are implementing or have already implemented this type of program (Delaware, Maryland, Pennsylvania, and Washington).

The 2024 General Assembly introduced HB 893 (McClure). This bill incorporated recommendations developed by a workgroup led by the Office of the Children’s Ombudsman, which the 2023 General Assembly established. This legislation requires the Judicial Council of Virginia to adopt standards for the qualification and performance of parent/guardian attorneys in child dependency hearings. It also sets attorney compensation at no more than \$330 (or \$680 for parental rights termination cases). VDSS continued collaboration with the Court Improvement Program to discuss expanding title IV-E claiming in Virginia for high-quality legal representation. VDSS and CIP met several times during 2024 to outline the barriers to expand claiming and identify a path forward. VDSS and CIP are currently collaborating to revise the cost allocation plan to include title IV-E claiming for parents’ attorneys in foster care hearings.

COLLABORATIONS

VDSS believes that strong partnerships lead to better outcomes, as the practice model states, and that “how we do our work is as important as the work we do”. This holds true not only for direct service practice with children and families, but also for work done across agencies, stakeholder groups, and communities throughout Virginia. Collaboration is key to ensuring that everyone across Virginia who serves children and families shares their passion and expertise to achieve the best possible outcomes. VDSS collaborates with a myriad of state, local, and community partners as well as youth and parents to provide input on the system’s strengths and needs, integrate cross-disciplinary services, steer initiatives,

implement policies and legislation, provide critical stakeholder feedback and general guidance in general, and ensure comprehensive, aligned efforts take place across the state. VDSS works with other internal divisions, state agencies, private and non-profit organizations to improve family services delivery. Continual collaborative communication loops are critical to stakeholder partnerships and to providing appropriate, targeted services. VDSS designs and engages focus groups, distributes surveys, conducts interviews, collects and analyzes data, and gets regular feedback from a multitude of stakeholder meetings, workgroups, and multi-disciplinary projects. VDSS interfaces with many local, state, and national partners to ensure that feedback is gained from those with lived experience, Tribal partners, LDSS, Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program (CIP), and a host of additional collaborators. Similarly, VDSS has partnered this year with numerous state agencies, non-profits, state and federal partners on aligned efforts to address the need for integrated, responsive, and comprehensive services for children and families across Virginia. VDSS intends to use data and data driven processes to build and maintain additional collaborative partnerships this year, striving towards better informed, recipient-driven to whole family well-being.

Continual Collaboration Communication Loops

Rather than collaboration as a one-time event, VDSS pursues continual collaborative communication loops as avenues for offering input and guidance. Many other state agencies intersect regularly with those involved with the child welfare system. VDSS recognizes the importance of working jointly with other state agencies to develop joint policies that positively affect children and families served by VDSS. This collaboration ensures that policies meet the agency's needs, avoids duplication, and aligns when possible, and gives each agency an opportunity to provide input into both policy and practice.

As mentioned, Virginia has 120 LDSS, all locally administered. Although VDSS publishes the policies for each program, they are decided through collaboration. Each program works closely with an advisory committee composed of workers and supervisors from local departments. The advisory committees provide an avenue for VDSS to include LDSS in the decisions that ultimately affect their work. VDSS values the LDSS input recognizes that LDSS are the experts on their daily work. Without comprehensive input, VDSS decisions would not be nearly as effective.

VDSS's collaborative approach mirrors the approach LDSS take with local stakeholders and families through engagement. These approaches work with community stakeholders to find creative solutions that build on the strengths and needs of the organizations working together. VDSS and LDSS have shifted focus to include family voices throughout planning processes, including youth voices through the SPEAKOUT Group. VDSS and LDSS will continue finding opportunities to engage with parents and families engaged with the child welfare system.

VDSS will use these continual collaborative communication loops to gain feedback from families, children, youth, Tribes, courts, and other partners to review performance data, assess agency's strengths and needs, and monitor the implementation of the CFSP goals and strategies.

Lived Experience

In 2024, VDSS used multiple methods to engage birth parents, foster parents and youth using their lived experience to help guide planning for changes and supporting customer-centered policy and practice. Through SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth), the state youth advisory board, composed of youth in and formerly in foster care, partnered with VDSS to support advocacy for improving the foster care system through their voices and promoting awareness around the importance of their lived experiences. This group met each month to discuss state updates and choose the state or national activities in which they wanted to participate, and they were compensated for their time.

During 2024, SPEAKOUT played a pivotal role in shaping the state's child welfare system by amplifying the voices of youth in and transitioning out of foster care. SPEAKOUT hosted a special presentation for Virginia's first annual Youth Voices of Foster Care Month in October 2024, highlighting the importance of youth voice and perspectives. In addition, the board conducted workshops on the Permanency Pact at the statewide fall youth conference, participated on a panel for social work students in the Child Welfare Stipend Program (CWSP), the VDSS Permanency Conference, and the VDSS Knowledge Breaks for state staff, which contributed to enhanced knowledge and improved practices.

VDSS continues to administer the Youth Exit Survey, getting ongoing feedback from youth exiting foster care (**Permanency Strategy 4.1**).

The DFS Parent Advisory Council (The Council) was implemented in September 2021 and currently has 6 members representing three regions in Virginia. Members are a wide variety of parents who have lived experience in a child protective services case, In-Home, and/or foster care, or adoption. The council meets at least once a month. Individual members have also participated in activities of particular interest to them. Currently, two DFS staff members are the liaisons between the Council and DFS, and the Assistant Director of Family Services provides advocacy and support to the Council.

In 2024, the Council voted in members as officers and held its second in-person meeting, which focused on roles and responsibilities and strategic planning for the year. The Council has participated in several activities in 2024 including providing input on bills from the General Assembly, participating in the Trauma and Resiliency LEx Advisory Group and Best Practice video, The Family Partnership Meeting (FPM) Facilitator's Forum, Resource Family recruitment portal, VA Best Practice Courts, Kinship Symposium focused on Fatherhood Engagement, Best Practices Focus Group, serving on a panel for APHSA Best Practice, as well as a number of panels for VDSS hosted webinars supporting better practices. This year, the Council will focus on recruiting new members, revising its bylaws and roles and responsibilities, and revising its strategic plan to include projects the members want to accomplish this year.

Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CBCAP, which includes parent leadership within communities. CBCAP funding also supports Families' Forward Circle of Parents and the Virginia Parent Council which coordinate parental voices in planning and implementing family services that support child abuse prevention programming in Virginia. Feedback from the Virginia Parent Council, community-based projects, and parent leadership continues to support networks of coordinated child abuse prevention resources, as well as activities that strengthen families. Demographic information on the CBCAP populations served is included in the **CBCAP section**. This collaboration connects to **Prevention Strategy 3**, providing a collaborative environment in which community partners can better understand and address specific barriers to prevention services.

Local Departments of Social Services

As part of the VDSS system and functioning within the locally administered, state supervised structure, LDSS stakeholders are crucial partners in a multitude of state-driven initiatives. VDSS uses numerous stakeholder meetings to leverage feedback gained from LDSS directors, supervisors, and frontline workers. LDSS staff directly provide input and collaborate with VDSS in regular meetings, including quarterly directors' and supervisors' meetings held in each state region, the Virginia League of Social Services Executives (VLSSE) bi-annual conferences, quarterly board meetings, monthly sub-committee meetings, and three local advisory committees comprised of LDSS staff who advise child welfare programs across the continuum. All these stakeholder meetings provide input throughout the year, which directly informs the development of the CFSP and annual APSR submissions. The VLSSE Professional

Development Committee advises VDSS monthly on issues around workforce development, training, the CWSP and university partnerships, and other related topics. The VLSSE Child and Family Services Committee communicates feedback on policy and practice issues within service areas.

Tribal Consultation

VDSS uses quarterly roundtable meetings as the primary avenue for building and sustaining relationships between VDSS and the Tribes. VDSS participates in the NICWA (National Child Welfare Association) conferences and supports Tribal member participation. Tribal members share their conference experiences with other Tribal members during roundtable meetings. VDSS continues to work towards developing formal guidelines on ICWA (Indian Child Welfare Act) and cultural competencies, remaining committed to improving all staff members' cultural competence. Relationships that come from roundtable meetings, site visits and other child welfare focused committees are all opportunities for VDSS to learn more about Tribal cultures. These interactions will help VDSS identify any themes or problem areas in cultural competency training. VDSS provided an ICWA training for federally recognized Tribes in 2022 and created an engagement of native families training for 2024.

Court Improvement Program

VDSS Foster Care, Adoption, and QAA Program Managers are members and regular attendees of the CIP Advisory Board. CIP and VDSS partner to ensure that title IV-E requirements are adequately documented in court proceedings. They are collaborative partners with the CWAC and permanency sub-committee and provide updates and technical assistance to court partners, including judges and guardians ad litem. As part of CWAC, they were key partners in strategic planning for the 2025-2029 CFSP. The CIP meets regularly with DFS staff the Children's Bureau and contracted partners (JBS staff) to talk through questions or issues that have arisen.

As mentioned in the **Tribal Collaborations** section of this report, VDSS partnered with CIP (with the Tribes' approval) to participate in the ICWA training led by national subject matter expert, Jack Trope with Casey Family Program. Two CIP staff attended the training with Virginia's federally recognized Tribal leaders in the autumn 2024 in Richmond, VA. CIP staff regularly attend the Quarterly Roundtable meetings with Virginia's Tribes.

During 2024, CIP and VDSS collaborated in addressing expanding claiming for title IV-E legal representation. CIP and VDSS have collaborated on various aspects of the CFSR planning process including assessing systemic factor functioning and identifying legal stakeholder engagement. Additionally, CIP has been a significant partner in the title IV-E federal review that was conducted in February 2025 by providing a CIP staff person to participate as a state reviewer.

Child Welfare Advisory Committee (CWAC)

CWAC meets three times a year in the spring, summer, and fall. Virtual meetings have allowed for greater representation from across the state, as people who could not normally travel to the meeting have been able to attend. The CWAC agenda always includes collaborative work focused on meeting outcomes for Virginia's children and families. In 2024, CWAC held its first hybrid meeting since moving to solely virtual meetings. The hybrid meeting allowed for greater participation in discussions but did have challenges in providing a consistent experience for both in-person and virtual attendees. In 2024, CWAC meetings focused on assessing progress for CFSP strategies and activities, identifying barriers, and recommending changes to interventions. CWAC meetings typically include breakout planning time to gather input from attendees. Feedback can include recommendations for policy changes, training strategies, and resources or tools. VDSS takes this feedback to the appropriate program areas who incorporate it as appropriate. VDSS will keep using this meeting over the next five years to support

implementation of the CFSP strategies and activities as CWAC includes representation and participation from the courts, parent advisory committee, community partners, LDSS, and other state agencies.

Practice Advisory Groups

During 2024, VDSS continued to host quarterly practice advisory committee (PAC) groups for child welfare program areas, including Permanency, Prevention, and Protection PACs. It solicited input and feedback from LDSS and stakeholders. The Permanency PAC includes foster care, resource family, adoption, and Interstate Compact on the Placement of Children (ICPC) programs. The Permanency PAC met quarterly for five hours. Longer meeting times permitted more opportunities for smaller group breakouts. In 2024, PAC solicited feedback on Mutual Family Assessment (MFA) templates, Kinship Guardianship Assistance Program (KinGAP), and state-funded kinship subsidy and adoption assistance. The Permanency PAC developed program guidance, forms, job aids, and resources, and formed smaller work groups focused on program-specific topics. It solicited ideas for resources and events for themed months, i.e., National Foster Care and Adoption months. VDSS also updated the Permanency PAC on staff training, legislative changes, and a new resource family recruiting portal.

The Prevention and Protection PAC is comprised of local CPS, In-Home, and prevention supervisors and workers, plus VDSS program staff. Similar to the Permanency PAC, this committee has continued in a virtual format and participation has remained steady. The group provides input on the CAPTA (Child Abuse Prevention and Treatment) plan, legislative proposals, regulatory review, policy and guidance, and overall program direction. In 2024, committee members provided input on practice protocols related to Safe Sleep, validity decisions at intake, Kin First Now, opening In-Home services cases, FFPSA, Motivational Interviewing, father engagement, drug screening guidelines, COMPASS/Mobile, Parental Child Safety Placement Program (PCSSP), State CPS Hotline, and Project Link.

Additional Collaborations

Community Based Child Abuse Prevention Grant

As the CBCAP grant lead agency, VDSS is involved with all sectors engaged by CBCAP, which addresses elements of **Prevention Strategy 1**. Funds awarded to Virginia through this grant support the development, operation, and expansion of community-based, prevention-focused program that work to prevent child abuse and neglect. VDSS collaborated with the interdisciplinary, public-private structure, including representatives from private and public sectors, parents, and service providers. They directed and supported networks of coordinated child abuse prevention resources, working to strengthen parents. CBCAP also partners with the Virginia Family and Children's Trust Fund Board, the Virginia Partnership for People with Disabilities, DBHDS, VDH, DCJS, DJJ, Early Impact Virginia (under Families Forward umbrella), and other state and local public and private non-profit organizations.

Community Resource/Adoptive Family Training (CRAFFT)

VDSS is developing resource families by offering in-service trainings on the needs of older youth, sibling groups and medically fragile children through the Community Resource/Adoptive Family Training (CRAFFT) contract. Resource families learn about trauma-informed care and promoting resilience in addition to trainings on how to become foster parents and deal with issues that arise while taking care of children in foster care. (See more about collaborations with CRAFFT in **Item 28**)

Safe and Sound Task Force

Virginia's child welfare leaders remain focused on specific challenges around high-acuity youth in foster care. Efforts include strengthening Virginia's focus on kinship placements, expanding treatment foster care, working across systems and payors to increase access to high quality evidence-based mental health

and other supportive services, fostering a trauma-informed culture throughout child welfare, adjusting provider rates, the ongoing implementation of Family First, and expanding the VDSS High Acuity Team to include a third High Acuity Placement Coordinator. The High Acuity Team also began considering development of preventative assistance services (post-displacement crisis) to complement the acute assistance already provided. The idea is that formalizing a "back-end" assistance procedure would help LDSSs and high acuity youth reach long-term stability and permanency without future displacements. This is a goal for 2025.

To address statewide and systemic challenges, including placement disruptions and high-acuity youth in foster care sleeping in local offices or other unsuitable locations, Governor Youngkin launched the Safe and Sound Task Force on April 1, 2022. The Task force's vision is aligned with Virginia's vision for its child welfare system: children should grow up in safe, stable, and secure families that support their long-term well-being. Virginia agencies represented include VDSS, DBHDS, OCS, DMAS, and DJJ, private providers, nonprofit organizations, advocacy organizations, faith-based organizations, LDSS, and others comprise the task force membership.

The task force began with three goals: 1) ending youth sleeping in LDSS offices, hotels, or other unsuitable locations by identifying and securing safe placements for high-acuity displaced youth; 2) developing a reservoir of safe and appropriate placements for youth who may need them in the future; and 3) making systemic changes to Virginia's child welfare and other systems. Targeted work towards these goals continued throughout 2024, primarily within weekly Safe and Sound "Core Team" meetings which include representatives from each of the aforementioned agencies.

Task force strategies include clarifying roles and responsibilities among state and local agencies and assigning responsibility for actions; engaging directly with providers, managed care organizations, and Virginia's Behavioral Health Services Administrator (Magellan); coordinating various child-serving systems to address unmet needs; using high fidelity wraparound and other proven models to gain placements and services; ensuring the voice of the youth were represented in their placement goals; using creative problem-solving through a "What Would It Take?" system of care framework; and leveraging the authority of the Governor's Office.

Office of Children's Services for At Risk Youth and Families (OCS)/Children's Services Act (CSA)

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. In addition to DBHDS and DMAS, the OCS is the primary funding source of services for children, parents, and caregivers who are involved in the child welfare system. OCS has helped plan FFPSA and KinGAP implementation. OCS has also collaborated with VDSS around the implementation of state-funded kinship subsidy. OCS also ensures that children and families receiving title IV-E funded services also receive support from other sources, such as transportation, homemaker services, etc.

OCS, DBHDS, DMAS, DJJ and VDSS meet as needed to support the Center for Evidence-based Partnerships in Virginia (CEP-Va), a partnership developed from the Three Branch team to implement FFPSA, based on the shared agency interest in developing capacity for EBPs in Virginia, ensuring EBP fidelity, and enhancing service provision across private and public sector community partners. (Additional information on CEP-Va follows) VDSS, OCS, and CEP-Va have a data sharing agreement to match clients, funding, and services for CQI and to build capacity and monitor fidelity.

OCS has been a strategic partner in developing permanency-related projects such as the Enhanced Treatment Foster Care Pilot Program and the Additional Daily Supervision (ADS) Workgroup. OCS has

also assisted in designing and implementing a short-term, state-funded, Exceptional Circumstances Payment pilot program for foster parents.

Statewide Prevention Plan

VDSS led the development of a five-year plan to prevent child abuse and neglect, prompted by Budget Amendment [HB30](#) in Virginia's 2020 General Assembly Session. Submitted to the General Assembly in June 2021, the plan focused on primary prevention, using a trauma-informed and public health framework on abuse prevention. This focus on prevention presented an opportunity to better align prevention activities while also identifying opportunities for prevention services to positively influence child well-being, safety, and permanency. In developing this plan, VDSS collaborated with DBHDS, VDH, DOE, OCS, FACT, Families Forward Virginia, Voices for Virginia's Children, Virginia Poverty Law Center, and other state agencies and community stakeholders. VDSS will continue to work with stakeholders to implement the five-year plan as resources allow, ensuring the alignment and inclusion of CBCAP funding and priorities.

One of the five-year plan's first initiatives was the Thriving Families Safer Children's Initiative (TFSC). Families Forward, in partnership with VDSS, submitted an application and was subsequently selected to join with other states in the round 2 TFSC initiative. The multi-year initiative seeks to demonstrate that intentional, coordinated investment in a full continuum of prevention and robust community-based support networks will promote overall child and family well-being and other positive outcomes. The work focuses on creating and enhancing networks of community-based supports and aligning government resources to provide a full prevention continuum that strengthens community protective factors and parental protective capacities while mitigating associated risk factors. Virginia's TFSC plans incorporate some of the five-year plan's recommendations.

The TFSC is also developing Family Resource Center (FRC) demonstration sites across Virginia. These sites will use the National Family Support Network (NFSN) FRC model to strengthen family resiliency and reduce the likelihood of child abuse and neglect, advance support for communities in prevention programs and speak to the complex issues that often contribute to families becoming involved in the child welfare system. The project will demonstrate a statewide significance with the implementation and evaluation of FRCs through integrating, cross-system approaches to developing comprehensive child and family well-being systems that are co-designed with families and communities. Sites demonstrate a process for incorporating primary prevention and public health approaches to improve overall community well-being consistent with the social and environmental determinants of health and to create the conditions necessary for all families to thrive. A new position, that of prevention director at the Prevention Department of Families Forward Virginia, will coordinate this effort, and two more positions have been funded to support FRC establishment. Families Forward Virginia has also hired a community engagement manager and a lived experience specialist.

In Phase 2, VDSS will continue to leverage the 5-year plan as a framework for targeting resources and services to prevent child maltreatment. Along with active collaboration with Families Forward Virginia and key stakeholders, this work will emphasize the foundational themes of shared accountability, a trauma-informed approach, a culturally responsive process, and prioritizing the important perspectives of individuals with lived experience. The objectives and strategies of the plan focus on primary prevention, preventing child abuse and neglect from happening in the first place, and promote upstream approaches to lessen the immediate and long-term effects of child abuse and neglect. Strategies included in the plan range from a focus on individuals, families, and relationships to the broader community and societal change. This range of strategies recognizes the connectivity between individual-family behavior and broader neighborhood, community, and cultural contexts. The prioritized activities further support the strategies of the plan; thus, providing a guide for implementation. VDSS will collaborate with

stakeholders on the 5-year plan as resources allow, ensuring CBCAP funding and priorities are included. A Family First workgroup was convened to align prevention strategies and funding streams for the next 5-year plan. VDSS is also assessing statewide needs to optimize prevention funding, including CBCAP.

University Partners

In partnership with five state universities, VDSS offers the Child Welfare Stipend Program (CWSP) and Child Welfare Employee Education Assistance Program (CWEEAP) throughout Virginia (**Operations Strategy 2**). VDSS continues to partner with George Mason University, Norfolk State University, Radford University, Virginia Commonwealth University, and Virginia State University. Each university partner has established Regional Advisory Committees, which are composed of LDSS leadership, university child welfare faculty, state CWSP leadership, and community partners. Meetings convene quarterly to discuss child welfare workforce needs, learn how students and graduates are performing in the field, staff any barriers to programmatic or student success, and design curriculum and para-curricular activities, including topical seminars, case simulations, employment workshops, and other events. Additionally, VDSS works closely with the Professional Development Committee of the VLSSE, which serves as a state-level advisory group.

Center for Evidence-Based Partnerships in Virginia

VDSS began a partnership with CEP-Va in 2020. CEP-Va is a partnership between state agencies and Virginia higher education that supports implementing, evaluating, and sustaining EBPs across the state. The Governance Committee for CEP-Va includes DBHDS, DMAS, DJJ, DCJS, DSS, OCS, VDOE, DHP, and VDH. VDSS and CEP-Va conduct EBP fidelity monitoring, particularly for those in the Title IV-E Prevention Services Plan, and provide data from fidelity monitoring to use in the VDSS CQI process. VDSS and CEP-Va also identify needs and gaps in EBPs across the state and recommend additional EBP implementation. A capacity building agreement lets CEP-Va use VDSS funding to identify and train CSBs and community-based providers in the EBPs approved in the FFPSA Prevention Plan (Appendix B). CEP-Va creates an ongoing Needs Assessment and Gaps Analysis (NAGA) report. Item 29 and the Prevention section includes more information on the NAGA report recommendations and responses to them.

Virginia Department of Criminal Justice Services

The Department of Criminal Justice Services (DCJS) is a critical partner with VDSS on grant funded services for children and victims of domestic violence. In 2025, DCJS continued to provide Victims of Crime Act (VOCA) funding to VDSS to support Child Advocacy Centers (CACs). Nineteen CACs provide a multidisciplinary approach to serving victims of child abuse and neglect. A Multidisciplinary Team (MDT) at each center discusses the investigation, treatment, intervention, and prosecution of child abuse cases. VDSS collaborates with DCJS, the Children's Advocacy Centers of VA (CACVA – the statewide association of CACs), and the Southern Regional Chapter of the National Children's Alliance train MDTs in Virginia. VDSS and CACVA also work together to better integrate CACs with the state office and local social service departments. VOCA funds from DCJS provide financial support to local domestic violence programs VDSS also funds. VDSS participates in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in trauma-informed, domestic violence programming. VDSS partners with the State Trafficking Response Coordinator for the Commonwealth, who is based at DCJS, and provides annual, aggregate data on children and youth who are suspected victims or are victims of trafficking. VOCA funding for CACs is eliminated in FY26.

For FY26, the GF appropriation for CACs = \$4,317,756.00; TANF = \$3,136,500.00; and VDSS Transition Funds (expended by 9/30/2025) = \$478,064.00. Total FY26 CAC funding = \$7,932,320.00.

Virginia Department of Education

The majority of VDOE and VDSS collaboration has typically been directed at improving educational stability and outcomes of children in foster care. VDSS and VDOE continue collaborating to fulfill the requirements of a five-year grant that VDOE received to improve data visualization linking foster care and educational data via the Virginia Longitudinal Data System (VLDS). VDSS mandates the inclusion of the VDOE State Testing Identification (STI) in the child welfare information system. This lets VDSS and VDOE share aggregated educational data of students in foster care. Together, VDSS and VDOE team members deliver joint trainings focused on educational stability. Each department maintains two primary points of contact for LDSS and schools to reach out to for consultation. VDSS and VDOE model the collaboration that LDSS and local schools need to make joint best interest determinations by looping each other into all conversations and providing joint, agreed upon answers to difficult questions. VDSS and VDOE continue to collaborate with the enactment of Every Student Succeeds Act (ESSA) in December 2015 and joint publication of VDSS/VDOE guidance on ESSA in 2017. They largely provide technical assistance to local education agencies (LEAs/school divisions) and LDSS to meet ESSA requirements, collaboratively resolving school enrollment and stability issues and looping in OCS as necessary.

Virginia Department of Juvenile Justice

VDSS and the Virginia DJJ partner on initiatives, including re-entry guidance for youth in foster care and implementing FFPSA provisions, including EBP use. DJJ has continued to use Functional Family Therapy (FFT) and Multisystemic Therapy (MST) throughout Virginia to serve youth. DJJ has been an asset to VDSS throughout the implementation process, sharing resources and lessons, which made the implementation successful. LDSS can use DJJ providers of FFT and MST for children who are candidates for foster care by purchasing services through DJJ's existing contracts.

Virginia Department of Medical Assistance Services

Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS coordinates with DBHDS and DMAS to implement Project Bravo, which promotes a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community and clinic-based supports that shift from a crisis-oriented approach towards prevention and early intervention. This redesign is integral to ensuring that children have access to high-quality, evidence-based, and trauma-informed services, regardless of funding source. DMAS also supports VDSS's implementation of FFPSA policy, particularly around determining responsibility in congregate care use and settings FFPSA specified. VDSS works with DMAS and Managed Care Organization (MCO) providers in the Transition Planning Action Group. This group works to strengthen communication pathways between VDSS, DMAS, MCO providers, LDSS, foster care providers and youth in care, with the goal of providing client-centered services to Medicaid eligible youth now and formerly in care. Additional information about the collaboration between VDSS and DMAS including MCO re-procurement for children in foster care is included in **Appendix C Health Care Oversight and Coordination Plan**.

Virginia's Kids Belong

Virginia's Kids Belong Regional Coalitions help recruit resource families and support kinship caregivers and child welfare workers. Virginia's Kids Belong "I Belong Project" (IBP) is a joint initiative with the diligent recruitment and adoption programs. Collaborating with regional resource family and permanency practice consultants, IBP coordinates pictures and videos of children whose parents have lost parental rights and who live in congregate care. Four IBP shoots took place throughout the state in close proximity to congregate care facilities where targeted children were placed. Permanency practice consultants worked with LDSS to identify the children eligible for video shoots and helped coordinate transportation to and from the shoot locations. Forty-one children in need of adoptive families participated, resulting in 831 family inquiries during 2024.

STRATEGIC PLAN

Training and Technical Assistance

VDSS relied on multiple strategic planning resources from the Center for States in early 2024. VDSS received ongoing support in assessing systemic factor functioning through regular meetings in 2024 with the Children's Bureau and Virginia's CIP.

Strategic Planning Alignment Key

CAPTA

The CAPTA plan is also a key influencer in developing the VDSS strategic plan, in that it outlines the need for prevention services in the field.

JLARC

In December 2018, the Virginia Joint Legislative Audit and Review Commission (JLARC) studied the foster care and adoption services VDSS and LDSS delivered. This report yielded 34 recommendations for improvement. Legislation implemented several, specifically the foster care omnibus bill in 2019 (SB1339) and legislation in 2020 (SB472). These recommendations are aligned in the 2020-2024 strategic plan and the current strategic plan.

FFPSA

FFPSA has been an ongoing priority for Virginia. VDSS's plan was approved and implemented in July 2021. The expansion of Virginia's FFPSA implementation is detailed in the 2025-2029 strategic plan, particularly in the work VDSS will complete in primary prevention and Community Pathways.

Office of the State Inspector General VDSS CPS, Performance Audit September 2022

In accordance with Code of Virginia § 2.2-309 [A](10), the Virginia Office of the State Inspector General (OSIG) can conduct performance audits of executive branch state agencies, including colleges and universities, to ensure state funds are spent as intended and to evaluate program efficiency and effectiveness. OSIG selected the VDSS for a performance audit of Child Protective Services in 2022. The audit had ten findings and made several recommendations, including replacing OASIS and annual training.

Objectives and Key Results (OKR)

Each year, VDSS and other state agencies receive OKRs from the Governor's administration. DFS and other divisions within VDSS develop division-specific OKRs to support progress towards the administration's OKRs.

Practice Profiles

As a result of a 2014 learning collaborative with 20 LDSS, Virginia operationalized the Children's Services Practice Model through the joint development of VDSS's practice profiles. 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 competence, documenting, engaging, evaluating, implementing, partnering, and planning. With an eye towards children's holistic well-being, the practice profiles have a trauma-informed lens. Each profile also contains skill subsets, including youth, family, and caregiver voices; critical thinking; respect for family privacy, information, and roles; and transparency, honesty, and ethics.

Virginia's Plan to Prevent Child Abuse & Neglect

In 2020, the General Assembly, through House Bill 30, directed VDSS, in partnership with numerous state agencies and non-governmental organizations, such as DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia's Children, and the Virginia Poverty Law Center, to establish a five-year child abuse prevention plan. Creating this plan was a collaborative effort with numerous state agencies and non-governmental organizations such as DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia's children, the Virginia Poverty Law Center, and 50 more representatives from 29 different organizations. The Virginia Child Abuse Prevention Plan incorporates strategic plans from statewide organizations that work to prevent child abuse and neglect, as well as incorporating the findings of the *Fiscal Map of Children's Supports in Virginia*. This map provides a detailed analysis of state investment in services for children and youth, including data from 152 funding streams from 17 agencies. Virginia's plan to prevent child abuse and neglect focuses on early prevention, also called primary prevention initiatives, which are available to all families. These initiatives promote family resiliency and can prevent child abuse from happening in the first place. The plan's singular goal is that all families, youth, and children in Virginia are safe, healthy, and nurtured, and have access to resources and opportunities to thrive in their communities.

Protection Objective

Provide protection to Virginia's children by focusing on family engagement to mitigate risk and safety concerns.

Protection Strategy 1:

Enhance practice of family engagement to mitigate risk and safety concerns.

| Activities | Alignments | Timeframes |
|---|---|------------|
| 1.1 Install the strategies of Kin First Now. | CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15., OKR, CAPTA, FFPSA | 2024-2029 |
| 1.2 Ensure structured meetings facilitated by a neutral moderator are held during critical decision points. | CFSR Items 1, 2, 3, 12, 13, 14, 15., OKR, CAPTA, FFPSA | 2024-2029 |
| 1.3 Install Fatherhood initiative across the five regions. | CFSR Items 1, 2, 3, 12, 13, 14, 15. OKR, CAPTA, FFPSA | 2024-2029 |

Benchmarks:

- The first 15 Kin First Now agencies are implemented by June 2024.
- Subsequent agencies will be implemented in 2025 and 2026.
- All regions develop Fatherhood plan by December 31, 2024.
- Fatherhood strategies will be implemented by 2025.

Implementation Supports:

- Specific engagement training and coaching will be provided to LDSS staff. This training will be based on the practice profiles-training and coaching will be provided by Regional Practice Consultants, Program Staff, and Training Division.
- Technical Assistance on implementation and practice will be provided by regional practice consultants and program staff on the Kin First Now, Fatherhood, and Practice Profiles initiatives.
- VDSS CQI process will be utilized throughout the implementation process to monitor and evaluate progress through the development and installation of the Kin First Now, Fatherhood, and Practice Profile initiatives. Advance training in MI and integration of MI into protection practices for FSS' and supervisors.

Protection Strategy 1. Measures of Progress³

³ Changes to these measures of progress were made to be consistent with changes to the Prevention Strategy 2 measures.

| Year | Measure | Progress |
|-------------|---|--|
| 2025 | % annual change in FPM and CFTM use | Baseline: (2024) FPM count: 8,686 CFTM count: 2,137 |
| 2025 | Annual increase in FPM use for high/very high-risk referrals | Baseline: (2024) High Risk/Very High Risk FPM Count: 4,765 |
| 2025 | Number of children in an ALA-PCSP connected to a referral | See Prevention Strategy 2 |
| 2025 | % of documented IH cases with a child in ALA-PCSP | See Prevention Strategy 2 |
| 2025 | Percent of kinship placements at time of entry into foster care | See Prevention Strategy 2 |
| 2026 | 5% annual increase in FPM use for high/very high-risk referrals | |
| 2026 | 5% increase in number of children in an ALA-PCSP connected to a referral | See Prevention Strategy 2 |
| 2026 | 5% increase of IH cases with child in ALA-PCSP | See Prevention Strategy 2 |
| 2026 | 5% increase of kinship placements at time of entry into foster care | See Prevention Strategy 2 |
| 2027 | 5% annual increase in FPM use for high/very high-risk referrals | |
| 2027 | 5% increase in number of children in an ALA-PCSP connected to a referral | See Prevention Strategy 2 |
| 2027 | 5% increase of IH cases with child in ALA-PCSP | See Prevention Strategy 2 |
| 2027 | 5% increase of kinship placements at time of entry into foster care | See Prevention Strategy 2 |
| 2028 | 5% annual increase in FPM use for high/very high-risk referrals | |
| 2028 | 5% increase in number of children in an ALA-PCSP connected to a referral | See Prevention Strategy 2 |
| 2028 | 5% increase of IH cases with child in ALA-PCSP | See Prevention Strategy 2 |
| 2028 | 5% increase of kinship placements at time of entry into foster care | See Prevention Strategy 2 |
| 2029 | 5% annual increase in FPM use for high/very high-risk referrals | |
| 2029 | 5% increase in number of children in an ALA-PCSP connected to a referral | See Prevention Strategy 2 |
| 2029 | 5% increase of IH cases with child in ALA-PCSP | See Prevention Strategy 2 |
| 2029 | 5% increase of kinship placements at time of entry into foster care | See Prevention Strategy 2 |

Protection Strategy 2:

Respond to reports of abuse and neglect with a timely consistent response.

| Activities | Alignments | Timeframes |
|---|---|------------|
| 2.1 Provide consistent, timely array of safety services to protect children. | CFSR Items 1, 2, 3, 12, 13, 14, 15., OKR, CAPTA, OSIG | 2024-2029 |
| 2.2 Ensure a consistent response to all reports of child trafficking. | CAPTA | 2024-2029 |
| 2.3 Enhance and standardize the business process between State Hotline & LDSS to improve communication and coordination to ensure timely response to all reports of child abuse or neglect. | OSIG, CFSR Items 1, 2, 3, 12, 13, 14, 15. | 2024-2029 |
| 2.4 Install the Safety Organized Practice Model. | CAPTA, OKR, FFPSA, CFSR Items 1, 2, 3, 12, 13, 14, 15 | 2025-2026 |
| 2.5 Promote a robust campaign to educate, inform, and empower adults to protect children. | CAPTA, OKR, FFPSA, CFSR Items 1, 2, 3, 12, 13, 14, 15 | 2027-2029 |
| 2.6 Review guidelines for Safety Planning and ALA-PCSPs to support LDSS in establishing permanency for children and families. | CAPTA, OKR, FFPSA, CFSR Items 1, 2, 3, 12, 13, 14, 15 | 2024-2029 |

Benchmarks:

- Increase timely face to face response with identified victim and increase use of individualized safety services early in the process.
- Increase number of Human Trafficking Assessments completed and victims of sex trafficking identified by LDSS.
- Decrease time between completion of call by State Hotline and contact with LDSS.
- Increase utilization of VaCPS by mandated reporters.
- The first 15 Kin First Now agencies are implemented by June 2024.
- Subsequent Kin First Now agencies will be implemented in 2025 and 2026.
- All regions develop Fatherhood plan by December 31, 2024.
- Fatherhood will be implemented by 2025.

Implementation Supports:

- Regional practice consultants and program staff will continue to monitor and support the timely face to face response with identified victim and increase use of individualized safety services early in the process.
- VDSS will seek input and consultation from Parent Council, PACs, Tribes, and CRPs to promote a consistent response to all reports of child trafficking by the child welfare system.

- VDSS will hire workforce manager to assist with the development and implementation of the State Hotline business process reengineering.
- State Hotline and Training Division will develop an Intake eLearning to be utilized by LDSS on the receipt of reports of child abuse and neglect.
- The Training Division will install the Safety Organized Practice model into all child welfare trainings.
- State Hotline and Protection program will partner with public affairs to develop and implement a campaign to educate, inform, and empower adults to protect children.
- VDSS will seek partnerships to evaluate activities and will utilize a CQI process to monitor the development and installation of strategies.

Protection Strategy 2. Measures of Progress

| Year | Measure | Progress |
|-------------|--|--|
| 2025 | Increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%) | See Assessment of Current Performance |
| 2025 | # of service referrals and # of screens completed for victims of trafficking | Service Referrals: 15 # Trafficking Screens Completed: 70,159 |
| 2025 | 10% increase in Human Trafficking Assessments completed for appropriate referrals | Human Trafficking Assessments: 25 |
| 2025 | 10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS Increase the percentage of state hotline calls answered within five minutes. ⁴ | Baseline will be established in 2025 Baseline: 73.1% (2024) Current: 80.12% |
| 2025 | 10% increase annually in the utilization of VaCPS by mandated reporters | 21% |
| 2025 | Complete 15 macro-level mandated reporter trainings ⁵ | Baseline will be established in 2025 ³ |

⁴ Measure of Progress updated to be consistent with Objectives & Key Results for the division.

⁵ Moved to 2026

| Year | Measure | Progress |
|-------------|--|-----------------|
| 2026 | 5% increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2026 | # of service referrals and # of screens completed for victims of trafficking | |
| 2026 | 10% increase annually in the number of Human Trafficking Assessments completed | |
| 2026 | 10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS <i>increase in the percentage of state hotline calls answered within five minutes</i> | |
| 2026 | 10% increase annually in the utilization of VaCPS by mandated reporters | |
| 2026 | Complete 15 macro-level mandated reporter trainings | |
| 2027 | 5% increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2027 | # of service referrals and # of screens completed for victims of trafficking | |
| 2027 | 10% increase annually in the number of Human Trafficking Assessments completed | |
| 2027 | 10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS <i>Increase in the percentage of state hotline calls answered within five minutes</i> | |
| 2027 | 10% increase annually in the utilization of VaCPS by mandated reporters | |
| 2027 | Complete 15 macro-level mandated reporter trainings | |
| 2028 | 5% increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2028 | # of service referrals and # of screens completed for victims of trafficking | |
| 2028 | 10% increase annually in the number of Human Trafficking Assessments completed | |
| 2028 | 10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS <i>Increase in the percentage of state hotline calls answered within five minutes</i> | |
| 2028 | 5% increase of kinship placements at time of entry into foster care | |
| 2029 | 5% increase in CFSR items until targets are reached: Item 1: (Target 95%), Item 2 (Target 90%) Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2029 | # of service referrals and # of screens completed for victims of trafficking | |
| 2029 | 10% increase annually in the number of Human Trafficking Assessments completed | |
| 2029 | 10% decrease annually in the amount of time between completion of call by State Hotline and contact with LDSS <i>Increase in the percentage of state hotline calls answered within five minutes</i> | |

| Year | Measure | Progress |
|------|---|----------|
| 2029 | 10% increase annually in the utilization of VaCPS by mandated reporters | |

Protection Strategy 3:

Examine data related to child maltreatment reports to identify and understand areas of opportunity to increase safety.⁶ to reduce disparities and disproportionality.

| Activities | Alignments | Timeframes |
|---|---|------------|
| 3.1 Identify available data and publish annual data; Create ongoing data process related to Diversity, Opportunity, and Inclusion (DOI). | CFSR Items 1, 2, 3, 12, 13, 14, 15., ICWA | 2024-2029 |
| 3.2 Based on available data, identify strategies to address areas of opportunity (disparity and disproportionality). | CFSR Items 1, 2, 3, 12, 13, 14, 15, ICWA | 2024-2029 |
| 3.3. Develop guidance on the development of a data plan that can be used to guide decision-making to enhance the operations of the State Hotline. | CFSR Items 1, 2, 3, 12, 13, 14, 15, ICWA | 2024-2029 |
| 3.4 Through the development of a new CRP process and based on stakeholder feedback, implement strategies to address areas of opportunity. | CAPTA | 2024-2029 |

Benchmarks:

- Identify data measures specific to areas of opportunity (~~disparity and disproportionality~~).

Implementation Supports:

- Ongoing training for staff on recognizing, understanding, and addressing ~~disparity and disproportionality~~ variations in outcomes in child welfare practice.
- Increase data support for the State Hotline.
- Utilize the CQI process to enhance the operations of the State Hotline.
- Enhance collaboration with the Prevention Program related to primary and secondary prevention interventions.

⁶ VDSS modified this strategy and activities in accordance with 2025 federal executive orders and to streamline this strategy to best reflect ongoing efforts to increase safety for all children and families. Changes were also made to Prevention and Permanency strategy, activities, and measures in accordance with the executive orders.

Protection Strategy 3. Measures of Progress

| Year | Measure | Progress |
|-------------|---|------------------------------|
| 2025 | Identification of 10 specific data measures specific to areas of opportunity <i>to increase safety</i> (disparity and disproportionality) within the continuum of the Protection Program. | Data measures included below |
| 2026 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program | |
| 2027 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program. | |
| 2027 | Identification of 3 data trends from published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program. | |
| 2028 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program. | |
| 2028 | Develop 3 practice-strategies that address the 3 identified data trends from the published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program. | |
| 2029 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program. | |
| 2029 | Make 3 changes to policy, regulation, legislation, or guidance in order to implement the 3 practice-strategies developed that address the 3 identified data trends from the published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) within the continuum of the Protection program. | |

Data Measures identified in 2025 for Protection Strategy 3:

2024 Reports

| Total Screen Outs | Count | Screen out % |
|--|--------|--------------|
| Monthly Average Screen Outs | 65,982 | 63.7% |
| Days to Validity Determination | 5,498 | 63.7% |
| Number of Days between referral date and acceptance date CY 24 Average (entire year) | 3 | |

| TFCV Performance by Response Priority | Total | Total Timely Rate |
|--|--------|-------------------|
| R1 | 13,051 | 86.4% |
| R2 | 2,277 | 81.4% |
| R3 | 25,165 | 87.5% |
| Overall | 40,493 | 86.8% |

| Timeliness of Safety Assessment Completion | Total | Completed on Time |
|---|--------|-------------------|
| Safe | 23,590 | 45.1% |
| Conditionally Safe | 10,709 | 47.8% |
| Unsafe | 695 | 41.7% |

| Risk Completion | # | % |
|------------------------|--------|-------|
| Low | 8,782 | 23.8% |
| Moderate | 16,794 | 45.5% |
| High | 5,983 | 16.2% |
| Very High | 2,759 | 7.5% |
| Missing/Invalid | 2,576 | 7.0% |
| Total | 36,894 | |

| Services Needed | # | % |
|------------------------|--------|-------|
| Services Not Needed | 21,900 | 64.4% |
| Services Needed | 12,093 | 35.6% |
| total | 33,993 | |

| High/Very High Risk | # | % |
|--|-------|-------|
| High/Very High Referrals | 9,135 | |
| High/Very High Referrals Opened to an In-Home Case | 2,097 | 23.0% |

| Referral Recidivism | | |
|--|--------|-------|
| Number of Valid Referrals with prior referrals (valid and invalid) within a year | 15,602 | 48.8% |

| Family Assessment Reoccurrence | | |
|--|--------|-------|
| Number of Family Assessments with another Family Assessment within two years | 20,994 | 50.3% |

| In-Home Referral Recidivism | # | % |
|--|-------|-------|
| Number of In-Home cases with valid referrals received while case is open | 1,192 | 24.5% |

| Child Maltreatment Deaths | | |
|---|----|-------|
| Number of child fatality referrals that had prior invalid report(s) within the past 12 months. | 34 | 23.1% |
| Number of child fatality referrals that had prior valid report (s) within the past 12 months. | 36 | 24.5% |
| Number of child fatality referrals that had prior valid report (s) | 64 | 43.5% |
| Of those with prior valid report(s) that were deemed high or very high risk, how many were opened to in-home services | 17 | 58.6% |

Prevention Objective

Advance Virginia’s prevention program to strengthen and support children, youth, and families to ensure well-being, cultivate and recognize healthy community relationships.

Prevention Strategy 1:

Increase access to primary, secondary, and tertiary prevention supports and services.

| Activities | Alignments | Timeframes |
|---|---|------------|
| 1.1 Develop and implement Community Pathways to utilize IV-E funding for primary and secondary prevention services that are evidence- and community-based. | FFPSA, OKR | 2025-2029 |
| 1.2 Partner with state agencies, local entities, and community and private providers to fund and deliver prevention services (Community Pathways, CBCAP, HHF, VOCA, PSSF, DVPS, SDVP, etc.) | FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15, Virginia Plan to Prevent Child Abuse and Neglect, Virginia’s Plan for Home Visiting | 2025-2029 |
| 1.3 Expand utilization of EBPs by families participating in an In-Home Services case. | FFPSA, OKR, Virginia Plan to Prevent Child Abuse and Neglect, Virginia’s Plan for Home Visiting | 2025-2029 |
| 1.4 Develop consistent and measurable outcomes for subrecipients of the Kinship Navigator grant funding. | FFPSA | 2025-2029 |

Benchmarks:

- Ongoing data analysis and needs assessment to identify opportunities for Community Pathways.
- Development of implementation plan for Community Pathways.
- Community Pathways partners and stakeholders engaged in a regular cadence of meetings for ongoing development, implementation, and CQI.
- Execute and manage contracts necessary for Community Pathways implementation.
- Make EBPs available for 200+ candidates for foster care not otherwise involved in the child welfare system with title IV-E Prevention Services funding.
- Trainings regularly delivered to providers to expand and sustain availability of EBPs.

Implementation Supports:

- Information from partner feedback and community needs assessments will be utilized to develop and execute plans for Community Pathways.
- VDSS will continue to partner with the CEP-VA for capacity building, needs assessment and gaps analysis findings and recommendations, provider engagement, EBP provider registry and locator, provider training, fidelity monitoring, and evaluation.
- All EBP providers receiving IV-E funds participate in fidelity monitoring.
- Annual accounting of funding streams and resources for prevention programs and services.
- 4-5 Kinship Navigator program outcomes developed with and collected by VDSS grant funded sites.
- All VDSS funded partners providing SDV Prevention Initiatives will collect and report data on their programs.
- NAGA Report submitted to VDSS by CEP-Va

Prevention Strategy 1. Measures of Progress

| Year | Measure | Progress |
|-------------|--|---------------------------------------|
| 2025 | # Meetings with internal and external partners and stakeholders for input, feedback, and collaboration | 10 |
| 2025 | Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%) | See Assessment of Current Performance |
| 2025 | Identify number of providers trained in EBPs that are listed on the IV-E Clearinghouse | 10 |
| 2025 | Submission of amendment to the IV-E Prevention Services Plan with Community Pathways to federal partners | Move to 2026 |

| Year | Measure | Progress |
|-------------|--|-------------------------|
| 2025 | # of EBP providers participating in fidelity monitoring for EBPs approved in the IV-E Prevention Plan | 87 |
| 2025 | Reduction of entry into foster care after an In-Home Services case | Baseline: 9% |
| 2025 | Reduction of maltreatment recurrence after an In-Home Services case | Baseline: 28% |
| 2025 | SDV prevention outputs and outcomes | |
| 2025 | # of SDV Prevention grants | 14 |
| 2025 | # of SDV training and technical assistance activities provided | 12 sessions (1x/ month) |
| 2026 | 5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2026 | # Meetings with internal and external partners and stakeholders for input, feedback, and collaboration. | |
| 2026 | % of executed contracts that are needed for approved Community Pathways implementation | |
| 2026 | Federal approval of amended IV-E Prevention Services Plan that includes at least one Community Pathway | |
| 2026 | # of IV-E trained/certified EBP providers | |
| 2026 | % of EBP providers receiving IV-E funds participating in fidelity monitoring | |
| 2026 | 50 approved candidates for foster care through Community Pathways | |
| 2026 | % Increase in the number of In-Home cases that prevent entry into foster care after an In-Home Services case | |
| 2026 | % Reduction of maltreatment recurrence after an In-Home Services case | |
| 2026 | SDV prevention outputs and outcomes | |
| 2026 | # of SDV Prevention grants | |
| 2026 | # of SDV training and technical assistance activities provided | |
| 2027 | 5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2027 | # Meetings with internal and external partners and stakeholders for input, feedback, and collaboration. | |
| 2027 | % of executed contracts that are needed for approved Community Pathways implementation | |
| 2027 | # of IV-E trained/certified EBP providers | |
| 2027 | % of EBP providers receiving IV-E funds participating in fidelity monitoring | |

| Year | Measure | Progress |
|-------------|--|-----------------|
| 2027 | 100 approved candidates for foster care through Community Pathways | |
| 2027 | % Reduction of entry into foster care after an In-Home Services case | |
| 2027 | % Reduction of maltreatment recurrence after an In-Home Services case | |
| 2027 | # of SDV Prevention grants | |
| 2027 | # of training and technical assistance activities provided | |
| 2028 | 5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2028 | # Meetings with internal and external partners and stakeholders for input, feedback, and collaboration. | |
| 2028 | % of executed contracts that are needed for approved Community Pathways implementation | |
| 2028 | # of trained/certified IV-E EBP providers | |
| 2028 | % of EBP providers receiving IV-E funds participating in fidelity monitoring | |
| 2028 | 150 approved candidates for foster care through Community Pathways | |
| 2028 | Reduction of entry into foster care after an In-Home Services case | |
| 2028 | Reduction of maltreatment recurrence after an In-Home Services case | |
| 2028 | # of SDV Prevention grants | |
| 2028 | # of SDV training and technical assistance activities provided | |
| 2029 | 5% Increase in CFSR items until targets are reached: Item 3 (Target 90%), Item 8 (Target 90%), Item 11 (Target 90%), Item 12 (Target 90%), Item 13 (Target 90%), Item 14 (Target 90%), Item 15 (Target 90%). | |
| 2029 | # Meetings with internal and external partners and stakeholders for input, feedback, and collaboration. | |
| 2029 | % of executed contracts that are needed for approved Community Pathways implementation | |
| 2029 | # of IV-E trained/certified EBP providers | |
| 2029 | % of EBP providers receiving IV-E funds participating in fidelity monitoring | |
| 2029 | 200 approved candidates for foster care through Community Pathways | |
| 2029 | Reduction of entry into foster care after an In-Home Services case | |
| 2029 | Reduction of maltreatment recurrence after an In-Home Services case | |
| 2029 | # of SDV Prevention grants | |
| 2029 | # of training and technical assistance activities provided | |

Prevention Strategy 2:

Strengthen evidence-based case management and service planning practices and focused engagement with fathers and kin.

| Activities | Alignments | Timeframes |
|--|---|------------|
| 2.1 Enhance safety, permanency, and well-being programming in In-Home Services. | FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15 | 2025-2029 |
| 2.2 Install Fatherhood initiative across the five regions. | FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15 | 2025-2026 |
| 2.3 Install Kin First Now strategies across the five regions. | FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15 | 2025-2026 |
| 2.4 Review guidelines for Safety Planning and ALA PCSPs to support LDSS in establishing permanency for children and families. | FFPSA, OKR, CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15 | 2025-2026 |
| 2.5 Advance training in MI and integration of MI into In-Home Services practices for FFS' and supervisors. | FFPSA | 2025-2026 |

Benchmarks:

- Identify data measures specific to areas of opportunity related to In-Home Services case opening behaviors, engagement practices, ALA PCSPs, recidivism.
- All regions develop Fatherhood initiative plan by December 31, 2024.
- Fatherhood initiative will be implemented by 2025.
- The first 15 Kin First Now agencies are implemented by June 2024.
- Subsequent agencies will be implemented in 2025 and 2026.
- Review ALA PCSP and safety planning feedback from the VLSSE and the OCO and determine next steps specific to guidance, regulation, and legislation.
- All 120 LDSS In-Home FSS' and supervisors who supervise In-Home cases will be offered MI Training.

Implementation Supports:

- Technical assistance on implementation and practice will be provided by regional practice consultants and program staff on the Kin First Now and father engagement.
- Provide MI training to cohorts of FSS' and supervisors, initial fidelity monitoring, and coaching.
- The state will provide project management, change management, training activities, IT technical assistance and Title IV-E funding information to include peer learning groups, roundtables, Lifelines, micro-learnings, and other resources that provide information and support around MI principles.

- VDSS CQI process will be utilized throughout the implementation process to monitor and evaluate progress through the development and installation of the Kin First Now, Fatherhood, and Practice Profile initiatives.

Prevention Strategy 2. Measures of Progress⁷

| Year | Measure | Progress |
|-------------|--|--|
| 2025 | Number of children in a ALA Parental Child Safety Placement (PCSP) Agreement connected to a referral | 243 children |
| 2025 | % of documented IH cases with child in ALA- | Baseline will be established in 2025- |
| 2025 | % of kinship placements at time of entry into FC- | Baseline will be established in 2025- |
| 2025 | In-Home Cases with fathers listed | 66% |
| 2025 | Annual increase in paternal relative attendance at FPMs for emergency removals and ALAs in In-Home services cases | 26% |
| 2025 | Annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals in In-Home services cases | 19% |
| 2025 | MI as a Purpose during face to face case contacts- | Baseline will be established in 2025- |

⁷ Parental Child Safety Placement Program: In 2024, the Virginia General Assembly, through [House Bill 27](#) and [Senate Bill 39](#), established the Parental Child Safety Placement Program, a statutory framework for a parent, guardian, or legal custodian to arrange for a Parental Child Safety Placement for their child with relatives and fictive kin when a LDSS has determined that the child cannot remain safely in their home of origin. The Parental Child Safety Placement Program is available when: family assessment or investigation has been initiated in response to a valid complaint alleging the child has been abused or neglected; the safety assessment conducted by the LDSS indicates that the child cannot remain safely in the home; and the child’s parent(s) or caretaker(s)/guardian(s) voluntarily agrees to participate in the Parental Child Safety Placement Program. The Parental Child Safety Placement Program is utilized when the parent(s) or caretaker(s)/guardian(s) can remedy the identified safety factor(s) within 90 days. The LDSS is required to open an In-Home services case for the entirety of the agreement and for any extension period.

The indicators for (1) In-Home case openings after a PCSPA and (2) kinship placements at foster-care entry are omitted only for the 2025 report year.

- In-Home case openings are already counted under Measure 1 due to the PCSP practice framework.
- *Baseline data for kinship placements will not be reliable until a full year of post-implementation data*

Motivational Interviewing: Baselines will be established in 2026 as VDSS continues to finalize the process for title IV-E prevention services funding claiming for Motivational Interviewing (MI).

| Year | Measure | Progress |
|------|---|---|
| 2025 | Completion of three MI training cohorts | Baseline will be established in 2025 |
| 2025 | 30% increase of MI as a service provided on service plans | Baseline will be established in 2025 |
| 2025 | 30% increased achievement of service plan goals | Baseline will be established in 2025 |
| 2025 | 50% increase in staff utilizing MI in In-Home Services | Baseline will be established in 2025 |
| 2025 | 50% increase in staff utilizing MI in In-Home Services | Baseline will be established in 2025 |
| 2026 | 5% increase in number of children in a ALA PCSP connected to a referral | |
| 2026 | 5% increase of IH cases with child in ALA | |
| 2026 | 5% of kinship placements at time of entry into foster care | |
| 2026 | 5% increase In-Home Cases with fathers listed | |
| 2026 | 5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs in In-Home services cases | |
| 2026 | 5% annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals in In-Home services cases | |
| 2026 | Completion of three additional MI training cohorts | |
| 2026 | 30% increase in MI as a Purpose during face-to-face case contacts | |
| 2026 | 30% increase change of MI as a service provided on service plans | |
| 2026 | 50% Increased achievement of service plan goals | |
| 2026 | 50% increase of staff utilizing MI in In-Home Services | |
| 2026 | MI is a purpose for face to face contacts | |
| 2027 | 5% increase in number of children in a ALA PCSP connected to a referral | |
| 2027 | 5% increase of IH cases with child in ALA | |
| 2027 | 5% of kinship placements at time of entry into foster care | |
| 2027 | 5% increase In-Home Cases with fathers listed | |
| 2027 | 5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs in In-Home services cases | |
| 2027 | 5% annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals in In-Home services cases | |
| 2027 | Completion of two additional MI training cohorts | |

| Year | Measure | Progress |
|------|---|----------|
| 2027 | 5% increase in MI as a Purpose during face-to-face case contacts | |
| 2027 | 5% increase of MI as a service provided on service plans | |
| 2027 | 5% Increased achievement of service plan goals | |
| 2027 | 5% Increase of staff utilizing MI in In-Home Services | |
| 2027 | 5% Increase of staff utilizing MI in In-Home Services | |
| 2028 | 5% increase in number of children in a ALA PCSP connected to a referral | |
| 2028 | 5% increase of IH cases with child in ALA | |
| 2028 | 5% of kinship placements at time of entry into foster care | |
| 2028 | 5% increase In-Home Cases with fathers listed | |
| 2028 | 5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs in In-Home services cases | |
| 2028 | 5% annual increase in paternal relative attendance at FPMs for High/Very High-Risk referrals <i>in In-Home services cases</i> | |
| 2028 | 10% increase in MI as a Purpose during face-to-face case contacts | |
| 2028 | Completion of two additional MI training cohorts | |
| 2028 | 10% Increase of MI as a Service Provided on service plans | |
| 2028 | 10% Increase achievement of service plan goals | |
| 2028 | 10% Increase of staff utilizing MI in In-Home Services | |
| 2028 | 10% Increase of staff utilizing MI in In-Home Services | |
| 2029 | 5% increase in number of children in a ALA PCSP connected to a referral | |
| 2029 | 5% increase of IH cases with child in ALA | |
| 2029 | 5% of kinship placements at time of entry into foster care | |
| 2029 | 5% increase In-Home Cases with fathers listed | |
| 2029 | 5% annual increase in paternal relative attendance at FPMs for emergency removals and ALAs in In-Home services cases | |
| 2029 | 5% annual increase in paternal relative attendance at FPMs for High/Very High Risk referrals <i>in In-Home services cases</i> | |
| 2029 | Completion of two additional MI training cohorts | |
| 2029 | 10% Increase change in MI as a Purpose during face-to-face case contacts | |
| 2029 | 10% Increase of MI as a Service Provided on service plans | |
| 2029 | 10% increase in achievement of service plan goals | |
| 2029 | 10% increase of staff utilizing MI in In-Home Services | |

| Year | Measure | Progress |
|------|--|----------|
| 2029 | 10% increase of staff utilizing MI in In-Home Services | |

Prevention Strategy 3:

Foster healthy, family-focused, child-centered, communities through campaigns and public awareness that support and embrace positive parenting and increase strengths that prevent neglect and abuse.

| Activities | Alignments | Timeframes |
|---|---|------------|
| 3.1 Establish collaboration protocols with child, youth, and family serving system partners, non-traditional service providers, and individuals with lived experience that foster awareness on preventing child maltreatment. | FFPSA, OKR, Virginia Plan to Prevent Child Abuse and Neglect, Virginia’s Plan for Home Visiting, Prevention Collaborative VA (SDV primary prevention) | 2025-2029 |
| 3.2 Utilize Public Service Announcements (PSAs) on radio, television, and social media; short videos and educational programming; press releases; webinars; and public events focused on various aspects of awareness and prevention. | OKR, Virginia Plan to Prevent Child Abuse and Neglect, Virginia’s Plan for Home Visiting | 2025-2029 |

Benchmarks:

- Identification and publication of specific data measures.
- Establish baselines and then work to establish outcomes (percentage).
- Documentation of status of collaboration protocols and timeline for expansion/growth.
- Increase and sustain social and community reach and engagement.
- Determine specific implementation strategies to address identified areas of opportunity, need, and service gaps.

Implementation Supports:

- Promote Child Abuse Prevention Month activities.
- Include input from stakeholders, Child Welfare and Practice Advisory Committees, Parent Advisory Council, Prevention Collaborative VA, and Tribal partners.
- Collaboration with the VDSS Division of Public Affairs PA to support public-facing awareness, education, and outreach.
- Prevention program will partner with Public Affairs to develop and implement a campaign to educate, inform, and empower prevention efforts for children and families.

Prevention Strategy 3. Measures of Progress

| Year | Measure | Progress |
|------|--|---|
| 2025 | Identify reach, breadth and frequency of public awareness activities | Baseline data available in Prevention Section listed under “Public Awareness & Education Activities” |
| 2025 | Identify gaps and corresponding strategies | Baseline data available in Prevention Section listed under “Public Awareness & Education Activities” ⁸ |
| 2026 | 10% increase in documented collaborative efforts | |
| 2026 | 10% increase in reach to new audiences due to PSAs | |
| 2027 | 10% increase in documented collaborative efforts | |
| 2027 | 10% increase in reach to new audiences due to PSAs | |
| 2028 | 10% increase in documented collaborative efforts | |
| 2028 | 10% increase in reach to new audiences due to PSAs | |
| 2029 | 10% increase in documented collaborative efforts | |
| 2029 | 10% increase in reach to new audiences due to PSAs | |

Prevention Strategy 4:

Examine data related to prevention activities to identify and understand areas of opportunity to reduce ~~disparities and disproportionality~~ variation in outcomes.

| Activities | Alignments | Timeframes |
|--|--|------------|
| 4.1 Identify available data and publish annual data; create ongoing data process related to Diversity, Opportunity, and Inclusion (DOI). | CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15, Virginia Plan to Prevent Child Abuse and Neglect | 2025-2029 |
| 4.2 Based on available data, identify strategies to address areas of opportunity <i>(variation in outcomes)</i> (disparity and disproportionality). | CFSR Items 2, 3, 4, 5, 6, 12, 13, 14, 15, Virginia Plan to Prevent Child Abuse and Neglect | 2025-2029 |
| 4.3 Create mechanisms to include children and family voice in program planning and communicate these opportunities to families. | | 2025-2029 |
| 4.4 Develop a framework for CQI related to variation in outcomes DOI (disparity and disproportionality). | | 2025-2029 |

⁸ In next year’s APSR, comparison of current data with the baseline will be added to the “Public Awareness and Activities” chart in the Prevention Section.

Benchmarks:

- Identify data measures specific to areas of opportunity related to ~~disparity and disproportionality~~ *variation in outcomes*.
- Establish baselines and then work to establish outcomes (percentages) specific to areas of opportunity related to ~~disparity and disproportionality~~ *variation in outcomes*.
- Publish data measures specific to areas of opportunity related to ~~disparity and disproportionality~~ *variation in outcomes*.
- Review specific data measures to identify trends.
- Determine specific implementation strategies to address areas of opportunity related to ~~disparity and disproportionality~~ *variation in outcomes*.

Implementation Supports:

- VDSS Office of Family Violence
- ~~VDSS Underserved Population Advisory Committee~~
- ~~VDSS DFS Diversity, Equity, and Inclusion Committee~~
- Ongoing training for staff on recognizing, understanding, and addressing ~~disparity and disproportionality~~ *variation in outcomes* in child welfare practice.
- Changes to legislation, regulation, and guidance that address areas of opportunity.

Prevention Strategy 4. Measures of Progress

| Year | Measure | Progress |
|-------------|---|---|
| 2025 | Identification of specific 10 specific data measures specific to areas of opportunity (disparity and disproportionality) <i>(variation in outcomes)</i> within the continuum of the Prevention program | Research and conduct CQI on current Programming to establish measures |
| 2026 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) <i>variation in outcomes</i> within the continuum of the Prevention program. | Establish baseline on selected data measures. |
| 2027 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) <i>variation in outcomes</i> within the continuum of the Prevention program. | |
| 2027 | Identification of 3 data trends from published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) <i>variation in outcomes</i> within the continuum of the Prevention program. | |

| Year | Measure | Progress |
|------|--|----------|
| 2028 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) <i>variation in outcomes</i> within the protection continuum of the Prevention program. | |
| 2028 | Develop 3 practice-strategies that address the 3 identified data trends from the published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) <i>variation in outcomes</i> within the continuum of the Prevention program. | |
| 2029 | Compile and publish an annual report on the identified data measures specific to areas of opportunity (disparity and disproportionality) <i>variation in outcomes</i> within the continuum of the Prevention program. | |
| 2029 | Make 3 changes to policy, regulation, legislation, or guidance in order to implement the 3 practice-strategies developed that address the 3 identified data trends from the published annual reports on the identified data measures specific to areas of opportunity (disparity and disproportionality) <i>variation in outcomes</i> within the continuum of the Prevention program. | |

Permanency Objective

Elevate and enhance family engagement practice to achieve permanency.

Permanency Strategy 1:

Elevate and enhance family engagement practice to achieve permanency.

| Activities | Alignments | Timeframes |
|--|--|------------|
| 1.1 Identify and engage birth parents, relatives (in and out of state), foster parents, Tribes, and other critical adults in children/youth's lives. | CFSR Items for Strategy 1: 5-6, 12-15 and CAPTA Plan | 2024-2029 |
| 1.2 Provide opportunities to empower youth and families to ensure decisions are youth and/or family driven. | CFSR Items for Strategy 1: 5-6, 12-15 and CAPTA Plan | 2024-2025 |
| 1.3 Ensure timeliness to permanency by prioritizing reunification. | CFSR Items for Strategy 1: 5-6, 12-15 and CAPTA Plan | 2024-2028 |
| 1.4 Incorporate lived experience into policy and guidance changes to increase effectiveness. | CFSR Items for Strategy 1: 5-6, 12-15 and CAPTA Plan | 2024-2026 |

Benchmarks:

- Support the efforts of the Commonwealth Family Partnership Meeting Facilitator Forum to develop a best practice framework and provide a community to support Family Partnership Meeting FPM facilitators with model fidelity.
- Facilitate Kin First Now process- family finding, early FPM, immediate placement with relatives.
- Continue to promote the Youth Welfare Approach to support youth participation in FPM/court, etc.
- Explore initiatives to promote father engagement; work with DCSE to develop process for earlier establishment of paternity; and address barriers to non-offending fathers being considered for reunification.
- Enhance kinship website- expand and enhance resources for relatives re: options for involvement when kin are impacted by the child welfare system.
- Establish LEX councils- establish supports for parent council and develop foster parent/adoption and relative caregiver councils to participate in and lead policy decisions.
- Partner with SPEAKOUT members to provide youth input on and promote best practice guidelines around how to have difficult conversations with youth; develop training for LDSS and FPM facilitators from the youth perspective.
- Continue to explore how to leverage IV-E funding for enhanced parent legal representation and support for reunification.
- Promote frequent and quality family visitations to support reunification.
- Increase use of Ice Breaker meetings when children are placed.
- Develop process for identifying foster families who are Native American/Indigenous/Tribal members for children entering foster care who are identified as Native Americans.
- Develop Kin First Now training on safety to permanency and relatives as a support to achieving return home.
- Promote reunification month and raising awareness to ensure prioritization of reunification.
- Establish a LEX project manager.
- Continue to support and integrate SPEAKOUT in decision making.
- Establish supports for parent council and develop foster parent/adoption and relative caregiver councils to participate in and lead policy decisions.
- Develop a formal process for LEX stakeholder participation in the development of and review of guidance.
- Implement LEX review process for policy and programmatic decision-making.

Implementation Supports:

- Consult with ~~Capacity Building Center~~ *National Child Welfare Center for Innovation and Advancement* for effective kinship strategies.
- CQI process will be utilized throughout the implementation process to monitor and evaluate.

Permanency Strategy 1. Measures of Progress

| Year | Measure | Progress |
|-------------|--|--|
| 2025 | Completion of ICWA screening | Baseline CY2024 86.2% |
| 2025 | FPMs held with more than one relative present | Baseline: CY2024: 64.3% |
| 2025 | 5% increase in CFTMs | Baseline of 3,021 CY2024: 2,424 (-597 CFTMs, 19.8% decrease) |
| 2025 | 5% annual increase in rate of completion of youth exit survey | Baseline of 13.1% CY2024 10.9% |
| 2025 | 5% biannual increase in responses to foster parent survey | 2024 Baseline: 502 responses in January 2024 survey- 9% response rate 2025- 418 responses, 7% response rate. |
| 2025 | CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is met/exceeded | Baseline is 76% See Assessment of Current Performance for progress |
| 2025 | CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is met/exceeded | Baseline is 83% See Assessment of Current Performance for progress |
| 2025 | 5% annual increase in rate of weekly visitation to facilitate reunification | Baseline CY2024 7% |
| 2025 | 5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home | Baseline of 60.9% CY2024 61.9% (1% increase) |

| Year | Measure | Progress |
|------|--|--|
| 2025 | Increase in rate for FPMs held at the 3 key decision points | Baseline: CY2024: <ul style="list-style-type: none"> • Emergency Removals: 33.5% • Placement Changes: 7.8% • Concurrent Planning/Goal Changes: <ul style="list-style-type: none"> • Goal Change: 27.8% • Concurrent Planning: 15.0% Concurrent Planning FPM Found |
| 2026 | Increase completion of ICWA screening on all youth in foster care | |
| 2026 | Increase number of FPMS held with more than 1 relative present | |
| 2026 | 5% increase in CFTMs | |
| 2026 | 5% annual increase in rate of completion of youth exit survey | |
| 2026 | 5% biannual increase in responses to foster parent survey | |
| 2026 | CFSR item 13: Increase Child and Family Involvement in Case Planning annually until goal of 90% is exceeded | |
| 2026 | CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded | |
| 2026 | 5% annual increase in rate of weekly visitation to facilitate reunification | |
| 2026 | 5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home | |
| 2026 | Increase in rate for FPMs held at the 3 key decision points | |
| 2027 | Increase completion of ICWA screening on all youth in foster care by | |
| 2027 | Increase number of FPMS held with more than 1 relative present | |
| 2027 | 5% increase in CFTMs | |
| 2027 | 5% annual increase in rate of completion of youth exit survey | |
| 2027 | 5% biannual increase in responses to foster parent survey | |
| 2027 | CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded | |

| Year | Measure | Progress |
|-------------|---|-----------------|
| 2027 | CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded | |
| 2027 | 5% annual increase in rate of weekly visitation to facilitate reunification | |
| 2027 | 5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home | |
| 2027 | Increase in rate for FPMS held at the 3 key decision points | |
| 2028 | Increase completion of ICWA screening on all youth in foster care by | |
| 2028 | Increase number of FPMS held with more than 1 relative present | |
| 2028 | 5% increase in CFTMs | |
| 2028 | 5% annual increase in rate of completion of youth exit survey | |
| 2028 | 5% biannual increase in responses to foster parent survey | |
| 2028 | CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded. | |
| 2028 | CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded | |
| 2028 | 5% annual increase in rate of weekly visitation to facilitate reunification | |
| 2028 | 5% annual increase in case worker face to face contacts with mother and father bi-monthly to achieve return home | |
| 2028 | Increase in rate for FPMS held at the 3 key decision points | |
| 2029 | Increase completion of ICWA screening on all youth in foster care by | |
| 2029 | Increase number of FPMS held with more than 1 relative present | |
| 2029 | 5% increase in CFTMs | |
| 2029 | 5% annual increase in rate of completion of youth exit survey | |
| 2029 | 5% biannual increase in responses to foster parent survey | |
| 2029 | CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded | |
| 2029 | CFSR Item 6: Increase progress towards reunification/permanency until goal of 90% is exceeded | |
| 2029 | 5% annual increase in rate of weekly visitation to facilitate reunification | |
| 2029 | Increase caseworker face to face contacts with mother and father bi-monthly to achieve Return Home by 5% annually | |
| 2029 | Increase in rate for FPMS held at the 3 key decision points | |
| 2029 | CFSR item 13: Increase Child and Family Involvement in Case Planning until goal of 90% is exceeded. | |

Permanency Strategy 2:

Prioritize placement of children in foster care with relatives to facilitate concurrent planning.

| Activities | Alignments | Timeframes |
|--|--|-----------------------------|
| 2.1 Increase the number of children who are immediately placed with relatives. | Virginia kinship legislation 2024, JLARC FC Report of 2018, CFSR item: 10, Fostering Connections to Success and Increasing Adoptions Act of 2008 | 2024-2025, 2026 Q3, 2027 Q2 |
| 2.2 Increase the timeliness of ICPC referrals and placements. | CFSR Item 36 | 2024 Q4-2028 |
| 2.3 Increase the number of children/youth in kinship placements. | Fostering Connections to Success and Increasing Adoptions Act of 2008, CFSR Item 10 | 2024-2028 |
| 2.4 Increase the utilization of KinGAP, State-Funded kinship subsidy, and Adoption Assistance to support placement with relatives. | JLARC, CFSR Item 10 | 2025 Q3-Q4 |
| 2.5 Facilitate LDSS collaboration through community specific strategies to approve and support kinship resource parents. | CFSR Item 10, 32 | |

Benchmarks:

- Complete the first 15 Kin First Now agencies by June 2024. Subsequent agencies will be implemented in 2025 and 2026.
- Implement Exception Reports to monitor placement of children with kin
- Implement training for LDSS staff to ensure timely submissions of ICPC referrals.
- Update ICPC guidance and develop job aids to promote increased use of ICPC.
- Collect data, establish baselines, and develop performance measures for Virginia’s children and children entering the state from other states (review data/procedures in other states for exemplars).
- Update the VDSS kinship training to incorporate three Kin First Now practice elements.
- Update guidance concerning KinGAP and State Funded Kinship Subsidy by year 1 quarter 3.
- Provide training and TA to LDSS to promote provision of support to relatives.
- Expand use of Kin and Fictive Kin Recruitment Contract, ATCP contracts, and collaboratives to approve and support kinship placements.
- Utilize Family Seeing contract for TA with family finding and family engagement for regional VDSS and LDSS staff.
- Conduct CFSR deeper dive to see if a relative has been identified in service plan.
- Work on data base to be able to gather initial data.
- Create ICPC forms to assist in order to get information for excel data sheet.

- Once base line is established complete training to LDSS around the importance of getting ICPC referrals in a more timely manner to decrease the time youth are in care.

Implementation Supports:

- TA on implementation and practice will be provided by regional consultants and the Permanency program through Kin First Now.
- CQI process will be utilized throughout the implementation process to monitor and evaluate.
- Training will be developed and delivered by VDSS training staff and incorporated into new worker training.

Permanency Strategy 2. Measures of Progress

| Year | Measure | Progress |
|-------------|--|--|
| 2025 | 5% annual increase in rate at which children who enter foster care are first placed with a kinship foster parent | Baseline 10.2%, CY 2024 is 19% (an increase of +8.8%) |
| 2025 | Decrease # months to achieving permanency after placement with relatives out of state | Baseline will be established in 2025⁹ |
| 2025 | Determine baseline for timeliness of ICPC referrals | Baseline will be established in 2025 |
| 2025 | 5% annual increase in # of KinGAP cases finalized | Baseline 81 CY2024: 122 (+41 children, 50.6% Increase) |
| 2025 | 5% annual increase in # of state funded kinship cases finalized | Baseline 19, CY2024: 15 (-4 children, 21.1% Decrease) |
| 2025 | 5% increase in # of relative adoption assistance cases finalized | Baseline 78 relative adoptions finalized in 2024 |
| 2025 | 3.75% increase in rate of kinship care placements | Baseline is 14.7%, CY2024: 17.5% (+2.8) |
| 2026 | 5% annual increase in rate at which children who enter foster care are first placed with a kinship foster parent | |

⁹ VDSS ICPC program is working to develop a dashboard in 2025 that will provide the measurements for these items. VDSS will begin reporting baseline data from this dashboard in 2026.

| Year | Measure | Progress |
|-------------|---|---|
| 2026 | Establish baseline of exception report submissions | Baseline will be established in 2026 |
| 2026 | Decrease # months to achieving permanency after placement with relatives out of state | Baseline will be established in 2026 |
| 2026 | <i>Determine baseline for timeliness of ICPC referrals</i> | <i>Baseline will be established in 2026</i> |
| 2026 | 5% annual increase in # of KinGAP cases finalized | |
| 2026 | 5% annual increase in # of state funded kinship cases finalized | |
| 2026 | 5% increase in # of relative adoption assistance cases finalized | |
| 2026 | 3.75% increase in rate of kinship care placements | |
| 2027 | 5% annual increase in rate at which children who enter foster care are first placed with a kinship foster parent | |
| 2027 | Decrease # of exception reports submitted at point of entry into foster care and placement change | |
| 2027 | Decrease # months to achieving permanency after placement with relatives out of state | |
| 2027 | 5% annual increase in # of KinGAP cases finalized | |
| 2027 | 5% annual increase in # of state funded kinship cases finalized | |
| 2027 | 5% increase in # of relative adoption assistance cases finalized | |
| 2027 | 3.75% increase in rate of kinship care placements | |
| 2028 | 3% increase in rate at which children who enter foster care and are first placed with a kinship foster parent | |
| 2028 | At placement change exception reports submitted on 10% of cases | |
| 2028 | Decrease # months to achieving permanency after placement with relatives out of state | |
| 2028 | 5% increase in kinship waivers submitted to allow immediate placement with relatives- | |
| 2028 | 5% annual increase in # of KinGAP cases finalized | |
| 2028 | 5% annual increase in # of state funded kinship cases finalized | |
| 2028 | 5% increase in # of relative adoption assistance cases finalized | |
| 2028 | 3.75% increase in rate of kinship care placements | |
| 2029 | 3% increase in rate at which children who enter foster care and are first placed with a relative. Rate of first placements with relatives | |
| 2029 | Decrease # months to achieving permanency after placement with relatives out of state | |
| 2029 | 5% annual increase in # of KinGAP cases finalized | |
| 2029 | 5% annual increase in # of state funded kinship cases finalized | |

| Year | Measure | Progress |
|------|--|----------|
| 2029 | 5% increase in # of relative adoption assistance cases finalized | |
| 2029 | 50% rate of kinship placements | |

Permanency Strategy 3:

Increase well-being of children in foster care.

| Activities | Alignments | Timeframes |
|---|---|------------|
| 3.1 Increase access to services/supports/resources to support youth. | Psychotropic medication training (JLARC), HPAC, FFPSA | 2026-2027 |
| 3.2 Ensure older youth in and youth formerly in foster care have access to adequate transportation. | | 2026-2027 |
| 3.3 Implement new curriculum for foster parent training to increase foster parents' skills in meeting the needs of children placed with them. | | 2027 |
| 3.4 Ensure that psychotropic medications prescribed for youth in foster care are medically necessary. | | 2025-2029 |
| 3.5 Increase effectiveness of policy and practice through incorporating lived experience. | | 2025-2027 |

Benchmarks:

- Update the Foster My Future website to share resources and information by year 2.
- Promote use of iFoster app by year 2.
- Providing training and TA on IL guidance and resources to LDSS by year 1.
- Refine TA provided to LDSS re: mandates for youth age 14 and older in foster care.
- Embed Youth Welfare Approach in resource parent training.
- Utilize National Training Development Curriculum to improve foster parent skills.
- Partner with DMV to streamline the process for youth in foster care to obtain their driver's license.
- Develop and share materials related to supporting youth in foster care to obtain their driver's license (for youth and caregivers).
- Implement statewide driver's license program.
- Engage MCOs on monitoring use of psychotropic medications by year 3 qtr 4.
- Hire Director of Foster Care and establish access to clinical consultation by year 3.
- Monitor psychotropic consent medication protocol through CFSR reviews.

- Hiring LEX project manager.
- Establishing a resource family and kinship advisory council or function by year 2 Qtr 3.
- Develop a formal process for LEx stakeholder participation in the development of and review of guidance (2025).
- Implement LEx review process (2026).
- Promote Housing Support Program for emancipated youth

Implementation Supports:

- Collaborative training and TA provided by the Permanency program, regional consultants, contract administrator, and contractors.
- Training will be developed and delivered by VDSS training staff and incorporated into new and on-going worker trainings.
- Consult with Center for States on ICPC performance goals from other states.

Permanency Strategy 3. Measures of Progress

| Year | Measure | Progress |
|------|--|---|
| 2025 | 5% increase in rate of youth who have received at least 1 IL service | Baseline 58% CY2024:62.8%-- Average # of youth in care14-21 each month was 2263 during CY 2024 |
| 2025 | 5% annual increase in rate of completion for the IL skills assessment | Baseline 53% CY2024: 54.3% |
| 2025 | 5% annual increase in rate of completion for the IL transition plan | Baseline 48% CY2024:48.6% |
| 2025 | # of workers trained in Psychotropic Medication Protocol | Baseline on 12/31/24 1,076 workers had completed the training. |
| 2025 | # of agencies that have a designated consentor | 2025 baseline: 117 agencies |
| 2025 | Decrease in % of children in foster care prescribed psychotropic medications to within national average of children who are not in foster care (8%). | Baseline 31.5% CY2024 29.1% |
| 2025 | 5% annual increase in % of youth receiving well child visits | Baseline 64.8% 2024: 62.7% |
| 2025 | 5% annual increase in % of youth receiving annual dental exams | Baseline 70.6% 2024: 72.1% |
| 2025 | Increase # youth that access housing support program | Baseline to be establish in 2025 – CY2024: 19 youth |
| 2025 | 5% annual increase in # youth served <i>through</i> youth services contracts | Baseline 179 CY2024: 238 |

| Year | Measure | Progress |
|-------------|---|-----------------|
| 2026 | 5% increase in # of youth who have received at least 1 IL service | |
| 2026 | 5% annual increase in rate of completion for the IL skills assessment | |
| 2026 | 5% annual increase in rate of completion for the IL transition plan | |
| 2026 | # of workers trained in Psychotropic Medication Protocol | |
| 2026 | # of agencies that have a designated consentor | |
| 2026 | 2% decrease of children in foster care prescribed psychotropic medications to within national average | |
| 2026 | 5% annual increase in % of youth receiving well child visits | |
| 2026 | 5% increase in % of youth receiving annual dental exams | |
| 2026 | 5% annual increase in # youth served by youth services contracts | |
| 2026 | Increase # of youth that access housing support program | |
| 2027 | 5% increase in # of youth who have received at least 1 IL service | |
| 2027 | 5% annual increase in rate of completion for the IL skills assessment | |
| 2027 | 5% annual increase in rate of completion for the IL transition plan | |
| 2027 | # of workers trained in Psychotropic Medication Protocol | |
| 2027 | # of agencies that have a designated consentor | |
| 2027 | 2% decrease of children in foster care prescribed psychotropic medications to within national average | |
| 2027 | 5% annual increase in % of youth receiving well child visits | |
| 2027 | 5% annual increase in % of youth receiving annual dental exams | |
| 2027 | 5% increase in # of youth served annually by youth services contracts | |
| 2027 | Increase # of youth that access housing support program | |
| 2028 | 5% increase in # of youth who have received at least 1 IL service | |
| 2028 | 5% annual increase in rate of completion for the IL skills assessment | |
| 2028 | 5% annual increase in rate of completion for the IL transition plan | |
| 2028 | # of workers trained in Psychotropic Medication Protocol | |
| 2028 | # of agencies that have a designated consentor | |
| 2028 | 2% decrease of children in foster care prescribed psychotropic medications to within national average | |
| 2028 | 5% annual increase in % of youth receiving well child visits | |
| 2028 | 5% annual increase in % of youth receiving annual dental exams | |

| Year | Measure | Progress |
|------|---|----------|
| 2028 | 5% annual increase in # of youth served annually by youth services contracts | |
| 2028 | Increase # of youth that access housing support program | |
| 2029 | Increase # of youth who have received at least 1 IL service | |
| 2029 | 5% annual increase in rate of completion for the IL skills assessment | |
| 2029 | 5% annual increase in rate of completion for the IL transition plan | |
| 2029 | # of workers trained in Psychotropic Medication Protocol | |
| 2029 | # of agencies that have a designated consentor | |
| 2029 | 2% decrease of children in foster care prescribed psychotropic medications to within national average | |
| 2029 | 5% annual increase in % of youth receiving well child visits | |
| 2029 | 5% annual increase in % of youth receiving annual dental exams | |
| 2029 | 5% annual increase in # of youth served annually by youth services contracts annually | |
| 2029 | Increase # of youth that access housing support | |

Permanency Strategy 4:

Improve permanency outcomes for 'high-risk' populations/ children at risk of aging out without permanency.

| Activities | Alignments | Timeframes |
|---|--|------------|
| 4.1 Reduce use of congregate care (CC). | JLARC; FFPSA; Adoptions and Safe Families Act | 2024-2027 |
| 4.2 Utilize data to support targeted and child-specific recruitment for family-based placements. | | 2025- 2026 |
| 4.3 Achieve timely and stable adoptions. | | 2026-2027 |
| 4.4 Examine data related to foster care and adoption activities to identify and understand areas of opportunity (disparity and disproportionality). | | 2026-2028 |

Benchmarks:

- ~~Conduct CC reviews which lead to discharges from CC for children reviewed.~~¹⁰
Conduct review of medical necessity for every child placed in a CC placement that is not funded by Medicaid.

¹⁰ In CY2024, VDSS paused congregate care reviews and are examining this process to determine how to best assess congregate care moving forward. VDSS continues, however, to review the placements for medical necessity.

- Increase collaboration with the state psychiatric facility, Commonwealth Center for Children and Adolescents in order to facilitate more timely discharges.
- Safe and Sound Task Force: continue to expand and enhance placements continuum to ensure availability of family-based placements for children/youth with high level behavioral/mental health needs.
- Continue to promote and utilize providers to support the stability of families post-adoption.
- Implement multi-media foster parent recruitment to expand pool of foster parent and adoptive homes by Year 2.
- Utilize Faster Families Highway to expand statewide pool of foster and adoptive homes to facilitate more family-based placements for children needing adoptive homes by Year 2.
- Foster and adoption recruitment plans.
- Expand and utilize Kin and Fictive Kin Recruitment and ATCP contracts to explore relative placements for children and youth needing adoptive homes.
- Continue to promote and utilize the Post-Adoption Consortium providers to support the stability of families post-adoption.
- Establish baseline measures for adoption disruptions and dissolutions.
- Implement guidance updates to support adoptive families through community resources and adoption assistance.
- Implement National Adoption Competency Training Initiative to promote trauma-informed adoption practice in the workforce by year 3 Qtr 1.
- ~~Implement improvements to guidance and best practices for serving undocumented, refugee and immigrant populations.~~
- ~~Provide training and TA to LDSS and resource families to work with immigrant families and undocumented children and youth.~~
- Research and implement evidence-based strategies to ~~decrease racial disparities and disproportionality~~ to ensure *Virginia is meeting the unique needs of all populations it serves* in child welfare by year 2, Qtr 1.

Implementation Supports:

- VDSS will seek out TA support on recruitment efforts, reducing congregate care and post-adoption supports from the Center for States.
- Collaborative training and TA provided by the Permanency program, regional consultants, contract administrator, and contractors.
- Capacity Building Center to provide TA on reducing disproportionality in foster care
- VDSS CQI process will monitor and evaluate progress.
- Implement guidance updates to support adoptive families through community resources and adoption assistance.
- Implement National Adoption Competency Training Initiative to promote trauma-informed adoption practice in the workforce by year 3 Qtr.

Permanency Strategy 4. Measures of Progress

| Year | Measure | Progress |
|------|---|---|
| 2025 | Decrease average length of time youth spend in CC | Baseline CY2024 410 days (13.5months) |
| 2025 | Decrease # of re-entries into CC | Baseline CY2024 84 |
| 2025 | 5% annual increase in # of permanent families identified for children w/TPR in CC | Baseline CY2024 30.3% |
| 2025 | Decrease % of children placed in CC until the average is 5% or less | Baseline 12.9% CY2024 13.5% |
| 2025 | 5% baseline annual decrease in number of adoption disruptions | Baseline 15 disruptions in 2024 |
| 2025 | 5% baseline annual decrease in number of adoption dissolutions by 5% | Baseline 31 dissolutions in 2024 |
| 2025 | 2% annual decrease in rate of youth aging out of foster care | Baseline 17.7% CY2024 19.8 (2.1% increase) |
| 2025 | Reduction in placement disruptions | Baseline will be established in 2025³ |
| 2025 | Decrease in placement changes <i>Increase percentage of children who have one placement</i> | Baseline CY2024 58.4% |
| 2025 | CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded | See Assessment of Current Performance |
| 2026 | Decrease average length of time youth spend in CC | |
| 2026 | Decrease # of re-entries into CC | |
| 2026 | 5% annual increase in # of permanent families identified for children w/TPR in CC | |
| 2026 | 5% decrease in % of children placed in CC until the average is 5% or less | |
| 2026 | 5% baseline annual decrease in number of adoption disruptions | |
| 2026 | 5% baseline annual decrease in # of adoption dissolutions | |
| 2026 | 5% annual decrease in rate of youth aging out of foster care | |
| 2026 | Reduction in placement disruptions | |
| 2026 | Decrease in placement changes <i>Increase percentage of children who have one placement</i> | |
| 2026 | CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded | |
| 2027 | Decrease average length of time youth spend in CC | |
| 2027 | Decrease # of re-entries into CC | |
| 2027 | 5% annual increase in # of permanent families identified for children w/TPR in CC | |
| 2027 | 5% decrease in % of children placed in CC until the average is 5% or less | |
| 2027 | 5% annual baseline decrease in number of adoption disruptions by | |

| Year | Measure | Progress |
|------|---|----------|
| 2027 | 5% annual baseline decrease in number of adoption dissolutions | |
| 2027 | 5% annual decrease in rate of youth aging out of foster care | |
| 2027 | Reduction in placement disruptions | |
| 2027 | Decrease in placement changes <i>Increase percentage of children who have one placement</i> | |
| 2027 | CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded | |
| 2028 | Decrease average length of time youth spend in CC | |
| 2028 | Decrease # of re-entries into CC | |
| 2028 | 5% annual increase in # of permanent families identified for children w/TPR in CC | |
| 2028 | 5% annual decrease in % of children placed in CC until the average is 5% or less | |
| 2028 | 5% annual baseline decrease in number of adoption disruptions | |
| 2028 | 5% baseline annual decrease in number of adoption dissolutions | |
| 2028 | 5% annual decrease in rate of youth aging out of foster care | |
| 2028 | Reduction in placement disruptions | |
| 2028 | Decrease in placement changes <i>Increase percentage of children who have one placement</i> | |
| 2028 | CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded | |
| 2029 | Decrease average length of time youth spend in Congregate Care | |
| 2029 | Decrease # of re-entries into CC | |
| 2029 | 5% annual increase in # of permanent families identified for children w/TPR in CC | |
| 2029 | 5% annual decrease in % of children placed in CC until the average is 5% or less | |
| 2029 | 5% annual baseline decrease in number of adoption disruptions | |
| 2029 | 5% baseline decrease in number of adoption dissolutions | |
| 2029 | 5% annual decrease in rate of youth aging out of foster care | |
| 2029 | Reduction in placement disruptions | |
| 2029 | Decrease in placement changes ¹¹ <i>Increase percentage of children who have one placement</i> | |
| 2029 | CFSR Items 4: Stability in Living Arrangement- increase annually until 90% is met/exceeded | |

¹¹ This measure of progress was deleted as it is repetitive, and the other measures of progress are better suited to show progress in this strategy. Additionally, it's challenging to identify from quantitative data whether the placement change was a disruption or a placement change in the best interest of the child.

Operations Objective

To strengthen and improve the Virginia workforce and CQI system to enhance and innovate practices to improve prevention, protection, and permanency outcomes.

Operations Strategy 1:

Design, develop and implement a federally compliant child welfare information system to promote a flexible and agile workforce that is well-prepared to engage children and families.

| Activities | Alignments | Timeframes |
|---|--|------------|
| 1.1 Engage with federal partners to ensure compliance with CCWIS regulations. | Item 345.M. of the 2022 Appropriations Act, CCWIS - 45 CFR 1355.50 through 1355.59, AFCARS - 45 CFR Part 1355.40 , FFPSA - Public Law 115-123 , Office of the State Inspector General VDSS CPS, Performance Audit September 2022 | 2025-2027 |
| 1.2 Engage with system users (to include those with lived experience) using a Human Centered Design (HCD) approach to develop a well adopted, child welfare information solution that meets the needs of the user groups. | Item 345.M. of the 2022 Appropriations Act, CCWIS - 45 CFR 1355.50 through 1355.59, AFCARS - 45 CFR Part 1355.40 , FFPSA - Public Law 115-123 , Office of the State Inspector General VDSS CPS, Performance Audit September 2022 | 2025-2027 |
| 1.3 Perform activities related to Business Process Improvement (BPI) to develop roadmap for system development in keeping with the HCD approach. | Item 345.M. of the 2022 Appropriations Act, CCWIS - 45 CFR 1355.50 through 1355.59, AFCARS - 45 CFR Part 1355.40 , FFPSA - Public Law 115-123 , Office of the State Inspector General VDSS CPS, Performance Audit September 2022 | 2025-2027 |
| 1.4 Practice stakeholder management and organizational change management throughout child welfare information system development and implementation. | Item 345.M. of the 2022 Appropriations Act, CCWIS - 45 CFR 1355.50 through 1355.59, AFCARS - 45 CFR Part 1355.40 , FFPSA - Public Law 115-123 , Office of the State Inspector General VDSS CPS, Performance Audit September 2022 | 2025-2027 |

| Activities | Alignments | Timeframes |
|---|--|------------|
| 1.5 Provide stakeholders with the knowledge needed for success in using the new child welfare information system. | Item 345.M. of the 2022 Appropriations Act, CCWIS - 45 CFR 1355.50 through 1355.59, AFCARS - 45 CFR Part 1355.40 , FFPSA - Public Law 115-123 , Office of the State Inspector General VDSS CPS, Performance Audit September 2022 | 2025-2027 |

Benchmarks:

- ACF TA activities and monitoring will serve as the primary benchmark for federal compliance.
- User feedback regarding system usability/design will be used to determine successful change management and system development based on HCD principles. Production support tickets, accuracy of data entered as evidenced in federal reporting, and training surveys will determine the success of training activities.

Implementation Supports:

- COMPASS Navigators to gather feedback/input as needed via surveys to engage end users throughout all phases of implementation.
- Advisory committee will assist in providing input and in the dissemination of key information related to design, development, pre-implementation, and implementation of COMPASS.
- Develop LDSS end user feedback loops.
- Collaborate with Data Governance Council.

Operations Strategy 1. Measures of Progress

| Year | Measure | Progress |
|------|---|---|
| 2025 | Secure vendor | In progress: RFP is in development, solicitation should be posted for response by late summer. Negotiation and governance process could take contract execution into 2026. |
| 2025 | Stakeholder (to include lived experience) engagement during HCD | Initial HCD sessions with stakeholders were held in September 2024 – January 2025. VDSS was able to provide compensation to our lived experience participants. VDSS plans to continue HCD throughout system development. Advisory committee was included in HCD kickoff and visioning to enhance their awareness and encourage agency engagement. |

| Year | Measure | Progress |
|-------------|--|--|
| 2025 | Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives | Findings from HCD sessions indicated that there is a level of unawareness in current functionality. Current plans include engaging users to share the existing functionality with them and to gather their feedback on usability using Prosci methodology. |
| 2025 | Determine readiness using Prosci ADKAR model | VDSS continues to follow the Prosci ADKAR model for change management and readiness. |
| 2025 | Project successfully meets established milestones to include development, testing, communication plan, training, rollout | The solicitation milestone may delay future milestones. VDSS will re-evaluate the timeline after procurement activities have completed. |
| 2026 | Stakeholder (to include lived experience) engagement during HCD | |
| 2026 | Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives | |
| 2026 | Determine readiness using Prosci ADKAR model | |
| 2026 | Project successfully meets established milestones to include development, testing, communication plan, training, rollout | |
| 2027 | Stakeholder (to include lived experience) engagement during HCD | |
| 2027 | Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives | |
| 2027 | Determine readiness using Prosci ADKAR model | |
| 2027 | Project successfully meets established milestones to include development, testing, communication plan, training, rollout | |
| 2028 | Stakeholder (to include lived experience) engagement during HCD | |
| 2028 | Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives | |
| 2028 | Determine readiness using Prosci ADKAR model | |
| 2028 | Project successfully meets established milestones to include development, testing, communication plan, training, rollout | |
| 2029 | Stakeholder (to include lived experience) engagement during HCD | |
| 2029 | Assess stakeholder readiness using Prosci methodology, end of sprint demos to stakeholders, sprint retrospectives | |
| 2029 | Determine readiness using Prosci ADKAR model | |
| 2029 | Project successfully meets established milestones to include development, testing, communication plan, training, rollout | |

Operations Strategy 2:

Reform training system to recruit, train and support the retention and ongoing professional development of a confident and competent workforce in partnership with stakeholders.

| Activities | Alignments | Timeframes |
|--|----------------------------------|------------|
| 2.1 Sustain and expand continuing education opportunities, particularly the CWSP and the CWEEAP. | CFSR Items 26 & 27, Butler Study | 2025-2029 |
| 2.2 Develop an implementation plan for a Leadership Institute for LDSS directors/managers/supervisors. | CFSR Items 26 & 27, Butler Study | 2025 |
| 2.3 Identify annual workforce turnover and retention rates from HR to measure trends with new training system installment. | CFSR Items 26 & 27, Butler Study | 2025-2029 |
| 2.4 Plan a cohort and competency-based staff training and development system with baseline measures of success with TA from national training system experts utilizing a flipped classroom, online, virtual, and instructor led approaches with simulations. | CFSR Items 26 & 27, Butler Study | 2025 |
| 2.5 Install new foundational and developmental cohort training for new workers with robust evaluation measures. | CFSR Items 26 & 27, Butler Study | 2026-2029 |

Benchmarks:

- Licensure pilot, expansion of CWSP to other universities.
- Number of training completions to Leadership Institute, pre-service, and in-service.
- Training comparison data from pre-test to post-test.
- Three-month follow up surveys and interviews with trainees.
- Number of roles hired as compared with number of roles leaving agencies.
- Number of roles identified as progressing through career in LDSS.
- Competencies and learning objectives identified for training.

Implementation Supports:

- LTD quarterly reports
- Quarterly HR data collection meetings
- Post training survey evaluation data

Operations Strategy 2. Measures of Progress

| Year | Measure | Progress |
|------|--|--|
| 2025 | Number of participants in continuing education programs | FY25: 63 BSW and MSW students were enrolled in the CWSP FY25: CWEEAP currently has 4 LDSS employees enrolled. |
| 2025 | Secure TA vendor to assist LTD in planning process for training system reform | Completed |
| 2025 | 100% Training Completions Percentage of new hires with number of completions within required timeframes for each job function | See training plan |
| 2025 | Post-test data indicating an 85% pass rate | See training plan |
| 2025 | On the job implementation of results from two three-month follow-up | See training plan |
| 2026 | Number of participants in continuing education programs | |
| 2026 | 100% Training Completions Percentage of new hires with number of completions within required timeframes for each job function | |
| 2026 | Post-test data indicating an 85% pass rate | |
| 2026 | On the job implementation of results from three-month follow-up | |
| 2027 | Number of participants in continuing education programs | |
| 2027 | 100% Training Completions Percentage of new hires with number of completions within required timeframes for each job function | |
| 2027 | Post-test data indicating an 85% pass rate | |
| 2027 | On the job implementation of results from two three-month follow-up | |
| 2028 | Number of participants in continuing education programs | |
| 2028 | 100% Training Completions Percentage of new hires with number of completions within required timeframes for each job function | |
| 2028 | Post-test data indicating an 85% pass rate | |
| 2028 | On the job implementation of results from two three-month follow-up | |
| 2029 | Number of participants in continuing education programs | |
| 2029 | 100% Training Completions Percentage of new hires with number of completions within required timeframes for each job function | |
| 2029 | Post-test data indicating an 85% pass rate | |
| 2029 | On the job implementation of results from two three-month follow-up | |

Operations Strategy 3:

Implement a comprehensive CQI method that integrates existing data.

| Activities | Alignments | Timeframes |
|--|--------------|------------|
| 3.1 Create a template for data catalog to gather consistent information from each program area. | CFSR Item 25 | 2024-2029 |
| 3.2 Align data to the family engagement, kinship, and fatherhood strategic priorities. Utilize catalog template to document all data sources. | CFSR Item 25 | 2024-2029 |
| 3.3 Collect feedback on data catalogue to assess usability and accessibility. | CFSR Item 25 | 2024-2029 |
| 3.4 Refine data catalogue points based on user feedback. | CFSR Item 25 | 2024-2029 |
| 3.5 Develop Division Data Tool that provides a visual display of key measures. | CFSR Item 25 | 2024-2029 |
| 3.6 Begin to utilize Division Data Tool as a single source of truth for tracking of strategic priorities over time. Embed tool into existing meetings, online team locations, and reports and model usage of data for CQI purposes. | CFSR Item 25 | 2024-2029 |
| 3.7 Collect On-going Feedback on catalogue usability and accessibility. | CFSR Item 25 | 2024-2029 |
| 3.8 Review Data Template and Tool on a Quarterly Basis, tracking changes for strategic priorities and connecting to practice elements for CQI. | CFSR Item 25 | 2024-2029 |
| 3.9 Identify areas of opportunity for improvement at a macro level and partner with the CQI Division to support the development and implementation of specific and measurable strategies within LDSS to improve the effectiveness and efficiency of the three strategic priorities of focus. | CFSR Item 25 | 2024-2029 |

Benchmarks:

- Establish data template.
- Document data in template.
- Gather feedback from programs.
- Refine data.
- Develop the data tool.
- Percentage of data metrics defined in the tool.

- Begin to track changes in data related to family engagement, kinship, and fatherhood strategic priorities.

Implementation Supports:

- Data and Outcomes meeting
- CQI Meetings
- CFSR/IV-E Reports and email updates
- Compass Mobile Trainings
- Regional Quarterly Meetings
- Data Team Quarterly Reports
- Staff Survey
- Kin First Now
- Data FUSION page
- Power BI Dashboard

Operations Strategy 3. Measures of Progress

| Year | Measure | Progress |
|-------------|--|--|
| 2025 | % of Division using data template to ensure consistency across the Division (page visits) | The Division focused on building out the dashboard, training, and developing guides for utilization. A baseline of usage will be established in 2026. |
| 2025 | Create a central page for template to “live” | 100% complete. The dashboard lives in the Family Services workspace in PowerBI. |
| 2025 | Review template on a quarterly basis; collect on going feedback from staff at quarterly review | Data for each program area is reviewed during the monthly Data and Outcomes calls. One month is focused on Protection and Prevention, the following is focused on Permanency. Staff provide feedback on the data and make suggestions for new data points to be shared in future meetings. |
| 2025 | Develop Division Data Tool | The KinFirstNow Dashboard is the main source of live data, showcasing information on Kinship, Family Engagement and Fatherhood. |
| 2025 | Review strategic priorities, highlighting changes over time | Data metrics are reviewed monthly with the KinFirstNow steering committee. |
| 2026 | % of Division using data template to ensure consistency across the Division (page visits) | |

| Year | Measure | Progress |
|-------------|---|-----------------|
| 2026 | Embed data template into existing meetings, online team locations, and reports | |
| 2026 | Create a central page for template to “live” | |
| 2026 | Review template on a quarterly basis; collect on going feedback from staff | |
| 2026 | Develop Division Data Tool | |
| 2026 | Review Strategic Priorities, highlighting changes over time | |
| 2027 | % of Division using data template to ensure consistency across the Division (page visits) | |
| 2027 | Embed data template into existing meetings, online team locations, and reports | |
| 2027 | Create a central page for template to “live” | |
| 2027 | Review template on a quarterly basis; collect on going feedback from staff | |
| 2027 | Develop Division Data Tool | |
| 2027 | Review strategic priorities, highlighting changes over time | |
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| 2028 | Create a central page for template to “live” | |
| 2028 | Review template on a quarterly basis; collect on going feedback from staff | |
| 2028 | Develop Division Data Tool | |
| 2028 | Review strategic priorities, highlighting changes over time. | |
| 2029 | % of Division using data template to ensure consistency across the Division (page visits) | |
| 2029 | Embed data template into existing meetings, online team locations, and reports | |
| 2029 | Create a central page for template to “live” | |
| 2029 | Review template on a quarterly basis; collect on going feedback from staff | |
| 2029 | Develop Division Data Tool | |
| 2029 | Review strategic priorities, highlighting changes over time | |

ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES (CFSR/PIP)

The third round of Virginia’s CFSR, conducted between April 1, 2017, and June 1, 2017, indicated that, although VDSS made progress towards improving the child welfare system, there were still areas needing improvement. Specifically, VDSS was not in substantial conformity with seven out of seven CFSR outcome areas and three out of seven systemic factors.

Key areas of concern included:

- 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%);
- Low rates of staff completing mandated training; and
- Inconsistent practice and performance throughout the state.

As Virginia begins preparing for the fourth round of the CFSR, this section will be built upon to include the requirements for the statewide assessment. In past APSR submissions for the 2020-2024 CFSP, Virginia has highlighted the work that has gone into the CFSR Program Improvement Plan (PIP). Virginia is pleased to have closed out that PIP. As of June 2021, Virginia completed all outcomes and met PIP measurement goals, except for Safety Outcome 1, Item 1. VDSS met the measurement goal for Item 1 during measurement period 14 and received the PIP closeout letter in February 2022.

Outcome measures: 2024

| Outcome | Substantially achieved | Partially achieved | Not achieved |
|---|------------------------|--------------------|--------------|
| Safety outcome 1: Children are, first and foremost, protected from abuse and neglect. | 89.66% | 0% | 10.34% |
| Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate. | 61.32% | 15.09% | 23.58% |
| Permanency outcome 1: Children have permanency and stability in their living situations. | 32.76% | 60.34% | 6.9% |
| Permanency outcome 2: The continuity of family relationships and connections is preserved for children. | 56.9% | 41.38% | 1.72% |
| Well-being outcome 1: Families have enhanced capacity to provide for their children's needs. | 50.94% | 33.96% | 15.09% |
| Well-being outcome 2: Children receive appropriate services to meet their educational needs. | 93.22% | 3.39% | 3.39% |
| Well-being outcome 3: Children receive adequate services to meet their physical and mental health needs. | 77.23% | 14.85% | 7.92% |

In January 2022, Virginia passed the Round 3 PIP; since that time, Virginia has made changes to the state CFSR process. In January 2022, VDSS altered the sampling methodology to ensure that all 120 LDSS experienced a CFSR in the calendar year. Within that process, VDSS focused on selecting agencies that had never experienced a CFSR before and those that had high title IV-E error rates. VDSS implemented changes to familiarize more LDSS with the federal CFSR review process and prepare them for Round 4.

In November 2022, VDSS established six-month goals for each item to gradually move Virginia toward meeting the Round 4 goals of 95% for Item 1 and 90% for Items 2-18. The six-month goals were evaluated in May and November 2023 and increased by 10% for items that met the six-month goals that year; they were re-evaluated in May and November 2024, with no items increasing the six-month goal. Virginia also lowered the quarterly CFSR sample size from 35 to 24 cases in 2023. Because of this additional change to sampling, Virginia established a new CFSR baseline in February 2023 and began at Quarter 1, Measurement Period (MP) 1 with the new baseline. This baseline and MP timeline have remained in place throughout 2024 and will remain in place through Virginia's federal review in October 2025. Virginia has worked toward resuming random sampling of cases and utilizing federal sampling criteria in 2024, and slowly titrated caseloads back up from 24 to 35 cases, in preparation for the CFSR Round 4 federal review.

MP14 reflects Virginia's last MP under the PIP. Virginia passed the PIP in January 2022, mid-MP15. Therefore, all cumulative data provided across MPs is from MP14 onward. Outcomes have varied considerably across MPs considering the different sampling methods implemented in January 2022 and February 2023, and then returning to previous sampling methodologies in 2024. Outcomes for most items have had drops and rises based on the agencies selected for review during the quarters comprising that MP, and there is a wider variation in outcomes due to changes in sampling.

The most recent MP7 (August 2024-January 2025) reflects the numbers since increasing the six-month goals mid-MP in November 2023, to move Virginia toward meeting Round 4 goals. Virginia made progress in 2023 and met or surpassed the six-month goals in Items 1, 2, 5, 6, 7, 9, 10, 12, 14, and 16. The six-month goals for Items 2, 5, 7, 9, 10, 14, and 16 were already set at the federal standard of 90%, and Item 1 at 95%. However, VDSS was able to increase six-month goals for Items 12 and 6 by 10% in 2023; no additional goal increases were achieved in 2024.

To support all LDSS in preparation for Round 4 CFSR, the Quality Assurance and Accountability (QAA) team is offering a quarterly virtual training until the start of Round 4 in October 2025. The CFSR team began releasing monthly information emails in September 2023 as well as quarterly CFSR micro-learnings which has been posted on the CFSR FUSION page since November 2023. Quarterly CFSR Round 4 Webinars began in February 2024. The QAA team will offer targeted training and technical assistance to agencies, in collaboration with regional practice and strategic consultants.

Safety Outcomes 1 and 2

In MP7, Item 1, agency response and face-to-face contact made within established time frames, was rated as an Area in Need of Improvement (ANI) and was only substantially achieved in 84% of the cases reviewed. Of the cases reviewed, VDSS found no cases where the reason for the delay in initiating the investigation or family assessment and face-to-face contact was due to circumstances beyond the agency's control. Item 2, services to prevent entry or re-entry into foster care, is an ANI with 60% substantially achieved. Item 3, which assesses and addresses risk and safety concerns, is an ANI with 56.25% substantially achieved.

“Recurrence of Maltreatment” investigates the recurrence of maltreatment within 12 months of an initial founded disposition. National performance is 9.7% and Virginia risk standardized performance (RSP)

falls below that at 5.3%. “Maltreatment in Care” shows the rate of victimization per 100,000 days in care in foster care during a 12-month period. National performance is 9.07 victimizations and Virginia’s RSP is below that at 4.43 victimizations per 100,000 days in care. “Reentry into Foster Care” shows what percentage of children in care in a 12-month period who exited to permanency, re-entered care within 12 months of discharge. National performance is 5.6% and Virginia’s last reportable RSP is below that at 3.7%.

State and regional VDSS teams identified and implemented practice strategies and set performance goals for LDSS to improve performance on key protection measures. The strategies included layered communication at each LDSS operational level, targeted LDSS training, and using tools to help meet the performance goals. Regional practice consultants were instrumental in outlining performance expectations and sharing agency data monthly to ensure optimal performance on key protection measures. Their efforts created an accountability loop for LDSS to identify practice strengths and areas of improvement.

Regional Practice Consultants have used information garnered from the accountability loops to provide targeted technical assistance, inform policy and best practice development, and make system enhancements. For example, based on feedback from the LDSS, several report enhancements have been made in SafeMeasures to help agencies more accurately and efficiently monitor their data and performance on key protection measures. Regional practice consultants also review data and discuss practice strengths and areas of improvement at their monthly Supervisor Check-In Calls and Quarterly Child Welfare Supervisors Meetings. Furthermore, LDSS with promising practices on key performance measures are highlighted in “agency spotlights” at PAC meetings.

As a result of the 2022 OSIG Performance Audit of the DFS Child Protective Services (CPS) program, VDSS worked collaboratively to respond to the OSIG recommendation to provide additional training, which will be updated annually, for LDSS case workers and supervisors regarding policies and procedures. VDSS identified key fundamental areas of practice, including areas related to CFSR Items 1-3, that need to be strengthened through additional practice skills training. VDSS developed CWSE2005R Optimal Practice: The Annual Five CPS Guidance Fundamentals, which are five online modules and that can be taken in any order. These modules became available in early 2024 and include the following:

- VDSS - CWSE2005R: Optimal Practice (Module 1: Screening Decisions) provides an overview of the CPS intake process, including screening decisions, navigating, and using the CPS guidance manual, Structured Decision Making (SDM) tools and other intake tools and job aids. The module covers validity criteria, response priority, mandated reporting, and documentation requirements. (CFSR Item 1)
- VDSS - CWSE2005R: Optimal Practice (Module 2: Difference Between TFCV and FMC) encourages an understanding of the importance of and differences between the Timeliness of First Contact with Victim (TFCV) and the First Meaningful Contact (FMC) with a family. The module describes how certain settings, such as in Out of Family (OOF) investigations, may affect the investigation process and explains what proper documentation of the TFCV and FMC should look like in the Child Welfare Information System. (CFSR Item 1)
- VDSS - CWSE2005R: Optimal Practice (Module 3: Safety Assessments) offers the learner insight into the proper completion of the SDM Safety Plan in COMPASS, and how it correlates directly with the SDM Safety Assessment. Learners will see the parallel process for working and engaging with families to elicit change, particularly around safety planning with caretakers. (CFSR Item 3)
- VDSS - CWSE2005 R: Optimal Practice (Module 4: Critical Thinking Skills) highlights the importance of thorough and accurate documentation throughout the life of the case, particularly when establishing preponderance of evidence and supporting founded or unfounded dispositions

in an investigation. Learners will correlate the practice profiles with their critical thinking skills when working with families and building a comprehensive case with well-organized and compelling documentation (CFSR Items 1-3).

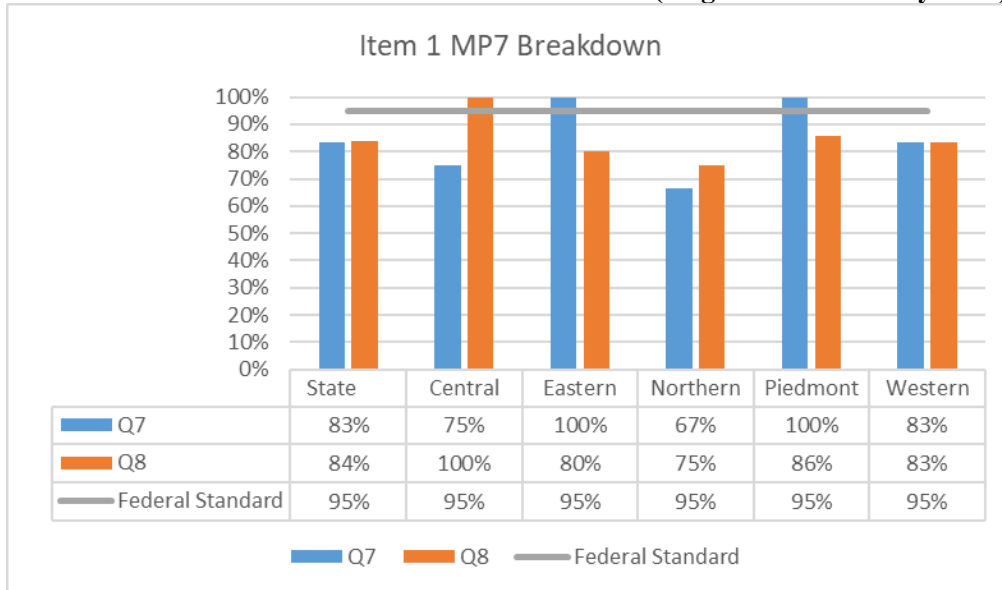
- VDSS - CWSE2005R: Optimal Practice (Module 5: Documentation to support case opening decisions in high/very high-risk referrals) emphasizes the critical decision-making point of opening an In-Home Services case for High and Very High-Risk referrals following CPS involvement. Learners will understand how the SDM Risk Assessment informs the decision to open an In-Home Services case, as well as how to properly construct and document the conversation and decision a family makes when offering and encouraging participation in services (CFSR Item 2).

Safety Outcome 1: Children are, First and Foremost, Protected from Abuse and Neglect (Item 1)

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

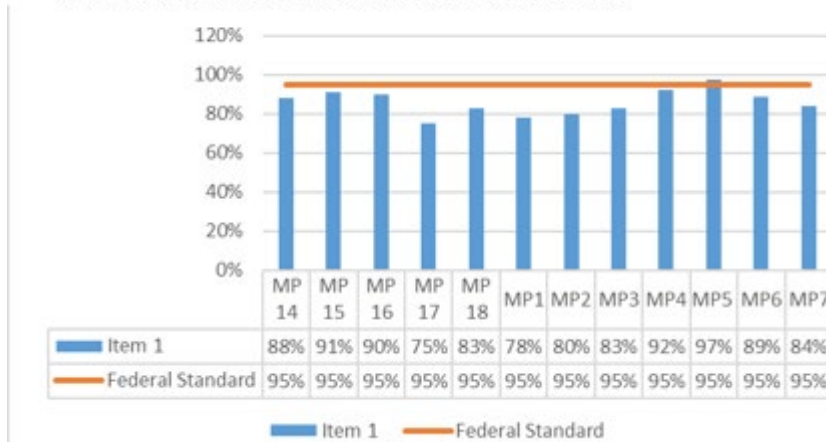
Purpose: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated and face to face contact with the children were made, within the time frames established by agency policies or state statutes.

Item 1 – Measurement Period 7 (August 2024-January 2025)



This chart shows the comparison between the state and each of Virginia’s five regions during MP 7. During this MP, Virginia saw an overall increase in Item 1 outcomes as a state, from 83% in Q7 to 84% in Q8.

Item 1: Timeliness of Initial Contact with Victim



This above chart shows Item 1 during each measurement period since Virginia passed the Round 3 PIP. MP14 marks Virginia’s last quarter under the PIP, which ran for six consecutive months and started in August 2021. Each measurement period overlapped the next by one quarter, or three months. This chart shows the percentage change in Item 1 from the passing of Item 1 in MP15, through the current MP 7.

Virginia passed Item 1, which required an overall score of 87.5%, with 88% during MP14. Since that time, Virginia saw an overall downward trend in Item 1 outcomes, with the exceptions of MPs 4 and 5. Lower outcomes in MP17 and beyond are attributable to the different sampling methods implemented for CFSR reviews since Virginia has been out of the PIP. New sampling methods in January 2022 included sampling from agencies that have not experienced a CFSR before, and from those who have experienced high title IV-E error rates. In February 2023, Virginia also lowered the overall sample size from 35 to 24 cases per quarter. However, Virginia altered case sampling methods again in 2024 to prepare for the federal review. We returned to fully random sampling, raised caseloads back to 35 cases per quarter, and implemented Round 4 sampling criteria to cases selected for review.

During 2024, Virginia reviewed 87 applicable cases and found a total of 9 cases that received an ANI in Item 1. Two of the cases were listed as foster care, two cases were In-Home, and three cases were In-Home, differential response. In nine cases, agencies failed to make timely contact with the alleged victim children, with no reason provided for the delay. Other reasons for ANIs included:

1. Unsuccessful attempted visits with victim child, with no additional attempts made until after the mandated timeframe.
2. Only seeing the child virtually, with no face-to-face contact until after the mandated timeframe. No documented reason for the visiting virtually vs face-to-face.

Practice Enhancements for Item 1:

Virginia has made marked improvement in Item 1 since the PIP implementation strategies. To mitigate Item 1 areas of concern, Virginia implemented a process where the LDSS supervisor is responsible for triaging all new CPS referrals to ensure timely deadlines are met. Agencies are also being more flexible with staff work schedules, including designating staff to meet timeliness deadlines, implementing timed response protocols, and treating all referrals as a priority response, or 24-hour response. Since statewide implementation of this strategy, Virginia has seen steady improvement in Item 1. Program staff and regional practice consultants will continue to evaluate each agency’s performance on Item 1 every month. Regional practice consultants will provide targeted technical assistance to LDSS who are performing below the 95% goal. Targeted technical assistance will include data review, limited case mining, training, business process exploration, and CQI. Program staff and regional practice consultants will revisit prior root cause analysis to expand practice strategies and continue to improve Virginia’s Item 1 performance.

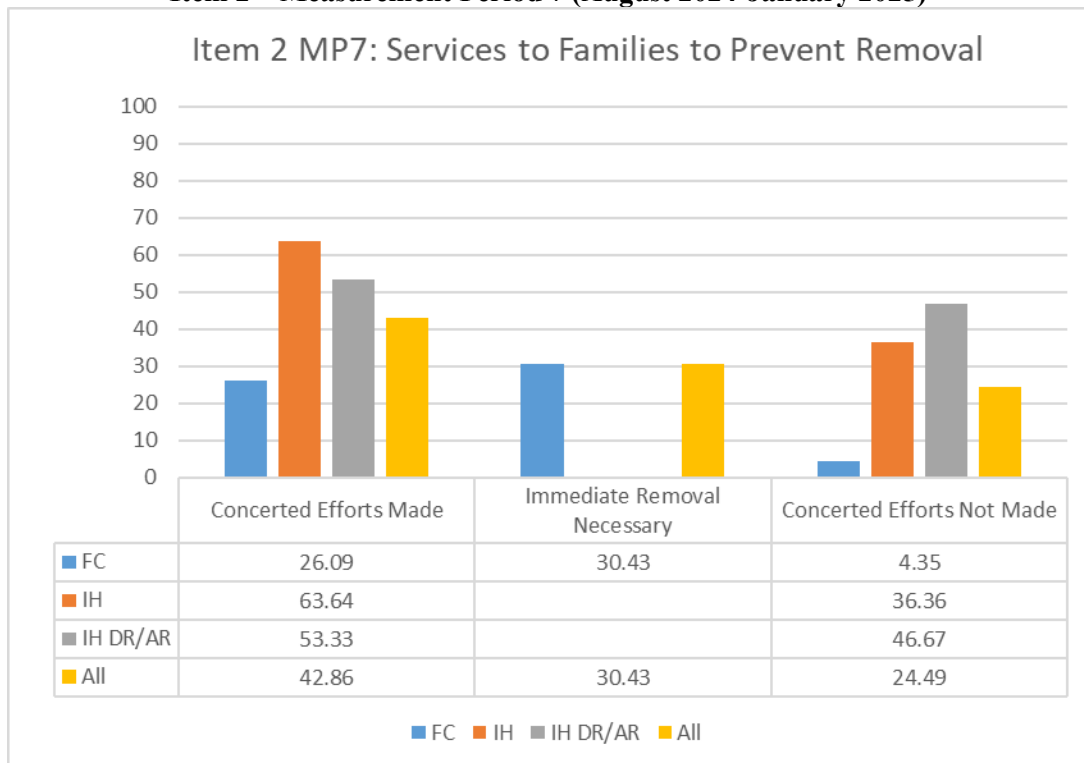
Program staff and regional practice consultants will also support the installation of the Safety Organized Practice Model to increase the use of individualized safety services. VDSS plans to continue to improve performance in this item through activities in **Protection Strategy 2**.

Safety Outcome 2: Children are Safely Maintained in their Homes Whenever Possible (Items 2-3)

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

Purpose: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification.

Item 2 – Measurement Period 7 (August 2024-January 2025)



This chart represents concerted LDSS efforts to provide or arrange appropriate services for the family to protect children and prevent entry or reentry into foster care. In the current MP7, Virginia achieved a 60% Strength rating for Item 2. The 6-month goal identified for Item 2 is congruent with the federal standard for the item, at 90%. During 2024, there were 88 cases applicable for this item. Concerted efforts were made in 67cases, for a total strength rating of 76.14%. In 21 of the cases, concerted efforts were not made.

Nine of those cases had a foster care case type, four cases were In-Home case type, and in eight cases the case type was In-Home, differential response. In two cases, agencies did not assess the need for safety-related services. In eight cases, agencies assessed needs, but did not provide safety-related services. In eight cases, services to prevent foster care entry were delayed, with no valid reason offered for the delay. In seven cases, there were no attempts to provide services to prevent foster care entry, with no reason provided. Other reasons for ANIs included:

1. Incomplete assessment of risk and safety needs.
2. Lack of follow-through with service recommendations.

3. Services provided only for some identified needs, but not others.
4. Language barrier.

Virginia continues to focus on efforts to prevent removal.

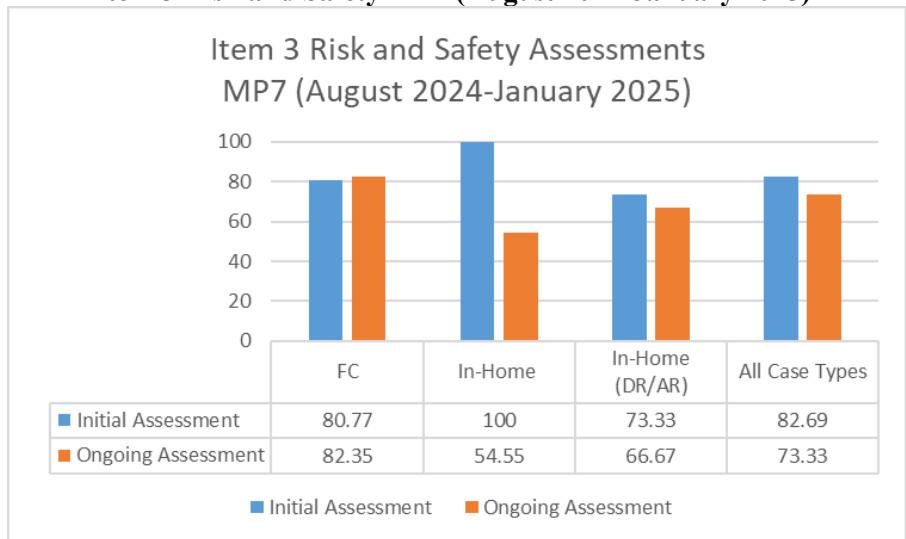
Practice Enhancements for Item 2:

Virginia launched the In-Home services program in April 2021. It included new guidance for In-Home services cases and prevention services, a multi-pronged training program, and significant changes to the child welfare information system. In July 2021, Virginia implemented FFPSA, which allowed title IV-E funding for three identified prevention services (Appendix B). VDSS added five more EBPs to the Family First Prevention Services Plan in 2023. Since the launch of the In-Home services program and FFPSA, VDSS has identified practice enhancements that are needed across the continuum. **Prevention Strategy 2** and **Protection Strategy 2** provide opportunities to enhance practices around engagement, case opening behaviors of high/very risk referrals, using ALAs, and referral recidivism, VDSS plans to continue supporting practice enhancements in this item to ensure LDSS provide services to the family to prevent children’s entry into foster care or re-entry after a reunification through **Prevention Strategy 2** and **Protection Strategy 2**. Specifically, areas of opportunity exist related to In-Home Services case opening behaviors for high/very high-risk referrals, engagement practices, Parental Child Safety Placements, behavior-based and needs-driven service planning, and recidivism.

Item 3: Risk and Safety Assessment and Management

Purpose: To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.

Item 3 Risk and Safety MP7 (August 2024-January 2025)



Item 3 determines whether, during the period under review (PUR), the agency made concerted efforts to assess and address the risk and safety concerns relating to children in their own homes. This chart represents Item 3 broken into foster care cases, In-Home Services Cases (that opened from an investigation), In-Home Services differential response and alternative response (DR/AR) cases that opened from a Family Assessment), and all case types. The Round 3 PIP Goal for Item 3 of 56% was met in the prior MP2. In the current MP7, Virginia achieved 56.25% Strength ratings for Item 3 as a state; this is below the current six-month goal of 77%.

During 2024 Virginia had a total of 106 cases reviewed and 40 that received an ANI in Item 3. Foster care cases and In-Home cases opened from a Family Assessment made up the highest percentage of ANIs in Item 3; In-Home cases opened from investigations comprised eight of the ANIs. A primary reason for ANIs, noted in 1 case, was lack of caseworker visits in a child's place of residence. A frequently occurring secondary reason for ANIs, in 10 cases, was insufficient assessment of alternate caregivers. Other key reasons for ANIs in Item 3 included:

1. Insufficient assessment of parents' homes.
2. Insufficient monitoring of safety plans.
3. Insufficient ongoing assessments of risk and safety.
4. Lack of follow-up on reported safety concerns during the case.
5. Case closure with unaddressed risk/safety concerns.

Practice Enhancements for Item 3:

In 2024, the General Assembly, through House Bill 27 and Senate Bill 39, established a statutory framework for a parent, guardian, or legal custodian to arrange a temporary living arrangement for their child with relatives and fictive kin when an LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may be temporarily or permanently residing, the framework protects parental rights, promotes placement with relatives/fictive kin, supports reunification, and provides specific timeframes for permanency. In-Home Services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the safety of the child and prevent entry into foster care. In-Home Services practice guidance also requires consistent and meaningful contact with the family and collaterals, including a minimum of one visit with the child and caregivers monthly, CFTMs every 90 days and FPMs at all critical decision points.

Implementation of the Parental Child Safety Placement Program framework will establish collaboration across programs and focus on building relationships among the triad between caregivers, children, and LDSS. This framework represents a significant practice shift for all 120 LDSS and the full child welfare continuum: Prevention/In-Home, Child Protective Services, Foster Care, and Resource Family. VDSS is managing the process to implement necessary revisions to written practice guidance, regulatory actions, LDSS training and change management, and updates to the child welfare information system. One of the key tenets of the establishment of the Parental Child Safety Placement Program is the Parental Child Safety Placement Agreement. The Parental Child Safety Placement Agreement codifies the guardrails needed to protect children and families by promoting family-driven decisions, ensuring the preservation of parental rights, establishing consistent practice among the LDSS, and enhancing the provision of In-Home Services to children and families.

Thus, continued efforts include implementing uniform practice guidance to support Parental Child Safety Placements with relatives or fictive-kin caregivers. VDSS will continue to focus on using data to drive decisions, support recommendations, and conduct thorough root-cause analysis in this practice area. Detailed data on living arrangements and services will offer insight into the circumstances leading to the use of Parental Child Safety Placements and the types of supports provided during the arrangement. This data will also let VDSS further explore whether variations in outcomes exist in Parental Child Safety Placements statewide and how the practice affects family and child well-being and permanency over time.

The SDM tool is available in the COMPASS|Portal so it can be accessed during case management in real time. In addition, LDSS can also access Safety Plans through COMPASS on tablets during case management and in the field. VDSS plans to continue supporting practice enhancements in this Item through planned Protection program activities through **Prevention Strategy 2** and **Protection Strategy 2**. Continued efforts include developing uniform practice guidance to support ALAs with relatives or fictive kin caregivers. Regardless of where a child may be temporarily or permanently residing, this framework

ensures decision-making and regular assessment guided by the SDM safety and risk tools and the provision and monitoring of services to ensure child safety and to prevent entry into foster care. As outlined in **Protection Strategy 2.6**, VDSS plans to review guidelines for safety planning and ALAs to support LDSS in establishing permanency for children and families.

In alignment with VDSS's strategic priorities, the integration of new this new legislation into operational framework marks a pivotal step forward in enhancing services. Additionally, introducing a streamlined process for cases transitioning from protection to In-Home services underscores commitment to efficiency and effectiveness in serving Virginia. As part of ongoing efforts, VDSS is crafting an implementation plan tailored to address both technical and adaptive requirements. This comprehensive approach not only supports the facilitation of kinship placements but also prioritizes the crucial goal of reunification with the family of origin. Through these strategic endeavors, VDSS is poised to navigate the evolving landscape of child welfare with resilience and compassion.

Permanency Outcomes 1 and 2:

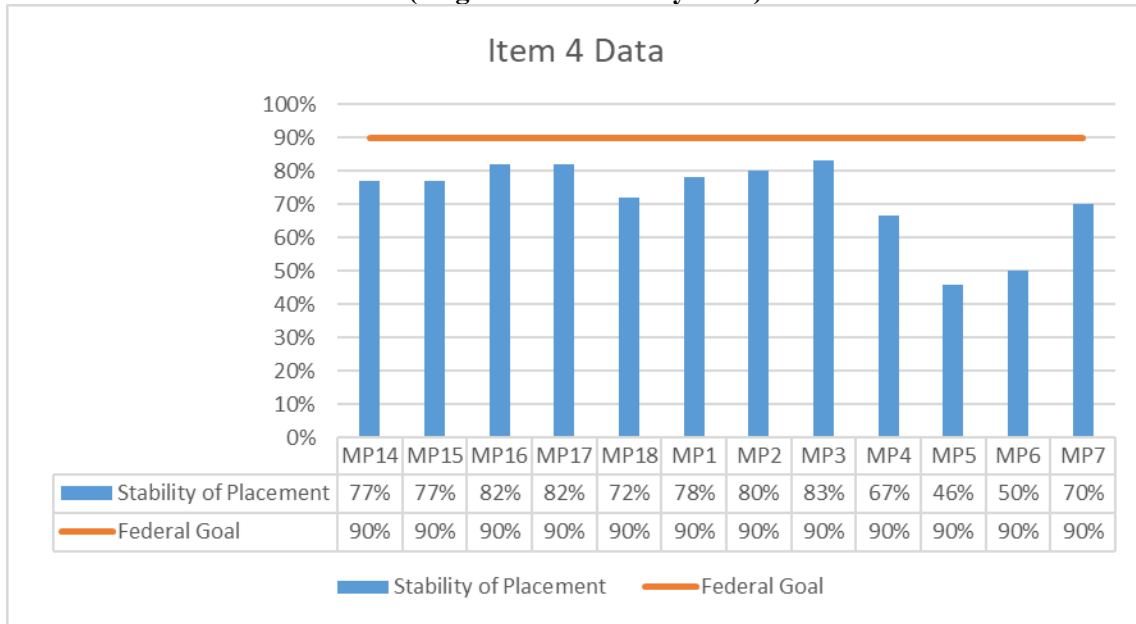
The permanency in 12 months for children entering foster care indicator measures whether the agency reunifies children with parents or caregivers or places children in safe and permanent homes as soon as possible after removal. Virginia's RSP is 31.6%, below the national performance of 35.2%. Permanency in 12 months for children in care 12-23 months measures whether the agency reunifies or places children in safe and permanent homes in a timely manner if permanency was not achieved during the first 12 months of foster care. Permanency in 12 months for children in care 24+ months measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. Virginia falls below the national performance percentage with RSP at 41.4% for Permanency in 12 months for children in care 12-23 months; however, Virginia is above the national average for Permanency for children in care 24+ months with RSP at 39.4%. Placement stability measures the rate of moves per 1,000 days in care. Virginia's RSP is slightly above the national performance at 4.61 moved/1,000 days in foster care.

Permanency Outcome 1: Children have Permanency and Stability in their Living Situations (Items 4-6)

Item 4: Stability of Foster Care Placement

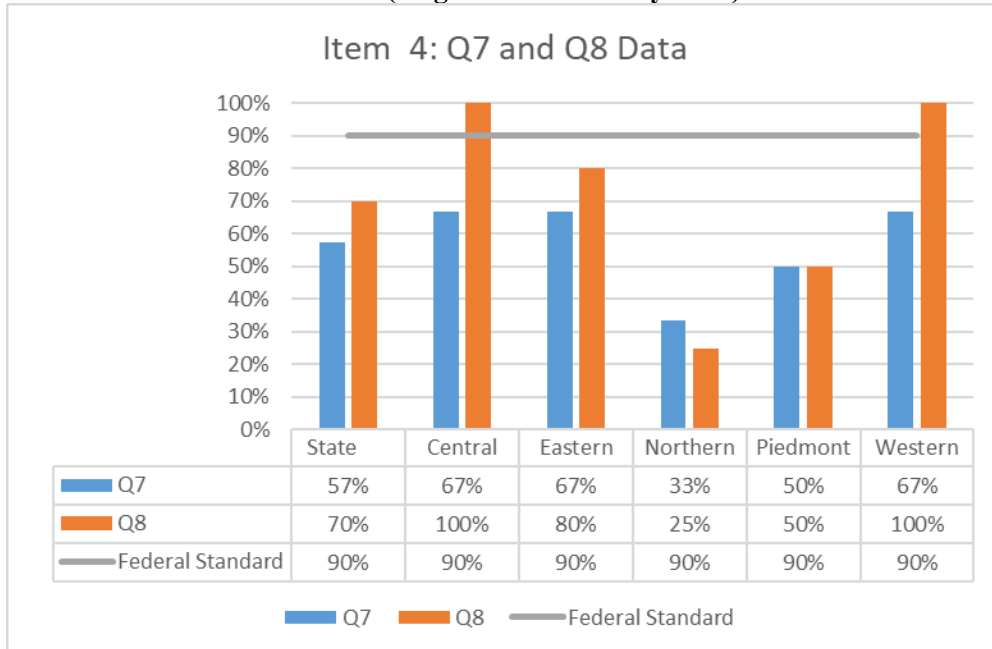
Purpose: To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goals.

Item 4 – Measurement Period 7 (August 2024-January 2025)



This chart represents Item 4 during previous MPs14-18 and current MPs1-7. Since MP14, Virginia saw an overall increase in Item 4 outcomes through the new MP3. From MPs 4-7, Item 4 outcomes have been in significant decline. Overarching issues in 2024 that resulted in ANIs in Item 4 pertained primarily to the agency’s failure to plan placement changes that were in the child’s best interest. Virginia passed the established PIP Goal of 79% for Item 4 in the prior MP3 with an overall percentage of 86. Virginia fell short of meeting the previous PIP goal in MP12, which coincided with the onset of the COVID-19 pandemic.

Item 4 Measurement Period 7 (August 2024-January 2025)



This chart compares the data gathered in Q7 and Q8 (both quarters in MP7). This chart shows foster care placement stability, broken down by state and region. In the current MP7, Virginia achieved a 70% Strength rating for Item 4, which is below the currently established 6-month goal of 86% for the item. During 2024, Virginia reviewed a total of 58 cases that met applicability criteria for Item 4 and had a total of 25 cases that received an ANI. In twenty-two cases, placement change was not in the best interest of the child, and in 19 cases the placement was not in alignment with the child's permanency goals. Additional reasons for ANIs included placement changes not being planned by the agency (nine cases), and the child not being in a stable placement at the time of the review (three cases).

Enhancements to Practice Item 4:

To support improved stability and permanency outcomes, Virginia continues to work toward improved kinship rates. In January 2025 Virginia achieved a 20.5% rate of kinship placement, up from ~15% in January 2024. Children who are first placed in kinship homes in Virginia, spend on average 11 months in foster care and are the least likely to have a placement change. The work being done in Kin First Now (outlined in Critical Priorities), ongoing training to support agencies, and the implementation of exception reports (outlined in the Diligent Recruitment section) will all support improved kinship rates with much of the effort supporting Kin First framework, with the actions outlined in the Items 9 and 10 practice enhancement. In addition to activities that support Kin First, Virginia continues to monitor congregate care placements to prevent inappropriate placement and promote discharge planning at time of placement to support reduced stays in congregate care. Each congregate care placement that is made is reviewed to ensure medical necessity to justify that level of care (**Protection Strategy 1, Prevention Strategy 1, Permanency Strategy 1 and 2**), which directly targets ANIs in Item 4. Additionally, VDSS also plans to continue targeting placements that support permanency and placement availability in **Permanency Strategy 3** and the Diligent Recruitment Plan (Appendix D) by:

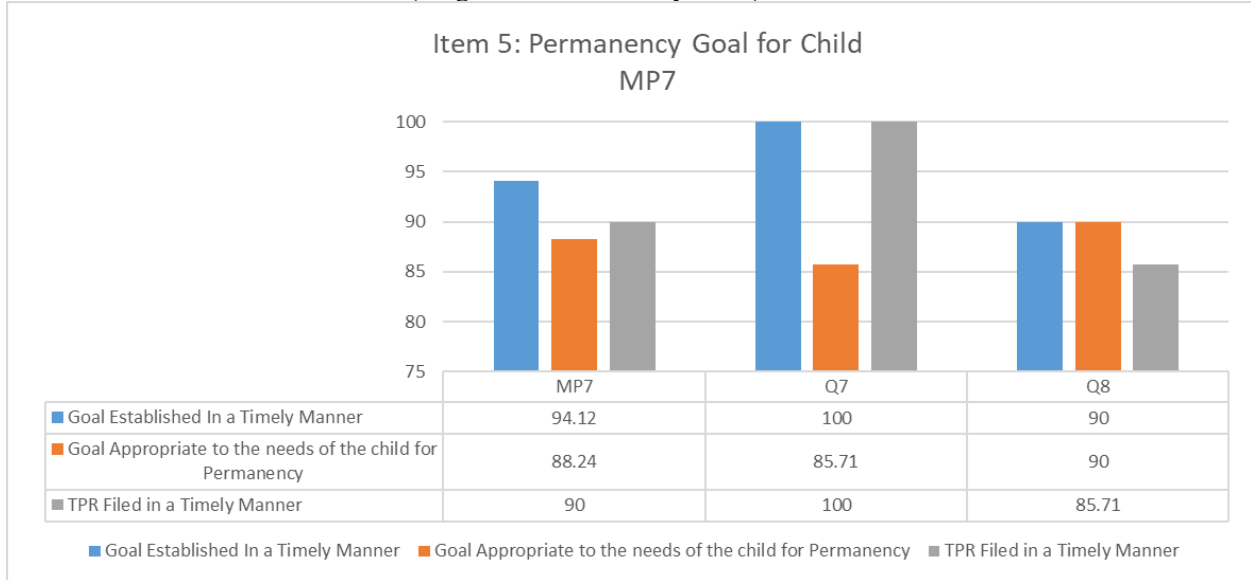
- Reducing congregate care usage, increased collaboration with the state psychiatric facility, and increased family-based placement availability (**Permanency Strategy 4.1**);
- Utilizing data to support targeted and child-specific recruitment for family-based placements (**Permanency Strategy 4.2**); and
- Increasing the pool of kinship and resource families statewide (**Diligent Recruitment Plan Goal 1 – Appendix D**).

VDSS has also provided data and opportunities to monitor and provide feedback on interventions targeted for Item 4 through CWAC and the Permanency Advisory Committee and will continue to do so throughout the next five years.

Item 5: Permanency Goal for Child Foster Care Cases Only

Purpose: To determine whether appropriate permanency goals were established for the child in a timely manner.

Item 5 – Measurement Period 7 (August 2024-January 2025)



Item 5, Permanency Goal for the child, had a Round 3 PIP goal of 75% which was first achieved in the previous MP5. As this chart indicates, 94% of cases reviewed during the current MP7, had promptly established permanency goals in effect during the period under review. Permanency goals in effect during the period under review were appropriate to the child’s needs for permanency and case circumstances in 88% of reviewed cases. The agency filed a TPR petition promptly, or an exception was applied in 90% of the reviewed cases.

During 2024, Virginia reviewed 58 applicable cases and had 12 cases that received an ANI for Item 5. In three cases, goals were not established in a timely manner. In eight cases, the established goals were not appropriate for the circumstances of the case. In one case, the agency established an appropriate permanency goal in a timely manner; however, the courts rejected the agency’s court plan and requested that a goal of Adoption be prematurely established.

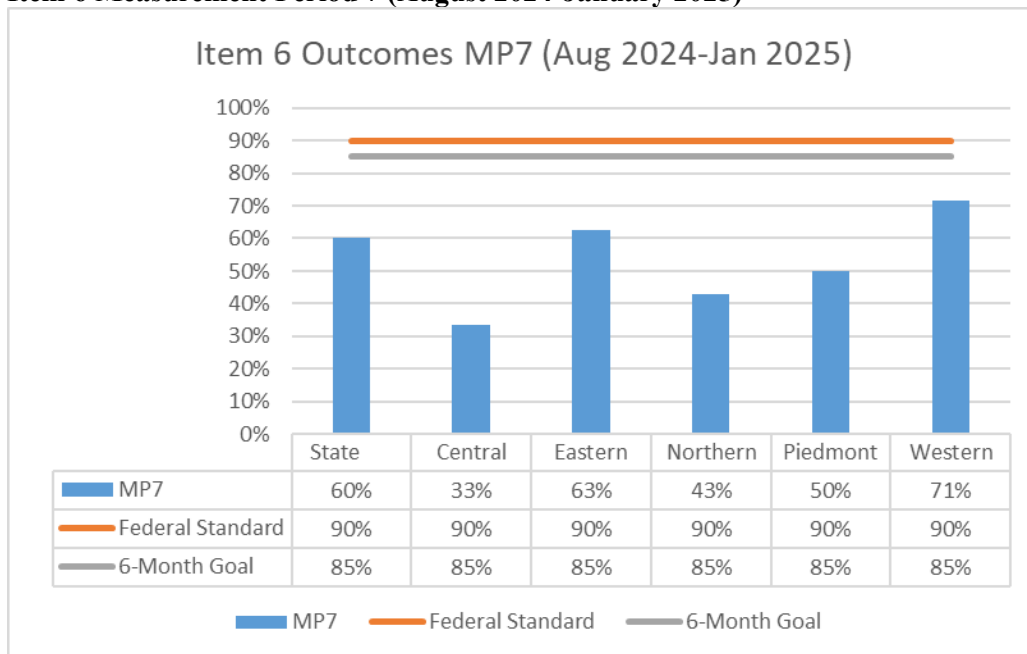
Practice Enhancements for Item 5:

Virginia continues to prioritize concurrent planning for children in foster care through activities in **Permanency Strategy 1 and 2**. VDSS focuses primarily on reunification and kinship placement (whether through custody transfer or relative adoption). Improving family engagement, involvement in case planning, and concurrent planning supports timely establishment and monitoring of foster care goals. Kin First Now supports concurrent planning and stresses the need for full disclosure and informed family decision making. VDSS will provide training and technical assistance through regional practice consultants, worker trainings, and Kin First Now to LDSS on assisting kin, including KinGAP, State Funded Kinship Subsidy and adoption assistance.

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (Foster Care Cases Only)

Purpose: To determine whether concerted efforts were made or are being made during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

Item 6 Measurement Period 7 (August 2024-January 2025)



Item 6 Achieving Reunification, Guardianship, Adoption, or other planned permanent living arrangement had a PIP goal of 48% achieved in the prior MPs 8-18. The chart highlights Virginia’s overall performance around permanency goals, during the MP. In the current MP7, Item 6 had an overall score of 60% statewide, below the established six-month goal of 85% for the item.

During 2024, Virginia reviewed a total of 58 cases for Item 6, and 24 cases received an ANI. In five cases, there was either a lack of services provided or a delay in referring for services, to remove barriers to achieving permanency. In 10 cases, the agency did not make concerted efforts to achieve the goal of Reunification. In eight cases the agency did not make concerted efforts toward the goal of Guardianship, and in three cases the agency did not make concerted efforts toward the goal of adoption. In three cases, the agency did not make concerted efforts towards either the primary or concurrent identified permanency goals. Other ANI causes included:

1. Failure to engage relatives due to parents’ request.
2. Failure to provide services to mother based on immigration status.
3. Failure to complete adoptive paperwork timely.
4. Failure to place child free for adoption in a pre-adoptive home.
5. Delay in appropriate visitation between child and parents.
6. Court continuations.

Practice Enhancements for Item 6:

Practice enhancements for Item 5 are also relevant for Item 6. **Permanency Strategies 1 and 2** have activities focused on engaging parents and relatives, involvement in case planning, and supporting ongoing, consistent, high-quality visitation. LDSS are also required to notify VDSS when they are claiming an exception to the requirement to file for termination of parental rights at 15 months. Regional practice consultants review the case and identify areas of strengths and needs and determine whether the case requires further intervention.

In early 2023, regional practice consultants began taking a closer look at children with terminated parental rights and are placed in congregate care. They worked closely with agencies to help identify adoptive families for these children. Regional practice consultants were monitoring these cases monthly and worked collaboratively with the regional adoption negotiators to move toward permanency. Because of these efforts, Virginia has gone from placing fewer than 10% of these children in a permanent family to 29.3% during 2023. In 2024, VDSS shifted its focus more broadly to ensure children with TPR have a permanent family identified. As of December 2024, 30% of children in this category had a permanent family identified. Currently, regional practice consultants encourage agencies to use the following interventions to increase the identification of permanent families for children with TPR: Adoptions Through Collaborative Partnerships contract, Kinship Search and Engagement contract, and Pale Blue’s Family Seeing consultation. These interventions involve re-exploration of kinship to support permanency through adoption. VDSS will continue to monitor the effectiveness of these interventions and progress towards Item 6.

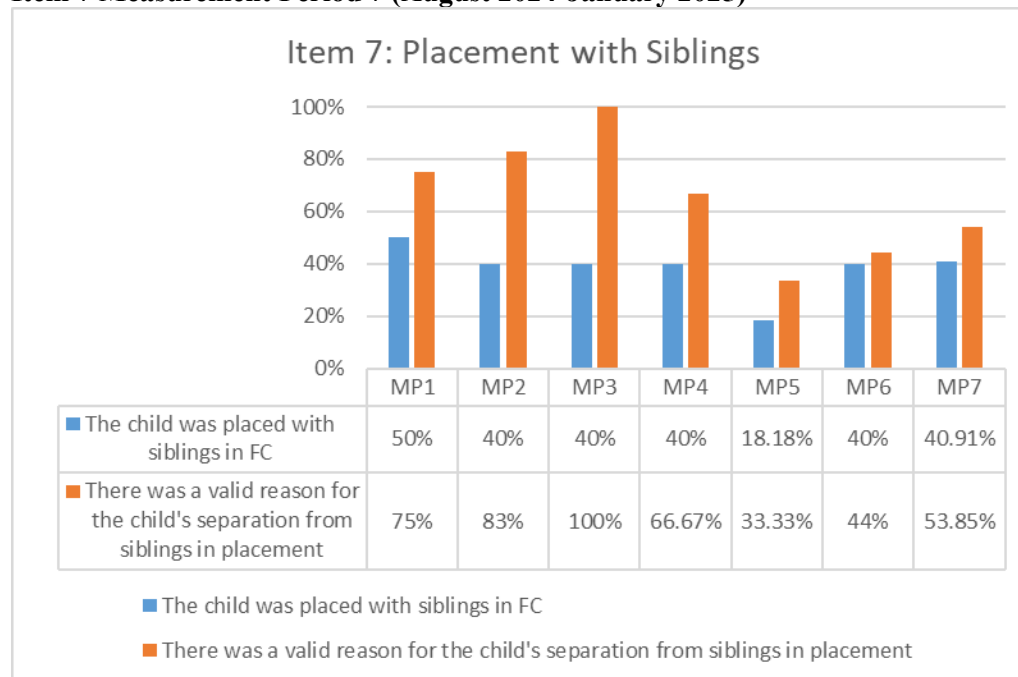
Permanency Outcome 2: The Continuity of Family Relationships and Connections (Items 7-11)

The following items were not selected for PIP improvement monitoring and the rates are based on 2022 reviews. Item 7, placement with siblings, experienced decline in outcomes in 2024, with 63.64% Strength ratings. Twenty-one of 33 applicable cases received Strength ratings for this item in the calendar year.

Item 7: Placement with Siblings

Purpose: To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

Item 7 Measurement Period 7 (August 2024-January 2025)



This chart shows Virginia’s work to ensure that youth in foster care are placed with their siblings when possible and appropriate. Virginia needed to pass Item 7 with an overall score of 77% and passed in Round 3 MP2 with 88%. In MP7, Virginia scored an overall 62% for Item 7. This number is lower than historically seen in Round 3 and is reflective of the need for Virginia’s continued work to ensure placement with siblings. The six-month goal for this item is set at the federal standard of 90%.

During 2024, Virginia had a total of 33 applicable cases, of which 12 cases received an ANI in Item 7. In five cases, there were no concerted efforts to place siblings together upon initial entry into foster care. In seven cases, siblings were initially placed together and then separated for various reasons, with no concerted efforts made to reunify during the case. Lack of resource homes in the area to take sibling groups was noted as a primary reason for separations.

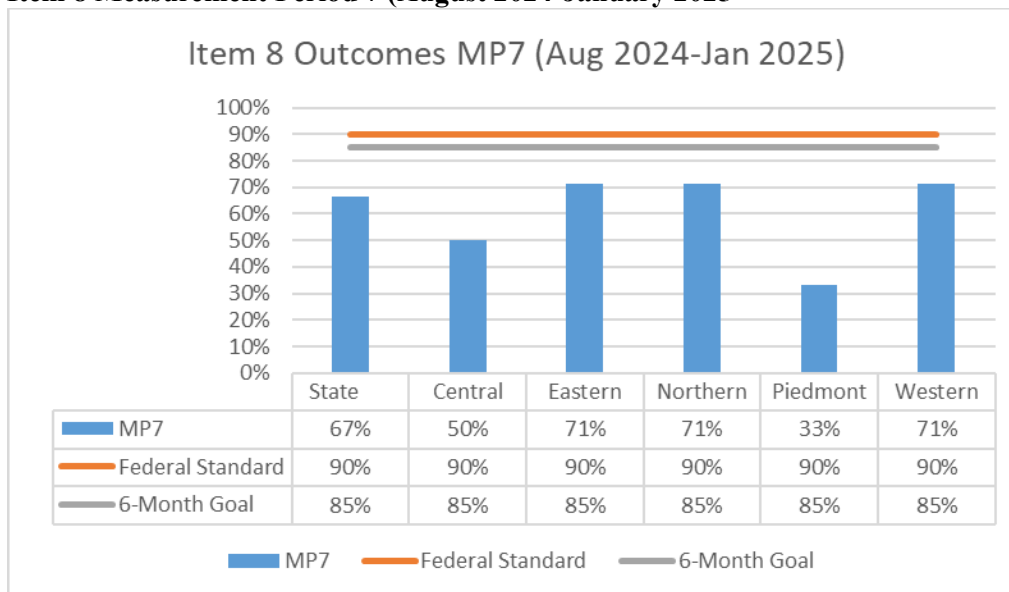
Practice Enhancements for Item 7:

Virginia continues to prioritize Kin First culture, which supports children and youth remaining together with their siblings and within family connections. Foster care guidance requires that agencies make continuing efforts to place siblings together unless that placement would be contrary to the safety and well-being of any of the siblings. Additionally, **Diligent Recruitment Goal 1** (Appendix D) and **Permanency Strategy 4.2** include activities to expand the pool of kinship and resource families.

Item 8: Visiting with Parents and Siblings in Foster Care

Purpose: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care, and his or her mother, father and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members.

Item 8 Measurement Period 7 (August 2024-January 2025)



A major theme for Item 8, visiting with parents and siblings in foster care, was the lack of frequent visitation with the parent. Item 8 was substantially achieved in 62.26% of cases in 2024. The Round 3 PIP Goal for Item 8 was 43% and Virginia passed this item in the previous MP1 with a statewide score of 46%. Virginia has maintained this item all but one quarter since the start of Round 3. As the MP3 chart indicates, Virginia achieved a 67% Strength rating in Item 8, which is below the currently established six-month goal of 85%.

A failure to establish and adequately monitor visitation was an overarching theme for this calendar year. During 2024, Virginia had a total of 53 applicable cases, with 20 cases receiving an ANI in Item 8. In five cases, sufficient efforts were not made to ensure that visitation between the child and the mother and father was of sufficient frequency and quality. In two additional cases, visit frequency and quality were also not sufficient with siblings in foster care. In three cases, visit frequency was problematic due to distance between the child’s placement and the parents’ home, and failure to provide transportation assistance to remedy barriers. Additional ANI causes include:

1. Lack of visitation to incarcerated parents.
2. Health issues of a parent.
3. Terminating visitation prematurely due to parental behaviors, without providing safety measures or intervention.

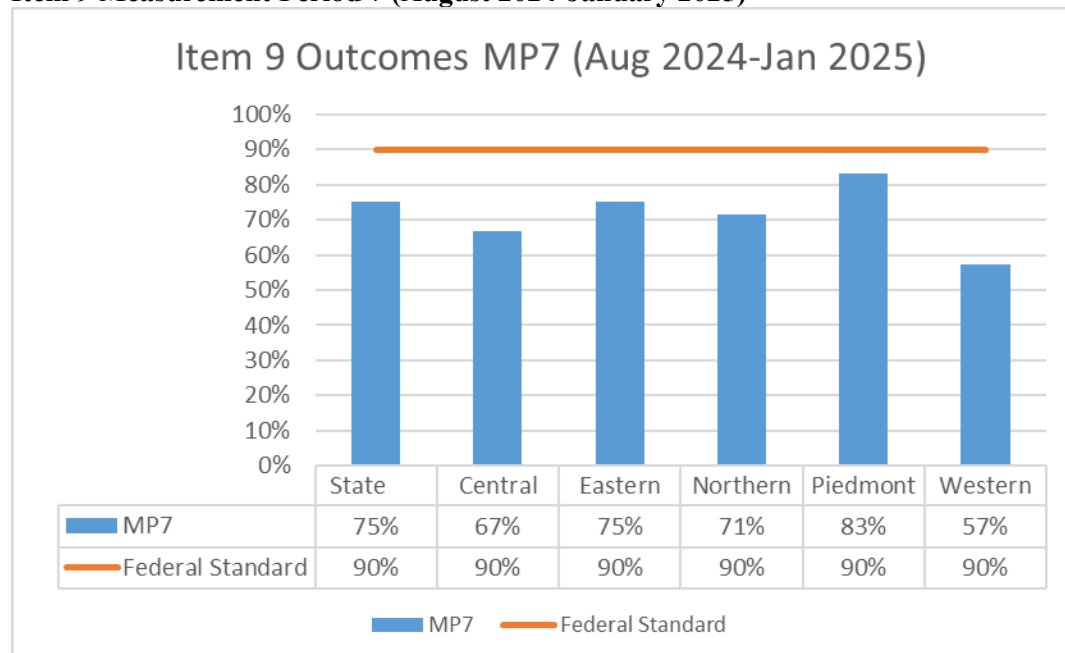
Practice Enhancements for Item 8:

Frequent and quality visitation with parents and siblings is essential to supporting connections between the child and their family and moving towards permanency. VDSS continues to recognize this item as a target area and plans to support practice enhancements through **Permanency Strategy 1**. VDSS continues to encourage ice-breaker meetings between foster parents (including kinship foster parents) and the caregivers from whom the child was removed. This practice helps establish a partnership between the two when the child is placed into the foster home. Developing an immediate partnership allows for the establishment of a plan for family time within the first few days of placement. It also ensures that the foster parents have a good understanding of other family members to whom the child should remain connected.

Item 9: Preserving Connections

Purpose: To determine whether, during the period under review, concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

Item 9 Measurement Period 7 (August 2024-January 2025)



Item 9, preserving connections, had a Round 3 PIP Goal of 72% and that goal was achieved in the previous MP6. Since MP6, Virginia has sustained a higher than PIP Goal percentage, and in the new MP7 had an overall statewide percentage of 75% as the above chart indicates.

A total of 58 cases were applicable for review and 15 cases received an ANI in Item 9. In 10 cases, concerted efforts were not made to maintain the child's connection to extended family, and in one case the agency did not maintain the child's connection to siblings not in foster care. In three cases, concerted efforts were not made to maintain the child's connection to community, neighborhood, faith, tribe, school, or friends.

Practice Enhancements for Item 9:

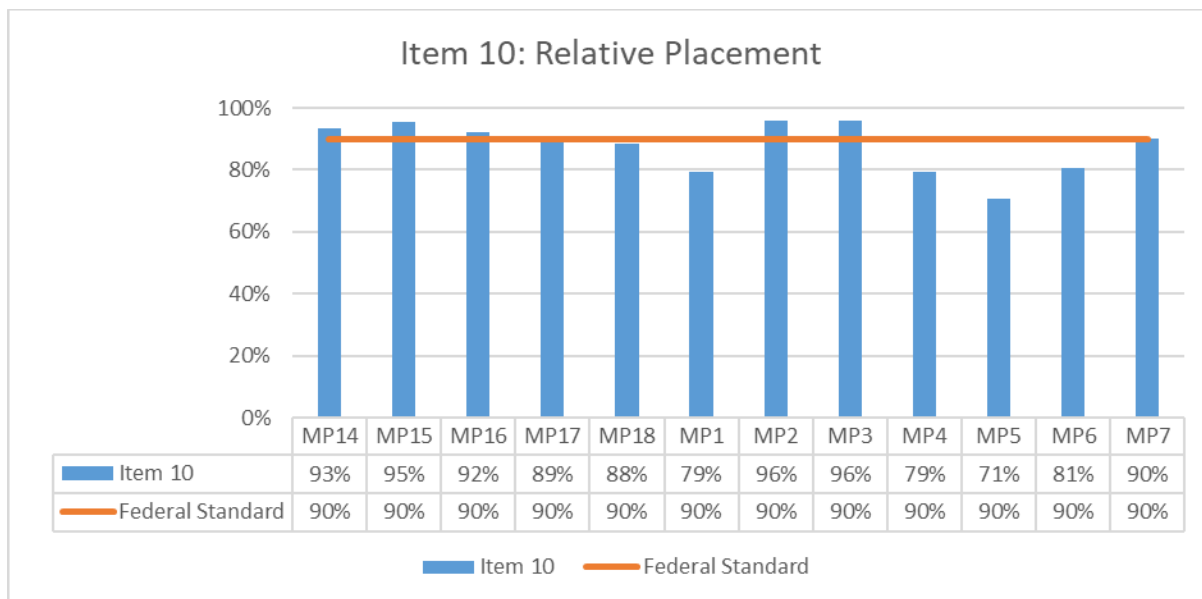
To support LDSS efforts to prioritize engagement of networks of family members and important adults to promote the safety, healthy development and healing of children and youth in Virginia's child welfare system, VDSS partnered with Kevin Campbell and Elizabeth Wendel to introduce a Family Seeing™ framework. This work began in 2023 with three Family Seeing Practice Accelerator Workshops that gave regional staff an opportunity to partner with LDSS staff, and with Kevin and Elizabeths support, implement a Family Seeing approach to challenging cases. Each workshop consisted of four days dedicated to developing the skills necessary to discover and engage families to place them at the center of Virginia's child welfare work. Participants dedicated time to implementing those skills in real time on active cases. Throughout 2024 Kevin and Elizabeth have provided agency consultations for individual cases and in 2025 will begin certifying VDSS and LDSS staff as trainers in the Family Seeing framework to support ongoing coaching and implementation of improved family engagement practice. VDSS also continued to provide ongoing training on working with kinship caregivers, provided thematic webinars to train LDSS staff in May 2024 for Foster Care Awareness Month and in September 2024 for Kinship Care Awareness Month, developed a resource guide website for kinship caregivers, contracted with private agencies for kin and fictive kin recruitment, and finished the first round of Kin First Now. In 2025, VDSS will work with all remaining LDSS to implement the Kin First Now framework.

VDSS continues to emphasize the importance of preserving connections through Kin First Now and **Permanency Strategies 1 and 2.**

Item 10: Relative Placement

Purpose: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

Item 10 Measurement Period 7 (August 2024-January 2025)



Item 10, relative placement, needed to reach an overall percentage of 56% to pass the Round 3 PIP Goal. Virginia reached that goal in Round 3 MP2 and has sustained that goal in all but one MP. In the new MP7, Virginia scored a statewide percentage of 90% as the above chart indicates. No children reviewed were identified as American Indian or Alaska Native.

During 2024, Virginia reviewed a total of 58 applicable cases, and a total of 11 cases received an ANI in Item 10. In eight cases, concerted efforts were not made to place children with relatives when appropriate. In two cases, concerted efforts were not made to identify relatives, and in one case, concerted efforts were not made to evaluate identified relatives. Other reasons for ANI’s include:

1. Failure to explore additional relatives beyond those provided by the parents.
2. Failure to explore estranged relatives due to parents’ request.
3. Agency delaying visitation with a viable relative due to pending court adjudication against the parents.
4. Failure to conduct automated searches for relatives and send notification letters.

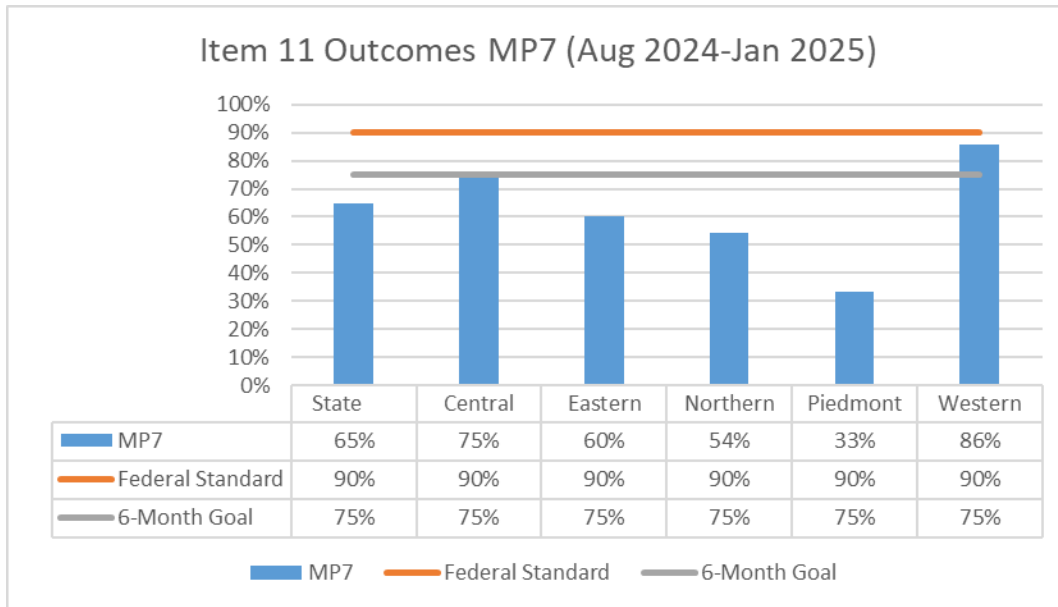
Practice Enhancements for Item 10:

The practice enhancements outlined under Item 9 are relevant for Item 10. Placement with kin is a critical priority for VDSS as outlined in the **Critical Priorities section**.

Item 11: Relationship of Child in Care with Parents

Purpose: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers for whom the child had been removed through activities other than just arranging for visitation.

Item 11 – Measurement Period 7 (August 2024-January 2025)



Virginia needed to reach an overall Round 3 PIP Goal of 44% and achieved that goal in the previous MP1. Item 11, the relationship of child in care with parents, was substantially achieved in 60.78% of cases for the calendar year, and in 65% of cases in the new MP7 as the above chart indicates. This is below the six-month goal of 75% established for this item. LDSS did not provide or facilitate opportunities for parents to attend medical and dental appointments, and extracurricular activities. In most cases, parents were either not notified at all or provided information about doctor’s appointments or other meetings after they had occurred.

During 2024, Virginia reviewed a total of 51 applicable cases and had a total of 20 cases that received an ANI in Item 11. In 10 cases, the agencies did not invite the mother and/or father to participate in medical or dental appointments, school meetings, or extracurricular activities. In seven cases, it was reported that there was little to no rapport between parental figures and the resource parents in order to maintain meaningful connection. Other reasons for ANIs include:

1. Failure to involve incarcerated parents.
2. Failure to address safety concerns to allow parents to participate in activities.
3. Failure to maintain contact with parents.
4. Failure to address transportation barriers for parents to participate in activities.
5. And failure to provide family therapy to build therapeutic relationship.

Practice Enhancements for Item 11:

VDSS continues to work on enhancing family engagement. **Permanency Strategy 1** and a focus on fatherhood engagement (**Critical Priorities section**) include activities designed to target this area. VDSS encourages the use of ice-breaker meetings between the foster parents (including kinship foster parents) and the caregivers from whom the child was removed. This practice helps establish a partnership between the two upon placement of the child into the foster home. Developing that partnership immediately increases communication and builds trust allowing the caregivers to be involved in medical and dental appointments, school meetings, and other appointments related to the child including extracurricular activities. The emphasis on fatherhood engagement overall will help improve relationships between fathers and their children.

Well-Being Outcomes 1, 2 and 3

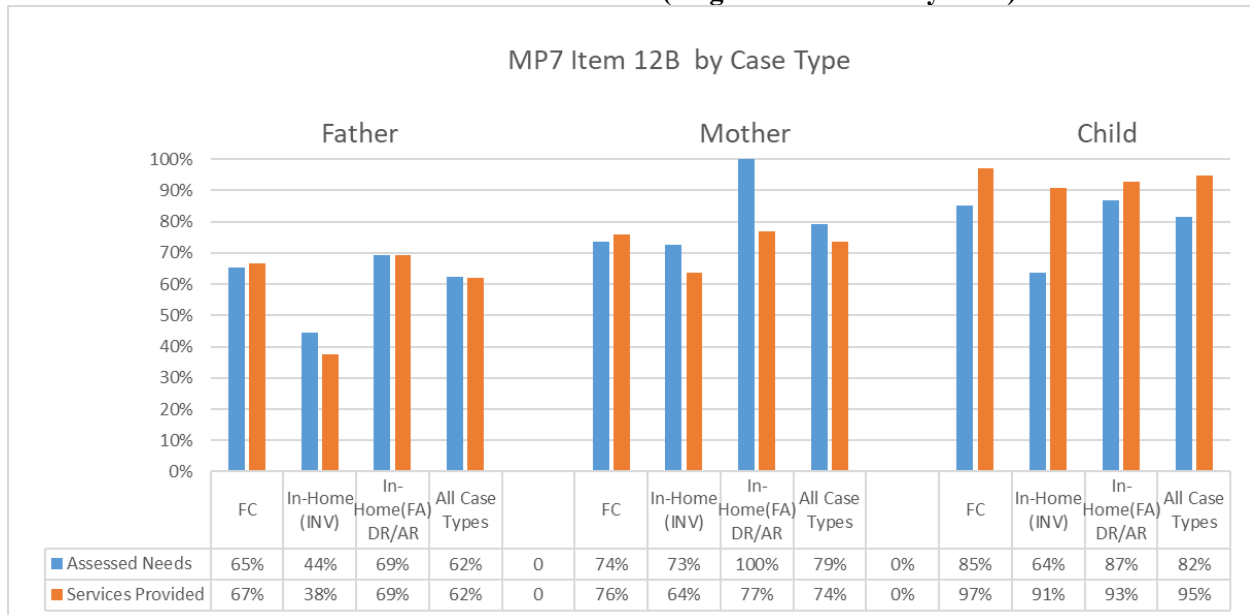
Well-Being Outcome 1: Families have Enhance Capacity to Provide for their Children’s Needs (Items 12-15)

Well-being outcome 1 was achieved in 50.94% of cases for the 2024 calendar year. As of the new MP7, Item 12, assess the needs of and provides services to children, parents, and foster parents, which is a Strength with 46.88% substantially achieved. Item 13, involving parents and children in case planning, is a Strength with 62.5% substantially achieved. Item 14, caseworker visits with children, is a Strength with 84.38% substantially achieved. Item 15, caseworker visits with parents, is a Strength with 61.29% substantially achieved.

Item 12: Assess needs and provide services

Purpose: To determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of the children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family, and (2) provided the appropriate services.

Item 12 – Measurement Period 7 (August 2024-January 2025)



Item 12 provides a breakdown of assessed services and services provided to the parents, child, and resource parents. The chart specifies the case type reviewed in the current MP7 and breaks down the outcomes by father, mother, and child. Case types included: In-Home services cases (cases that opened from an investigation (INV), In-Home services DR/AR (cases that opened from a Family Assessment (FA), foster care cases, and all case types. The Round 3 PIP goal for item 12 was 46%. Virginia met the goal during the previous MP10 and has sustained that achievement throughout.

During the new MP7, Virginia performed best in needs assessments and services to children. For children, foster care and In-Home DR/AR case types performed best. Needs assessments and services to mothers scored lower than outcomes for children, and outcomes for mothers were also highest in Foster Care and In-Home DR/AR case types. Lastly, fathers scored lower overall than either children or mothers. Though assessment and service provision to fathers was considerably lower, the strongest engagement of fathers was found in the In-Home DR/AR case type. Fathers were typically assessed and provided services at the same rate in Foster Care and In-Home DR/AR cases. The In-Home case type not only had the lowest outcomes for assessing father's needs, but there was also a considerably lower rate of providing services to meet those identified needs. During 2024, Virginia had a total of 106 cases reviewed; 50 cases received an ANI in Item 12 overall.

In Item 12A, the child subset, 106 applicable cases were reviewed and 18 cases received an ANI. Breaking down the data in this subset shows two cases were rated as an ANI in the In-Home differential response case type; 12 cases were rated as ANI in the foster care case type; and four In-Home cases received an ANI. In a total of eight cases, there was a lack of caseworker visits with the child in order to appropriately assess needs. In five cases, caseworker visits primarily took place outside of the child's place of residence, resulting in incomplete assessments. Other reasons for ANIs included:

1. Lack of needs assessments/services for alternate caregivers.
2. Lack of assessment of all children in the home.
3. No provision of services to address the child's identified needs.

In Item 12B, the parent subset, a total of 106 applicable cases were reviewed; 45 cases received an ANI. The breakdown of case types indicated that 27 of the cases that received an ANI were foster care, 11 cases were In-Home DR/AR, and seven cases were In-Home. In Item 12B, 23 cases received ANIs due to failure to provide appropriate services to meet identified needs. In 13 cases, there was minimal to no contact with parents, resulting in incomplete assessments of needs; and in 14 cases there was minimal to no assessment of parents' needs, despite having ongoing contact. Other reasons for ANIs included:

1. Failure to assess needs of incarcerated parents.
2. Delayed provision of recommended services.

In Item 12C - the resource parent subset - a total of 55 applicable cases were reviewed, and 12 cases received an ANI. In nine cases, concerted efforts were not made to provide appropriate services to resource parents to meet identified needs. In four cases, the needs of the resource parents were not assessed either initially or on an ongoing basis; and in five cases, concerted efforts were not made to assess the resource parents' needs on an ongoing basis. Other reasons for ANIs include:

1. Placement change without notice to child or resource parent.
2. No efforts to provide services for child's mental health.
3. Unexpected resource home closure.
4. Failure to provide support with transportation of the child..

Practice Enhancements for Item 12:

Virginia launched the In-Home services program in April 2021; it included new guidance for In-Home services cases and prevention services. In July 2021, Virginia implemented FFPSA, which allowed title IV-E funding for three identified prevention services (Appendix B). VDSS added an additional five prevention services to Virginia's Family First Prevention Services Plan in 2023.

VDSS has partnered with the CEP-Va to assist in expanding service availability. Based on CEP-VA's NAGA, VDSS added the following EBPs to Virginia's approved federal title IV-E Prevention Services Plan: Brief Strategic Family Therapy (BSFT), Family Check –Up (FCU), Homebuilders (HB), High

Fidelity Wraparound (HFW), and MI. Interested community providers may apply for training in BSFT, FCU, and HB through CEP-Va's rolling application process. Several providers have begun and/or completed training in BSFT and FCU. CEP-Va is doing outreach to identify additional community providers to be trained. CEP-Va is working with the national HB purveyor to bring that training to Virginia in the next two years.

Training in the initial three EBPs (MST, FFT, and PCIT) continues to be available to providers who wish to add this service and/or train new or replacement clinicians on their existing teams. A significant number of providers are already trained and delivering HFW across the state. VDSS and CEP-Va are working with those providers on fidelity monitoring and evaluation of this promising practice in 2024.

In-Home Services FSS' began MI training in 2023, with cohort-style training for all localities offered at least once by 2025. VDSS will transition to offering regularly scheduled trainings for new workers in 2025, once current workforce cohorts complete initial training, with ongoing fidelity monitoring completed in partnership with CEP-Va.

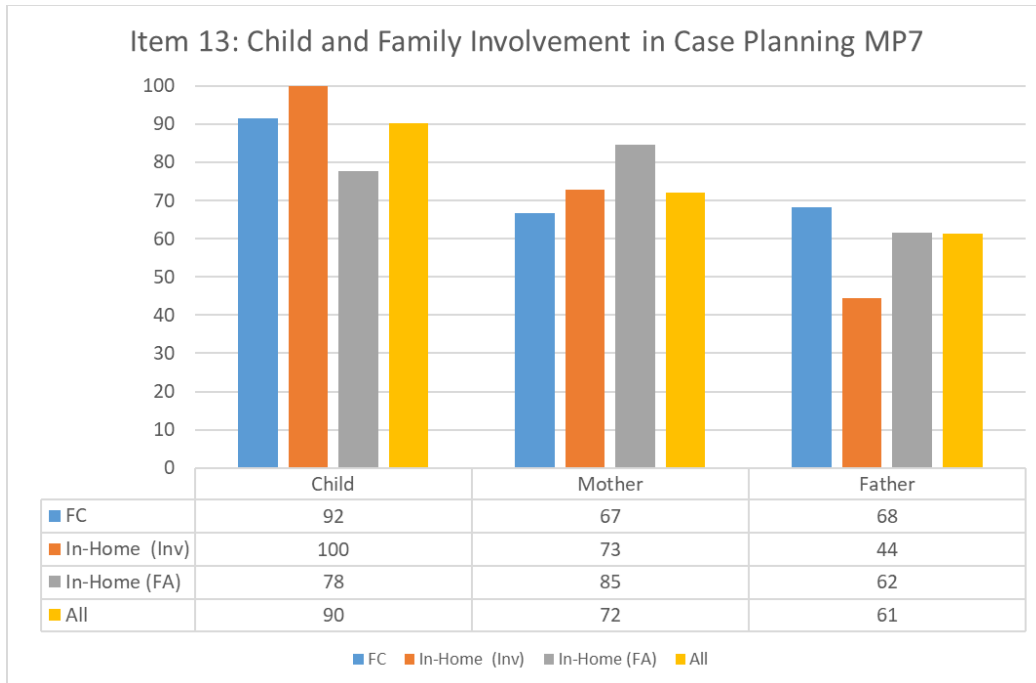
As stated in Item 3 Enhancements, in 2024, the General Assembly, through House Bill 27 and Senate Bill 39, established a statutory framework for a parent, guardian, or legal custodian to arrange for a temporary living arrangement for their child with relatives or fictive kin when a LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may be temporarily or permanently residing, the framework protects parental rights, promotes placement with relatives or fictive kin, supports reunification efforts, and provides specific timeframes for permanency. In-Home Services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the child's safety and prevent entry into foster care.

VDSS continues to focus on engagement over the next year with planned activities in **Protection Strategies 1 and 2, Prevention Strategies 1 and 2, and Permanency Strategy 1.**

Item 13: Child and Family Involvement in Case Planning

Purpose: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

Item 13 – Measurement Period 7 (August 2024-January 2025)



Item 13: Child and Family Involvement in Case Planning looks at the overall concerted efforts made by the agency to involve the family in case planning. This chart breaks down into the following categories: Foster Care, In-Home Services cases (cases that opened from INV), In-Home Services DR/AR (cases that opened from and FA), and all case types. In the new MP4, Virginia achieved a 62.5% Strength rating for Item 13, which is less than the identified six-month goal of 80% for the item. The Round 3 PIP goal for Item 13 was 42.7%. Virginia has exceeded the Round 3 PIP goal since the previous MP6.

Across case types, Virginia performed particularly well in involving children in the case planning process at an age and developmentally-appropriate-level. In-Home case types performed the highest, with children being involved in case planning 100% of the time. In-Home DR/AR cases performed highest for involving the mothers in the case planning process; 85% of the time. Overall, fathers were less likely to be included in the case planning process than mothers or children; scores for fathers remained relatively consistent across foster care and In-Home (FA) case types, with In-Home (INV) scoring the lowest for including fathers in case planning at only 44%.

During 2024, Virginia had 106 cases applicable for this item. A total of 37 cases received an ANI in Item 13. In 10 cases, the agency failed to include the mother and the father both in case planning on an ongoing basis. In eight cases, the agency did not make concerted efforts to include the father in case planning on an ongoing basis. Other reasons for ANIs include:

1. Failure to include incarcerated parents in case planning.
2. Failure to engage parents in case planning outside of court hearings.
3. Failure to invite parents to formal case planning meetings.
4. Language barriers.

Practice Enhancements for Item 13:

As stated in Item 3 Practice Enhancements, in 2024, the General Assembly, through House Bill 27 and Senate Bill 39 established a statutory framework for a parent, guardian, or legal custodian to arrange for their child to live in a temporary living arrangement with relatives or fictive kin when a LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may

temporarily or permanently reside, the framework protects parental rights, promotes placement with relatives or fictive kin, supports reunification efforts, and provides specific timeframes for permanency. In-Home Services practice guidance also requires consistent and meaningful contact with the family and collaterals, including a minimum of one visit with the child and caregivers monthly, CFTMs every 90 days and FPMs at all critical decision points (**Prevention Strategy 2**).

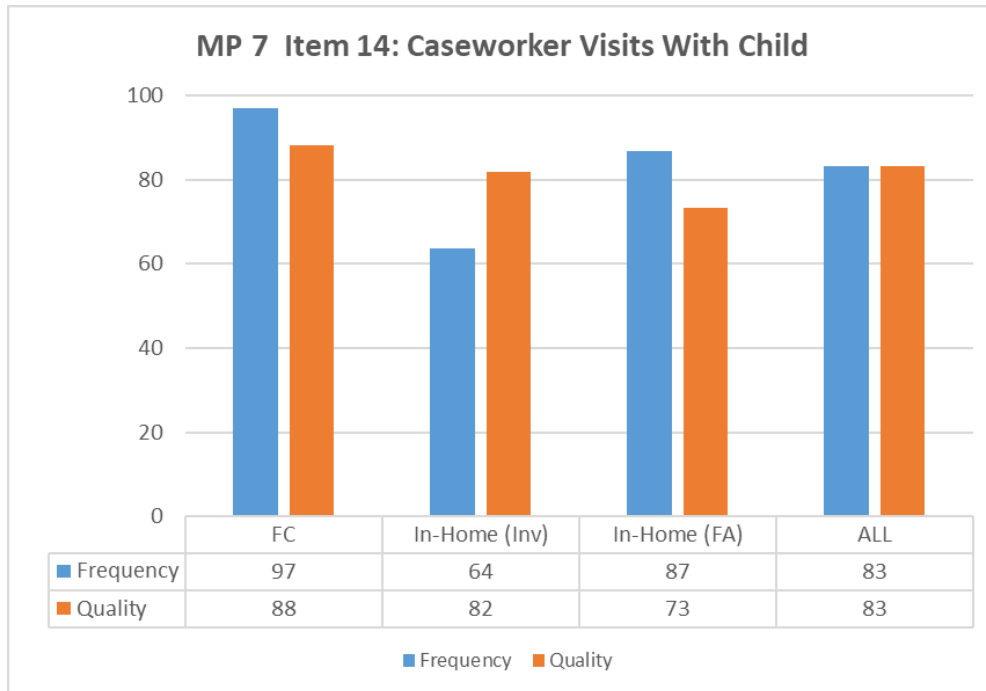
Virginia will continue to address practice needs in this item through planned activities in **Permanency Strategy 1** and **Prevention Strategy 2**. Foster care guidance requires FPMs before each review and permanency planning hearing so that the family participates in case planning. The Commonwealth FPM Facilitator Forum is developing a best-practice framework around the use of FPMs that will support fidelity to the model. Additionally, using the Youth Welfare Approach (YFA) will ensure that youth are directing their case plans.

As part of Virginia's commitment to advancing family-centric approaches, In-Home services will strategically align with principles from Kin First Now, MI, and new legislation. Synergizing these methodologies can help foster a culture of family-driven decision-making, empowering families and communities to take the lead in their case-planning processes. Through collaborative efforts and tailored interventions, such as FPMs, VDSS will seek to amplify the voices of families and cultivate sustainable solutions that resonate with the unique needs of each child and family. This focus underscores VDSS's dedication to nurturing resilient family units and supportive communities, ultimately fostering environments where children can thrive.

Item 14: Caseworker Visits with the Child

Purpose: To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Item 14– Measurement Period 7 (August 2024-January 2025)



Item 14: Case Worker Visits with Child focuses on overall efforts of the agency to ensure caseworker visits with the child(ren) being served in the case reflect the frequency and quality to promote permanency and completion of case goals. The categories are In-Home Services cases (cases that opened from INV), In-Home Services DR/AR (cases that opened from FA), foster care, and all case types. In the current MP7, Virginia achieved an 84.38% Strength rating for Item 13. The 6-month goal for the item is set at the federal standard of 90% for the item. The Round 3 PIP goal for Item 14 was 64.7%. Virginia met this goal first in the previous MP2 and again in MPs 5 – 18. For the cases reviewed, visit frequency and quality were lacking in a majority of the ANI ratings. Foster Care cases made up a majority of ANI ratings for Item 13. VDSS is committed to encouraging engagement across the child welfare spectrum.

During 2024, Virginia reviewed a total of 106 cases applicable for this item and had a total of 20 cases that received an ANI in Item 14. Of the cases rated as ANIs, 10 were Foster Care case type, five were In-Home and five were In-Home DR/AR. In a total of nine cases, neither frequency nor quality of visits with the child were sufficient. In nine cases, visit quality was not sufficient; in two cases visit frequency was not sufficient. Other reasons for ANIs include:

1. Failure to meet with the children privately.
2. Visits occurred primarily outside of the child’s place of residence.
3. No documented caseworker visits for one or more months.
- 4.

Practice Enhancements for Item 14:

Virginia continues to support better case practice using existing tools such as the Monthly Caseworker Visit job aid. The Prevention Services program has established five In-Home Services Regional Practice Consultant positions in each regional office, letting VDSS significantly increase the level of technical assistance, support, and ongoing review of In-Home Services case work at the LDSS level.

The In-Home Services Practice Consultants collaborate with LDSS, providing programmatic consultation that enhances service delivery to children and families in In-Home Services cases in each region. The In-Home Services Practice Consultants will assist LDSS in developing data-driven approaches that emphasize a focus on case-opening behaviors, initial and ongoing assessment, and quality visits that

promote meaningful engagement of children and families. This additional capacity at the regional level institutes regular, intentional provision of technical assistance toward implementing best practices and improving outcomes for children and families in In-Home Services cases.

The inception of In-Home Regional Practice Consultants in 2021, have had a transformative effect on prevention and In-Home services’ ability to provide tailored assistance to LDSS. These professionals have facilitated the identification and implementation of best practices, while concurrently supporting children safely residing in their homes and a Kin First culture within the system.

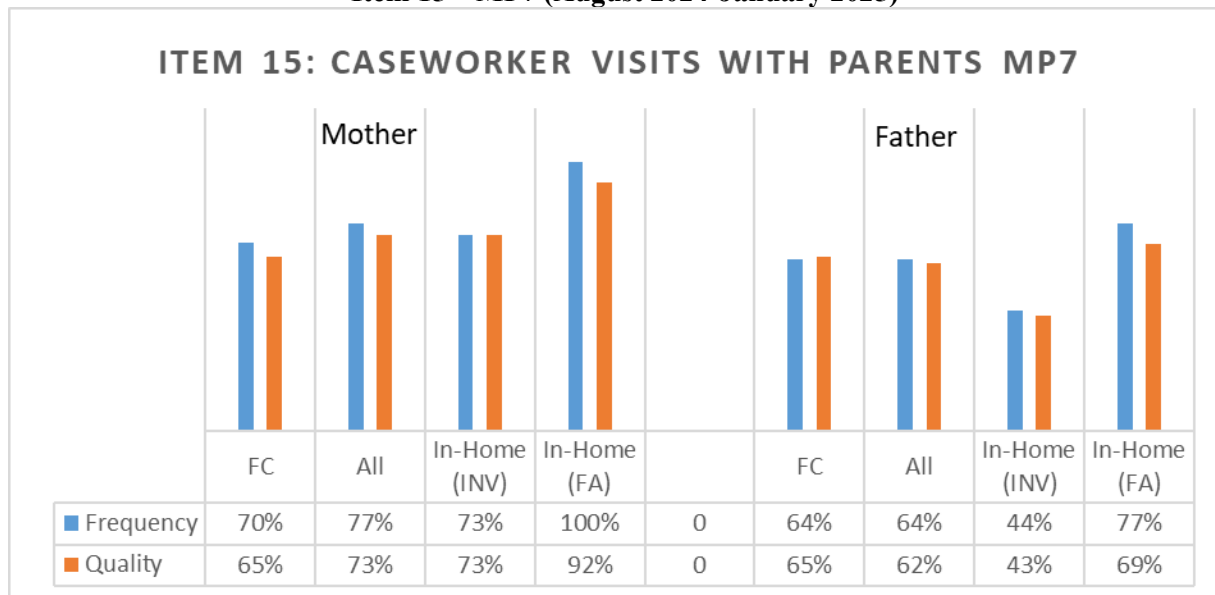
Amid these advancements, VDSS’s commitment to assessing safety, mitigating risk, and promoting family reunification remains unwavering. Anticipating significant shifts due to impending legislation, VDSS acknowledges the need to establish baseline data and measurements. Ongoing data collection and analysis will fortify VDSS’s ability to adapt and effectively measure intervention efficacy, ensuring that services continually align with evolving community needs.

Virginia will continue to address practice needs in this item through planned activities in **Permanency Strategy 1** and **Prevention Strategy 2**.

Item 15: Caseworker Visits with Parents

Purpose: To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

Item 15 – MP7 (August 2024-January 2025)



Item 15 Caseworker Visits with Parents determines whether the frequency and quality of visits between caseworkers, mothers and fathers were sufficient to ensure safety, permanency, and wellbeing. Item 15 breaks down into the categories of In-Home Services cases (cases that opened from INV), In-Home Services DR/AR (cases that opened from a FA), Foster Care, and all case types. The Round 3 PIP goal for Item 15 was 42%; this was first achieved in the previous MP4 and then in MPs 8-18. In the current MP7, Virginia achieved a Strength rating in 60.95% of cases for Item 15, which is below the established six-month goal of 77%.

Caseworker visits were overall of better frequency and quality with mothers; in particular, in both of the In-Home case types. Visit frequency and quality for mothers were equitable in In-Home case types, but outcomes for quality tended to be lower than outcomes for frequency in other case types.. Caseworker visits with fathers had considerably lower outcomes. Visits occurred with fathers at an overall lower frequency than with mothers, and visit quality tended to be equitable with frequency. Quality and frequency of caseworker visits was considerably higher for fathers in the In-Home DR/AR case type.

During 2024, Virginia reviewed a total of 105 applicable cases for Item 15 and had a total of 41 cases that received an ANI in Item 15. A total of 26 Foster Care cases were rated as an ANI for Item 15, with eight ANIs for In-Home (INV) and seven for In-Home (DR/AR). In 16of the cases, neither the frequency nor the quality of visitation with the parents was sufficient. A majority of ANIs in Item 15 resulted from a lack of engagement with fathers. Other reasons for ANIs included:

1. Failure to engage incarcerated parents.
2. Lack of contact with parents outside of court hearings.
3. Timing of visits not conducive to adequately assess safety.
4. No contact with parent residing outside the agency's locality.

Practice Enhancements for Item 15:

Virginia continues to support enhanced engagement practices across the entire child-welfare continuum through Kin First Now, practice profiles, and Fatherhood initiatives. These initiatives focus on the identifying and actively engaging both parents; they emphasize frequent and high-quality visits. Engagement continues to be a focus for the 2025-2029 strategic plan with planned activities in **Protection Strategy 1, Prevention Strategy 1, and Permanency Strategy 1.**

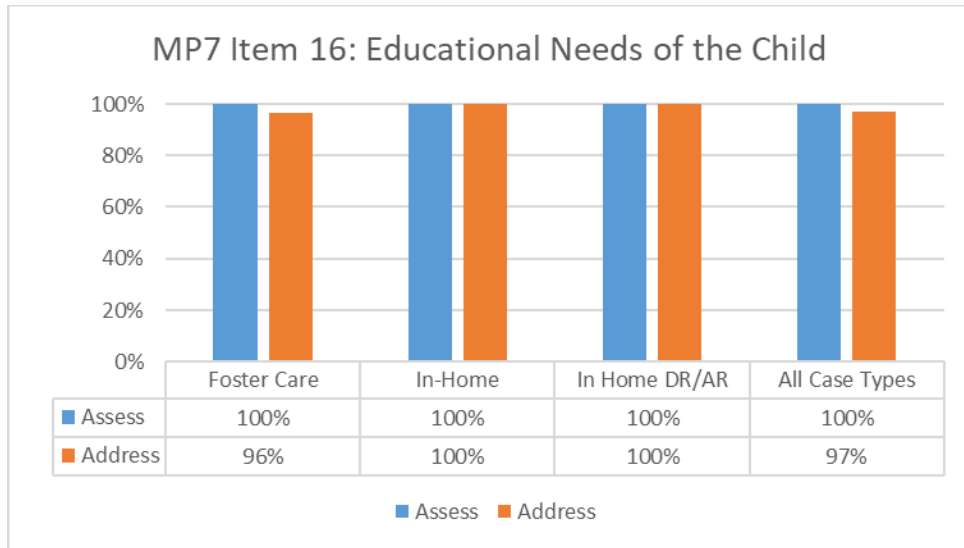
Well-Being Outcome 2: Children Receive Appropriate Services to meet their Educational Needs (Item 16)

Virginia is in substantial conformity with Well-being Outcome 2 with 93.22% of cases substantially achieved in 2024 reviews. Virginia had a total of 59 cases that met applicability for Item 16, and four cases that received an ANI. All four ANIs were foster care case types. Agencies performed well in ensuring that children had Best Interest Determination meetings, educational assessments, Individual Education Plans (IEPs) and 504 Plans, and behavioral intervention services.

Item 16: Educational Needs of the Child

Purpose: To assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

Item 16 – MP7 (August 2024-January 2025)



Virginia passed Item 16 during the previous MP15 with an overall state rating of 97%. In order to pass Item 16 for the Round 3 PIP, Virginia needed to reach a PIP Goal of 91%. During the new MP7 as the chart highlights, Virginia achieved a Strength rating of 100% for Item 16, which meets the federal standard of 90%.

During 2024, Virginia had a total of 59 cases that met applicability for Item 16, and four cases that received an ANI in Item 16. All four ANIs were Foster Care case type. ANI rationales included:

1. Moving the child’s school when it was determined not in the child’s best interest.
2. Failure to coordinate necessary summer school placement.
3. Delay in school enrollment (2 cases).
4. Lack of concerted efforts to assess academic performance issues.
5. No documented best interest determination meeting.

Practice Enhancements for Item 16:

Virginia continues to follow established guidance in these areas and supports local staff by providing tracking tools through SafeMeasures and COMPASS|Mobile. VDSS and DOE collaboratively provide technical assistance.

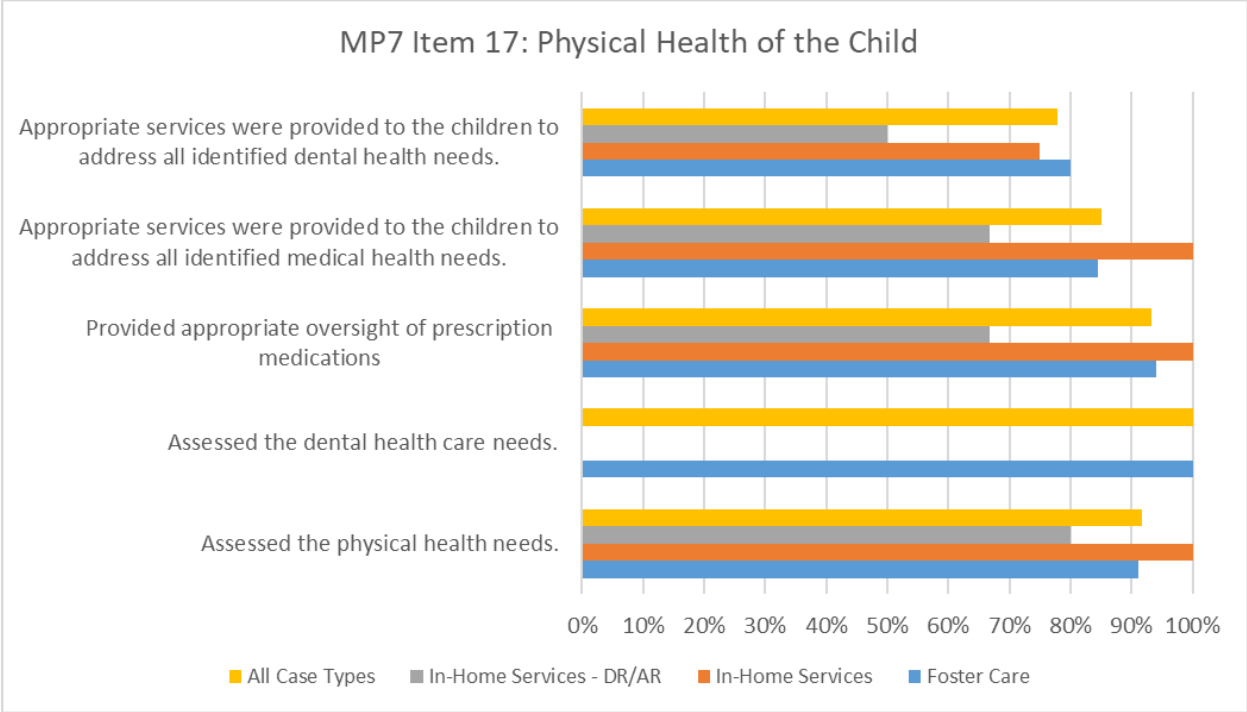
Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs (Items 17-18)

Virginia substantially achieved Well-being outcome 3 in 72.23% of cases in 2024. In the new MP7, Item 17, physical health of the child, was substantially achieved in 77.78% of cases. Missing dental exams or delay in scheduling dental exams or procedures were the most cited needs in physical health. Item 18, mental/behavioral health of the child, was substantially achieved in 85.71% of cases. A lack of follow-up to identify alternate providers or different services when long waitlists exist is a theme in Item 18.

Item 17: Physical Health of the child

Purpose: To determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs.

Item 17 – MP7 (August 2024-January 2025)



For Item 17, physical health of the child, Virginia needed to reach an overall PIP Goal of 80%. Virginia was successful in the previous MP2, with a statewide score of 82%. In the new MP7, Virginia scored a statewide score of 77.78% in this item Overall, In-Home cases scored the highest in most elements of Item 17. Foster care cases accounted for the highest number of ANI ratings in Item 17; however, foster care cases made up a higher percentage of applicable cases for this item.

During 2024, Virginia reviewed 87 applicable cases. Virginia had a total of 16 cases that received an ANI in Item 17. Of the ANIs, 13 were foster care cases, one was In-Home, and two were In-Home (DR/AR) cases. In eight cases, the agency did not address the dental health needs of the child, in four cases the agency did not address either physical or dental health, and in two cases, the agency did not address physical health. Additional reasons for ANIs include:

1. Failure to obtain proper medical care for a child’s prior injury.
2. Failure to complete a timely initial assessment of the child’s physical health needs.

Practice Enhancements for Item 17:

Virginia continues to follow established guidance in these areas and supports local staff by providing tracking tools through SafeMeasures and COMPASS|Mobile.

VDSS and DMAS co-led the Improving Timely Health Care for Children and Youth in Foster Care affinity group which also included representatives from various Managed Care Organizations (MCOs). The goal this groupwork was to establish more effective workflows that will increase the percentage of children entering foster care who receive their initial medical exam within 30 days of entering foster care. The affinity group completed its work in August 2023. VDSS and DMAS will continue to use information from the tests of change from this affinity group to affect practice more broadly (see **Health Care Oversight and Coordination Plan** for more information).

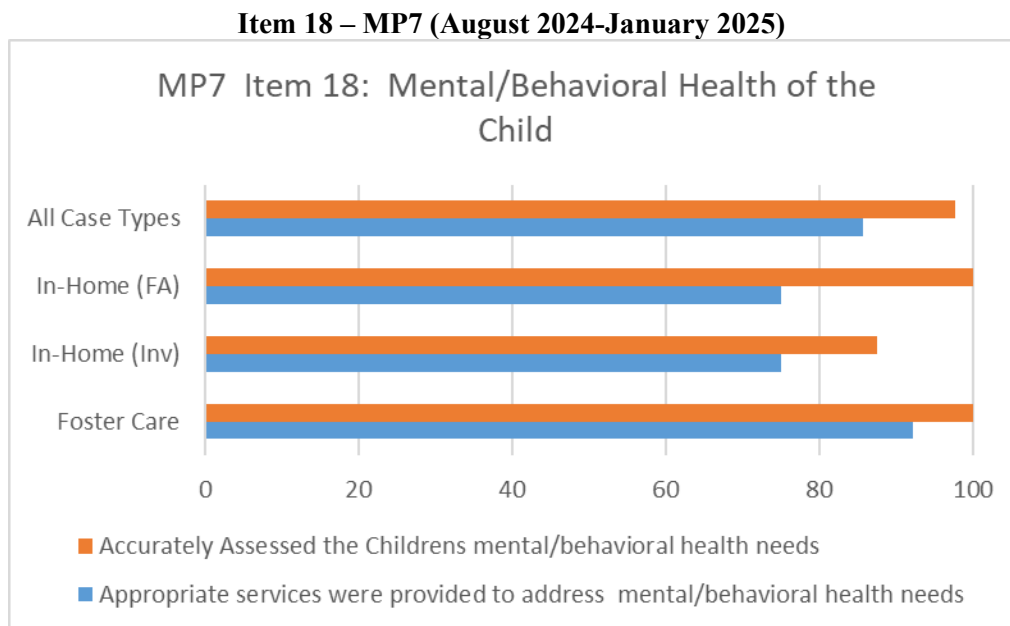
The DMAS/Foster Care Partnership bi-monthly meetings increase collaboration with various stakeholders to improve overall access to healthcare for children in and aging out of foster care. In 2023, DMAS

hosted six Foster Care Partnership meetings and eight Action Group Meetings. The **Health Care Oversight and Coordination Plan** includes more information on these meetings. These groups did not reconvene in July 2024 as originally planned due to delays in the procurement of new MCO contracts. When these meetings resume in 2025 new priorities will be established.

VDSS also continues to focus on practice enhancements related to psychotropic medication for youth in foster care, as outlined in CFSP **Permanency Strategy 3.4**.

Item 18: Mental/Behavioral Health of the child

Purpose: To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children.



Virginia substantially achieved Item 18, mental/behavioral health of the child, in 85.33% of cases during the calendar year. Virginia needed to pass Item 18 with an overall score of 48% and achieved that in the previous MP1 with an overall score of 58%. Virginia passed Item 18 in every MP during Round 3 of the CFSTR. In the current MP7, Virginia scored a 85.71% Strength rating for Item 18 . The six-month goal for Item 18 is set at the federal standard of 90%.

As the chart shows, foster care cases performed highest in both assessment of mental health needs, and service provision. In-Home DR/AR cases also scored 100% on accurately assessing needs, but both In-Home case types performed lower in providing necessary services to meet mental health needs.

During 2024, 75 applicable cases were reviewed, and Virginia had a total of 11 cases that received an ANI in Item 18. Of the ANIs, seven were foster care case type, two were In-Home (INV), and two were In-Home (DR/AR). In five cases, the agency did not address the mental health needs of the child at any time, and in four cases the agency did not address the mental health needs on an ongoing basis. Other reasons for ANIs included not addressing mental health needs timely, and not providing appropriate oversight of prescription medication.

Practice Enhancements for Item 18:

Virginia continues to follow established guidance in these areas and supports local staff by providing tracking tools through SafeMeasures and COMPASS|Mobile. As discussed in the Item 17 practice enhancements, collaborations with DMAS and other stakeholders support improving the health needs of children in care. Enlisting the support of the MCO's in the overseeing the use of psychotropic medications is a CFSP priority (**Permanency Strategy 3.4**). Hiring the Director of Foster Care (**Permanency Strategy 3**) will give LDSS additional resources around the oversight of medications prescribed to children in foster care.

| CFSR items Requiring Measurement | PIP Base -line | PIP Goal | MP 1 | MP 2 | MP 3 | MP 4 | MP 5 | MP 6 | MP 7 | MP 8 | MP 9 | MP 10 | MP 11 | MP 12 | MP 13 | MP 14 | MP 15 | MP 16 | MP 17 | MP 18 |
|--|----------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|-------|-------|-------|-------|
| Item 1 – Timeliness of initiating investigations of reports of child maltreatment | 76.9 % | 87.5 % | 68% | 69.6 % | 73.9 % | 71.4 % | 71.7 % | 69.7 % | 75.6 % | 82.6 % | 77.8 % | 83.7 % | 86.05 % | 78% | 83.33 % | 88.37 % | 91 % | 90% | 75% | 83% |
| Item 2 - Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care | 67.6 % | 77.9 % | 60.6 % | 60% | 74.2 % | 71.4 % | 62.2 % | 48.8 % | 58.8 % | 77.1 % | 84.8 % | 82% | 79.4 % | 85.71 % | 82.93 % | 78.95 % | 78% | 78% | 83% | 82% |
| Item 3 – Risk and safety assessment and management | 48.6 % | 56.2 % | 50% | 58.6 % | 58.6 % | 58.5 % | 60% | 54.2 % | 51.4 % | 67.1 % | 71.4 % | 71.4 % | 78.5 % | 72.86 % | 65.71 % | 64.29 % | 67% | 74% | 68% | 69% |
| Item 4 - Stability of foster care placement | 70.5 % | 79.3 % | 61.4 % | 72.7 % | 86.4 % | 70.4 % | 70.4 % | 77.2 % | 79.6 % | 88.6 % | 95.5 % | 88.6 % | 81.8 % | 75% | 70.45 % | 77.27 % | 77% | 82% | 82% | 72% |
| Item 5 - Permanency goal for child | 65.9 % | 75.1 % | 72.7 % | 72.7 % | 65.1 % | 74.4 % | 76.7 % | 54.7 % | 58.1 % | 81.4 % | 81.4 % | 79.5 % | 81.8 % | 79.07 % | 83.72 % | 86.05 % | 81% | 84% | 87% | 79% |
| Item 6 - Achieving reunification, guardianship, adoption, or other planned permanent living arrangement | 38.6 % | 48.0 % | 38.6 % | 34.1 % | 30.2 % | 27.2 % | 29.5 % | 36.3 % | 45.5 % | 56.8 % | 61.4 % | 61.4 % | 72.7 % | 75% | 72.73 % | 72.73 % | 70% | 71% | 71% | 65% |

| CFSR items Requiring Measurement | PIP Base -line | PIP Goal | MP 1 | MP 2 | MP 3 | MP 4 | MP 5 | MP 6 | MP 7 | MP 8 | MP 9 | MP 10 | MP 11 | MP 12 | MP 13 | MP 14 | MP 15 | MP 16 | MP 17 | MP 18 |
|--|----------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|-------|-------|-------|-------|
| Item 7 - Placement with siblings | 63.2 % | 77.3 % | 55% | 87.5 % | 92.6 % | 81.4 % | 79.3 % | 77.4 % | 76.9 % | 75% | 74.1 % | 81.2 % | 90.4 % | 81.48 % | 69.23 % | 80.77 % | 96% | 100% | 94% | 90% |
| Item 8 - Visiting with parents and siblings in foster care | 33.3 % | 43% | 46.2 % | 51.6 % | 51.7 % | 51.2 % | 51.2 % | 48.7 % | 43.1 % | 51.2 % | 65% | 81.1 % | 86.8 % | 76.92 % | 69.23 % | 67.5 % | 78% | 86% | 59% | 63% |
| Item 9 - Preserving connections | 62.8 % | 72.2 % | 52.3 % | 52.3 % | 58.1 % | 60.4 % | 64.2 % | 76.1 % | 77.3 % | 68.2 % | 72.7 % | 86.4 % | 90.9 % | 84.09 % | 81.82 % | 86.36 % | 91% | 92% | 89% | 91% |
| Item 10 - Relative placement | 46.5 % | 56.2 % | 52.4 % | 59.5 % | 58.5 % | 58.5 % | 60.4 % | 54.5 % | 58.1 % | 72.1 % | 72.7 % | 84.1 % | 93% | 86.05 % | 86.36 % | 93.18 % | 95% | 92% | 89% | 88% |
| Item 11 - Relationship of child in care with parents | 34.2 % | 44.1 % | 48.4 % | 47.6 % | 52% | 50% | 48.6 % | 43.2 % | 35.7 % | 42.9 % | 44% | 56.8 % | 69.4 % | 63.89 % | 65.79 % | 65.79 % | 71% | 79% | 79% | 76% |
| Item 12 - Needs and services of child, parents, and foster parents | 38.6 % | 46.0 % | 27.1 % | 30.0 % | 42.9 % | 32.8 % | 31.4 % | 28.5 % | 25.7 % | 37.1 % | 42.9 % | 46% | 52.8 % | 62.86 % | 61.43 % | 45.71 % | 49% | 66% | 63% | 68% |
| Item 13 - Child and family involvement in case planning | 35.3 % | 42.7 % | 29.9 % | 41.3 % | 43.8 % | 34.7 % | 40.5 % | 44.9 % | 42.9 % | 51.4 % | 54.3 % | 64.2 % | 81% | 79.71 % | 70% | 62.86 % | 71% | 82% | 78% | 78% |
| Item 14 - Caseworker visits with child | 57.1 % | 64.7 % | 55.7 % | 65.7 % | 64.3 % | 61.4 % | 70% | 75.7 % | 75.7 % | 82.9 % | 80% | 77.1 % | 85.7 % | 85.71 % | 81.53 % | 77.14 % | 81% | 90% | 85% | 84% |
| Item 15 - Caseworker visits with parents | 34.4 % | 42% | 19.0 % | 22.4 % | 41.5 % | 41.5 % | 36.3 % | 33.3 % | 34.2 % | 42.9 % | 50.7 % | 62.1 % | 76.9 % | 75% | 70% | 64.29 % | 69% | 80% | 78% | 77% |

| CFSR items Requiring Measurement | PIP Base -line | PIP Goal | MP 1 | MP 2 | MP 3 | MP 4 | MP 5 | MP 6 | MP 7 | MP 8 | MP 9 | MP 10 | MP 11 | MP 12 | MP 13 | MP 14 | MP 15 | MP 16 | MP 17 | MP 18 |
|---|-----------------------|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Item 16 - Educational needs of the child | 83.7 % | 90.9 % | 85.7 % | 87.8 % | 86.4 % | 82.6 % | 80.9 % | 80.9 % | 82.9 % | 83.7 % | 86.9 % | 89.5 % | 85.2 % | 86.11 % | 87.18 % | 89.47 % | 97% | 97% | 89% | 93% |
| Item 17 - Physical health of the child | 72.2 % | 80% | 72.7 % | 81.8 % | 90.4 % | 84% | 72.5 % | 74% | 75.4 % | 80.7 % | 81.5 % | 69.4 % | 72% | 90.2 % | 96% | 88.24 % | 84% | 97% | 77% | 77% |
| Item 18 - Mental/behavioral health of child | 39.1 % | 48.3 % | 58% | 76.6 % | 59.5 % | 52.1 % | 59% | 55.3 % | 51.1 % | 62.2 % | 76.5 % | 74.5 % | 83.3 % | 93.02 % | 84.44 % | 72.73 % | 76% | 87% | 91% | 83% |

CFSR Outcomes Since Establishing New Baseline, February 2023

| CFSR Items Requiring Measurement | New Baseline | Six-Month Goals (11/23) | MP1 | MP2 | MP3 | MP4 | MP5 | MP6 | MP7 |
|--|---------------------|--------------------------------|------------|------------|------------|------------|------------|------------|------------|
| Item 1 –Timeliness of initiating investigations of reports of child maltreatment | 96% | 95% | 78% | 80% | 83% | 92% | 97% | 89% | 84% |
| Item 2 - Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care | 81% | 90% | 64% | 73% | 76% | 85% | 90% | 77% | 60% |
| Item 3 – Risk and safety assessment and management | 76% | 77% | 56% | 61% | 60% | 63% | 65% | 62% | 56% |
| Item 4 - Stability of foster care placement | 67% | 86% | 75% | 75% | 71% | 67% | 46% | 50% | 70% |
| Item 5 - Permanency goal for child | 71% | 90% | 92% | 100% | 100% | 82% | 79% | 88% | 75% |
| Item 6 - Achieving reunification, guardianship, adoption, or other planned permanent living arrangement | 57% | 85% | 67% | 83% | 83% | 71% | 67% | 54% | 60% |
| Item 7 - Placement with siblings | 90% | 90% | 88% | 67% | 71% | 80% | 45% | 67% | 62% |
| Item 8 - Visiting with parents and siblings in foster care | 78% | 85% | 58% | 61% | 62% | 65% | 64% | 60% | 67% |
| Item 9 - Preserving connections | 95% | 90% | 88% | 92% | 91% | 91% | 79% | 65% | 75% |
| Item 10 - Relative placement | 81% | 90% | 79% | 96% | 96% | 79% | 71% | 81% | 90% |
| Item 11 - Relationship of child in care with parents | 75% | 75% | 57% | 64% | 70% | 63% | 59% | 63% | 65% |
| Item 12 - Needs and services of child, parents, and foster parents | 79% | 77% | 60% | 55% | 50% | 57% | 61% | 48% | 47% |

| CFSR Items Requiring Measurement | New Baseline | Six-Month Goals (11/23) | MP1 | MP2 | MP3 | MP4 | MP5 | MP6 | MP7 |
|---|---------------------|--------------------------------|------------|------------|------------|------------|------------|------------|------------|
| Item 13 - Child and family involvement in case planning | 82% | 80% | 71% | 76% | 60% | 61% | 72% | 63% | 63% |
| Item 14 - Caseworker visits with child | 88% | 90% | 83% | 90% | 85% | 78% | 83% | 79% | 84% |
| Item 15 - Caseworker visits with parents | 80% | 77% | 69% | 71% | 58% | 57% | 63% | 60% | 61% |
| Item 16 - Educational needs of the child | 100% | 90% | 81% | 88% | 92% | 88% | 88% | 93% | 100% |
| Item 17 - Physical health of the child | 74% | 90% | 84% | 88% | 90% | 90% | 89% | 80% | 78% |
| Item 18 - Mental/behavioral health of child | 77% | 90% | 69% | 71% | 75% | 81% | 88% | 85% | 86% |

Systemic Factors

Statewide Information System (Item 19)

Item 19: Information Systems

In 2017, the last CFSR review found the Information Systems systemic factor was in substantial conformity. Virginia continues to assess this item as a Strength as VDSS and LDSS can readily identify the status, demographic characteristics, location, and goals for every child in a foster care placement. This is evident in the AFCARS and National Child Abuse and Neglect Data System (NCANDS) submissions and reports available in OASIS and SafeMeasures. As the system of record, OASIS is used to meet other federal reporting requirements for NCANDS, National Youth in Transition Data Base (NYTD), monthly foster care contact, state foster care agency foster child data (SSA), and AFCARS.

Although OASIS provides a foundation for automating of child welfare services and currently lets VDSS collect and maintain demographic characteristics, location, status, and goals for every child in foster care, it can't meet DFS operational requirements. OASIS and the other in-house applications require duplicate information entry and cumbersome data-entry processes. They lack the capability to effectively support programs, including financial management, electronic document management, mobile use, and interoperable functions. VDSS will use OASIS until a new CCWIS can be implemented (**Operations Strategy 1**).

OASIS captures all of the current AFCARS elements related to the child's demographic information (sex, race, ethnicity), disabilities (behavioral, mental and physical health), removal/placement setting indicators (date and number of removals, placement settings and types), circumstances of removal (manner of removal, conditions of removal, etc.), case plan goal(s), dates of all required court hearings, Indian Child status, caretaker information such as demographics, TPR, foster family demographics, funding information such as program eligibility (Title IV-E, CSA, Title IV-A, Title IV-D, Medicaid, SSI/SSA) and funding amount. OASIS also captures other data elements such as required caseworker visits and contacts with family members, FPMs, CFTMs, etc.

| Data | OASIS Screen |
|---|--|
| Basic demographic information | Client General Information Screen Path: Workload/Case/Client/Gen Info |
| Tribal Membership (collected for adults in all cases and for children not in foster care) | Client General Information Screen Path: Workload/Case/Client/Gen Info |
| ICWA Status & Tribal Information (collected for children in foster care) | Client General Information Screen Path: Workload/Case/Client/ICWA |
| Disabilities | Client Disabilities Screen Path: Workload/Case/Client/Health/Disabilities |

| | |
|--|--|
| Adoption status (if child has previously been adopted) | Client General Information & Prior Adoption Disruption/Dissolution Screen Path: Workload/Case/Client/Gen. Info Path: Workload\Case\Cust Status\Phys Rmvl\Prior Adoption Disruption/Dissolution |
| Removal/circumstances at time of removal | Physical Removal Screen & Legal Basis for Custody Screen Path: Workload\Case\Cust Status\Phys Rmvl Path: Workload\Case\Cust Status\Legal Status |
| Foster care case plan (includes goal) | Foster Care Service Plan Path: Workload\Case Plan\FC\Service Plan\Srv Plan |
| Court hearings | Hearing/Review Screen Path: Workload\Court\Court\Ci Crt Info\Hearing/Rev |
| Caretaker demographics | Client General Information Screen Path: Workload/Case/Client/Gen Info |
| Termination of parental rights (TPR) | Termination of Parental Rights Screen Path: Workload\Court\Court\Ci Crt Info\TPR |
| Placement setting(s) | Placement Enter/Change/Discharge Screen Path: Workload\Case\Placement\Place\Enter/Chg |
| Foster family demographics | Resource General Information Screen & Resource Household Members Screen Path: Workload\Resource\Directory\Info Path: Resource\Directory\Homes\Members |
| Caseworker visits/FPMs/CFTMs | Case Client/Collateral Contact Information Path: Workload\Case\Contacts\Contacts |
| Funding information | Client Funding Screen Path: Workload/Case/Client/Finances/Funding |

Examples of available OASIS reports that capture the information above for cases and clients: *These reports below are on a case/client basis, except for the first two, which can be pulled with statewide data.*

- Active foster care children
 - This report can be printed based on statewide, regional, locality, unit or unit/worker data
- Resource (foster family/placement providers)
 - The data for this report can be filtered by all or current resources, locality, a specific resource ID, resource category and resource type.
- Foster Care Face Placement Sheet
- Case information
- Client hearing detail
- Client health
- Placement history

- Foster care service plan
- Summary of hearings
- Client funding report
- Termination of parental rights

VDSS child welfare policy mandates time frames for entering information into OASIS. From the Child and Family Services Manual Chapter E Foster Care:

- Section 4.3.1: Information for every child in foster care shall be entered into OASIS as soon as possible but no later than five (5) calendar days after the child's custody is transferred to a LDSS or s/he is placed in foster care. A delay in entry in OASIS will result in a federal penalty under the federal Adoption and AFCARS. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 30 calendar days after each activity or event, with two exceptions:
 - Placement and funding information for children shall be entered within five business days of any placement change, in order to accurately track the whereabouts of children in care.
 - The foster care case should be closed within five business days after the child leaves the care of the LDSS.

- Section 5.6: The initial assessment is the basis for developing a foster care plan that addresses immediate child and family needs and selecting a specific foster care permanency goal.

The initial assessment shall:

- Be entered into OASIS within 30 days of LDSS acceptance of the child for placement, using the assessment screen (unless otherwise noted) and completing all the required elements of appropriate screens.
- Section 17.8.7: Face-to-face contacts shall be entered into OASIS immediately but no later than 30 days following the contact.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

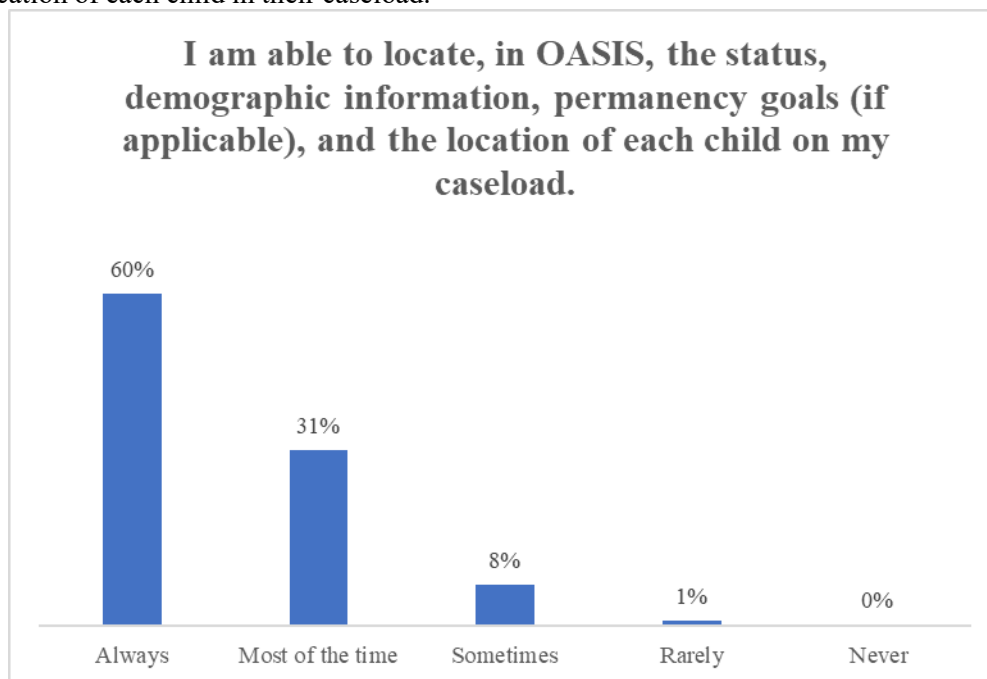
- Section 17.17: OASIS shall be kept up-to-date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system, while the other mandated elements are highlighted in yellow. The service worker is responsible for entering and updating all case data in OASIS as soon as possible, but no later than 30 days after each activity or event. The only exceptions are:
 - Children's placement changes shall be entered into the system within five (5) calendar days of any placement change.
 - The foster care case should be closed within five (5) business days after the child leaves the care of the LDSS.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

Staff of licensed child-placing agencies or children’s residential facilities do not have access to OASIS to update information for the children in their care. The child’s FSS worker is required to gather necessary information and enter that information into OASIS in a timely manner.

Data validation and reconciliation relies on federal data quality reporting. The most recently available CFSR 4 Data Profile is from February 2025; it provided an assessment of data quality. In the AFCARS data-quality checks for submissions 20A through 24B, there are no data quality issues that exceed the data quality limit. VDSS has implemented on-going data clean-up strategies with localities on required AFCARS fields to ensure that data is consistent, accurate, and complete. The NCANDS data quality check showed no data-quality issues.

In a 2025 survey to LDSS staff, 91% of applicable respondents reported that they were able to always or most of the time the status, demographic information, permanency goals (if applicable) and the location of each child in their caseload.



N=797

Case Review System (Items 20-24)

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions?

Virginia received an overall rating of ANI for Item 20 during the last CFSR review. VDSS has implemented a series of practice enhancements since that time including collaborations with CIP and updates to the foster care plan template. However, Virginia continues to assess this item as an ANI due to concerns noted with engaging families in case planning and the proxy measurement of case plan completion. VDSS implemented several practice enhancements regarding family engagement in 2024 through Kin First Now (**Permanency Strategy 1**). VDSS is also currently replacing CCWIS (**Operations Strategy 1**), which will improve VDSS’s ability to gather data from the system, including information related to service planning.

The Code of Virginia § 16.1- 281, Section 15 of Chapter E, Foster Care of the Child and Family Services Manual, and the Social Security Act, Title IV, §475(1) [42USC 675] include requirements for development of a foster care plan. Subsection 15.5 “What should be included in foster care plan” in the Foster Care chapter outlines what should be included in Part A and Part B of the foster care plan.

Part A must include:

- Reason for care and why placement is needed
- Services offered to prevent removal
- Child’s situation at time of placement, if applicable including description of placement a significant distance away from the parent(s) is necessary
- Appropriateness of foster care goal and services
- Most current and accurate information about educational status
- Most current and accurate information about the child’s health
- Nature of child’s placement(s)
- Discussion of appropriateness of placement, including efforts made to place with family, efforts to place in the least restrictive setting
- Discussion of normalcy
- Discussion of how court orders have been carried out
- Needs met to achieve the goal
- Visitation plan for parents and siblings
- Permanency goal, including rationale for goal selection
- Concurrent permanency plan
- Program, care, services, and supports for the child, including independent living services and transition plan
- Target dates for completion of services
- Responsibilities of parents/prior custodians including target dates for completion
- Projected goal achievement date
- Description of child, parent, prior custodian, foster parent, and other supportive individuals' involvement in the planning process
- Information on the right to appeal LDSS decisions on services and placement

Part B of the foster care plan is used when the child cannot be returned to parents or prior custodians within a practicable time. This section requires a description of opportunities to achieve goals or a description of why a goal is not feasible.

To help assess whether workers include required elements in foster care plans, a 2025 survey asked FSS who carry a foster care caseload how frequently certain needs of children in foster care are addressed in foster care plans. The results of the survey are listed in the following chart:

| | Always or Most of the time | Sometimes | Rarely or Never |
|---------------------------------------|-----------------------------------|------------------|------------------------|
| Educational needs | 96% | 3% | 0% |
| Dental Health needs | 71% | 9% | 3% |
| Medical Health needs | 95% | 5% | 0% |
| Mental/Behavioral Health needs | 97% | 3% | 0% |

N =276

A full-service plan for children in foster care through court commitment, non-custodial foster care agreement, a permanent entrustment agreement, or a temporary entrustment must be documented in OASIS. Due to OASIS limitations, VDSS can see if a written case plan has been entered into the system, but there is no way for the system to indicate that the plan has been completed. Less than 1% of children did not have a case plan in OASIS so VDSS must also look at the dispositional hearing information to determine if the plan was completed in full. A completed case plan is a requirement for a dispositional hearing with an approved goal, so VDSS uses the dispositional hearing measurement to calculate case plan completion. In 2024, 1,934 children entered foster care and 95.4% had a dispositional hearing held while only 62.3% of them were held within the required 60-day timeframe. Based on the case plan in OASIS and a dispositional hearing having been held, VDSS determined 95.4% had a completed case plan.

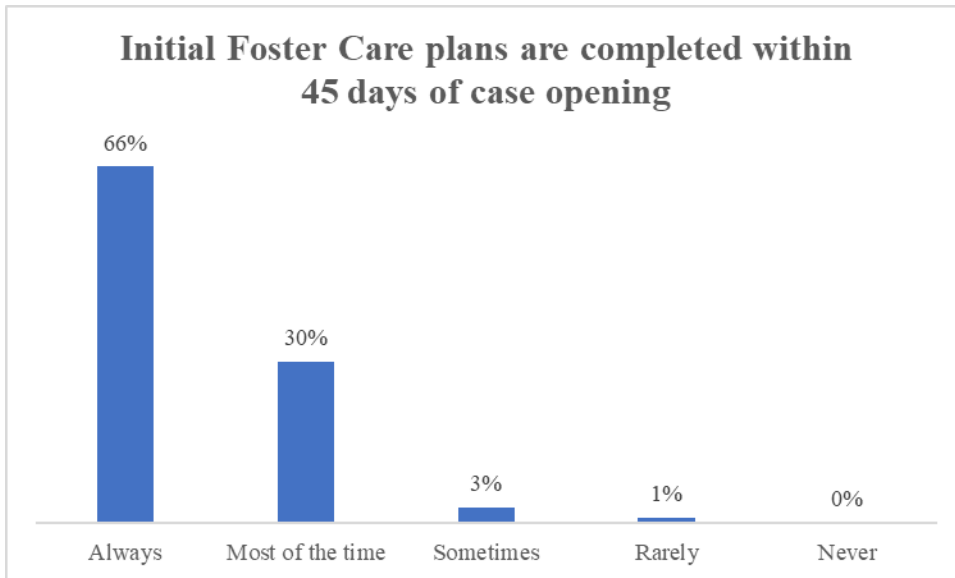
The dispositional hearing's purpose is to review the foster care plan. If a foster care plan is not filed, the hearing would not be held but may be continued. Because 95.4% of children had a dispositional hearing to approve a foster care plan filed pursuant to Va. Code § 16.1-281, 95.4% of children had a completed case plan.

Percent of Cases with Case Plans Completed in 2024

| Children Under 18 that entered foster care in 2024 and remained in care for at least 60 days. | # | % |
|---|------|-------|
| Total Children under 18 that entered Care in 2024 for 60 days or more | 1934 | |
| Service Plan Entered into OASIS | 1919 | 99% |
| No Service Plan Entered into OASIS | 15 | 1% |
| Dispositional Hearing Held | 1845 | 95.4% |
| Dispositional Hearing Held within 60 days (0-60 days) | 1204 | 62.3% |
| No Dispositional Hearing Held | 89 | 4.6% |

In 2024, 1934 children under 18 entered foster care, and case planning for them should have occurred during the first 60 days. Sixty-two percent of these cases had hearings where a qualified goal was approved within 60 days of child removal.

In a 2025 survey, 96% of LDSS workers responded that initial foster care plans are always or most of the time completed within 45 days of case opening.



VDSS continues efforts to ensure that all parties, including the child and the child’s parents, have input into case plan development, primarily through the use of FPMs or CFTMs. Subsection 15.3 in the Foster Care Chapter of the Child and Family Services manual instructs workers to involve and engage parents, prior custodians, foster parents, other family members and others identified as significant to the family in developing the foster care plan through FPMs. Children are also encouraged to participate in the planning. If the child is at least 12 years or older, that child may invite two people to participate in the planning team. OASIS can document that youth were given the opportunity to invite up to two people to team meetings, as well as the names of the individuals the youth chose. The case plan also contains a check box to indicate who was involved in the planning. Of the children that entered foster care in 2024, 69% of the case plans indicated that the parent(s) were involved in the planning. VDSS uses the OASIS data available through SafeMeasures to monitor the use of FPMs.

In a 2025 LDSS child welfare staff survey, LDSS staff who oversee foster care cases were asked if parents were involved in developing case plans.

Involvement in Developing Case Plans

| | Always | Most of the time | Sometimes | Rarely | Never | Total |
|--------|-------------|------------------|-------------|------------|-----------|-------|
| Mother | 29.48% (79) | 52.99% (142) | 13.43% (36) | 2.99% (8) | 1.12% (3) | 268 |
| Father | 22.22% (60) | 43.33% (117) | 29.26% (79) | 4.07% (11) | 1.11% (3) | 270 |

VDSS will continue to target improving child and family involvement in case planning through **Permanency Strategy 1’s** efforts to elevate family engagement and concurrent planning.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Virginia received an overall rating of Strength for Item 21 during the last CFSR review. Virginia continues to assess the functioning of this item as a Strength, due to data reported from SafeMeasures (97% completion rate) as well as evidence from LDSS survey with 96% reporting that they complete the

periodic reviews all or most of the time.

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 of the Code of Virginia and Section 16 of Chapter E, Foster Care of the Child and Family Services Manual). 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 ten months of the dispositional hearing (§ 16.1-282.1). For all and any reviews, considerations include the child's safety, the continuing necessity for foster care placement, compliance, progress with the case plan for both child and family, transition planning for youth age 14 or older, and whether an out-of-state placement continues to be in the child's best interest. When possible and appropriate, a review identified a projected date for reunification, adoption, or other permanency goal. A timeline of Virginia's foster care related court proceedings is available [here](#).

The process for scheduling cases before the four-month foster care review depends upon how the child is entering foster care and the hearings associated with that case type (i.e., abuse or neglect, at risk of abuse or neglect, relief of custody or entrustment agreement, disposition of a child in need of services, child in need of supervision, etc.).

At the dispositional hearing, the judge decides the child's custodian. 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 identifies a goal for timely reunification or other permanency goal. 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 date for the next hearing is scheduled at the conclusion of the current hearing. For example, the four-month foster care review is scheduled at the conclusion of the dispositional hearing. The date for the initial permanency planning hearing is set at the end of the four-month foster care review. The date for the second permanency planning is set at the end of initial permanency planning if an interim plan is approved at the initial permanency planning. The annual foster care review hearing is scheduled at the conclusion of the initial permanency planning hearing, or at the time of the current annual review hearing.

Data gathered using the SafeMeasures AFCARS Approved Court Hearing Status report shows that during CY2024, 97% of children participated in a periodic review.

In a 2025 survey, 93% of FSS who carry a caseload said that foster care cases are heard no less frequently than every six months by a court or administrative panel review always or most of the time

When asked about reasons that some cases are not heard every six months, workers indicated case continuances (42%) and delay in scheduling by the court (29%) were most likely. Unavailability of a parent (12%), an attorney (14%), and a worker (3%) were also indicated as reasons why some cases are not heard every six months.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Virginia received an overall rating of Strength for Item 22 during the last CFSR review, Virginia continues to assess the functioning of this item as a Strength, due to data regarding ongoing and initial permanency hearings and results from the most recent title IV-E review indicating that Virginia conducts frequent permanency hearings.

In Virginia, a LDSS may, under identified circumstances, petition the court to approve of an interim foster care plan at the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). The court may approve an interim plan for a maximum period of six months, if the court finds that marked progress is being made towards reunification or to achieve the identified permanency goal (Virginia Code § 16.1-282.1).

Virginia Code § 16.1-282.1 provides, “In the case of a child who was the subject of a foster care plan filed with the court pursuant to § 16.1-281, a permanency planning hearing shall be held within ten months of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 was reviewed.” 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 to 75 days of filing a petition for approval of an entrustment agreement. These timeline requirements support a permanency hearing being held within 12 months of a child entering foster care.

The results of the most recent title IV-E review (2019) found that “Virginia conducts frequent permanency hearings, which resulted in timely judicial determinations. Court involvement in monitoring case planning and progress toward goal achievement for the child was evident in child specific court orders. Virginia continues to work with the CIP to monitor timeliness of hearings and ensure that VDSS is obtaining timely and accurate findings that the agency is making reasonable efforts to finalize a permanency plan for a child.”

2024 Initial and On-Going Permanency Hearings

| | # | % |
|------------------------------|-------|-------|
| Initial Permanency Hearing | 3,896 | 98.6% |
| On-going Permanency Hearings | 1682 | 97.2% |

Source: Active Foster Care Reports

During 2024, 3,896 children had their permanency planning/court review hearing before one year in care out of 3,953 children in care for at least twelve months. In CY2024, 1,731 children under 18 had a court review or permanency planning hearing and were in care for 24 months or more. Out of those children, 1,682 had a timely hearing between their most recent hearing in CY2024 and the hearing prior. A timely hearing is a hearing that occurs within the timeframes outlined in the attached court timeline. In a 2025 survey, 98% FSS that carry foster care cases said that permanency planning hearings are “always” or “most of the time held no later than 12 months from the date the child enters care. When asked if subsequent permanency hearings were held no less frequently than every 12 months after the initial permanency hearing, 95% of FSS indicated hearings were “always” or “most of the time” held every 12 months after the initial permanency hearing.

Item 23: Termination of Parental Rights

How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Virginia received an overall rating of ANI for Item 23 during the last CFSR review. Virginia continues to assess areas of concern in this item from data reported that indicates untimely TPR petitions and worker surveys indicating inconsistency in including compelling reasons not to terminate parental rights. VDSS implemented a requirement to notify VDSS of intent not to file a TPR in July 2021 in response to state legislation. However, LDSS staff have struggled to adequately track this new requirement. VDSS will continue to monitor the implementation of this relatively new requirement and provide technical assistance to LDSS.

Virginia Code § 63.2-910.2 requires the local board to file a petition to terminate the parental rights of a child who has been in foster care for 15 of the most recent 22 months or if the parent of a child in foster care has been convicted of certain crimes. The board must concurrently identify, recruit, process, and approve a family qualified to adopt the child. There are three exceptions to filing: 1) the child is being cared for by a relative, 2) there are documented reasons a termination is not in the best interest of the child, or 3) services have not been provided or reasonable efforts have not been made to return the child home. Section §16.1-283 of the Code of Virginia clarifies that a petition to terminate parental rights cannot be accepted by the court prior to the filing of a foster care plan, pursuant to §16.1-281, which documents termination of residual parental rights as being in the best interests of the child. The court may hear and adjudicate a petition for termination of parental rights in the same proceeding in which the court has approved a foster care plan with the goal of adoption which documents that termination is in the best interests of the child.

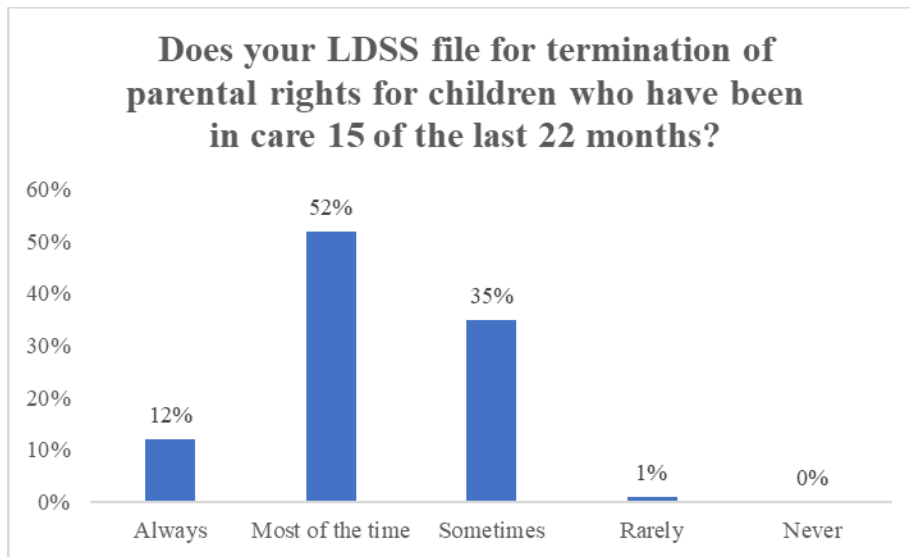
TPR Status for Children in Care for 15 Months+ (Status at the End of 2024)

| TPR Status | # | % |
|--|----------|---|
| Total Children in Care 15+ Months | 2,079 | |
| No Petition for TPR Filed and No Exception Noted | 729 | 35.1% |
| Petition for TPR Filed | 1301 | 62.60% |
| Exception to TPR noted | 46 | 2.2% |
| Pre-Implementation – No Petition or Exception | 3 | 0.1% |
| Timeliness | | |
| Total Children in Care 15+ Months | 2079 | |
| Petition for TPR Filed | 1301 | 62.60% |
| Petition for TPR Filed at or before 15 months | | # Filed Timely/ # Petition for TPR Filed |

Timely TPR petitions decreased from 71% in 2022 to 61% in 2023 but increased slightly in 2024 to 62.6%.

Subsection 16.2.6.5 of the Foster Care chapter of the Child and Family Services manual requires LDSS to determine if a petition for termination of parental rights will be filed or if an exception will be claimed in the 30 days prior to reaching the 15th month a child has been in care.

In a spring 2025 survey, 72% of FSS who carry a foster care caseload indicated that their agency files TPR for children who have been in care 15 of the last 22 months “always” or “most of the time”.



N=106

In the spring 2025 survey, 92% of workers indicated they document compelling reasons not to file for TPR in the foster care plan or Part B of the permanency plan “always” or “most of the time”.

Item 24: Notice and Right to Be Heard

How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Virginia received an overall rating of ANI for Item 24 during the last CFSR review. However, Virginia currently assesses this item as a Strength, due to responses from foster parents and LDSS workers indicating that most foster parents are given notice of a hearing and are informed of their right to be heard.

Subsection 16.2.2 of Chapter E, Foster Care of the Child and Family Services Manual foster parents and pre-adoptive parents are to be notified of every hearing in writing. Their names shall be included on the foster care plan transmittal submitted to the court to ensure that foster parents are served by the court with notice of the court hearing and a copy of the service plan. Service workers should also discuss upcoming hearings with the parents, foster parents, and pre-adoptive parents and encourage their attendance. The service worker should provide and discuss a copy of the brochure [Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts](#) with the foster parent, pre-adoptive parent, or relative caregiver. This brochure explains the requirements that the foster and pre-adoptive parents as well as relative caregivers must be given timely notice of and an opportunity to be heard in six-month review and permanency hearings held about the child in their care. It explains that they do not have the right to standing as a party to the case. It also describes the case participants and what they may expect by way of notice and “right to be heard.” FSS workers should encourage foster parents, pre-adoptive parents, or relative caregivers to attend and speak at the hearing, when recognized by the judge, with respect to the child [during the time the child is in their care].

As a result of the last CFSR, and a CFSR PIP activity, the CIP collaborated with VDSS to develop bench cards for judges to use at all court hearings. These cards offer a series of questions that help assess agency efforts to move a child to permanency. The bench cards associated with foster care reviews and

permanency planning include a prompt for the judge to consider foster parent participation in the hearing. If the foster parent is not included in the hearing, there is a prompt to ask why that has not occurred.

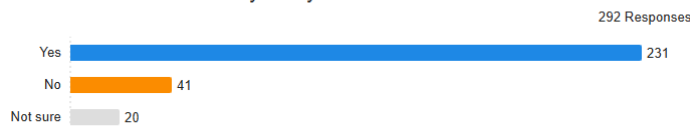
Virginia CIP created a bench card binder for each Virginia J&DR district court judge. Virginia CIP has notified all guardians ad litem for children (who also serve as parents' counsel), counsel for LDSS, and the state Court Appointed Special Advocate (CASA) program coordinator (for distribution to Virginia's CASA network) about the card availability and how to access the cards online.

LDSS must share the Foster Parent Bill of Rights with all approved foster parents and maintain a signed copy in the resource family file. Along with other rights in this bill of rights, foster parents are informed of their right to be notified of court hearings and, scheduled meetings, and to be informed of decisions made by the court, LDSS, or a licensed child-placing agency concerning the child's foster care services.

In a 2025 survey, kinship, foster, and adoptive parents were asked if they received written notice of court hearings for the child/children in their care during the last 12 months. Of 291 respondents, 231 (79%) reported yes. The survey asked kinship, foster, and adoptive parents if they were informed of their right to be heard during court hearings. Of 291 respondents 142 (49%) reported they were informed. Of 141 respondents, 26 (18%) indicated receiving a copy of the brochure Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts

The 2025 Resource Parent Survey also asked kinship, foster, and adoptive parents if they attended court hearings for the child/children in their care during the last 12 months. Of 290 respondents, 211 (73%) said they attended hearings. Respondents who indicated they attended court hearings were asked if they were allowed in the court room. Of 211 respondents, 198 (94%) of respondents reported being allowed in the court room during hearings. For those that were allowed in the court room, 87 (44%) indicated being allowed to speak/give testimony.

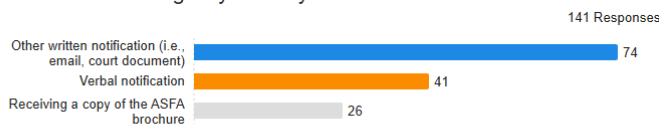
I receive written notice of when court hearings will occur for the child/children most recently in my care.



I was informed of my right to be heard during court hearings for the child/children most recently in my care.



Which of the following ways were you informed?



Quality Assurance System (Item 25)

Item 25: QAA System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

The last Child and Family Services Review (CFSR) found Item 25 to be in substantial conformity, and Virginia continues to assess this item as a Strength. Since 2017, the Commonwealth has expanded and enhanced its Continuous Quality Improvement (CQI) processes, which remain a key priority for the Virginia Department of Social Services (VDSS) as outlined in the Critical Priorities section.

Virginia's CQI system encompasses all geographic jurisdictions and Local Departments of Social Services (LDSS) and operates through a quality triad model comprising quality assurance, quality control, and quality improvement. Quality assurance is led by the QAA team, which ensures compliance through local-level reviews and connects findings to practice through Practice Consultants who provide coaching, technical assistance, and support to LDSS. Quality control is conducted via title IV-E reviews by the QAA team to identify and mitigate financial penalties and compliance gaps, with practice consultants further supporting alignment with policy and guidance.

Strategic consultants and data analysts play a pivotal role in aligning data across programs, divisions, and regions while leading state and regional CQI events. These events foster collaboration, address regional trends, and promote peer-to-peer resource sharing, enabling targeted improvements in outcomes.

The QAA team oversees four key review types: title IV-E Foster Care, CFSR, title IV-E In-Home Reviews, and Sub-Recipient Monitoring (SrM). These reviews are conducted using an electronic quarterly QA review system, which integrates new foster care funding case validations with title IV-E ongoing reviews in a quarterly remote review process.

Title IV-E New Case Validations

New case validations ensure every child entering foster care receives an initial funding determination, conducted alongside ongoing Title IV-E reviews. QAA consultants confirm funding eligibility (IV-E or CSA) and compliance with requirements such as judicial language, AFDC eligibility, expenditures, and safety standards. They also verify placement and funding accuracy in OASIS and validate eligibility for Fostering Futures cases, which require no further monitoring once deemed eligible.

Errors resulting in ineligible IV-E expenditures are documented, with agencies required to provide proof of corrections during the resolution process. Title IV-E performance management, or shared fiscal accountability, addresses payment errors and ensures proper fund management while remaining distinct from fiscal responsibility plans that specify payment adjustment sources.

Title IV-E Ongoing Reviews

The QAA Title IV-E ongoing reviews ensure compliance with federal, state, and VDSS requirements by providing quality control and support to LDSS. Conducted quarterly, these reviews cover all open Title IV-E cases annually and align with new case validations. In 2024, the QAA foster care team began reviewing 100% of ongoing cases in preparation for the 2025 federal review.

Consultants validate initial eligibility and assess ongoing compliance with judicial activity, IV-E expenditures, safety, and licensing requirements, using tools modeled on federal guidelines. Expenditures reviewed include maintenance rates, enhanced maintenance rates, and other eligible costs, verified through the Standard Payment Record (SPR). Consultants also check OASIS documentation and safety requirements to ensure accuracy.

The shared accountability process between VDSS and LDSS promotes continuous quality improvement, proper fund management, and error resolution. Agencies exceeding error thresholds enter Identification Review to address root causes, complete corrective actions, and improve accuracy. Progress is measured through subsequent reviews, transitioning to a Support Plan Activation if issues persist.

If ongoing reviews identify errors resulting in ineligible IV-E expenditures, the required fiscal adjustments are documented and must be resolved before finalizing the report. Title IV-E Shared Fiscal Accountability processes address payment corrections when error percentages exceed thresholds, distinct from fiscal responsibility plans that identify payment adjustment sources. Agencies exceeding a 10% case error rate or 15% funding error rate enter the Identification Review process. Within 45 days, VDSS and LDSS collaborate to address root causes through training, peer-to-peer best practices, and corrective actions. A subsequent review measures progress, and if errors remain above threshold levels, the process transitions to a Support Plan Activation.

Identification Review Process Overview

Agencies are placed on an Identification Review when a Title IV-E review shows a case error rate above 10% or a funding error rate above 15%. VDSS and LDSS must complete a shared fiscal accountability progress meeting within 45 days, addressing root causes through training, peer-to-peer practices, or targeted corrective measures. Subsequent reviews assess progress at every stage, transitioning to support plans or management plans if error thresholds persist.

The process continues through structured reviews, each measuring progress and escalating to corrective actions when necessary. Reviews focus on areas such as CSA finances, case errors, funding issues, and training. If ongoing reviews exceed acceptable error rates, further corrective plans are jointly developed by VDSS and LDSS.

Quarterly reports summarize findings, including the number of cases reviewed, IV-E errors identified, and regional error rates. In 2024, the combined error percentage from reviews decreased from 3.82% to 3.43%. Reports are shared with LDSS and posted on the intranet site to ensure transparency and track improvements.

Child and Family Services Review

The CFSR reviews let Virginia accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is 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 review's goal is to help Virginia improve child welfare services and achieve safety, permanency, and well-being of families and children who receive services.

Virginia's CFSR Progress and Round 4 Preparation

Following the Federal Round 3 CFSR findings of non-conformity, Virginia implemented and successfully completed a Program Improvement Plan (PIP) in January 2022, conducting 140 annual case reviews. Since then, Virginia has not been under federal oversight but has maintained compliance with federal guidelines through adjustments to its case sampling methodology. In 2023, Virginia ensured that all

agencies underwent a CFSR review while prioritizing those with high Title IV-E error rates; additionally, review numbers were lowered from 35 cases per quarter, to 24 cases per quarter. This lower caseload gave the CFSR team time necessary to plan and implement training efforts for the Round 4 CFSR federal review. In the end of 2023/beginning of 2024, Virginia initiated release of various trainings to prepare local departments of social services for the Round 4 CFSR federal review in October 2025. Training efforts have included: monthly informational email blasts, video micro-learnings, and live webinar trainings. During 2024, Virginia also shifted back to a random sampling methodology, fully implement federal standards for Round 4 CFSR case sampling, and titrated review numbers back up to 35 cases per quarter. Additionally, in November 2024, CFSR staff resumed travel to conduct in-person reviews at local agencies. These changes to Virginia’s CFSR practices have been pivotal to the preparation of our local agencies, and our CFSR staff, for the upcoming federal review. Virginia continues to use the federal CFSR portal and Onsite Review Instrument (OSRI).

Round 4 sets high performance goals—95% Strength for Item 1 and 90% Strength for Items 2–18. To meet these, the QAA team implemented incremental six-month goals beginning in November 2022. Progress is monitored biannually, with goals increasing by 10% when achieved until they align with Round 4 standards. By November 2023, Virginia had met interim goals for several items and increased six-month goals for Items 6 and 12. During the past year, Virginia has met the federal goals for several items including Item 1, 2, 5, 9, 10, 14, 16, and 17; however, this did not result in an increase in the six-month goal, as those items were already set at the federal standard. Items below in green indicate that Virginia met or exceeded the established federal goal in at least one measurement period. Percentages highlighted in green indicate an update in a six-month goal.

| CFSR Items | Initial 6 Month Goal (11/22) | Updated 6 Month Goal (5/23) | Updated 6 Month Goal (11/23) | Updated 6 Month Goal (05/24) | Updated 6 Month Goal (11/24) |
|------------|------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|
| Item 1 | 95% | 95% | 95% | 95% | 95% |
| Item 2 | 90% | 90% | 90% | 90% | 90% |
| Item 3 | 77% | 77% | 77% | 77% | 77% |
| Item 4 | 86% | 86% | 86% | 86% | 86% |
| Item 5 | 90% | 90% | 90% | 90% | 90% |
| Item 6 | 78% | 78% | 85% | 85% | 85% |
| Item 7 | 90% | 90% | 90% | 90% | 90% |
| Item 8 | 85% | 85% | 85% | 85% | 85% |
| Item 9 | 90% | 90% | 90% | 90% | 90% |
| Item 10 | 90% | 90% | 90% | 90% | 90% |
| Item 11 | 75% | 75% | 75% | 75% | 75% |
| Item 12 | 70% | 77% | 77% | 77% | 77% |
| Item 13 | 80% | 80% | 80% | 80% | 80% |
| Item 14 | 90% | 90% | 90% | 90% | 90% |
| Item 15 | 77% | 77% | 77% | 77% | 77% |
| Item 16 | 90% | 90% | 90% | 90% | 90% |
| Item 17 | 90% | 90% | 90% | 90% | 90% |
| Item 18 | 90% | 90% | 90% | 90% | 90% |

CFSR Review and State-Led Process Overview

CFSR reviews include case review and interviews with key participants, as well as a debriefing (exit conference) to discuss findings with LDSS leadership and staff. Reviewers and LDSS may invite regional

practice consultants to exit conferences so that they are aware of agencies' practice strengths and areas needing improvement. Practice consultants can collaborate with agencies to provide technical assistance, resources, and practice improvement guidance based on CFSR results. Since November 2024, case reviews and exit conferences have occurred in-person, at local agencies.

To support Round 4 federal CFSR goals, the QAA CFSR team has developed training for LDSS, to promote the achievement of Strength ratings across all 18 Items. These efforts enhance the ability of regional practice consultants and strategic consultants to provide tailored support to LDSS. Agencies receive targeted training based on their CFSR outcomes and are encouraged to partner with other LDSS agencies of similar size and structure for mentoring.

Title IV-E In-Home Reviews

In October 2022, the QAA team established a Title IV-E In-Home unit comprising a supervisor, data analyst, and five consultants. Operating under the QAA team, which oversees Title IV-E New Case Validations, Ongoing Reviews, and CFSR processes, the unit ensures compliance with federal regulations, enhances best practices, and maintains data accuracy for title IV-E funding used for Evidence-Based Practices (EBPs). Title IV-E funds made available under the Family First Prevention Services Act (FFPSA) in July 2022, support services such as mental health treatment, substance use prevention, skill-based parenting programs, and Kinship Navigator services.

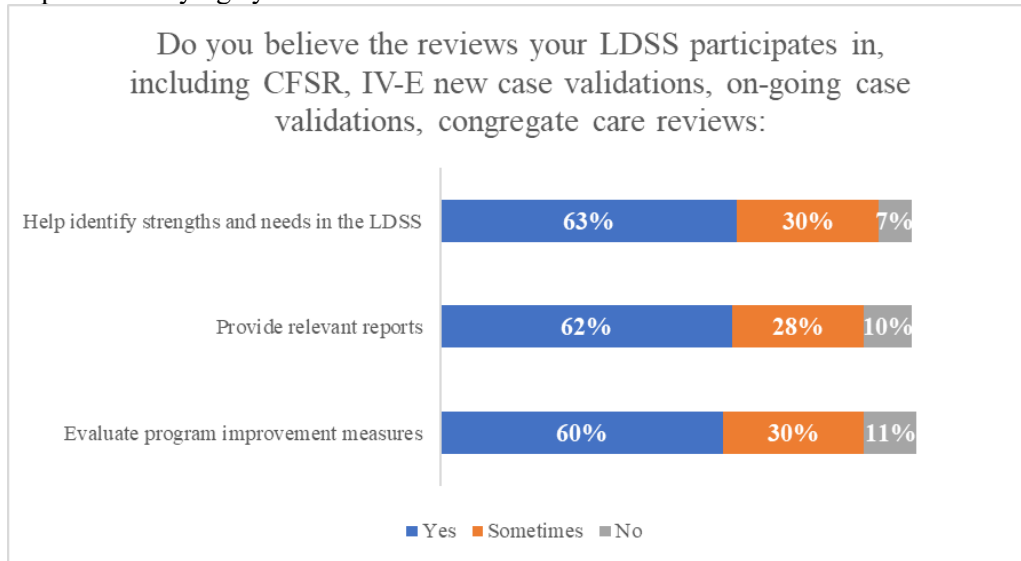
Since its implementation, the unit has focused on completing all the mandatory first year and other training pertinent to the positions, developing case review tools, drafting internal policies and procedures, supporting MI and FFPSA teams, defining sampling methodologies, producing ad hoc reviews and implementing a standard review process for EBSs and MI cases. VDSS is refining the title IV-E In-Home review process to align with both title IV-E and CFSR methodologies. These reviews will uniquely integrate both qualitative and quantitative components, validating eligibility for EBPs and other state-identified requirements.

Case reviews are slated to begin May 1, 2025. Reviews will ensure that every child utilizing an EBP receives a funding determination for the use of title IV-E funds. QAA consultants confirm funding eligibility and compliance with title IV-E requirements through a quarterly review of all cases utilizing title IV-E for an EBP. Funding requirements include a current DSS Enhanced CANS, service plan, candidate for foster care determination, and an available title IV-E program.

Some qualitative components will likely be reviewed. Examples include timeliness of court reviews and of the Child and Adolescent Needs and Strengths (CANS) assessment, service plans, and candidacy determination. During the review, the QAA consultants will use an instrument created specifically for title IV-E In-Home services that captures the federal title IV-E requirements as well as other requirements related to safety and well-being. The case review process will use OASIS and the COMPASS|Portal to review pertinent documents.

In a 2025 survey, 63% of LDSS staff indicated that the QAA system helps identify strengths and needs in the LDSS. Thirty percent said the QAA system sometimes identifies strengths and needs, and 7% said the system does not identify strengths and needs. FSS staff also said that the QAA system evaluates program improvement measures --60% of respondents said "yes" -- and provides relevant reports, with 62% of

respondents saying “yes”.



N=611

Statewide CQI

VDSS also supports ongoing CQI through the Office of CQI within VDSS. The Office of CQI is located within the larger Human Services Portfolio and is comprised of a director and five strategic consultants.

Integration into the Human Services Portfolio

The Office of CQI serves the entire Human Services Portfolio to integrate CQI principles into the planning and implementation of programs and initiatives that drive positive change. The Office of CQI partners with policy and program experts, the regional offices, and LDSS.

Integration into LDSS

The Office of CQI also partners with LDSS. This can be through assisting LDSS in integrating CQI principles into daily operations to improve outcomes or through a targeted improvement project. Strategic consultants collaborate with the regional office to guide the LDSS through a structured process focused on the identified area of need. The process typically begins with the collection and analysis of all relevant data to assess the current situation. Based on the analysis, the participants define and implement targeted improvement strategies to address the underlying causes contributing to the gap between current and desired outcomes. While strategies are being implemented, data collection and analysis is ongoing to monitor and assess the effect of targeted improvements. This will help inform any needed adjustments and ensure continuous improvement.

Use of Data

VDSS’s CQI system is designed to use all available data sources to inform improvements. The statewide CQI system uses data from reporting databases and case reviews to identify regional trends and begin developing improvement planning processes for each region with input from LDSS in each region.

During each quarter, VDSS compiles all OSRI data and creates a data summary and data slides. It shares this information with all program managers and regional practice consultants, and the data is incorporated in most program discussions, webinars, and regional meetings with LDSS. The data is placed on the intranet so that it can be accessed statewide.

The specific data tools that VDSS uses to analyze and disseminate data include Virginia Child Welfare Outcome Reports (VCWOR), SafeMeasures®, StateWide Data Indicators (SWDI), case review themes and data, and the Chapin Hall Data Center. The VDSS Office of Research and Planning maintains the VCWOR and provides reports directly from the state electronic case-management system, OASIS. Safe Measures®, from Evident Change, provides data visualization 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 obtains longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. The CQI team shares these data measures with LDSS on request and identifies specific analytic reports to share with small to mid-size agencies that lack staff resources to perform research or analysis. VDSS meets with SafeMeasures monthly to assess functioning of reports and identify changes or new reports in response to interventions VDSS has implemented. These reports are used to measure the effectiveness of the intervention as well as provide LDSS tools to monitor their own progress.

The VDSS Data Team produces a quarterly report with a core set of data points from each program area and posts it on the intranet site. The report includes statewide, regional, and LDSS program data. DFS holds monthly Data and Outcomes meetings to highlight critical data points from the quarterly report and CFSR reviews and facilitates discussion on trends, strengths, and opportunities with the goal of continuous quality improvement. These meetings involve both home office staff and regional consultants. DFS aims to streamline data sources to include guidance on how to use and accurately represent data. This involves cataloguing all existing data points and determining their appropriateness in different settings. DFS aims to provide this catalogue as a way to guide staff in data driven decision-making and implementation of CQI principles over the next five years (**Operations Strategy 3**).

VDSS has been working on increasing the use of live data in dashboard format to provide greater accessibility to critical data points. Previous data reporting focused on static, point-in-time data. VDSS has developed a Kin First Now dashboard using PowerBI that serves as a single source of truth for information on strategic priorities. The Kin First Now (KFN) Dashboard is a tool, containing live data, that is used to inform and support kinship work in Virginia. The KFN Dashboard includes a variety of metrics across all Family Service program areas (Protection, Prevention, and Permanency) including the percentage of kinship placements, the number of children first placed with kinship caregivers, discharge outcomes, and more. Data can be viewed at the state, region, LDSS, and individual record level. Virginia is utilizing this dashboard at the state and local level to identify trends and areas for improvement. The dashboard allows users to view live data in real time and includes filtering capabilities to drill down into specific interest areas. Users are able to use the dashboard to track changes in strategic priorities over time, equipping them to use data for continuous quality improvement (**Operations Strategy 3**). In addition to the dashboard, the Data Team has created guides to help users ask critical questions and utilize the dashboard to answer them. On a micro-level, agencies are able to drill down into the data to view individual case records. On a macro-level, the state is utilizing the dashboard to identify trends and replicate success. Data highlighted in the state's QI meetings are also posted to the intranet site for easy LDSS access.

As mentioned in the **Critical Priorities Section**, VDSS formed the Data Governance Council as part of CCWIS development. Its purpose is to coordinate data cleanup, develop data controls, and ensure effective communication around data related to CCWIS. VDSS's ongoing CQI processes support coordination of the CCWIS data quality plan. For example, in 2023-2024, the IT portfolio, the data team, and programs collaborated to target known data quality issues with demographic data for resource families, resulting in a marked improvement (more information provided in **Item 35**). The IT portfolio and Data Team have also developed a regular cadence for cleaning up AFCARS data, ensuring a quarterly review of critical data points and addressing any missing values or inaccuracies. This process has resulted in an upwards trend on Virginia's compliance level, with the compliance level increasing

during each round of clean up.

VDSS QAA/Case Review System

| Review Type | Reviewers | Review Description | Frequency and Target Population | Total Cases |
|---|---------------------------------|--|--|-------------|
| Quarterly QA Reviews | QAA Team | Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, Child and Family Services Review (CFSR) Federal requirements, Virginia Child and Family Services Review (VCFSR) State requirements, and Subrecipient Monitoring State Requirements (Sr- M) | Each title IV-E New Case Validation is completed every 90 days, or quarterly, on 100% of children entering foster care. Each title IV-E ongoing review is completed one time annually. The number of cases reviewed are randomly selected and range between 25%-100% based upon prior fiscal year error rate. Each (Sr-M) is done annually as determined by risk assessment. *Note, Sr-M numbers are not included in the Total Cases reviewed. | 4513 |
| 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 (100% of children entering foster care within 90-120 days of entering care) | 2608 |
| 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 (Cases selected at random) | 1905 |
| 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 (24 cases selected at random) | 104 |
| Subrecipient Monitoring (SrM) | Specific Program Staff Assigned | Monitors the appropriate allocation of federal funding, in compliance with the program parameters and | One time annually (as determined by risk assessment) | Varies |

Staff and Provider Training (Items 26-28)

Child welfare training for LDSS staff is developed entirely through the newly established (2020) LTD, which is a division within the Human Services portfolio that supports Family Services and Benefit Programs. More information regarding LTD, child welfare training models, and system reforms is included in the **Staff and Provider Training Plan**.

Item 26: Initial Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Virginia received an overall rating of ANI for Item 26 in the last CFSR. VDSS has made significant improvements in training since this 2017 rating but still assesses this item as an ANI. VDSS plans to implement improvements to this area through **Operations Strategy 2** and the redesign of the training system to move this item's assessment to a Strength.

Virginia Administrative Code requires VDSS to establish minimum training requirements and provide educational programs for family services specialists and supervisors providing child protective services, In-Home services, foster care, and adoption services employed by LDSS. Subsection 1.5 of Chapter C, Child Protective Services, subsection 1.20 of Chapter B, Prevention, and Subsection 17.3 of Chapter E, Foster Care, of the Child and Family Services Manual outlines training requirements. These sections cover required initial training for workers, completion of the Family Services Core Supervisor Training for supervisors, and the required 24 hours of continuing education/training each year. LDSS supervisors must ensure that the workers who report to them complete the required training within the given time frames.

In CY24, LTD provided **460** virtual instructor-led training events from January 1, 2024, to December 31, 2024, with a total of **8813** completions. In comparison, the total number of completions of online courses in CY24 was **24,842**. This includes data from all 120 local departments of social services. LTD provides initial training for new employees through the Division of Family Services Program Specific Required Training Plans.

New Hires and Completion Rates for Pre-Service Training

Since implementing the Required Training Console (RTC) on the VLC, all new child welfare workers are automatically informed of their training requirements and training is tracked within set time periods for completion. Supervisors are sent automated emails with training requirements for their staff. The use of the VLC RTC has greatly improved the completion of required training for new FSS' and supervisors within the designated time frame. Data on required training assignment completion is listed below.



Below is turnover and retention data for CY24 and CY23 comparison data.

| CY2024 | Average Filled Positions | Separations | Turnover Rate | Retention Rate | CY2023 Turnover Rate | CY2023 Retention Rate |
|--------------------------------|--------------------------|-------------|---------------|----------------|----------------------|-----------------------|
| Family Services Manager | 73 | 10 | 14% | 86% | 7% | 92% |
| Family Services Specialist I | 372 | 140 | 38% | 59% | 44% | 64% |
| Family Services Specialist II | 985 | 193 | 20% | 81% | 29% | 60% |
| Family Services Specialist III | 807 | 154 | 19% | 81% | 22% | 66% |
| Family Services Specialist IV | 274 | 36 | 13% | 86% | 21% | 78% |
| Family Services Supervisor | 498 | 47 | 9% | 90% | 13% | 87% |

LDSS hires all child welfare workers to perform program specific job roles. Some small LDSS hire child welfare workers to perform jobs in multiple programs. Following are the initial training requirements for child protective services workers, In-Home services workers, and foster care and adoption workers. Completion rates for these courses are available on pages 7 to 14 of Appendix E-1: Virginia Child Welfare Staff and Provider Training Plan.

PRE-SERVICE TRAINING REQUIREMENTS FOR CHILD PROTECTION SERVICES:

First Three Weeks

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated System: OASIS for CPS
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect

First Three Months

- CWS2000.1W: CPS New Worker Policy Guidance With OASIS

- CWSE1510: Structured Decision Making (SDM) in Virginia
- CWSE5011: Case Documentation
- FSWEB1044 Practice Foundations Guidance and Engagement (NEW)

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1041W: Legal Principles in Child Welfare Practice
- CWS1061W: Family Centered Assessment
- CWS1071W: Family Centered Case Planning
- CWS1305W: The Helping Interview
- CWS2011W: Intake, Assessment, & Investigation in CPS
- CWS2021W: Sexual Abuse
- CWS2031W: Sexual Abuse Investigation
- CWSE4000: Identifying Sex Trafficking in Child Welfare
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4080W Kinship Care in Virginia (NEW)
- CWS5011W: Case Documentation
- CWS5307W: Assessing Safety, Risk & Protective Capacity
- CWSE6010: Working with Families of Substance Exposed Infants

First Twenty-Four Months

- CWS1031W: Separation and Loss Issues in Human Services Practice
- CWS2141W: Out of Family Investigations (if conducting Out of Family Investigations)
- CWSE4015: Introduction to Trauma-Informed Child Welfare Practice
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5305W: Advanced Interviewing: Motivating Families for Change
- DVS1001W: Understanding Domestic Violence

- DVS1031W: Domestic Violence and its Impact on Children
- CWS2020W: CPS On Call for Non-CPS Workers

PRE-SERVICE TRAINING REQUIREMENTS FOR IN-HOME SERVICES:

First Three Weeks

- CWSE1002: Exploring Child Welfare
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect
- CWSE1510: Structured Decision Making (SDM) in Virginia
- Children's Services Act (CSA) for New LDSS Employees (Five (5) modules numbered CSA011 – CSA015)

First Six Months

- CWS1305W: The Helping Interview
- CWS5305W: Advanced Interviewing: Motivating Families for Change
- CWSE4015: Trauma Informed Child Welfare Practice
- CWS4015: Trauma Informed Child Welfare Practice
- DVS1001W: Understanding Domestic Violence
- DVS1031W: Domestic Violence and its Impact on Children

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS3071W: Concurrent Permanency Planning

- CWSE6010: Working with Families of Substance Exposed Infants

First Twenty-Four Months

- CWSW4050: Psychotropic Medications in the Child Welfare System
- CWSE5000: Preventing Premature Case Closure in In-Home Services
- CWSE5010: Advocating for Child and Adolescent Mental Health Services
- CWSE2020: On-Call for Non-CPS Workers

PRE-SERVICE TRAINING REQUIREMENTS FOR PERMANENCY:

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated System: OASIS for Foster Care
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect Mandatory Reporter Training

First Three Months

- CWS3000: Foster Care New Worker Policy Training with OASIS
- CWS3010: Adoption New Worker Policy Training with OASIS
- CWS5011: Case Documentation

First Six Months

- CWSE3030: Normalcy for Youth in Foster Care
- CWSE4050: Psychotropic Medications and the Child Welfare System
- CWS3015W: Adoption Assistance (required for adoption service workers)

First Twelve Months

- CWS1021W: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1031W: Separation and Loss Issues in Human Services Practice
- CWS1041W: Legal Principles in Child Welfare Practice
- CWS1061W: Family Centered Assessment
- CWS1071W: Family Centered Case Planning
- CWS1305W: The Helping Interview
- CWS3041W: Working with Children in Placement
- CWS3081W: Promoting Family Reunification
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5307W: Assessing Safety Risk and Protective Capacity

First Twenty-Four Months

- CWS5305W: Advanced Interviewing: Motivating Families for Change
- DVS1001W: Understanding Domestic Violence
- DVS1031W: Domestic Violence and its Impact on Children
- CWS2020W: CPS On Call for Non-CPS Workers
- CWS3021W: Promoting Birth and Foster Parent Partnerships
- CWS3061W: Permanency Planning for Teens-Creating Lifelong Connections
- CWS3071W: Concurrent Permanency Planning

In addition to all program area training requirements for new workers, all supervisors hired after March 1, 2013, are required to attend the Family Services Core Supervisor Training Series. These courses must be completed in the first two years of employment as a supervisor.

- SUP5701: Principles of Leadership

- SUP5702: Management of Communication, Conflict & Change
- SUP5703: Enhancing Staff Performance & Growing a Team
- SUP5704: Critical Issues in Family Services Supervision
- SUP5705: Trauma-Informed Leadership and Developing Organizational Resilience Culture

Information on how LTD uses feedback from LDSS workers and stakeholder groups in assessing and updating their courses is included in Appendix E-1 on pages 1-3 and 14-19. In addition, programs use their Policy Advisory Committees to gather feedback from LDSS workers on what courses to add to mandated new worker training and where on the timeline to add them. LTD has a strong partnership with the VLSSE, which provides ongoing feedback on training.

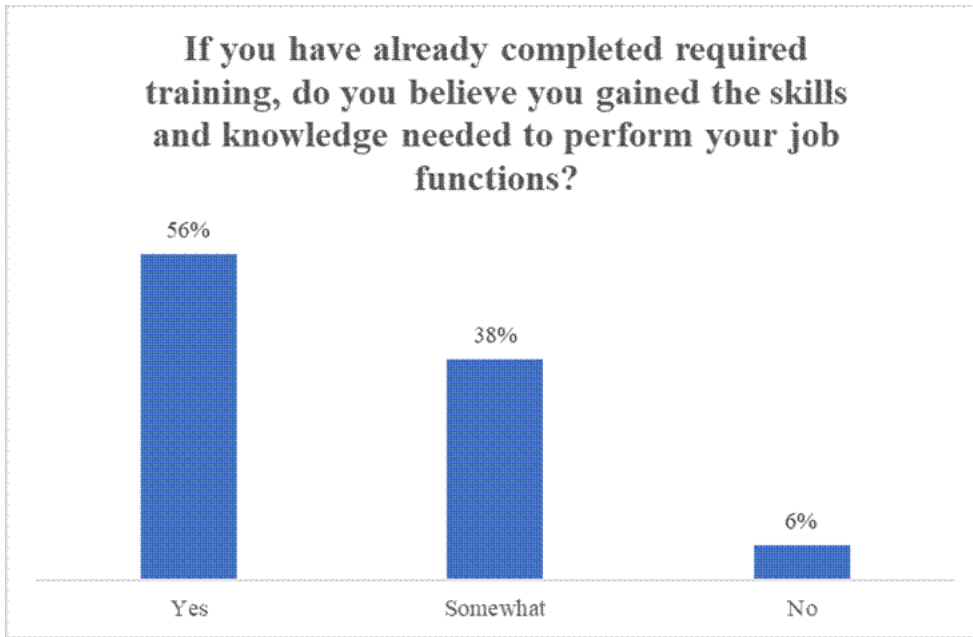
In a 2025 statewide survey, FSS workers were asked whether they completed their training requirements within the required time frames. Workers who responded that these questions were applicable answered the following:

Training Requirements Completed Timely

| | Yes | No | NA |
|-------------------------------|------------|-----------|-----------|
| Within 3 weeks N=480 | 86% | 9% | 5% |
| Within 3 months N=414 | 91% | 9% | - |
| Within 6 months N=434 | 88% | 12% | - |
| Within 12 months N=398 | 80% | 20% | - |
| Within 24 months N=361 | 91% | 19% | - |

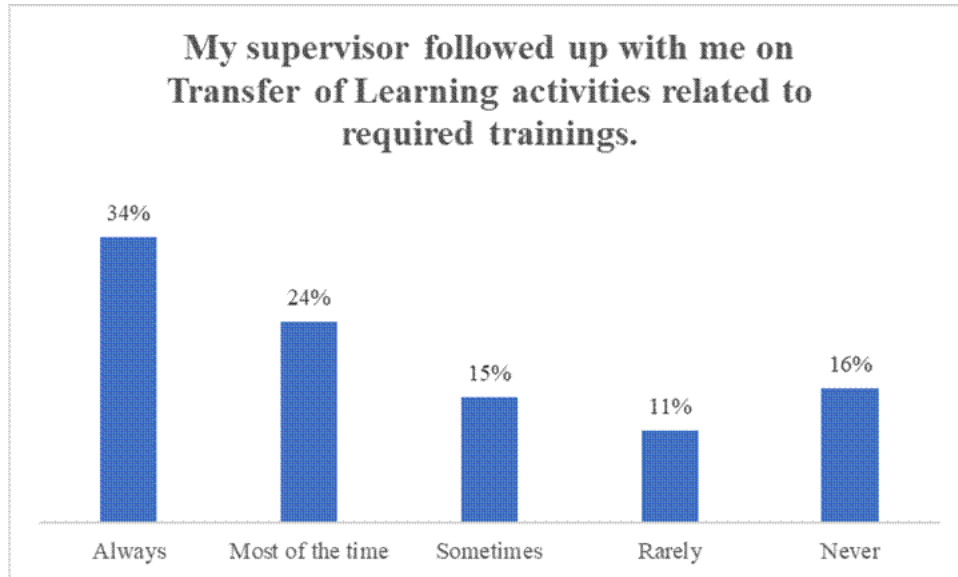
Virginia currently does not require mandated training be completed before case assignment. FSS were asked when they were first assigned sole responsibility for cases. Fourteen percent were assigned sole responsibility within the first week, 30% within the first month, 39% within the first three months, and 17% after three months.

Of LDSS staff who have completed the required training, 56% believe they have gained the skills and knowledge needed to perform job functions, 38% believe they have somewhat gained the skills and knowledge needed, and 6% believe they have not gained the skills and knowledge needed.



N=617

When asked if supervisors encourage attendance at required training, 91% agreed or strongly agreed. A wide range of responses followed a question about whether supervisors followed up about Transfer of Learning (TOL) activities.



N=650

Item 27: Ongoing Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties about the services included in the CFSP?

Virginia received an overall rating of ANI for Item 27 in the last CFSR. VDSS has made significant improvements in training since this 2017 rating but still assesses this item as an ANI. VDSS plans to implement improvements to this area through **Operations Strategy 2** and by redesigning the training system to move this item's assessment to a Strength.

As mentioned, FSS have a 24-hour annual training requirement after completing initial training. Family Services Training provides subject matter expert (SME) trainings for experienced workers based on assessed LDSS staff needs. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, webinars and conferences. Documenting continuing education activities is the LDSS's responsibility.

In addition to SME trainings, VDSS regularly sends out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and that fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, and others. LDSS can submit training plans to VDSS to provide child welfare training and receive title IV-E reimbursement.

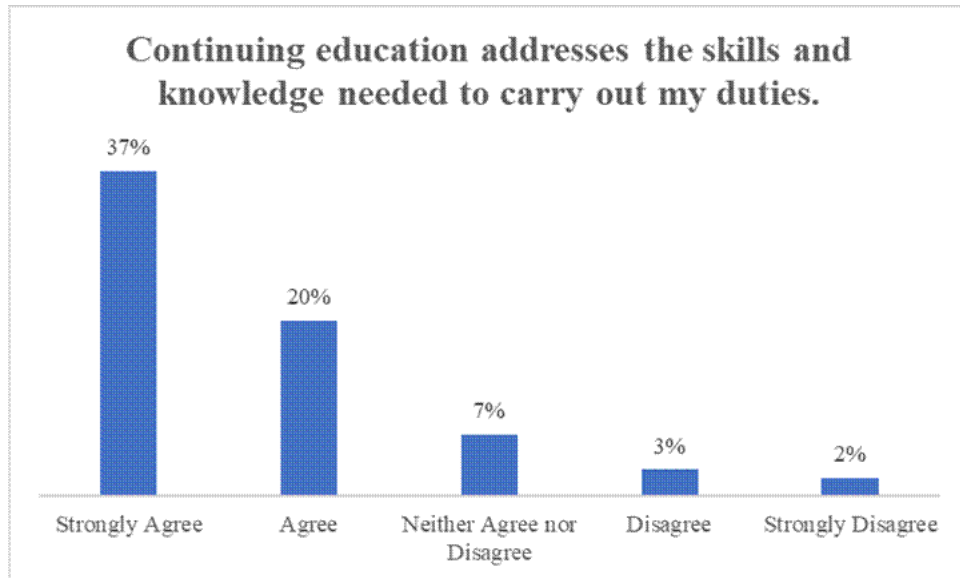
LDSS training plan approval is contingent on the plan's compliance with federal guidelines regarding allowable expenses. These plans must describe the type of training to be provided (i.e., new worker or on-going training for staff or resource parents) as well as the topic area to be covered and the over-all training plan. These training courses are listed in Appendix E-2: IV-E Pass Through Training. The courses that are geared towards LDSS workers can fulfill hours of the annual training requirement.

In a statewide survey, 81% of FSS workers agreed or strongly agreed that their LDSS values training and has a positive culture of learning. Thirteen percent neither agreed nor disagreed with that statement and 5% disagreed or strongly disagreed.

When FSS workers were asked whether they complete 24 hours of continuing education yearly, 83% out of the applicable responses indicated that they always or most of the time complete the training, 9% complete training some of the time, and 7% rarely or never complete 24 hours of training yearly .

When asked if supervisors encourage the completion of annual training, 82% said they agree or strongly agree. Fifteen percent neither agreed nor disagreed and 3% disagreed or strongly disagreed.

FSS workers were asked if continuing education addresses the skills and knowledge needed to carry out duties. Eighty percent of the respondents indicated they agree or strongly agreed.



N=452 applicable responses (an additional 202 reported n/a, have not reached the 3rd year of employment)

Item 28: Foster and Adoptive-Parent Training

How well is the staff and provider training system functioning to ensure that training occurs statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Virginia received an overall rating of Strength for Item 28 in the last CFSR. VDSS continues to assess this item as a Strength based on data reported from the CRAFFT and MFA programs and survey data.

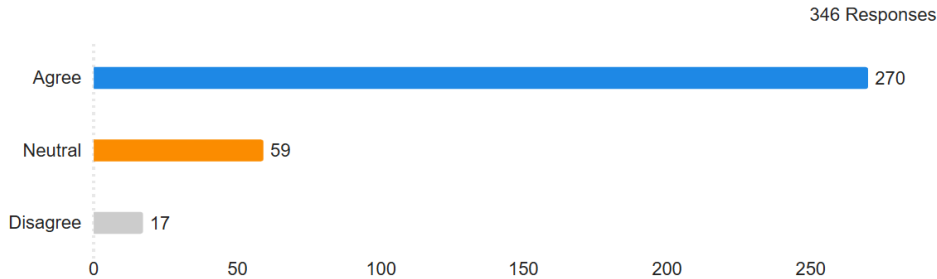
The purpose of foster and adoptive family training is to enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families so they can meet the needs of children receiving services funded by title IV-E and/or the state. Training is composed of two major components: pre-service training and in-service training. Providers must complete pre-service and annual in-service training as a condition of approval and re-approval.

Pre-service training provides prospective foster and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children in foster care. The pre-service training includes specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. The core competencies include protecting and nurturing children; meeting children’s developmental needs and addressing their delays; supporting relationships with birth families; connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and working as a member of a professional team. PRIDE is available to LDSS who wish to use this as their training curriculum. LDSS that do not use PRIDE can purchase or develop an alternative curriculum and submit a copy to VDSS for approval.

In a 2025 survey, kinship, foster, and adoptive parents were asked about their pre-service training and how well prepared they were to meet the needs of the children placed with them. Although there were 418 total survey respondents, only 346 respondents answered the questions pertaining to their training needs. Out of 346 respondents, 270 (78%) agreed that pre-service training prepared them with the

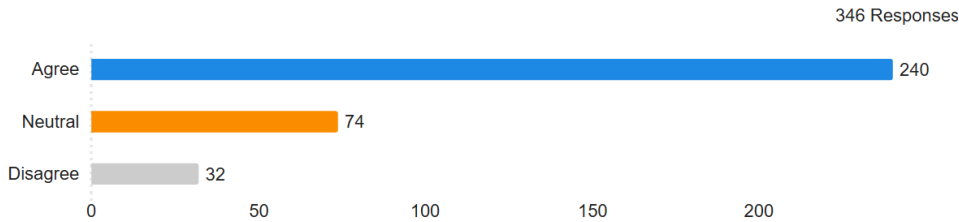
knowledge needed to care for children.

Q4.1 - The pre-service training I received addressed the knowledge needed to prepare me to foster/adopt.



Of these respondents, 240 (69%) also agreed that pre-service training prepared them with the skills needed to care for children.

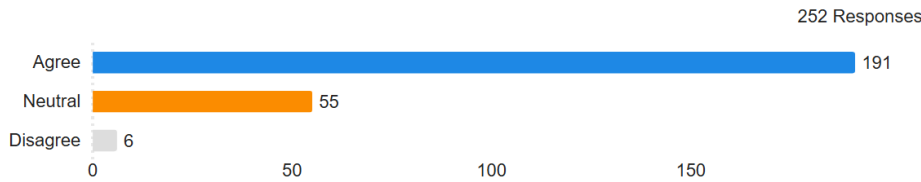
Q4.2 - The pre-service training I received addressed the skills needed to prepare me to foster/adopt.



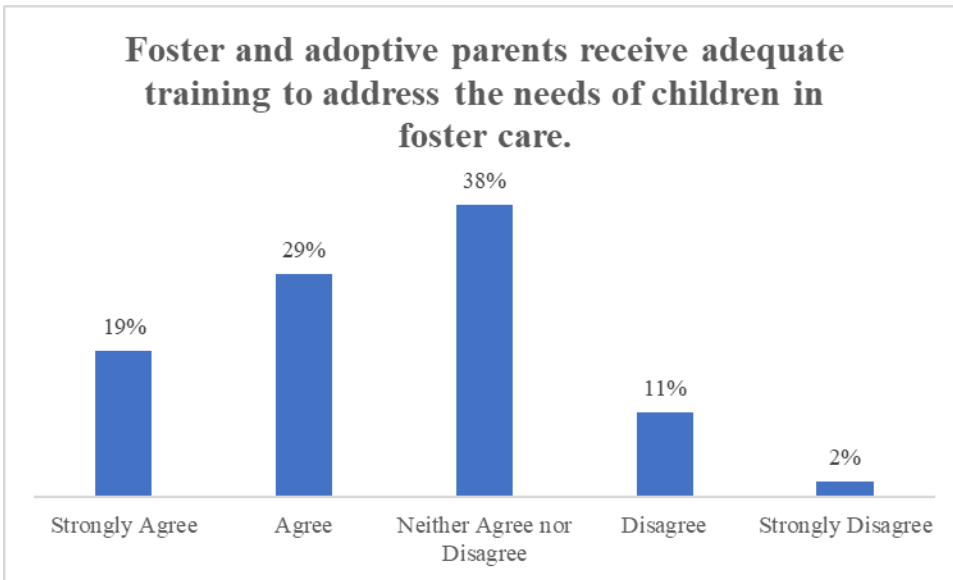
The Foster and Adoptive Parent Home Approval Standards (22VAC40-211) require both pre-service and in-service training. In-service training is for current foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. VDSS surveys families annually to determine training needs. Although training does not require a specific number of hours, guidance recommends that ten hours of in-service training annually (per parent) should be considered the minimum acceptable amount, with no more than half of these hours obtained using self-paced training methodologies (e.g., online courses, self-study books, etc.). LDSS monitor in-service training in conjunction with the 36-month approval period. LDSS can track all in-service training completed through Foster Parent College. With the release of resource family guidance in January 2025, post- placement reviews require LDSS and resource parents to reflect on each placement and to identify areas in need of development. LDSS are then able to refer the resource parents to targeted modules in Foster Parent College or to National Training and Development Curriculum (NTDC) modules provided by CRAFFT in order to support their ongoing development and capacity to maintain placements.

191 (76%) of 252 respondents reported that in- service training was helpful in assisting them in meeting children’s needs.

Q5.5 - The in-service/on-going training I received helps me to meet the needs of the child/children most recently placed in my home.



In a 2025 LDSS child welfare staff survey, almost half (48%) of the applicable 647 responses indicated that they agreed or strongly agreed that foster parents received adequate training to address the needs of children in foster care.



Section 210 of the LCPA regulation (22VAC40-131) requires the licensee to ensure that pre-service training is provided for resource, foster, treatment foster, and adoptive family home providers. The core competencies outlined in the regulation are the same as those found in the LDSS Foster and Adoption Parent regulation (22VAC40-211). At its discretion, the LCPA can decide whether to use PRIDE or another training program to cover those competencies. As a condition of initial approval and re-approval, each home provider must complete all required training. Training is relevant to the needs of children and families, and the provider offers it throughout the year.

VDSS continues to maintain contracts with Virginia Commonwealth University, Radford University, and Norfolk State University to provide regional training coordinators for pre-service and in-service training to facilitate LDSS approval of kinship and foster families across Virginia. The contracts and related staff form the Consortium for Resource, Adoptive and Foster Family Training (CRAFFT) which delivers state-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 serve as PRIDE co-trainers with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT coordinators also conduct the following activities:

1. Develop and deliver additional in-service training for foster and adoptive families, based on input from families, LDSS, and VDSS;
2. Develop and maintain a regional training plan and, update it as needed, based on the results of the needs assessment demonstrated in LDSS’s local training plans;

3. Work closely with the regional resource family consultants for training, meetings, conference calls, and activities related to the implementation of a family engagement model, permanency roundtable process, and LDSS recruitment needs, as available;
4. Collaborate with the regional resource family consultants to deliver of the newly revised mutual family assessment course (CWS3103), which is team taught and covers both assessment skills and a review of resource family approval policy for LDSS staff; and
5. Conduct regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources for foster and adoptive parent development and support, inform agencies of current state or program initiatives related to foster and adoptive parent training, and allow agencies to collaborate, exchange resources, and share challenges and solutions.

To support Virginia's goal of continuous quality improvement for in-service training and foster parent retention, in January 2025, Virginia Commonwealth University, one of the contract administrators for CRAFFT, initiated a program evaluation process of both the CRAFFT and MFA programs. The purpose will be to evaluate all of the regional CRAFFT and MFA programs as far as utilization, what agencies find most helpful, what are other ways they'd like to utilize the programs, and what barriers exist to utilization. The goal of the evaluation will be to ensure consistency across regions and ensure that CRAFFT and MFA are as effective as possible. This evaluation effort will continue through SFY26 with a goal of completion at the end of that fiscal year.

CRAFFT's focus is on ensuring that LDSS families receive adequate training, centered on core competencies identified in the current resource family approval guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs; intentional and timely support of foster parents is a focal point in meeting training demands throughout the state. In addition to full-time staff CRAFFT has hired part-time trainers who are able to provide individual training sessions to prospective resource parents who aren't able to participate in the normal group schedule or miss a session.

CRAFFT facilitates scheduled roundtables, bridging communication between CRAFFT, LDSS, and community partners. These meetings highlight positive training experiences and provide an avenue to discuss needs. Discussions also support sharing information that helps enhance training efforts and replicate what is working well within LDSS. Emphasis is also on including CRAFFT in the child welfare continuum and, on the importance of providing adequate training via pre-service and in-service requirements.

From July 1, 2023, through June 30, 2024, the CRAFFT program successfully provided 464 training sessions, an increase of 9.4% from the previous contract period. A total of 1,787 prospective and current foster and adoptive parents attended the trainings. Four hundred and 11 of the sessions were pre-service training; a total of 1,240 prospective resource families attended sessions. Pre-service training was provided using the PRIDE curriculum, Traditions of Caring (TOC) curriculum or the New Generation (NG) PRIDE curriculum. Both the PRIDE pre-service training and the TOC training are comprised of a nine-week training series that provides 27 hours of training. The PRIDE pre-service curriculum is designed for all prospective resource families (non-kinship and kinship) and the TOC curriculum is exclusively for kinship families. NG PRIDE is a hybrid curriculum that is designed for all prospective resource families. It consists of five in-person sessions and four on-line sessions called clusters.

The 464 facilitated pre-service sessions this fiscal year resulted in the completion of 35 NG PRIDE series and 39 TOC series. In addition to the scheduled pre-service training series for groups, the CRAFFT coordinators facilitate pre-service series or in-service sessions for individuals or couples who need immediate training for time sensitive placement needs or for those that need to make-up a missed session. During this fiscal year, CRAFFT facilitated 93 individual sessions for 82 people. CRAFFT coordinators also facilitated 53 in-service sessions for 547 foster and adoptive parents. In-service topics

were taken from LDSS Needs Assessments; sessions varied from one to six hours. CRAFFT coordinators also consulted with or visited 106 agencies during this fiscal year to discuss training needs assessments and to provide technical training assistance. They successfully completed 123 Needs Assessments.

CRAFFT coordinators also facilitated the two-day Introduction to PRIDE course four times for 33 attendees and the two-day Mutual Family Assessment course three times for 49 attendees. They completed 19 roundtable meetings with 218 attendees.

The regional breakdown is as follows:

- The Central Region CRAFFT coordinator facilitated 112 training sessions, a combination of pre-service and in-service sessions for a total of 465 prospective and current foster/adoptive parents. Ninety-six of the sessions were pre-service trainings for a total of 241 prospective foster/adoptive parents and the remaining 16 sessions were in-service trainings for 224 current foster/adoptive parents. The Central Region CRAFFT coordinator also facilitated 9 sessions for 8 individuals who needed one-on-one training immediately because of time sensitive placement needs or to make-up a missed session. The Central Region CRAFFT coordinator consulted with 25 agencies via Zoom for the annual site visit, completed 36 needs assessments, facilitated the two-day Mutual Family Assessment course twice for 16 attendees, and facilitated four roundtable meetings for 52 attendees.
- The Eastern Region CRAFFT coordinator facilitated 89 scheduled training sessions, a combination of pre-service and in-service sessions for 205 prospective and current foster and adoptive parents. Eighty-four of the sessions were pre-service trainings for 177 prospective foster and adoptive parents; and the remaining five sessions were in-service trainings for 28 current foster and adoptive parents. The Eastern Region CRAFFT coordinator also facilitated 21 sessions for 20 individuals who needed one-on-one training immediately because of time sensitive placement needs or to make-up a missed session. The Eastern Region CRAFFT coordinator made virtual site visits to 23 agencies, completed 23 needs assessments, and facilitated two roundtable meetings for 27 attendees.
- The Northern Region CRAFFT coordinator facilitated 93 scheduled training sessions a combination of pre-service and in-service sessions for 507 prospective and current foster and adoptive parents. Seventy-seven of the sessions were pre-service trainings for 328 prospective foster and adoptive parents; the remaining 16 sessions were in-service trainings for 179 current foster/adoptive parents. The Northern Region CRAFFT coordinator also facilitated 23 sessions for 22 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Northern Region CRAFFT coordinator facilitated the two-day Introduction to PRIDE course for 7 workers attendees, completed 24 needs assessments, and facilitated seven roundtable meetings for 93 attendees.
- The Piedmont Region CRAFFT coordinator facilitated 73 scheduled training sessions, a combination of pre-service and in-service sessions for a total of 370 prospective and current foster and adoptive parents. Sixty-four of the sessions were pre-service trainings for 275 prospective foster and adoptive parents; the remaining ten sessions were in-service trainings for 318 current foster and adoptive parents. The Piedmont Region CRAFFT coordinator also facilitated thirteen 15 sessions for 11 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Piedmont Region CRAFFT coordinator made an annual site visit virtually to 23 agencies and completed 22 needs assessments. The coordinator also facilitated the two-day Introduction to PRIDE course one-time for four attendees, the two-day Mutual Family Assessment course once for 22 attendees; and facilitated five roundtable meetings for 12 attendees.
- The Western Region CRAFFT coordinator facilitated 97 scheduled training sessions, a

combination of pre-service and in-service sessions for a total of 240 prospective and current foster and adoptive parents. Ninety of the sessions were pre-service trainings for 176 prospective foster and adoptive parents; the remaining seven sessions were in-service trainings for 64 current foster and adoptive parents. The Western Region CRAFFT coordinator also facilitated 25 sessions for 21 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Western Region CRAFFT coordinator made an annual site visit virtually to 22 agencies and completed 19 Needs Assessments. The coordinator also facilitated the two-day Introduction to PRIDE course once with four attendees and facilitated a roundtable meeting for 17 workers.

Mutual Family Assessment (MFA)

The MFA program supports LDSS in completing timely MFAs for prospective foster and adoptive families. Norfolk State University’s CRAFFT state director also oversees the statewide MFA program. She collaborates with Virginia Commonwealth University and Radford University to offer assessments in all Virginia VDSS regions.

The MFA program strives to complete assessments within 90 days of receiving a referral. From July 1, 2023, through June 30, 2024, the MFA program received a total of 350 referrals.

The MFA Program accepts referrals in the following categories: adoption, general, ICPC, kinship, and other. During FY2024 the program received referrals from the following categories: adoption (2), general (135), ICPC (63), kinship (150). Two hundred and thirty of the assessments were assigned to a MFA specialist who coordinated with assigned families to schedule interviews and then completed a written assessment. The remaining 88 referrals did not result in a written assessment because some were rescinded by the agency before being assigned to an MFA specialist. Others were assigned to an MFA specialist but were discontinued before the specialist conducted a formal interview.

The program completed and submitted 157 written assessments to the referring LDSS. The breakdown of the completed assessments are as follows: adoption (1), general (49), ICPC (31), and kinship (76). One hundred and twenty-four of the 157 completed assessments resulted in a favorable recommendation for the family to be approved and the remaining 33 completed assessments resulted in an unfavorable recommendation. The LDSS then makes the final decision to approve or not approve. If the LDSS decides to approve a family that was not recommended for approval, they must complete an addendum to the MFA indicating how they resolved the issues identified in the MFA.

The breakdown for the families that were recommended for approval is as follows: General 40, ICPC 23, adoption 1 and kinship 60. The regional breakdown is as follows: Central 19, Eastern 25, Northern 36, Piedmont 19 and Western 25. The breakdown for the families that were not recommended are as follows: general 9, ICPC 8, and kinship 16. The regional breakdown is as follows: Central 5, Eastern 11, Northern 9, Piedmont 7 and Western 1.

In addition to the assessments completed during FY2024, 105 assessments were in progress at the end of the fiscal year and will be completed during FY2025. The breakdown of assessments that were in progress at the end of the fiscal year includes: general 45, ICPC 15, adoption 1, and kinship 44. The regional breakdown for the assessments that were in progress at the end of the fiscal year is as follows: Central 12, Eastern 22, Northern 22, Piedmont 22, and Western 27.

The following tables show the MFA program’s output and outcome data for SFY2024:

Total MFA Referrals

| REGION | ADOPTION | GENERAL | ICPC | KINSHIP | OTHER | TOTAL |
|---------|----------|---------|------|---------|-------|-------|
| CENTRAL | 1 | 12 | 12 | 21 | 0 | 46 |

| | | | | | | |
|--------------------|---|-----|----|-----|---|-----|
| EASTERN | 0 | 42 | 12 | 29 | 0 | 83 |
| NORTHERN | 1 | 41 | 17 | 25 | 0 | 84 |
| PIEDMONT | 0 | 13 | 7 | 42 | 0 | 62 |
| WESTERN | 0 | 27 | 15 | 33 | 0 | 75 |
| Grand Total | 2 | 135 | 63 | 150 | 0 | 350 |

Total MFAs Completed/In Progress Assessments

| REGION | ADOPTION | GENERAL | ICPC | KINSHIP | OTHER | TOTAL |
|--------------------|----------|---------|------|---------|-------|-------|
| CENTRAL | 1 | 10 | 9 | 16 | 0 | 36 |
| EASTERN | 0 | 24 | 9 | 25 | 0 | 58 |
| NORTHERN | 1 | 35 | 13 | 17 | 0 | 66 |
| PIEDMONT | 0 | 8 | 4 | 37 | 0 | 49 |
| WESTERN | 0 | 17 | 11 | 25 | 0 | 53 |
| Grand Total | 2 | 94 | 46 | 120 | 0 | 262 |

Total MFA Referral-Only. No Assessment Outcomes

| REGION | ADOPTION | GENERAL | ICPC | KINSHIP | OTHER | Grand Total |
|--------------------|----------|---------|------|---------|-------|-------------|
| CENTRAL | 0 | 2 | 3 | 5 | 0 | 10 |
| EASTERN | 0 | 18 | 3 | 4 | 0 | 25 |
| NORTHERN | 0 | 6 | 4 | 8 | 0 | 18 |
| PIEDMONT | 0 | 5 | 3 | 5 | 0 | 13 |
| WESTERN | 0 | 10 | 4 | 8 | 0 | 22 |
| Grand Total | 0 | 41 | 17 | 30 | 0 | 88 |

Recommended by Assessment Type

| ASSESSMENT TYPE | 4 th Qtr. | 3 rd Qtr. | 2 nd Qtr. | 1 st Qtr. | TOTAL |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|-------|
| General | 22 | 12 | 6 | 0 | 40 |
| ICPC | 9 | 7 | 7 | 0 | 23 |
| Adoption | 0 | 0 | 1 | 0 | 1 |
| Kinship | 22 | 24 | 13 | 1 | 60 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Total Recommended In | 53 | 43 | 27 | 1 | 124 |

Recommended by Region

| REGION | 4 th Qtr. | 3 rd Qtr. | 2 nd Qtr. | 1 st Qtr. | TOTAL |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|-------|
| Central | 8 | 4 | 7 | 0 | 19 |
| Eastern | 12 | 8 | 4 | 1 | 25 |
| Northern | 13 | 16 | 7 | 0 | 36 |
| Piedmont | 6 | 7 | 6 | 0 | 19 |
| Western | 14 | 8 | 3 | 0 | 25 |
| Total Recommended In | 53 | 43 | 27 | 1 | 124 |

Not Recommended by Assessment Type

| ASSESSMENT TYPE | 4 th Qtr. | 3 rd Qtr. | 2 nd Qtr. | 1 st Qtr. | TOTAL |
|---|----------------------|----------------------|----------------------|----------------------|-------|
| General | 3 | 2 | 4 | 0 | 9 |
| ICPC | 2 | 1 | 5 | 0 | 8 |
| Adoption | 0 | 0 | 0 | 0 | 0 |
| Kinship | 10 | 3 | 2 | 1 | 16 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Total Recommended Out by Assessment Type | 15 | 6 | 11 | 1 | 33 |

Not Recommended by Region

| REGION | 4 th Qtr. | 3 rd Qtr. | 2 nd Qtr. | 1 st Qtr. | TOTAL |
|--|----------------------|----------------------|----------------------|----------------------|-------|
| Central | 5 | 3 | 3 | 0 | 11 |
| Eastern | 2 | 2 | 5 | 0 | 9 |
| Northern | 5 | 1 | 1 | 0 | 7 |
| Piedmont | 0 | 0 | 1 | 0 | 1 |
| Western | 15 | 6 | 11 | 1 | 33 |
| Total Recommended Out by Region | 5 | 3 | 3 | 0 | 11 |

Total Assessments In Progress by Assessment Type (Quarter in which the referral was received)

| ASSESSMENT TYPE | 4 th Qtr. | 3 rd Qtr. | 2 nd Qtr. | 1 st Qtr. | TOTAL |
|---|----------------------|----------------------|----------------------|----------------------|-------|
| General | 38 | 7 | 0 | 0 | 45 |
| ICPC | 12 | 3 | 0 | 0 | 15 |
| Adoption | 1 | 0 | 0 | 0 | 1 |
| Kinship | 30 | 14 | 0 | 0 | 44 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Total In Progress by Assessment Type | 81 | 24 | 0 | 0 | 105 |

Assessments In Progress by Region (Quarter in which the referral was received)

| REGION | 4 th Qtr. | 3 rd Qtr. | 2 nd Qtr. | 1 st Qtr. | TOTAL |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|-------|
| Central | 11 | 1 | 0 | 0 | 12 |
| Eastern | 21 | 1 | 0 | 0 | 22 |
| Northern | 20 | 2 | 0 | 0 | 22 |
| Piedmont | 13 | 9 | 0 | 0 | 22 |
| Western | 16 | 11 | 0 | 0 | 27 |
| Total In Progress by Region | 81 | 24 | 0 | 0 | 105 |

Service Array and Resource Development (Items 29-30)

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP? 1. Services that assess the strengths and needs of children and families and determine other service needs; 2. Services that address the needs of families in addition to individual children in order to create a safe home environment; 3. Services that enable children to remain safely with their parents when reasonable; and 4. Services that help children in foster and adoptive placements achieve permanency.

Item 29 was identified as an ANI in Virginia’s last CFSR. Virginia continues to assess this item as an ANI. Though progress has been made in this item, as outlined, continued feedback and reports indicate that service availability differs throughout the localities.

Child welfare programs in Virginia are state supervised and locally administered by 120 LDSS. This system allows for VDSS to supervise the LDSS through policy and support promoting well-being, safety, and permanency for children, families, and individuals in Virginia. LDSS work with federal, state, and local community programs to provide services to children and families. Each LDSS uses title IV-B, subpart I funding, distributed to coordinate child welfare services in each locality. Virginia’s LDSS can flexibly 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. In Virginia, the majority of these funds are spent on staffing for foster care caseworker services. There have been no changes or additions in services or program design for FY 2026 and the staffing for foster care caseworkers will assist in achieving the CFSP Permanency Strategies outlined in the strategic plan.

Unique to Virginia, the CSA is a single state pool of funds, administered through the OCS, to support services for eligible youth and their families administered. 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 children involved in the child welfare system 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 managing and distributing title IV-E funds.

State funds combine with local community funds. Local interagency teams manage the funds and plan

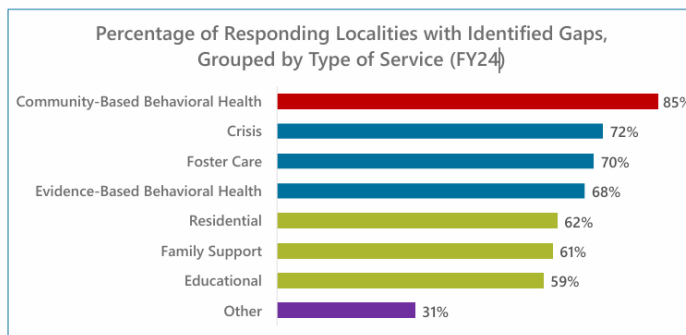
and oversee services to at-risk youth, including state-funded youth in foster care. A child and family’s need for services is determined by the local Family Assessment and Planning Teams (FAPT) on a case-by-case basis. Localities also have Community Policy and Management Teams (CPMT) with primary responsibility to coordinate long range, community-wide planning for needed resources and services in the community.

OCS also provides utilization reports based on information that localities report regarding CSA service utilization in their locality. Two reports of service utilization in SFY2024, including a breakdown of service utilization by locality, are available in Appendix G.

The General Assembly requires local CPMTs to report to OCS on gaps and barriers in services needed to help and keep children in their local community. This process requires a full survey in odd-numbered years and interim updates in even-numbered years. The most recent survey was an update. The SFY2024 CSA Service Gap Survey indicated gaps in community-based behavioral services, crisis services and foster care as the most common gap groupings. Crisis intervention/stabilization, family foster care homes, and applied behavior analysis were indicated as the top individual service gaps. The OCS survey found that the top five barriers to obtaining services (in ranked order) are 1) provider availability, 2) lack of transportation, 3) lack of funding, 4) need for collaboration and consensus, and 5) need for more information and data. The full report can be found on the [OCS website](#).



Reported Gaps: Most Prevalent Service Groups (FY2024)



Note: If a locality selected at least one critical service gap within the service type groups displayed above, they were counted for this measure. The number of responding localities represents the count of localities that submitted survey responses; bar chart values represent the percentage of responding localities with a critical gap identified for that service type.

Number of Responding Localities: 98

Office of Children’s Services <https://www.csa.virginia.gov/OCSData/ServiceGapSurvey>

In addition to state and local funds through the CSA, Promoting Safe and Stable Families (PSSF) funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program’s funding is flexible, and services may be provided through local public or private agencies, individuals, or any combination of resources. 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, family reunification, or finding and achieving new permanent families for children who cannot return home. For PSSF funds, each locality conducts a community needs assessment that collects information about its needs, resources, and the multiple systems serving children and families, then prioritizes 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 | |

VDSS supports five locally established Kinship Navigator Programs throughout Virginia. The local programs serve 34 localities (28% of the state).

The following local departments and surrounding localities offer Kinship Navigator programs:

- Arlington Department of Social Services: serving Arlington, Alexandria, Fairfax, Prince Williams, Loudoun
- Bedford Department of Social Services: serving Amherst, Appomattox, Bedford, Campbell, Lynchburg, Nelson
- Dickenson Department of Social Services: serving Dickenson, Buchanan, Russell, Tazewell, Lee, Wise, Scott, and City of Norton
- James City County Department of Social Services: serving James City County, Williamsburg, York-Poquoson
- Smyth Department of Social Services: serving Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford, Smyth, Washington, Wythe

Additional information on the Kinship Navigator Programs can be found in the **In-Home Services** section on pages 199-203.

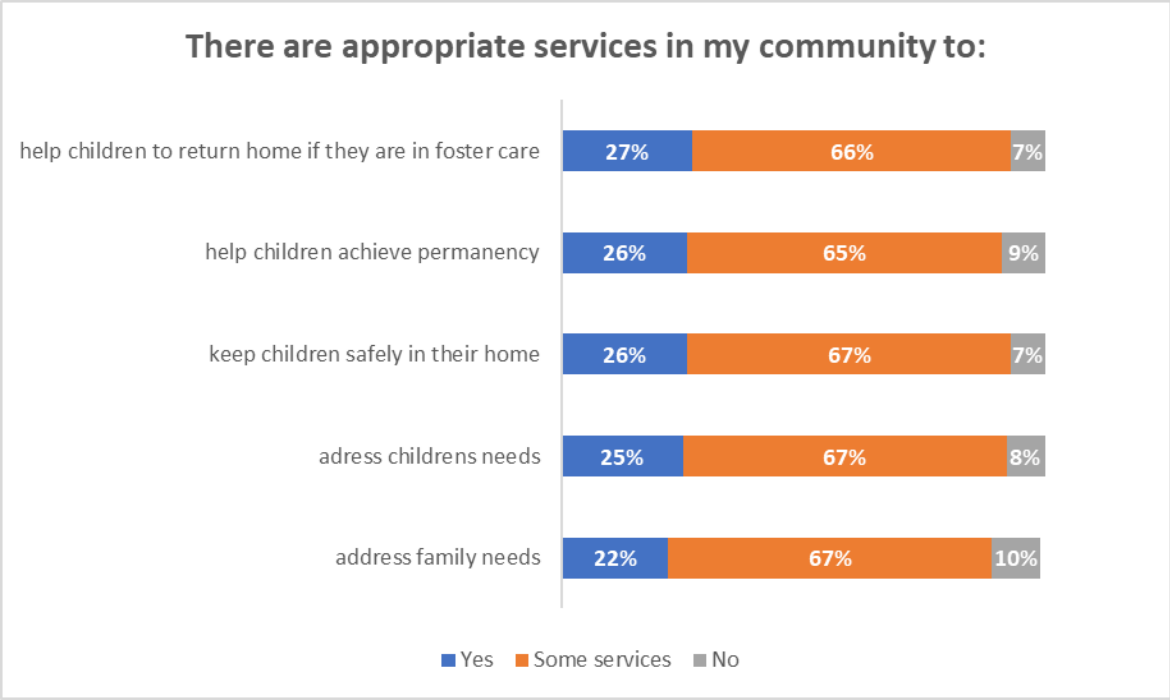
In addition to local efforts, VDSS has continued their partnership with CEP-Va to expand access and availability of title IV-E eligible EBPs by funding training opportunities for providers, as well as completing required fidelity monitoring and evaluation of these EBPs (**Prevention Strategy 1**). This began with training providers in MST, FFT, and PCIT in preparation for initial FFPSA implementation in 2021, and continues with the addition of BSFT, FCU, HB, HFW, and MI, as approved for IV-E funding by the amendment to the IV-E Prevention Plan in 2023. These trainings are ongoing, with provider applications accepted on a rolling basis. Several providers have begun and/or completed training in BSFT

and FCU, as of spring 2024. CEP-Va is doing outreach to identify additional community providers to be trained. CEP-Va is working with the national HB purveyor to bring that training to Virginia in the next two years. Training in the initial three EBPs (MST, FFT, and PCIT) continues to be available to providers who wish to add this service and/or train new or replacement clinicians on their existing teams. A significant number of providers are already trained and delivering HFW across the state. In 2024, VDSS and CEP-Va worked with those providers on fidelity monitoring and evaluating of this promising practice. LDSS is implementing MI as a family engagement tool with FSS currently being trained.

MI will increase engagement with families to better assess their strengths and needs of children and families as well as help partner with the family to determine other services. LDSS in-home services staff will implement MI (**Protection Strategy 1 and Prevention Strategy 2**). Using MI in all In-Home Services cases is a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. MI training and coaching is provided virtually in 11-week cohorts. Training began April 2023. Currently, 100 LDSS have received training; the plan is for all 120 LDSS statewide to receive training. Studies have shown that MI may help support workforce capacity by providing staff with skills to increase job satisfaction which may reduce burnout and turnover. For further reference, the Title IV-E Prevention Services Plan (Appendix B) comprehensively addresses key tertiary prevention services activities within the In-Home Services Program.

In 2024, LDSS had the opportunity to apply for adoption incentive funds for SFY 2025 through proposal submissions. Approximately, 53 of 120 agencies, applied and were awarded funds in excess of \$278,230. Local agencies used the funds to provide adoption training for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November (**Permanency Strategy 4**). VDSS is encouraging LDSS to be creative with adoption incentive funds. There were no challenges or significant changes in making these funds available to LDSS during the 2024 fiscal year. However, some LDSS did not request or fully use these funds. Virginia plans to use any future adoption and legal-guardianship incentive funds to support adoption promotional services, a contract with Chapin Hall for data analysis, and foster care and adoption activities to support children and families statewide.

A 2025 survey asked LDSS staff whether appropriate services existed in their communities in a variety of categories. The most frequently identified categories of services within FSS worker's communities were services to keep children safely at home and to help children to return home if they are in foster care. Just 7% of workers reported no services in their community. The two categories workers most often reported as lacking were services to address children's needs and services to achieve permanency.



Item 30: Individualized Services

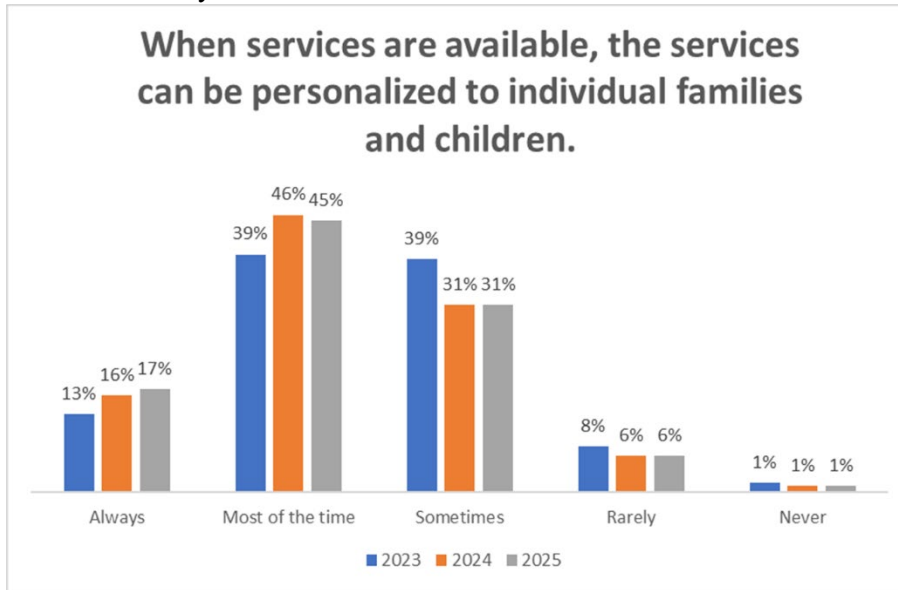
How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Item 30 was identified as an ANI in Virginia’s last CFSR. Virginia continues to assess this item as an ANI. While LDSS staff are able to articulate specific examples of how they are able to individualize services, overall feedback was mixed regarding consistent personalization of services.

As outlined in guidance (Foster Care, CPS, Prevention), LDSS set up services after they have assessed the child and family. These services can range from safety services to evidence-based services to services to support permanency and should be individualized to the meet the needs of the child and/or family. This can include services in languages other than English, services designed to address the unique safety needs of the family, services for a child’s disability or developmental need, etc. For children in foster care and in-home cases, these services are a part of the individualized case plan for the child and family. For state-funded services, 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. FAPT cases require the development of Individual Family Services Plan (IFSP), unless certain exemption requirements are met. The IFSP is developed using the results of an assessment, input of child and family, and other information to develop an individual plan for services and interventions. While localities are able to develop their own IFSP, a model IFSP is available from OCS here: https://www.csa.virginia.gov/content/doc/Model_IFSP.docx.

In a 2025 LDSS child welfare survey, LDSS staff were asked if services can be personalized to individual families and children. Sixty-two percent indicated that services can be personalized always or most of the time and 31% indicated services can sometimes be personalized. These responses are fairly consistent with past years’ surveys with some improvement shown in the selection of “always” and a decrease in the

selection of “rarely”.



2025 n=611; 2024 n= 237; 2023 n= 279

LDSS staff were also asked to provide non-identifying examples of how they were able to individualize services for children and families. A total of 151 LDSS staff provided examples of how they were able to individualize services for children and families on their caseloads. Some examples are:

- “Spanish speaking providers”
- “I referred a family for MST [multisystemic therapy] and it is something that is tailored to the needs of each individual and/or family. So that everyone can receive the adequate care needed and identifying any others that may be needed.”
- “A mother with developmental disabilities has a newborn baby. We were able to establish adequate mental health services for her, family support, and also resources for her baby.”
- “Mentoring services specifically are able to tailor what they work on based on the needs of the family. I think mentoring services are probably the most helpful and most used service that we request from FAPT to be able to address more specific needs of families because of the services being in the home and made to be tailored to the needs of the family.”
- “A family needed a parenting class to help them parent their teenagers, however, the parenting class focused on younger children. So the provider was [willing] to meet with the parents 1:1 and gear the content towards teenagers so they were still able to learn how to parent them effectively.”
- “a youth with high acuity needs was provided with an additional 1:1 support person in order to maintain placement”

Agency responsiveness to the Community (Items 31-32)

Item 31: Ongoing Consultation

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public

and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In Virginia's last CFR review identified Item 31 as a Strength, and Virginia continues to assess this item as a strength. VDSS collaborates with a myriad of state, local, and community partners to provide integrated, cross-disciplinary services; steer initiatives and implementation of policies and legislation; solicit critical stakeholder feedback and guidance; and, ensure that comprehensive, aligned efforts take place across the state. Virginia is actively working with other internal divisions, state agencies, private sector and non-profit organizations to improve service delivery to individuals involved in the constellation of family services.

Continual collaborative communication loops are critical to providing appropriate, targeted services and partnering effectively with all stakeholders. VDSS engages focus groups, designs and distributes surveys, conducts interviews, collects and analyzes data, and continually gains feedback from a multitude of stakeholder meetings, workgroups, and multi-disciplinary groups. VDSS interfaces with many local, state, and national partners to ensure that it gets feedback is gained from those with lived experience, Tribal partners, child welfare and practice advisory committees, Virginia's CIP, parent advisory council, and a host of additional collaborators. The input gained from these groups has guided the development of the CFSP and APSRs. The **Collaborations section** of this document contains a description of collaborative partners, including activities and feedback loops. VDSS continues to prioritize collaboration in the CFSP (**Protection Strategy 2, Protection Strategy 2.5, Prevention Strategy 1.1, Prevention Strategy 3, Prevention Strategy 3.2, Permanency Strategy 1.4**).

Item 32: Coordination of Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

VDSS assesses this item as a Strength because VDSS collaborates with multiple agencies to coordinate services or benefits. Virginia's state supervised and locally administered system lets VDSS supervise the LDSS by providing policy and support. LDSS administer the state and federally funded programs to provide services to children and families in their communities. Each locality uses title IV-B subpart I funding, as distributed for the service coordination of child welfare services in each locality. In Virginia, the majority of the funds are spent on staffing for foster care caseworker services.

LDSS not only provide child welfare services in the community, but also provide a variety of federally funded assistance, such as Low-Income Heating and Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), child care assistance, and eligibility for Medicaid. This design provides a one-stop-shop for children and families in their communities to receive holistic support that meets their needs. Virginia's LDSS can flexibly access and design child welfare services to meet a wide range of individual needs and circumstances for children and their families who are involved in the child welfare system [based on needs, local demographics, and available resources in each community]. LDSS are expected to coordinate services with local private agencies and community organizations engaged in activities relevant to the unique needs of children and families involved in each local child welfare system.

Virginia's Implementation Advance Planning Document (IAPD) for CCWIS development was approved in January 2023. Virginia will continue to engage with federal partners throughout developing a CCWIS compliant case management system to ensure that VDSS is better able to serve Virginia families and to better meet federal reporting mandates. The **Critical Priorities Section** offers more information on collaboration for CCWIS development.

VDSS has several Memorandums of Understanding (MOUs) and Memorandums of Agreement (MOAs) with partnering agencies, including:

- DJJ, to clearly identify the roles and responsibilities and provide guidance for both parties to serve the best interests of youth who were in foster care before being committed to DJJ.
- Partner universities, to support the CWSP.
- Social Security Administration, to share data relating to youth in foster care who receive SSA benefits.

VDSS also coordinates services with several partnering agencies outside of formal MOU and MOA arrangements. VDSS has an ongoing coordination with the SSA, including providing LDSS access to a frequently asked questions list and the following recorded webinars:

- An Overview of Social Security and Supplemental Security Income (SSI): History of programs, services offered including Social Security Number (SSN) card requests, types of benefits and online services
- SSI - In Depth: Benefits, policies and procedures, youth transitioning out of foster care applications, age 18 redeterminations, working while disabled, SSI Spotlights, dedicated accounts, reporting responsibilities, scenarios
- An overview of the Representative Payee Program: Individual and Organizational Payee's, policies and procedures, reporting responsibilities

SSA, VDSS, and LDSS collaborated to develop and distribute a list of identified points of contacts for both the LDSS and the SSA.

VDSS also partners with DOE (as outlined on page 36) in improving the educational stability and attainment outcomes of children in foster care. Additionally, VDSS has coordinated messaging with DOE, so that both agencies supported efforts to prevent child maltreatment deaths across both agency's audiences and reiterated messaging among shared audiences. DOE supported these efforts by publishing VDSS infographics on water safety, gun safety and safe sleep information in their newsletters for childcare providers.

The Children's Justice Act (CJA) hired a third-party vendor to create a child death investigation protocol for law enforcement. VDSS was an active stakeholder in this process and provided insight and feedback for the protocol. The protocol includes sections about SEI, as well as child asphyxia, suffocation, and sudden unexplained infant death. The protocol has been included in VDSS's upcoming training on Child Death Investigations for the child welfare workforce. The protocol was made available as a job aid to all LDSS in March 2023.

The Children's Justice Act coordinator works with key partners to train and disseminate the Child Death Investigation Protocol (CDIP) to law enforcement and child protective services investigators in the Commonwealth. The **Population at Greatest Risk of Maltreatment** section includes more information on this work.

VDSS provides technical support to each locality as needed, to ensure maximum results federal programs and funding combined with state and local resources. Specific areas detailed in this report do coordinate at the state level with federal, state, and local resources, but overall, the child welfare system is locally implemented.

Within VDSS, staff and leadership partner with the following state groups:

- Division of Benefit Programs - DFS staff members work with Division of Benefit Programs

(DBP) staff members to provide guidance on when a relative can receive TANF for a child. DFS also partners with childcare and early childhood development to ensure that day care referrals for children in foster care and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay. DBP, in collaboration with DFS, implemented the TANF Relative Maintenance Support Payment Program in 2020 to give financial assistance to families who are providing relative care to children who would otherwise enter foster care. In July 2022, the program expanded to support additional households, including fictive kin caregivers. The funding source changed from TANF block grant funds to state general funds, with a set amount of funding for SFY 2024. As of September 1, 2023, the program has more than doubled in size, providing aid to 1,583 children, along with increased stability and safety. DFS and DBP continue to collaborate on this program and jointly advocate for sustainable funding to provide ongoing Relative Maintenance Support Program payments to relatives and fictive kin caregivers.

- Division of Child Support Enforcement - Division staff members work with staff in the Division of Child Support Enforcement to ensure proper and effective establishment and collection of child support for children receiving foster care services. Additionally, division staff collaborate with DCSE on fatherhood engagement efforts.
- Office of New Americans – This office oversees federal foster care cases and DFS staff supports the development of guidance for those children.
- Division of Licensing Programs - Staff work with Licensing Programs to ensure guidance and regulations are consistent between licensed child placing agencies and locally approved foster homes.
- Input from each division helps develop guidance in Family Services. Information is shared between divisions through a collaborative process, as needed. The Divisions of Family Services and Benefit Programs report to the same Deputy Commissioner.

The **Collaborations Section** contains additional information on coordination between programs and agencies.

Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33-36)

Item 33: State Standards

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Virginia received an overall rating of Strength for Item 33. VDSS continues to assess this item as a Strength based on the reviews completed by regional program consultants and QAA staff. VDSS intends to support functioning in this item through **Permanency Strategy 3.3** to implement new curriculum for foster parent training to increase foster parents' skills in meeting the needs of children placed with them.

Intentional collaboration between program areas, including Resource Family, QAA, and the VDSS Division of Licensing Programs (DOLP) has led to discussions of strengths and areas needing improvement in foster and adoptive parent licensing, recruitment, and retention statewide, ensuring that state standards are applied to all licensed or approved foster family homes or child-care institutions receiving title IV-B or IV-E funds. Regional Resource Family Consultants are completing spot checks on

resource family files and addressing gaps in LDSS documentation and the approval process for LDSS-approved resource families. The Virginia title IV-E review process also provides monitoring of LDSS licensing for foster and adoptive homes. Though not all children in foster care in Virginia are served with title IV-E funds, all state-provided foster and adoptive homes must be approved to take children covered by title IV-E. Therefore, families included in IV-E reviews provide a valid, reliable sample of all families licensed by Virginia's LDSS. Virginia's overall title IV-E error rates from state reviews outlined in Item 25 demonstrate the efficacy of VDSS's monitoring of IV-E requirements, including licensing of children's placements.

LDSS Approved Resource Homes

Foster and adoptive parents approved or licensed by LDSS follow the Foster and Adoptive Family Home Approval Standards for Local Departments of Social Services 22VAC40-211. All foster and adoptive parents, along with all adult members of each household, must complete background checks including a sworn statement or affirmation, criminal history record check and search of the child abuse and neglect registry in Virginia as well as a search of the child abuse and neglect registry for any other state a person has lived within the past five years.

Pre-service training is required before approval or licensure along with training related to mandated reporting of suspicion of child abuse and/or neglect. LDSS must complete an MFA or home study and indicate that the parent demonstrates competency in protecting children, meeting developmental needs, permanency, supporting biological family relationships and acting as a member of a child welfare team. Staff evaluate the physical environment of the parents' home to ensure compliance with health and safety standards.

LDSS are required to engage in ongoing discussion with and supervision of approved foster and adoptive parents. The staff first discuss the "Standards of Care for Continued Approval" during the assessment, to ensure foster parents understand what is expected of them once a child is placed in their home. The "Standards" are part of the ongoing dialogue with foster parents. The local resource family worker visits the home of the approved foster parent as often as necessary, but at least quarterly, to provide support, monitor the foster parent's performance and document these visits in the foster parent record. When a child is placed in the home, these visits may coincide with monthly visits with the child and be completed by the foster care worker. If there is no child placed in the home, telephone contact may replace the quarterly visit. If monitoring efforts indicate that significant changes in the household composition or foster parent's circumstances have occurred and would affect the approval conditions, the worker completes an addendum, includes it with the Mutual Family Assessment report, and takes appropriate action to maintain compliance. Such action may include a plan to correct any deficits, or suspension, or revocation of the foster parent's approval.

According to 22VAC40-211-90A, to place children timely with kinship foster parents, the LDSS may request, and a kinship foster parent may receive, a kinship waiver for a period of six months to complete pre-service training and mutual family assessment, and to obtain physical examinations and tuberculosis screenings.

Virginia continues to increase the utilization of kinship waivers to support first placement of children in foster care with kin. From January 1, 2024 to December 31, 2024, 816 kinship waivers were submitted for kinship foster parents resulting in 1,401 children being placed in kinship foster homes. During the same time frame in 2023, just 494 kinship waivers were submitted resulting in 643 children being placed in kinship foster homes.

LCPA Approved Resource Homes

Foster and adoptive parents approved by a licensed child placing agency (LCPA) in Virginia follow Standards for Licensed Child Placing Agencies 22VAC40-131. DFS and DOLP coordinate around these regulations to ensure they include the same requirements as described earlier when outlining requirements for LDSS homes. LCPA cannot approve homes that do not meet licensing standards unless the LCPA is granted an allowable variance. The DOLP director has the authority to grant an allowable variance to a standard. A licensee or applicant may request an allowable variance when they believe that the existing standard poses a substantial financial or programmatic hardship and when they believe that either an alternative method of compliance with the intent of the standard that is causing the hardship, or the actual suspension of all or part of that standard, would neither endanger the safety or well-being of persons in care nor create a violation of statutes or of the requirements of another regulatory agency (22VAC40-80-230). A variance cannot be granted to law or to the requirements of other agencies. The most common variances for LCPA homes are 1) to allow the use of background checks obtained more than 120 days before the date of approval, and 2) to allow medication, such as an epi-pen, to be unlocked so that it is available in an emergency.

The process for allowable variances begins when the licensee or applicant makes a written request for consideration of an allowable variance. The DOLP licensing representative may provide consultation to the applicant or licensee in developing of the written request and throughout the allowable variance process. The licensee or applicant describes the special hardship to the existing program or to a planned innovative or pilot program that will be caused by the enforcement of the requirement or requirements. The licensee or applicant then proposes alternatives to meet the requirement's purpose and ensure the protection and well-being of children in foster care. Then they obtain (when DOLP requests it), the opinions of professionals in the field and/or documented research, saying that the proposed activities, facilities, or equipment are not injurious to the children in foster care. DOLP may attach conditions to granting allowable variance to protect children in foster care.

Allowable variances are conditional; they allow for no change in the circumstances that were the basis for the approval. Any allowable variance may be rescinded or modified if needs or conditions change; additional information becomes known that alters the basis for the original decision; the applicant or licensee fails to meet any conditions attached to the allowable variance; or the results of the allowable variance jeopardize the safety, comfort, or well-being of children in foster care. Allowable variances expire automatically when there is a change in the facility's location or a change in the sponsorship of the facility or agency. The DOLP director grants allowable variances, after documentation and recommendations are made by the licensing specialist, licensing administrator, and associate director (depending upon the request). All of them review the information and provider's rationale for the variance request, along with submitted supporting documentation, and make recommendations for approval or denial, for the director's consideration. Variances are tracked by letter in the provider file and maintained in a centralized electronic file for reference by licensing staff. They are reviewed annually. A DOLP licensing representative notifies the petitioning applicant or licensee of DOLP's decision. A DOLP licensing representative reviews each allowable variance at least annually. At minimum, this review addresses the effect of the allowable variance on persons in care, adherence to any conditions attached, and the continuing need for the allowable variance.

When the decision is to deny a request for an allowable variance, the reason is provided in writing to the applicant or licensee. A denial may be reconsidered if the applicant or licensee submits another written request and provides new or additional supporting information within 30 days of denial. DOLP reconsiders and responds to the new request within 30 days. This decision is considered final and cannot be appealed. When an allowable variance is denied, expires, or is rescinded, staff resume routine enforcement of the standard or portion of the standard. The applicant or licensee may withdraw a request for an allowable variance at any time.

DOLP is the licensing authority for child-placing agencies not operated by a LDSS. The LCPA is responsible for approving, training, monitoring, and supervising homes that the LCPA has approved. The LCPA visits foster or adoptive homes as often as necessary but at least every 90 days to monitor the foster parent performance. These visits may coincide with the monthly visits with the child. If no children are placed in the home, the LCPA may monitor the home by visiting or calling the foster parent at least once every 90 days.

DOLP inspects LCPA at least twice annually. Inspections are unannounced. From January to December 2024, 264 LCPA inspections took place. In addition to routine monitoring inspections, additional inspections may be conducted for requests for modification, investigation of complaints, investigation of incidents reported by the licensee, or for additional compliance monitoring. The inspection verifies compliance with the laws and regulations applicable to LCPA. Background checks for all employees hired and foster parent homes approved (including adult household members) since the last inspection are reviewed. At each inspection, the inspector must review the case records for at least 10% of the children in care and 10% of the foster parent homes approved. [The inspection protocol requires that at a minimum the inspection include 1) review of the background checks for all foster parent homes approved since the last inspection and 2) 10% of the records for all approved foster parents.] The regulation, Background Checks for Child Welfare Agencies 22VAC40-191, requires that approval be denied for unsatisfactory background checks. The Standards for Licensed Child-Placing Agencies regulation requires that children be removed, and no additional children placed if approval of the home is revoked.

Children's Residential Facilities (CRF)

DOLP is also the licensing authority for VDSS licensed Children's Residential Facilities (CRF). Children require that (at minimum) the inspection include 1) a review of the background checks for all staff hired since the last inspection and 2) a review of two to four personnel records in their entirety depending on the facility capacity. Satisfactory background checks are required as a condition of employment and must be in place before an individual begins working. From January to December 2024, **36** inspections of CRF took place.

Item 34: Criminal Background Clearances

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster and adoptive placements for children?

Virginia received an overall rating of Strength for Item 34. VDSS continues to assess this item as a Strength based on low noncompliance rates from QAA reviews and licensing inspections.

The Code of Virginia §63.2-901.1 requires criminal history record checks from the central criminal records exchange and the FBI as well as a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child in foster care on a kinship, or permanent basis. The Code of Virginia also requires background checks for all adult members of a home where a 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.

In a relative or kinship placement, LDSS may obtain criminal history information from a criminal justice agency. However, within three days, the relative or kinship foster parent and adult household members must submit fingerprints to the central criminal records exchange. A central registry check is required before placing a child in a relative or kinship foster parent's home.

LDSS or LCPA 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 §19.2-392.02 (known as barrier crimes), or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry. From January 1, 2024, to December 31, 2024, the Office of Background Information (OBI) completed 8,152 criminal history record checks involving prospective foster and adoptive parents and other adults in the home: 5,486 for LDSS and 2,666 for LCPA. Criminal history record checks were completed for 938 relatives¹ of children in foster care from January 1, 2024, to December 31, 2024. OBI determined that 282 applicants were not eligible, 58 of those found not eligible were relatives. OBI was unable to determine eligibility for 124 criminal history record checks.

In order to assess compliance percentages, Virginia relies on results from QAA reviews. A total of 4,260 new IV-E Validation and ongoing IV-E cases were reviewed during the SFY 2024. Of the cases reviewed, 4,114 did not have a federal error. The statewide overall error rate was 3.43%; the error rate for safety requirements was 0.85%.

Per guidance, LDSS can approve and reapprove foster and adoptive families if background checks are received within 120 days before issuing a certificate of approval. The timeframe was previously 90 days before issuing a certificate of approval. The thirty-day extension was enacted to let LDSS complete the process of approval and re-approval in a timely way, without requiring that foster and adoptive families submit a second, unnecessary set of background checks.

LCPA employees 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.

Employees, potential employees, volunteers, or persons providing services on a regular basis at 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. Satisfactory background checks must be received before beginning employment or volunteer service in VDSS facilities. Virginia Code §37.2-408.1 was amended on April 27, 2022, through Virginia Senate Bill 577 let DBHDS children’s residential facilities employ individuals while their criminal fingerprint background checks were pending, provided that, they do not work in the CRF, or any other location operated by the facility where children are present. Satisfactory background checks must be received before working in the CRF or at any location operated by the facility where children are present.

There were 264 inspections (all inspection types) conducted for LCPA from January 1, 2024, to December 31, 2024. Of these inspection, 24 background check violations for LCPA foster homes resulted from 16 of those inspections.

| Standard | Description |
|----------------------|---|
| 22VAC40-191-40-C-1-d | 2 violations- LCPA failed to obtain central registry search results for 1) one household member in one home and 2) ten providers in six homes. |
| 22VAC40-191-40-C-1-e | 1 violation- LCPA failed to obtain a sworn disclosure statement for one household member. |
| 22VAC40-191-40-C-1-f | 1 violation- LCPA failed to obtain criminal background checks prior to approval on two household members. |
| 22VAC40-191-40-D-1-e | 4 violations- LCPAs failed to obtain, within 3 years of the most recent background checks, 1) central registry search results for six providers in four homes 2) criminal history search results for five providers in three home and 3) a sworn disclosure for one provider. |

| | |
|----------------------|---|
| 22VAC40-191-40-D-1-f | 4 violations- LCPAs failed to obtain, within 3 years of the most recent background checks, 1) central registry search results on two household members in two homes, 2) central registry search results for two providers in one home, and 3) criminal history search results for three providers in two homes. |
| 22VAC40-191-40-D-1-g | 1 violation- LCPA failed to obtain criminal history search results, within three years from the prior background checks, for one household member. |
| 22VAC40-191-40-D-3-d | 1 violation- LCPA failed to obtain central registry search results before 3 years from the most recent search results for one provider. |
| 22VAC40-191-40-D-4-a | 3 violations- LCPAs failed to obtain background checks within 30 days of a household member turning 18 years of age. 1)Two violations for failure to obtain a criminal history search for two household members in two homes and 2) One violation for failing to obtain central registry search results for one household member. |
| 22VAC40-191-40-D-5 | 2 violations-In two homes, LCPAs failed to obtain, within 90 days prior to approval 1) a criminal history search one provider and 2) a central registry search for one household member. |
| 22VAC40-191-40-D-5-a | 3 violations- In three homes, LCPAs failed to obtain Central Registry checks, within 30 days of their 14 th birthday, for four household members. |
| 22VAC40-191-40-D-6 | 2 violations- In two homes, LCPAs failed to obtain, within 90 days prior to approval, 1) one central registry search for one parent and 2) one criminal history search for one parent. |

If a violation is cited because an applicant, agency, employee or volunteer lacks any part of the required background checks and a request for a missing part has not been submitted, the applicant must provide the licensing specialist (LS) documentary proof that the request has been submitted as soon as possible, but no later than ten business days following notification. On receipt of the background checks, the applicant must send the LS documentation showing the date that the background checks were received. A license cannot be issued if any required background check(s) have not been completed. A complete application includes documentary proof that the applicant or agency is compliant with all applicable background check laws and regulations. If the applicant does not send the LS documentation showing that the background check(s) have been requested within the ten-day time frame, the VDSS may consider further action, including denying the application. Before issuance of an initial license, all required background check results must be received and reviewed for any applicant, listed on the application. Before issuance of a renewal license, all required background check results must be received and reviewed for any new applicant listed on the application.

If a CRF provider has a background check violation, the facility must not allow the employee to work with children, or work at the residential facility, or any other site operated by the facility where children are placed. The CRF provider must give the LS with documentary proof that the request has been submitted, as soon as possible but no later than ten business days from notification. On receiving notification, the provider must give the LS documentation of the date that the background checks were received. VDSS also monitors compliance with a safety matrix that tracks the completion of safety requirements (such as background checks) of CRF staff.

Item 35: Diligent Recruitment

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Virginia received an ANI for Item 35 during the last CFSR because it lacked a diligent recruitment plan and foster parent racial and demographic information. VDSS currently assesses this item as a Strength. Faster Families Highway also provides supplemental foster parent race and ethnicity data, which provides further assessment of system functioning. VDSS also has a critical priority of increasing kinship foster home placements (outlined in more detail in **Diligent Family Recruitment**). This would in turn increase the degree to which the racial and ethnic diversity of families reflect the racial and ethnic diversity of the children in foster care. VDSS has also added child-specific recruitment features to its Faster Families Highway platform to further support recruiting foster and adoptive parents that address the unique characteristics of children in foster care.

In CY2024, there were 5,761 foster family resources active (active indicates the resource has had a placement within the last 3 years.) Of those resource families, 1,442 resources had a start date in CY2024 with 1,169 of new resource families having a placement and 476 were considered inactive (no placement yet).

Since FY2022, Virginia underwent extensive efforts to clean up AFCARS data related to resource home records and the efforts to more accurately track data have resulted in a dramatic decrease in the amount of foster parents whose race is labelled as “other”. As shown in table “Foster Home Placements-Race” what the corrected data demonstrates is that Virginia’s foster parents reflect the racial diversity of the children in foster care in Virginia. While fewer foster parents identify as biracial or multiracial (1.3%) when compared to children in care (12.2%), as of FFY2024, every other racial category has more foster parents who fall into that category than children in foster care, indicating a sufficient pool of foster parents who would match the demographics of the children in their care.

As shown in table “Foster Home Placements-Ethnicity” Virginia has also seen a slight, but steady improvement in the ethnicity of Virginia’s foster parents aligning with the ethnicity of Virginia’s children in care. In FFY22 did not have a pool of foster parents who represented the ethnic demographics of Virginia’s children in foster care, with 11.73% of children in care being Hispanic/Latino, and only 4.4% of foster parents are Hispanic/Latino.

To support Virginia’s ability to recruit and approve Hispanic/Latino families, all foster parent approval documents and training curriculum were translated into Spanish in 2024.

Current demographics as of the end of FFY24 are as follows:

Foster Home Placements – Ethnicity

| Ethnicity | <u>All Children</u> in Foster Care | <u>All Children</u> in Foster Care | <u>All Children</u> in Foster Care | Children in a Foster Home | Children in a Foster Home | Children in a Foster Home | Foster Parent* | Foster Parent* | Foster Parent* |
|----------------------------------|--|--|--|------------------------------|------------------------------|------------------------------|-------------------|-------------------|-------------------|
| | FFY22 | FFY23 | FFY24 | FFY22 | FFY23 | FFY24 | FFY22 | FFY23 | FFY24 |
| Hispanic/ Latino | 10.5% | 10.8% | 11.87% | 10.4% | 11.10% | 11.73% | 2.0% | 3.6% | 4.4% |
| Not Hispanic/ Latino | 83.0% | 83.1% | 81.33% | 82.9% | 82.87% | 81.44% | 54.3% | 95.9% | 95.3% |
| Declined/Unabl e to Determine | 6.5% | 6.1% | 0.76% | 6.7% | 6.02% | 6.83% | 43.7% | 0.5% | 0.3% |

*Foster Parent is based on the first foster parent’s information.

Foster Home Placements - Race

| Race | <u>All Children</u> in Foster Care | <u>All Children</u> in Foster Care | <u>All Children</u> in Foster Care | Children in a Foster Home | Children in a Foster Home | Children in a Foster Home | Foster Parent* | Foster Parent* | Foster Parent* |
|---------------------------------------|--|--|--|------------------------------|------------------------------|------------------------------|-------------------|-------------------|-------------------|
| | FFY22 | FFY23 | FFY24 | FFY22 | FFY23 | FFY24 | FFY22 | FFY23 | FFY24 |
| American Indian/Alask an Native | 0.1% | 0.1% | 0.1% | 0.2% | 0.1% | 0.1% | 0.1% | 0.2% | 0.2% |
| Asian | 0.9% | 0.9% | 0.8% | 0.8% | 0.9% | 0.9% | 0.4% | 1.0% | 0.9% |
| Black/Africa n American | 27.1% | 27.3% | 28.3% | 25.5% | 26.5% | 28.0% | 15.3% | 31.0% | 33.2% |
| Hawaiian/Pac ific Islander | 0.2% | 0.2% | 0.2% | 0.1% | 0.2% | 0.2% | 0.2% | 0.3% | 0.4% |
| White | 58.4% | 57.8% | 56.9% | 59.1% | 58.1% | 56.9% | 39.5% | 65.1% | 60.6% |
| Two or More | 11.4% | 12.3% | 12.0% | 12.0% | 12.9% | 12.2% | 0.4% | 0.8% | 1.3% |
| Other | 1.9% | 1.4% | 1.7% | 2.2% | 1.4% | 1.7% | 44.0% | 1.7% | 3.3% |

*Other includes Unknown, abandoned, or declined.

Additionally, Faster Families Highway asks prospective foster families to describe their race and ethnicity (the results of which are reported in tables below) and this information will continue to be utilized in the recruitment of families that reflect the diversity of children in care. This information was shared with SIR- the agency that completed the research to inform Virginia’s multimedia campaign. As of 2025, Virginia is in the process of identifying a vendor to complete the multimedia campaign, and SIR’s research as well as the data from Faster Families Highway will be utilized to ensure recruitment of families who align with the demographics of Virginia’s children.

As of Dec 31, 2024, 4981 families have begun inquiries on the Highway. This represents an increase of 2,000 families entering the Highway compared to December 2023. Of those families, 3248 (65%) have an interest in fostering. The chart below reflects a regional breakdown of families with the interest of fostering and includes the race and ethnicity of families, ages of children that families have indicated a willingness to foster as well as the number of children families are willing to foster.

April 2022 – December 2024

- Piedmont
 - 613 families; 76% white, 30% BIPOC
 - Family Preferences
 - Preferred Max age:
 - Average: 9.8 yrs.
 - Range: 0-21 yrs.
 - Preferred Min age
 - Average: 1.9 yrs.
 - Range: 0-17
 - Number of children willing to foster:
 - Preferred # of children
 - 5+ children: 14 families
 - 4 children: 19 families
 - 3 Children: 46 families
 - 2 children: 210 families
 - 1 child: 272 families
 - 35% open to age 12 and over
 - 72% have no preference on gender
 - 84% have no preference on race/ethnicity
- Western
 - 352 families; 89% white, 13% BIPOC
 - Family Preferences
 - Preferred Max age:
 - Average: 9.6 yrs.
 - Range: 0-21 yrs.
 - Preferred Min age
 - Average: 1.9 yrs.
 - Range: 0-19
 - Number of children willing to foster:
 - Preferred # of children
 - 5+ children: 9 families
 - 4 children: 17 families
 - 3 Children: 36 families
 - 2 children: 115 families

- 1 child: 151 families
 - 33% open to age 12 and over
 - 75% have no preference on gender
 - 83% have no preference on race/ethnicity
- Northern
 - 1474 families; 63% white, 47% BIPOC
 - Family Preferences
 - Preferred Max age:
 - Average: 10.1 yrs.
 - Range: 0-21 yrs.
 - Preferred Min age
 - Average: 1.9 yrs.
 - Range: 0-21
 - Number of children willing to foster:
 - Preferred # of children
 - 5+ children: 28 families
 - 4 children: 27 families
 - 3 Children: 131 families
 - 2 children: 543 families
 - 1 child: 621 families
 - 34% open to age 12 and over
 - 70% have no preference on gender
 - 81% have no preference on race/ethnicity
- Eastern
 - 1094 families; 46% white, 61% BIPOC
 - Family Preferences
 - Preferred Max age:
 - Average: 10.2 yrs.
 - Range: 0-21 yrs.
 - Preferred Min age
 - Average: 1.9 yrs.
 - Range: 0-21
 - Number of children willing to foster:
 - Preferred # of children
 - 5+ children: 17 families
 - 4 children: 21 families
 - 3 Children: 94 families
 - 2 children: 369 families
 - 1 child: 493 families
 - 35% open to age 12 and over
 - 64% have no preference on gender
 - 77% have no preference on race/ethnicity
- Central
 - 709 families; 55% white, 52% BIPOC
 - Family Preferences
 - Preferred Max age:
 - Average: 10.6 yrs.
 - Range: 0-26 yrs.
 - Preferred Min age

- Average: 1.9 yrs.
- Range: 0-17
- Number of children willing to foster:
 - Preferred # of children
 - 5+ children: 18 families
 - 4 children: 31 families
 - 3 Children: 55 families
 - 2 children: 251 families
 - 1 child: 307 families
- 39% open to age 12 and over
- 69% have no preference on gender
- 78% have no preference on race/ethnicity

Item 36: Cross-Jurisdictional Resources

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Virginia received an overall rating of Strength for Item 36. VDSS continues to assess this item as a Strength.

Children placed out of 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 in their best interests or if the need for out-of-state services cease. Both the great variety of circumstances that necessitates the interstate placements of children and the types of protections needed offer compelling reasons for a mechanism to regulate placements and ensure the safety of children as they move across state lines.

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, the appropriate retention of responsibility and communication among all parties involved will remain until lawful compact termination. Procedures for the interstate movement 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 Medicaid is provided to children with state-funded adoption assistance when these 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 (including Virginia) and the District of Columbia are members of ICAMA. Non-member states include New York, Vermont, and Wyoming.

Virginia has codified both compacts and abides by the associated regulations. The data included in this section provide measures of timeliness for processing cases through the ICPC statutory uniform law.

The ICPC unit assigns a case within 48 hours of receiving a referral, which an ICPC consultant processes within five business days of assignment. Most cases are processed within -48 hours of the referral being assigned to the ICPC consultant. This process will determine if the referral is complete and ready to be sent to the receiving state or to the appropriate LDSS. In 2024, the ICPC unit processed 2239 incoming

and outgoing referrals for youth to be placed both within and outside Virginia. In 2024, the ICPC unit processed 20 Regulation 1 referrals, 1081 Regulation 2 referrals, 198 Regulation 7 referrals, and 16 Regulation 7 referrals. A chart in the subsection below shows information on the referrals completed during the year.

- Regulation 1 addresses the request for approval for placing a child in an approved placement resource in the receiving state where the sending state has already approved the placement in the sending state and the resource now desires to move to the receiving state.
- Regulation 2 provides, at the request of a sending agency, a home study and placement decision by a receiving state for the proposed placement of a child with a proposed caregiver who falls into the category of: placement for public adoption, for foster care and/or with parents, or relatives.
- Regulation 4 referrals address Residential Placements for both public and private placements.
- Regulation 7 expedites ICPC approval or denial by a receiving state for the placement of a child with a parent.

The National Electronic Compact Enterprise (NEICE) does not currently track how long it takes to complete a home study. It only allows a state to see how many home studies are overdue past the 60 days of the Safe and Timely Act of 2006. An approved home study might range from one day past due to a year past due. The ICPC unit within VDSS is currently working on improving data collection on the average time it takes for LDSS to complete ICPC referrals in compliance with the Safe and Timely Act of 2006, which states that home studies are to be completed within 60 calendar days after a state receives a request from another state. Virginia has recently created a new excel spreadsheet to be able to gather data on timeliness. Eventually, the NEICE system will be able to create such reports, to ensure that all states are reporting on the same information. Additionally in 2025 NEICE has made some upgrades to the system which includes providing alerts to when the Safe and Timely is due and past due. This upgrade to the system will assist VA in tracking any over due Safe and Timely Reports.

Virginia's ICPC unit worked with the VDSS data team to create an Excel spreadsheet that will gather data on timeliness and will begin tracking how long it takes a local agency to complete home studies. This spreadsheet will help indicate which agencies are completing home studies in a timely way, and where more interventions are needed to assist agencies with completing studies on time. However, this is still a work in process and over the past year, the ICPC unit has made changes to it, in order to gather more intentional information. Over the past year, LDSS have had support from the MFA team in completing ICPC homestudies; however, not all agencies access this assistance.

Virginia uses the NEICE System for case management of ICPC cases. As of December 31, 2024, 111 out of 121 Virginia LDSS agencies use NEICE¹.

The FFPSA requires all states use NEICE by 2027. Virginia has used NEICE since April 2016; the majority of LDSS began using NEICE in 2020 and 2021. LDSS in Virginia that are not on NEICE, must send ICPC referrals through secure electronic communication to the ICPC email address Vaicpcoffice@dss.virginia.gov. All communication with the agency is handled electronically between the agency and the ICPC consultant and stored in the NEICE system.

The ICPC spreadsheet which is below shows only outgoing referrals for all LDSS agencies sending ICPC referrals being sent to other states, except for Regulation 4 which shows both public and private referrals. This represents the amount of outgoing ICPC cases that the ICPC Unit has processed in 2024.

Quarter 1

| Relative Referrals - Option 1 | | | | | | |
|--|---------------|-------------------------------|-------|--------------------|-------------------|-------------|
| Option 1 with Filters (Slicer for SFY-Q still applies to this table) | | | | | | |
| Incoming/Outgoing | Outgoing | <-Filter to only cases wanted | | | | |
| | Column Labels | | | | | |
| | Reg 2 | Reg 4 | Reg 7 | Adoption (Private) | Adoption (Public) | Grand Total |
| Count of Case # | 121 | 50 | 2 | 10 | 9 | 192 |

Quarter 2

| Relative Referrals - Option 1 | | | | | | | | |
|--|---------------|-------------------------------|-------|-------|--------------------|--------------------|-------------------|-------------|
| Option 1 with Filters (Slicer for SFY-Q still applies to this table) | | | | | | | | |
| Incoming/Outgoing | Outgoing | <-Filter to only cases wanted | | | | | | |
| | Column Labels | | | | | | | |
| | Reg 1 | Reg 2 | Reg 4 | Reg 7 | Adoption (Private) | Adoption (In-Home) | Adoption (Public) | Grand Total |
| Count of Case # | 2 | 134 | 47 | 4 | 10 | 1 | 3 | 201 |

Quarter 3

| Relative Referrals - Option 1 | | | | | | | |
|--|---------------|-------------------------------|-------|-------|--------------------|-------------------|-------------|
| Option 1 with Filters (Slicer for SFY-Q still applies to this table) | | | | | | | |
| Incoming/Outgoing | Outgoing | <-Filter to only cases wanted | | | | | |
| | Column Labels | | | | | | |
| | Reg 1 | Reg 2 | Reg 4 | Reg 7 | Adoption (Private) | Adoption (Public) | Grand Total |
| Count of Case # | 8 | 111 | 47 | 1 | 5 | 5 | 177 |

Quarter 4

| Relative Referrals - Option 1 | | | | | | | |
|--|---------------|-------------------------------|-------|-------|--------------------|-------------------|-------------|
| Option 1 with Filters (Slicer for SFY-Q still applies to this table) | | | | | | | |
| Incoming/Outgoing | Outgoing | <-Filter to only cases wanted | | | | | |
| | Column Labels | | | | | | |
| | Reg 1 | Reg 2 | Reg 4 | Reg 7 | Adoption (Private) | Adoption (Public) | Grand Total |
| Count of Case # | 1 | 103 | 36 | 2 | 9 | 6 | 157 |

The graphs below show both sending and receiving ICPC referrals that have been processed by the unit in each quarter for calendar year 2024. Overall, Virginia continues to have about 750 referrals annually which are sent to other states.

VDSS will target improved outcomes related to this item over the next five years through **Permanency Strategy 2.2** targeted at improving the timeliness of ICPC referrals and placements.

Over the past year the ICPC Unit has processed about 11% more outgoing cases than the previous year for youth in foster care to be placed with kinship placement. However, about 43% of decisions made in 2024 for outgoing referrals resulted in a denial in which youth could not be placed with kinship caregivers. Some of these reasons for a denial are: family did not want to become foster parents, families

did not understand the ICPC Process, families did not comply, and safety concerns.

Jan 1, 2024-March 2024

| Types of Cases and Referrals | | | | |
|------------------------------|---------------|------------|-----------|-------------|
| Count of Case # | Column Labels | | | |
| Row Labels | Incoming | Outgoing | (blank) | Grand Total |
| Reg 1 | 4 | 1 | 0 | 5 |
| Reg 2 | 122 | 103 | 0 | 225 |
| Reg 4 | 162 | 36 | 0 | 198 |
| Reg 7 | 1 | 2 | 0 | 3 |
| Adoption (Private) | 33 | 9 | 0 | 42 |
| (blank) | 0 | 0 | 3 | 3 |
| Adoption (Public) | 7 | 6 | 0 | 13 |
| ICAMA | 0 | 0 | 63 | 63 |
| Grand Total | 329 | 157 | 66 | 552 |

April 2024- June 2024

| Types of Cases and Referrals | | | | |
|------------------------------|---------------|------------|-----------|-------------|
| Count of Case # | Column Labels | | | |
| Row Labels | Incoming | Outgoing | (blank) | Grand Total |
| Reg 1 | 1 | 0 | 0 | 1 |
| Reg 2 | 133 | 143 | 0 | 276 |
| Reg 4 | 200 | 45 | 0 | 245 |
| Reg 7 | 2 | 0 | 0 | 2 |
| Adoption (Private) | 35 | 6 | 0 | 41 |
| (blank) | 0 | 0 | 24 | 24 |
| Adoption (Public) | 8 | 10 | 0 | 18 |
| ICAMA | 0 | 0 | 64 | 64 |
| Grand Total | 379 | 204 | 88 | 671 |

July 1 2024-Sept 2024

| Types of Cases and Referrals | | | | |
|------------------------------|---------------|------------|------------|-------------|
| Count of Case # | Column Labels | | | |
| Row Labels | Incoming | Outgoing | (blank) | Grand Total |
| Reg 1 | 2 | 2 | 0 | 4 |
| Reg 2 | 142 | 141 | 0 | 283 |
| Reg 4 | 194 | 44 | 0 | 238 |
| Reg 7 | 3 | 4 | 0 | 7 |
| Adoption (Private) | 25 | 11 | 0 | 36 |
| Reassignment | 0 | 0 | 53 | 53 |
| (blank) | 1 | 0 | 5 | 6 |
| Adoption (International) | 0 | 0 | 1 | 1 |
| Adoption (Public) | 18 | 11 | 0 | 29 |
| ICAMA | 0 | 0 | 74 | 74 |
| Grand Total | 385 | 213 | 133 | 731 |

Oct 1 2024- Dec 31 2024

| Types of Cases and Referrals | | | | |
|------------------------------|---------------|------------|------------|-------------|
| Count of Case # | Column Labels | | | |
| Row Labels | Incoming | Outgoing | (blank) | Grand Total |
| Reg 1 | 5 | 5 | 0 | 10 |
| Reg 2 | 158 | 139 | 0 | 297 |
| Reg 4 | 166 | 38 | 0 | 204 |
| Reg 7 | 1 | 3 | 0 | 4 |
| Adoption (Private) | 17 | 9 | 0 | 26 |
| Reassignment | 0 | 0 | 40 | 40 |
| Adoption (International) | 0 | 0 | 0 | 0 |
| Adoption (Public) | 22 | 9 | 0 | 31 |
| ICAMA | 0 | 0 | 88 | 88 |
| Grand Total | 369 | 203 | 128 | 700 |

CHILD AND FAMILY SERVICES CONTINUUM

Program Coordination Team

At the state level, the child welfare program coordination team is comprised of three primary teams:

Protection, Prevention, and Permanency. The strategic operations team supports the three primary teams. All teams are under the leadership of the DFS and three assistant directors.

The program coordination team work to:

- Develop regulations, policies, procedures, and guidance;
- Support LDSS in providing quality, best-practice service to children and families;
- Implement statewide public awareness campaigns;
- Explain programs, policies, and services to mandated reporters and the general public;
- Coordinate and provide training;
- Fund special grant programs;
- Maintain and disseminate data from the child welfare information system; and
- Use data to identify and support systems or practice changes that lead to improved outcomes.

The Protection and Prevention teams are divided into four teams: Hotline Operations, Protection, Prevention and In-Home Services, and the Office of Family Violence. A capacity building specialist supports the Protection and Prevention teams.

The Protection team is led by a program manager and supported by a policy specialist. Five regional consultants provide technical assistance, case consultation, training, and monitoring to LDSS for the Protection program. A constituent program consultant responds to citizen concerns and a child fatality consultant reviews all child deaths.

Hotline Operations was previously a part of the Protection team, overseen by a hotline manager. Due to the complexity of the Hotline Operations, the hotline manager position was revised to become a program manager. Now that program manager leads Hotline Operations and supported by four shift supervisors. There are 14 full-time hotline specialists and 11 part-time hotline specialists. The Hotline also has 25 contracted workers that fill full-time and part-time hours. The Hotline operates 24 hours a day and seven days a week.

The Prevention and In-Homes Services team is led by a program manager and supported by a policy specialist, PSSF program specialist, kinship practice specialist, and a project manager. Five regional consultants provide technical assistance, case consultation, training, and monitoring to LDSS for the In-Home Services program. The Prevention team is also supported by the Family First team comprised of a project manager and change management specialist.

The Office of Family Violence, which is part of the Protection and Prevention team identifies, mobilizes, and monitors resources for victims of domestic violence. Domestic violence programs are handled by federal and state-funded public, private, or non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs offer safety to survivors and their children by providing emergency housing and transportation, crisis intervention, peer counseling, support, advocacy, information, and referrals. Funding also supports primary prevention initiatives and promotes meaningful services to underserved populations. The team is led by a program director and supported by four contract administrators, one program consultant, and three full-time contractors dedicated to administering American Rescue Plan funds.

The Permanency team is divided into four teams: Foster Care, Adoption, Resource Family and ICPC/ICAMA. The Permanency team is supported by a project manager and a capacity building specialist.

The Foster Care team is led by a program manager and supported by a policy specialist. The team also has

an Independent Living team comprised of a supervisor, independent living program specialist, ETV program specialist, and several contractor positions. A congregate care coordinator oversees special programs aimed at reducing the number of youth in congregate care and ensuring that youth who are placed in congregate have medical necessity to be there. VDSS recently created a liaison position between the Commonwealth Center for Children and Adolescents (state psychiatric hospital for children) and the LDSS. This position supports the local departments in discharge planning for children involved in child welfare and admitted to the hospital. A foster care constituent program consultant responds to citizen concerns.

The Adoption Program is led by a program manager and supported by a policy specialist. The team also has an Adoption Supervisor, who is responsible for directly supervising the Adoption Resource Exchange of Virginia (AREVA) coordinator, the Virginia Birth Father Registry specialist, two adoption records specialists, and two adoption disclosure specialists. The Virginia Birth Father Registry specialist is responsible for managing a database of search requests, responding to inquiries, and promoting the registry. Five regional adoption negotiators are responsible for negotiating all new and amended adoption assistance, KinGAP, and state funded kinship subsidy agreements. They report to the adoption program manager. A constituent program consultant responds to citizen concerns. An adoption contract administrator manages contracts to support achieving timely permanency and to procure services to support youth who are adopted and their families across the state.

The Resource Family team is led by a program manager and supported by a resource family policy specialist, a kinship policy specialist, and a kinship practice specialist. Five resource family regional consultants support kin first practice within each LDSS, supporting consistent and ongoing family engagement so that children who enter foster care can be placed with kinship foster parents. The regional consultants also support recruitment and retention of non-relative foster parents so that children who cannot immediately be placed with relatives are placed in well trained foster families in close proximity to their home communities. The kinship policy specialist supports Virginia's ongoing focus on increasing the use of kinship care when children enter foster care and supporting a continuum focus on engaging kinship caregivers. The Resource Family and Prevention programs share a constituent program consultant who responds to citizen concerns.

Fifteen regional permanency consultants provide technical assistance, case consultation, training, and monitoring to LDSS for the foster care and adoption programs. All regional practice consultants, including protection and prevention consultants, directly report to one of five regional offices and are assigned tasks by the program managers.

The ICPC/ICAMA team is led by a program manager/Deputy Compact Administrator (DCA) and supported by a compact administrator that assists in lieu of the DCA, as well as four full-time, three-part time and one contracted ICPC program consultants. The ICPC and ICAMA team also has one full-time administrative assistant for all referrals. The ICPC/ICAMA team is responsible for processing foster care and public- and private- adoption cases for children who are leaving or coming to Virginia. The ICPC Unit also processes all referrals for youth from Virginia going into residential facilities in other states. ICAMA cases are processed for youth who have been previously adopted through public adoptions and have adoption agreements for Medicaid coverage. When a youth who was adopted moves with their family to another state, ICAMA processes these referrals to assure the youth receive Medicaid in their new state.

The Strategic Operations team is comprised of four teams: QAA, Invoice, DFS IT Portfolio, and the Data team. Strategic Operations is supported by a project manager and a capacity building specialist.

The QAA team is led by a program manager and three QAA supervisors. The team is supported by one sub-recipient monitoring coordinator, 23 full-time program consultants, five part-time consultants, three

full-time data analysts, and a part-time data analyst. Each team has distinct responsibilities that frequently intersect. The QAA team conducts new foster care funding determination, ongoing title IV-E reviews, title IV-E prevention services reviews, and CFSR, to assess compliance, identify and enhance best practices, and ensure the accuracy of data in the child welfare information system.

The Data team is led by a program manager and supported by three full-time data analysts. Each analyst focuses on a specific program area - Protection, Prevention, or Permanency - and partners with the respective program manager(s) to address programmatic data needs. The Data team produces regular data reports to summarize key data trends, facilitates data governance and clean-up, and responds to ad-hoc data requests.

The Invoice team is managed by a supervisor and supported by a team lead and five contract program consultants. The invoice team partners with contract administrators, Finance, General Services, and Procurement to perform the day-to-day activities required to manage more than 400 contracts and invoice payments for all federal grants, such as CBCAP, Family Violence and Prevention Services Act (FVPSA), VOCA funds, and state contracts that include adoption grants, and Healthy Families, and Child Advocacy Centers.

The Family Services IT Portfolio team is led by a program manager and supported by two project managers, two lead business analysts, five business analysts, two program consultants, a change management consultant, a technical trainer supervisor, two technical trainers, an administrative staff specialist, and three part-time contract staff. The mission of the Family Services IT Portfolio team is to design, develop, implement, and maintain a comprehensive child welfare information system that supports Virginia’s children and families in achieving safety, permanency, and well-being.

Additional state coordination team support includes a budget manager, a CWSP coordinator, a federal liaison program lead and a legislation and regulation program manager.

PROMOTING SAFE AND STABLE FAMILIES (PSSF) (TITLE IVE-B, SUBPART 2)

PSSF (Title IV-B Subpart 2 funds) 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 designed 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. 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 children who cannot return home (**Prevention Strategy 1.2**).

**Estimated Children and Families Served
115 Agencies reporting - January 2024 to December 2024**

| Service Type | Total Children | Total Families |
|---------------------|-----------------------|-----------------------|
| Preservation | 5297 | 3870 |
| Support | 11789 | 10420 |
| Reunification | 1610 | 1140 |

| Service Type | Total Children | Total Families |
|--------------|----------------|----------------|
| *Adoption | 87 | 69 |
| Total | ** | ** |

*Approximately 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.

PSSF funds are allocated to LDSS for control and expenditure. The Community Planning and Management Team (CPMT) is the local planning body for PSSF funds. This role is consistent with its statutory responsibility to manage community collaborative efforts for at-risk youth and families, conduct community-wide service planning, and maximize the use of community resources.

With the support of their CPMT board, LDSS complete a needs assessment once every five years. The most recent needs assessment was completed in 2023 and finalized in 2024. In addition to the needs assessment, local agencies completed a survey of community services, gaps and needs that mirrored the results of the individual needs assessment. The results reflected that most local agencies rely on an extensive network of public and private community-based partners, tackling many issues of importance to their community. This network serves many purposes, including leveraging resources, information sharing, and linkages to services, so that local agencies can reach a broader population. The key takeaways from the survey as follows:

- At least half of the local agencies reported a need and/or a gap in service for 33 of 36 reimbursable services stated in the PSSF Service Array.
- Regional comparisons indicate that most service needs are prevalent statewide and a state approach to address services needs is recommended. However, there should be a regional or localized approach to meet service needs that culturally appropriate of the community being served. Some examples include childcare, English as a Second Language and Substance Use Disorders.
- Local agencies should continue to partner with as many community organizations (public, private, government, non-profit) to reach as many at-risk residents as possible. Public schools and faith-based organizations should be involved in the community coalition.
- For small or rural communities that have insufficient resources and providers, coalitions should establish a regional partnership with neighboring counties and urban centers.
- Local agencies and partners should use community events to raise awareness and connect residents with services.
- Care Portals are a quick and efficient means of informing providers and residents of available community services.
- Local agencies should have dedicated paid staff to work on partnership development, coalition building, networking, grant seeking, and connecting clients to resources.
- Asides from PSSF and CSA Title IV-E funds, local agencies should investigate and seek other sources of funding.
- Providers should adopt a trauma-informed approach to the delivery of services.
- Local agencies should adopt a Kin First culture where kinship placements and connections between foster children and biological (immediate and extended) are elevated in importance.

In February 2024, LDSS submitted an updated PSSF Five Year Plan as required by the State PSSF program. The services and outcomes selected on the LDSS individual plans directly correlate with the findings from the community needs assessment and services survey.

In February 2023, in collaboration with the PSSF committee, the PSSF service array was redesigned to serve as a functional, user-friendly document to aid FSS who directly work with families to identify services and supports in real time and without delay. The document includes an expansion of allowable services, detailed definitions, examples on how to provide different services and tips. The following services are part of the PSSF service array. LDSS may choose from these services when working with families.

Service Array

| | |
|---|---|
| Assessment/ Evaluation | Before & After School Activities |
| Case Management | Childcare |
| Community Based Education and Awareness | Counseling/ Therapy |
| Domestic Violence Prevention | Early Intervention |
| Educational Support | Emergency Aid |
| Vocational Training | Enrichment Activities |
| Home Based Services | Information & Referral Community Linkages |
| Life Skills | Mentoring/ Peer Mentoring |
| Nutrition Related | Parent Coaching |
| Parent Education | Parent/ Child Activities |
| Parent-Family Resource Center | Program for Fathers (Fatherhood) |
| Respite Care | Support Groups |
| Substance Use Disorder | Supervised Family Visitation |
| Teen Pregnancy Prevention | Transportation |
| Voluntary Home Visiting | |

LDSS use information gleaned from needs assessments to develop a community plan based on their designated allocation. 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 on 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, because VDSS applies more than 25% of title IV-B Subpart 2 funds to adoption service contracts that serve the entire state.

VDSS developed and complies with a SrM Plan, which requires PSSF staff to complete 24 programmatic and financial monitoring reviews per year to ensure proper stewardship of funds.

VDSS provides technical support and education to localities, to increase localities’ use of PSSF funds by localities to support children and families and to ensure compliance in program administration. The PSSF program consultant provides training, technical assistance, and peer sharing to assure local program staff knowledge in the following key areas: service planning and delivery, outcome measurement, data management, and budget development. In 2023, VDSS launched a virtual chat platform where LDSS can ask PSSF-related questions and receive peer feedback and support. The PSSF program consultant also provides ongoing monitoring through a review of quarterly reports to ensure the appropriate use of funds. The consultant uses data from those reports to guide training and technical assistance.

PREVENTION

Prevention services are an extension of continued VDSS efforts to embrace a family-engagement practice model. This is consistent with accepted principles of strengthening families and with recognized best practices in early intervention and foster care prevention services. Prevention services are an integral part of the continuum of all child welfare services and are visible in all respective program areas, including protective services and permanency services. They include (but are not limited to) providing information and services intended to accomplish the following goals:

- Strengthen families;
- Promote child well-being, safety, and permanency;
- Minimize harm to children;
- Maximize the abilities of families to protect and care for their children;
- Prevent the occurrence or reoccurrence of child abuse and neglect; and
- Prevent out-of-home care, including preventing foster care.

Prevention services in Virginia are provided on a continuum that includes primary, secondary, and tertiary activities. Both LDSS and VDSS provide services across the continuum. Many LDSS work closely with local partners to provide prevention services across the continuum with local funding sources. VDSS continues to prioritize enhancing prevention services as outlined in the **Critical Priorities section** to ensure that all LDSS have the resources needed to provide prevention services for children and families, particularly those at risk of entering foster care (**Prevention Strategy 1**).

VDSS has worked on several initiatives aimed at advancing primary and secondary prevention efforts in collaboration with other state agencies and non-governmental organizations (**Prevention Strategy 1.2**). One such collaboration is the Virginia Plan to Prevent Child Abuse and Neglect (published in 2021) in coordination with DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia's Children, and the Virginia Poverty Law Center. This five-year child abuse prevention plan targets resources and services that are intended to serve as a high-level framework to help coordinate prevention efforts across Virginia.

VDSS works closely with Families Forward Virginia, through CBCAP funding, to strengthen the primary prevention vision. One of the strategies to advance and coordinate primary prevention efforts among communities is through the work of the Thriving Families Safer Children initiative in which VDSS, Families Forward and other key partners. Currently, seven FRCs are in the beginning stages of implementation across the state. Over the next five years, VDSS will continue to work closely with Families Forward Virginia and other community partners to cultivate existing locations and open new centers across Virginia. VDSS currently supports these efforts through sub-award contracts using ARPA funds as outlined in the ARPA section. Over the next five years, VDSS will continue to explore additional funding sources to support the FRCs.

Through the planned work in evolution and Community Pathways (**Prevention Strategy 1.1**) as outlined in the **Critical Priorities section**, VDSS continues to work internally, towards a larger, multi-system alignment, committing to work among benefit programs (SNAP, child care assistance, medical assistance, etc.) and DFS to develop a more coordinated state system that works to radically shift the approach to and expectations of the internal structure and alignment. VDSS will prioritize system infrastructure alignment to better serve families further upstream through primary prevention programs, with concrete support from benefits programs as a key component. The evidence supports families' need for concrete supports: housing, food, child care, utilities, and medical care.

Virginia is currently conducting listening sessions across the Commonwealth to assist in identifying Community Pathways to leverage title IV-E funding for primary prevention efforts. These listening sessions aim to assist the Prevention team in identifying specific community needs so that the appropriate community pathway intervention can be explored for those communities. Over the next five years, Virginia plans to identify and establish new Community Pathways each year (**Prevention Strategy 1.1**).

Service coordination is a pertinent part of developing and establishing a prevention program that targets resources and services that prevent abuse and neglect, so that children can remain safely at home or with kin caregivers. Currently, primary and secondary prevention services are linked throughout the child and family services continuum and are largely funded by grants and projects as described subsequently. Those projects include:

- Child abuse awareness activities;
- Child abuse prevention play;
- Child advocacy centers (CACs);
- Child abuse prevention month/conference;
- Community-based child abuse prevention grants (CBCAP);
- FVPSA;
- SDV Primary Prevention Fund; and
- Healthy Families.

In Virginia, all child welfare funds align with and support overall goals for the delivery and improvement of child welfare services, including CAPTA, PSSF, CBCAP, VOCA, child care, and domestic violence services (**Prevention Strategy 1.2**).

Virginia's Title IV-E Prevention Services Plan (Appendix B) also addresses key tertiary prevention services activities within the In-Home Services Program and the ongoing efforts to expand EBPs in Virginia (**Prevention Strategy 1**). This plan aligns the In-Home Services Program and the requirements for title IV-E prevention services funding (FFPSA).

VDSS has focused a significant amount of effort on enhancing and aligning tertiary prevention efforts provided by LDSS and the In-Home Services Program. The In-Home Services Program has continued to enhance practice in using ALAs through work with Kin First Now. It focuses on kinship supports through collaborative work with benefit programs on relative maintenance payments (**Prevention Strategy 2**). The In-Home Services Program will implement multiple practice and guidance enhancements to Parental Child Safety Placements in response to identified needs from problem analysis (outlined in the **Strategic Planning section**) and as a result of 2024 legislation.

As the In-Home Services Program continues to grow through continued FFPSA implementation, the CQI model, and the ability to dive deeper into data, VDSS will work to better share and integrate the data, identifying and responding to service gaps and areas of opportunity (**Prevention Strategy 4**). In conjunction with these programs and services, VDSS has identified the need for activities that enhance public awareness that supports and embraces positive parenting while also increasing strengths that prevent child abuse and neglect (**Prevention Strategy 3**). VDSS will support these campaigns through collaboration with lived experience partners and will use various media to ensure a broader, more inclusive audience to work on rebranding VDSS and prevention services as opportunities to promote family preservation.

Child Abuse Prevention Awareness

Since 1983, VDSS has provided leadership in Virginia's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities (**Prevention Strategy 1.2 and Prevention Strategy 4**). Each year, the coalition asks the governor to proclaim April as Child Abuse Prevention Month.

The FY24 Child Abuse Prevention conference took place in-person event on April 15-16. VDSS in partnership with Families Forward and It's My Affair hosted a two-day conference titled "Prevention in Partnership: Building a Hopeful Future Together" in Richmond, Virginia. Invited attendees were people who support or provide direct services to children and families affiliated with the child welfare system. The conference hosted an array of workshops and resources to support both public and private community partners by providing best practices in preventing child maltreatment and in fostering community partnerships. Prevention services support post-adoption families by reducing the risk of an adoptee's re-entry into foster care, and by preventing entry into foster care in the first place by reducing the number of children that will need adoptive families. Conference participants had the opportunity to choose from nine various sessions to discuss topics and develop recommendations. From a post-conference survey of attendees, 96% responded as being satisfied or extremely satisfied with the conference quality and topics presented. One attendee commented that "Virginia has really made an effort to re-focus our work to prevention of child abuse and maintaining the family." Another participant acknowledged that much more needed to be done to "financially and emotionally support kinship families when they often don't have access to resources that traditional foster families have."

A new Request for Proposal (RFP) will be issued in state fiscal year 2025 with a new conference planner selected for SFY26. The RFP for Child Abuse Prevention Month is to solicit sealed proposals from qualified firms to establish one (1) contract through competitive negotiations to coordinate different planning and managing conference events which may be virtually based or arranged at an onsite conference facility to support the Division of Family Services' (DFS) Child Welfare Multi-Conference Trainings offered by the Virginia Department of Social Services (VDSS). These conferences shall offer onsite, virtual, or a combination of the two for conference planning and management of child welfare to be determined by VDSS.

The resulting contract will include renewal options for two (2) subsequent years. As the Prevent Child Abuse Virginia Chapter, and as a recipient of CBCAP funding, Families Forward Virginia will continue to provide materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates, opportunities for engagement and child abuse prevention toolkit resources. They will develop and disseminate their child abuse prevention advocacy agenda; lead and participate in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services will be encouraged to attend their advocacy days at the General Assembly, sharing stories of how their programs have changed their lives.

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Examples of local efforts by CBCAP recipients to promote public awareness:

Public education, outreach and awareness activities conducted by local programs include:

- Prevention Month activities, including Blue Ribbon and pinwheel distributions;
- Speaking engagements;
- Radio/TV public service announcements;
- TV/radio appearances;
- Newspaper articles;
- Public awareness materials developed by CBCAP grantees (brochures, flyers, pamphlets, etc.);
- Internet activities; and
- Parent support helpline

The following table provides the statistics for public awareness activities provided by CBCAP agencies. This data is reported quarterly by each agency.

Public Awareness & Education Activities

FY 2024– CBCAP Programs

| Activity | # Of Activities | # Reached |
|---|------------------------|------------------|
| Prevention Month activities including Blue Ribbon | 98 | 76,795 |
| Speaking engagements | 483 | 9,615 |
| Radio/TV PSA announcements distributed for broadcast | 26 | 237,000 |
| Radio/TV appearances | 18 | 601,000 |
| Newspaper articles | 31 | 372,363 |
| Public awareness materials by CBCAP grantees (brochures, flyers, pamphlets, etc.) | 605 | 55,718 |

| | | |
|-------------------------|--------------|------------------|
| Internet activities | 566 | 369,410 |
| Other public awareness | 104 | 29,483 |
| Parent support helpline | 201 | 160 |
| Totals | 2,132 | 1,751,544 |

VDSS will continue using CBCAP funding for prevention awareness activities in alignment with **Prevention Strategy 3**. VDSS plans to meet with the Family Resource Information, Education, and Network Development Service (FRIENDS)) National Center for CBCAP towards the end of 2024 to support strategic planning for Virginia’s CBCAP programs.

Child Abuse Prevention Play

The Virginia Repertory Theatre’s (VRT), Hugs & Kisses, spent 60% of their SFY24 grant funds. During FY24, VRT booked 93 performances and delivered 84 total performances of Hugs and Kisses in schools around the state, serving a total of 14,353 Virginia elementary school children. They had 223 pertinent inquiries from children immediately after the performances and 52 referrals to the children’s local Child Protective Services social workers. Unfortunately, VRT’s new interim managing director unexpectedly decided to cancel the the program which caused a close of the spring Hugs and Kisses tour earlier than planned and ended their contract with VDSS. The 2023 – 2024 tour of Hugs and Kisses proceeded as best it could with bookings and performances, both in-person and virtual, and seemed to be on track to reach their goal of 136 performances by May 2024. Unsuccessful components related to pushback from schools and their hesitancy to book based on school board and administrative limitations, was a contributing factor to the decision made by the interim managing director to close the tour early and end the program in March. VRT has expressed an interest in the possibility of resuming the play in the future.

VOCA Child Abuse and Neglect Grant Program: Child Advocacy Centers (CAC)

VDSS administers the child abuse victim portion of VOCA funding through an interagency agreement with DCJS. Fines levied after conviction for federal crimes are the source of these funds, and the varies from year to year. The program’s goal is to provide direct services to victims of child abuse and neglect. The VOCA grant program’s intention is to support and enhance the crime-victim services provided by community agencies facilitated through CACs.

CACs are child-focused, facility-based programs where representatives from many disciplines meet to discuss and make decisions about investigation, medical and mental health treatment, intervention strategies, and prosecution of child abuse cases. CACs conduct forensic interviews of child victims, case reviews and provide recommendations for services from an MDT. Currently funded CAC programs also offer direct services that include shelter programs for children, counseling/therapy services, sexual assault programs, court and victim advocacy, and other support services for victims and non-offending parents or guardians. CACs are incorporated, private, non-profit organizations or government-based agencies, or

components of such organizations or agencies. CACs provide collaborative efforts from multiple agencies and are located across Virginia, including rural areas where services are limited.

Nineteen CACs continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Allegheny, Nelson, Franklin, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge, and the cities of Roanoke, Salem, Staunton, Vinton, Lexington, Charlottesville, and Waynesboro.
- Central – two programs serving counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George, and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving counties of Arlington, Fairfax, Prince William, Rockingham, Shenandoah, Warren, and Loudoun, and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the counties of Greenville, Franklin, James City, Isle of Wright, Prince George, Southampton, and York, and the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, Poquoson, Williamsburg, and Emporia.
- Western – four programs serving counties of Bland, Lee, Montgomery, Pulaski, Washington, Scott, Floyd, Giles, Grayson, Wythe, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth, and the cities of Radford, Norton, Martinsville, Galax, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) continue to provide training, support, technical assistance and leadership on a statewide level to the CACs and to Virginia communities responding to reports of child abuse and neglect. All CAC sites are approved and accredited by the CACVA, to provide comprehensive services to victims of child abuse and neglect throughout the investigation, treatment, and prosecution of reported cases. The CACVA uses an established formula approved by the 2015 general assembly to determine the annual funding distribution. CACs are funded through a formula that considers the agency's certification level, the number of localities served, the rate of child abuse/neglect, and the population of children younger than age 18 in the service area.

VDSS received state funds (\$2,136,500.00 TANF; \$405,500.00 general fund) and VOCA funds (\$4,346,951.00) from DCJS for the 19 CACs and the CACVA. The total awarded to CACs for the current fiscal year is \$6,888,951.00 (**Prevention Strategy 2.1**).

Community-Based Child Abuse Prevention Grants (CBCAP)

CBCAP grants have served a critical need by providing community organizations with an opportunity to develop and expand services for preventing child abuse and neglect and to serve families at risk for child maltreatment, who might otherwise 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 (**Prevention Strategy 1.2 and Prevention Strategy 4**). Public and private non-profits, incorporated agencies and organizations in Virginia are eligible to apply.

CBCAP grantees are required to provide financial, statistical, and outcome information on a quarterly basis regarding the types of services offered (e.g., home visiting, parent education, parent support, etc.). Programs are also asked to report the number of participants that used each type of service. For FY 2023 (Oct. 1, 2022-Sept. 30, 2023), VDSS awarded 22 contracts under RFA #FAM-21-073. A total of \$925,868.08 in CBCAP funds was awarded to 22 programs and a total of \$373,196.87 in state VFVPP Child Abuse and Neglect Prevention funds was also awarded to 22 programs. All 22 programs received a combination of CBCAP and VFVPP Child Abuse-and Neglect- Prevention funds. CBCAP- funded

projects provided a 20% cash match in non-federal funding. A review and compilation of quarterly statistical reports submitted by CBCAP grantees was used to determine the number of clients who received direct services during FFY2023.

CBCAP Grantees Receiving Direct Services

| Population served: | # served |
|--|-----------------|
| Number of families with children with disabilities | 182 |
| Number of parents with disabilities | 97 |
| Total number children who received preventative direct services | 1,362 |
| Total number of parents/caregivers who received preventative direct services | 1,732 |
| Total number families who received preventative direct services | 1,142 |

Virginia supports a variety of unique populations and communities including rural, urban, mountainous, and coastal regions that are as distinctive as the languages, cultures, and circumstances seen across the state. Virginia’s northern region is a largely urban community that represents various backgrounds and has the fastest-growing population in the state the Spanish-speaking population has seen the most growth. The Western Region is a rural community located in the southwest corner of the state, in the heart of rural Appalachia (and the Appalachian Mountains), which create some geographic and cultural isolation from the rest of Virginia. The western and piedmont regions also have the highest poverty rates. The eastern and southeast regions are a combination of rural, coastal and urban communities and home to a largely military population. The eastern, central, and piedmont regions have the highest percentages of children living in single-parent households. The racial and ethnic groups in Virginia include individuals who identify as Black or African American, Asian, native Hawaiian, or other Pacific islanders, American Indian or Alaska native, and Latino or Hispanic, in addition to the non-Hispanic White population. VDSS is committed to looking at programs and policies to ensure that services, practices, and policies meet the needs of all children and families served. CBCAP funds are designed and promoted to help serve all populations (**Prevention Strategy 1.2 and Prevention Strategy 4**) .

In addition to serving Hispanic and Latino families, Black and African American families, fathers, and families facing homelessness, outreach services were also provided for single parents, incarcerated parents, teens, families with parents and/or children with disabilities, families with low incomes and families that live in rural communities (**Prevention Strategy 4.1**).

The following table reflects the numbers of agencies targeting each of these populations. Not all programs provide detailed demographic information so reported numbers may not reflect all individuals or families in populations receiving services.

Number of CBCAP Funded Programs Serving Special Populations in SFY 2024

Special Populations Served in SFY 2024

| Population | Number of Vendors who serve population | Numbers Served |
|---------------------------|---|-----------------------|
| Families with low incomes | 17 | 1,107 |

| | | |
|---|----|--------------|
| African American parents & children | 16 | 344 |
| Single parents | 13 | 1,451 |
| Incarcerated parents | 3 | 180 |
| Families facing homelessness | 4 | 16 |
| Pregnant/parenting teens** | 7 | 196 |
| Parents with disabilities | 10 | 97 |
| Children with disabilities | 12 | 182 |
| Urban populations | 11 | 13 |
| Rural populations*** | 20 | 46 |
| Parents/children with other special needs | 7 | Not Reported |
| Unaccompanied homeless youth | 0 | 0 |
| Adult former victims of maltreatment | 7 | 158 |
| Adult former victims of domestic violence | 5 | Not Reported |
| Tribes | 1 | Not Reported |
| Fathers* | 8 | Not Reported |

* Figure calculated from the total number of men aged 18 and older; teen males are not included in this total.

** Teens are ages 13 – 17 years.

*** One program serves both rural and urban populations, based on regional boundaries

American Rescue Plan Act (ARPA) Community Based Child Abuse Prevention Funds

VDSS has been allocated an estimated \$6,232,000 in CBCAP funds under the CAPTA State Grants provided within the 2021 ARPA. Virginia chose to adopt FRCs as its first strategy, to proactively encourage community-based primary and secondary prevention initiatives aimed at child and family well-being and to reduce child abuse and neglect (**Prevention Item 1.2**). In 2022, VDSS contracted with Families Forward Virginia to sub-award contracts (via competitive request for applications) to seven communities (New Kent, Richmond, Chesapeake, Martinsville, Manassas, Louisa, and Pulaski). These seven sub-awarded contracts, through Families Forward Virginia, will run through FY2025.

The seven communities are using the National Family Support Network (NFSN) model to strengthen family resiliency, and they receive ongoing intensive training and technical assistance from Families Forward Virginia and NFSN. In FY2023 and part of FY2024, the seven communities completed their planning period, developing implementation plans specific to community needs. The FRCs are focusing on meeting the following project goals; (1) design and implement an integrated, cross-system approach to supporting children and families within their communities; (2) design and implement an integrated approach to engage individuals with lived expertise (LEx Leaders); (3) develop a robust, cross-system network of collaborative partnerships; (4) decide on well-being measures that cut across human services programs; and (5) evaluate family support systems and the primary prevention activities and strategies implemented. Families Forward Virginia has contracted a research evaluator with the College of William and Mary to coordinate a research advisory council that will guide the evaluation of this project's processes and outcomes.

Family Violence Prevention and Services Grant (FVPSA)

The Office of Family Violence distributes FVPSA grant funds combined with state-appropriated TANF funds to non-profit organizations and LDSS agencies which then provide services to families affected by domestic violence. Funds support four distinct purpose areas: comprehensive services, all populations, primary prevention, and COVID-19 recovery.

The majority of grant funds are awarded to 52 local agencies spread across the state to support crisis and core services that address the secondary prevention of domestic violence, including emergency shelter/housing, crisis hotlines, advocacy, children's services, legal advocacy, and support groups. Through a separate grant that uses FVPSA funds, eight local population-specific, community-based organizations received funds that will provide domestic violence services to their organizations' primary populations.

Promoting Primary Prevention Activities

The OFV is currently promoting primary prevention activities by providing a small amount of FVPSA funding that is currently supporting 12 domestic violence program. In this way, the OFV incorporates primary prevention initiatives into its domestic violence programming (**Prevention Strategy 1.7**). It provides technical assistance regarding best practices, program implementation, and evaluation.

VDSS administers a state special fund called the SDV Prevention Fund, which dedicates state funding to support local primary prevention initiatives. Through this Prevention Fund, VDSS now supports 14 additional SDV primary prevention projects. It made and honored a commitment to equally support

brand-new efforts and the expansion of existing initiatives. OFV staff convene a monthly prevention collaborative that offers a virtual space to have presentations on prevention initiatives and to learn from both experts and peers.

Improving Access to Prevention Services and Funding

VDSS works in many ways to improve access to intervention, prevention, and the funding needed for both. Working closely with the Virginia SDV Action Alliance (Action Alliance), VDSS staff strive to improve services statewide to survivors of domestic violence and their children by providing technical assistance and resources. One such resource is the VDSS Promising Practices Guide (PPG), a tool that offers specific information and tips on how to provide trauma-informed services. The PPG is now available to sub-grantees and the general public on the [VDSS website](#). State and local partner meetings are held quarterly, with state and local attendees identifying and discussing barriers to service, statewide trends, and ways to better deliver services. Action Alliance staff and VDSS connect bi-monthly to discuss specific program needs and to brainstorm on how to meet these needs through site visits, conference calls, and staff training. VDSS also participates in meetings with other state funders and stakeholders to discuss funding priorities and service improvements in domestic violence services and prevention. In SFY2024, VDSS committed funding to the Action Alliance for providing training and technical assistance to local domestic violence agencies, and for collecting statewide data on services provided.

As the administering agency of the SDV Prevention Fund, VDSS distributed \$2.25 million to 14 local agencies for their SDV primary prevention initiatives. In a separate solicitation, VDSS combined a Family Violence Prevention and Services grant with other state-appropriated funds, distributing \$8,430,967 for the provision of domestic violence services and intervention in SFY2024. [Recipients included fourteen agencies that provide primary prevention activities in addition to comprehensive domestic violence services. (**Prevention Strategy 1.2**)] All RFAs for family violence prevention and services include a requirement that applicants show an understanding of trauma-informed services and explain how they will incorporate this knowledge in the provision of all services.

Family First Prevention Services Act Transition Grants

VDSS has continued to use Transition Act (TA) funds to support the ongoing implementation of FFPSA. VDSS has contracted with CEP-Va in two primary areas: capacity building and fidelity monitoring. Through the capacity building contract, CEP-Va is using TA and state funds to train and maintain community-based providers to deliver EBPs. VDSS and CEP-Va are also using these funds to monitor fidelity to the model of all title IV-E approved EBPs. In support of the expansion of HFW and its required evaluation, VDSS partnered with DBHDS to invest TA funds in the Virginia Wraparound Implementation Center, the statewide purveyor of HFW. This investment began in 2023 and will continue through the end of the TA funding period (FFY2025). VDSS will continue to identify opportunities to use the funds in accordance with the guidelines set forth by the Children's Bureau to assist in the implementing FFPSA.

Healthy Families and Home Visiting

The Virginia General Assembly appropriated \$9,035,501 in level TANF block grant funding for programs that provide Healthy Families early childhood, voluntary home visiting services in Virginia. VDSS continues to provide grants to the 28 Healthy Families-accredited sites in Virginia, and funds Families Forward Virginia's Healthy Families program providing technical assistance and monitoring for compliance with the national Healthy Families America model standards. Level funding means that opportunities to expand this home visiting model are limited.

The Virginia General Assembly appropriated \$600,000 in state general funding for supporting Early Impact Virginia (EIV) Alliance for Early Childhood Home Visiting, a statewide collaboration of early childhood home visiting programs and partners. EIV is responsible for determining, systematically tracking, and annually reporting the key activities and outcomes of Virginia’s home visiting programs; conducting systematic and statewide needs assessments for Virginia’s home visiting programs at least once every three years; and supporting ongoing continuous quality improvement, training, and coordination across Virginia’s home visiting programs. EIV and the Alliance are currently working on detailing the strategic plan. See EIV’s [HYPERLINK "https://www.earlyimpactva.org/s/VA-General-Assembly-Report_2024-REV1.pdf" 2024 Annual Report](https://www.earlyimpactva.org/s/VA-General-Assembly-Report_2024-REV1.pdf) to the General Assembly.

Three of Virginia's home visiting models (Healthy Families, Nurse Family Partnerships, and Parents as Teachers) are well-supported in the title IV-E Prevention Services Clearinghouse. In alignment with the strategic plan (**Prevention Strategy 1**) and agency priorities, VDSS is partnering with EIV and other stakeholders to develop a Community Pathway implementation plan to use title IV-E prevention funds for these EBPs.

In-Home Services

The prevention services program plays an integral role in targeting resources and services to safely maintain children in their own homes or with relative/fictive kin caregivers in their own communities, by addressing identified safety and risk concerns and reducing the recurrence of child maltreatment (tertiary prevention efforts). This In-Home Services practice aligns ongoing CPS practice, prevention practice, and FFPSA legislation, with an intentional focus on supporting families to help children remain with their families and communities. VDSS provides prevention-based services to children and families in Virginia by offering In-Home Services for children who are at high or very high risk of recurrent child maltreatment and entry into foster care.

In April 2021, the prevention services program within VDSS launched an aligned In-Home Services Program. This program offers resources and services that prevent foster care placements and help children remain safely in their homes. This framework for consistent practice focuses largely on case opening behaviors. Its decision-making and assessment is guided by the “Suite of Tools” that includes the SDM safety and risk assessments, the CANS completion, a candidacy determination to guide service planning, and case practice that promotes ways to better engage and serve children and families (**Prevention Strategy 2.1**). The In-Home Services alignment also includes clear guidance on working with families when parents arrange for temporary child with a relative or fictive kin. Specifically, programmatic efforts have focused on developing the In-Home Services workflow, including In-Home services planning; guidance and planning around case management and practice; improving ease of access to EBPs; and ensuring quality of programs and services by implementing the VDSS CQI process.

VDSS continues to expand access to title IV-E prevention services funding for certain trauma-informed, evidence-based programs (EBPs) to serve families involved in In-Home Services cases, keeping children and youth safe at home or with a relative/fictive kin caregiver and preventing entry into foster care. Virginia’s implemented EBPs include Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), Brief Strategic Family Therapy (BSFT), Family Check-Up (FCU), Homebuilders (HB), and High Fidelity Wraparound (HFW). In addition to community-based EBPs, VDSS is continuing with the implementation of Motivational Interviewing (MI) among LDSS In-Home Services staff as a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. Currently, 100 LDSS have received training; it is the plan for all 120 LDSS statewide to receive training. Studies have shown that MI may help support workforce capacity by providing staff with skills to increase job satisfaction, which may reduce burnout and turnover.

VDSS is working towards increasing title IV-E eligible services and has continued its partnership with the Center for Evidence-based Partnerships in Virginia (CEP-Va) to assist in expanding service eligibility and availability. CEP-Va's Needs Assessment and Gaps Analysis (NAGA) process is an ongoing assessment approach that targets the identification of barriers and facilitators to inform implementation of new and pre-existing title IV-E programs. Studies are determined in collaboration with state partners and findings from ongoing projects. CEP-Va has conducted its third annual NAGA report which was published in January 2025.

The next phase of FFPSA in Virginia is the expansion of EBPs and title IV-E prevention services funding to a larger population through primary and secondary prevention services, known as Community Pathways, serving families upstream and outside of the child welfare system. This will allow title IV-E prevention services funding to be utilized in areas that might otherwise rely on 100% state or local funding sources. In January 2025, the Prevention team convened a Family First Workgroup to expand FFPSA to better serve Virginia's families. This workgroup will be meeting monthly over the next year to help support building the next five-year prevention plan and community pathways work. For further reference, the title IV-E Prevention Services Plan (Appendix B) comprehensively addresses key tertiary prevention services activities within the In-Home Services Program.

The prevention services program also established five In-Home Services regional practice consultant positions in each regional office, enabling VDSS to significantly increase the level of technical assistance, support, and ongoing review of In-Home Services case work at the LDSS level. The In-Home Services practice consultants are responsible for collaborating with the LDSS to provide programmatic consultation that enhances service delivery to children and families in In-Home Services cases in each region. The In-Home Services practice consultants also help LDSS develop data-driven approaches that emphasizes a concerted focus on case opening behaviors, decision-making and assessment, and case practice that promotes meaningful engagement of children and families. This additional capacity at the regional level institutes regular and intentional provision of technical assistance in implementing best practices and improving outcomes for children and families in In-Home Services cases.

Solidifying and enhancing tertiary prevention practice will let VDSS continue to partner and focus on earlier (primary and secondary) prevention activities, ensuring a well-resourced prevention continuum (**Prevention Strategy 1**). In-Home Services also ensures that when children temporarily or permanently reside with relatives or fictive-kin caregivers, services are provided to ensure the safety and permanency of those living arrangements (**Prevention Strategy 2.4**). In 2024, the General Assembly, through House Bill 27 and Senate Bill 39, established a statutory framework for a parent(s), guardian, or legal custodian to arrange for a temporary living arrangement for their child with relatives and fictive kin when a LDSS has determined that the child cannot remain safely in their current home. Regardless of where the child may temporarily or permanently reside, the framework ensures protections for parental rights, promotes placement with relatives or fictive kin, supports reunification efforts, and provides specific timeframes for permanency. Pursuant to § 63.2-1532 of the Code of Virginia, the Parental Child Safety Placement Program is available when:

- A family assessment or investigation has been initiated in response to a valid complaint alleging the child has been abused or neglected; and
- The safety assessment conducted by the LDSS indicates that the child cannot remain safely in the home; and
- The child's parent(s) or caretaker(s)/guardian(s) voluntarily agrees to participate in the Parental Child Safety Placement Program.

Implementation of the Parental Child Safety Placement Program framework requires collaboration across programs and focus on building relationships among the triad between caregivers, children, and LDSS. This framework represents a significant practice shift for all 120 LDSS and the full child welfare continuum: Prevention/In-Home, Child Protective Services, Foster Care, and Resource Family. VDSS is managing the process to implement necessary revisions to written practice guidance, regulatory actions, LDSS training and change management, and updates to the child welfare information system. One of the key tenets of the establishment of the Parental Child Safety Placement Program is the Parental Child Safety Placement Agreement. The Parental Child Safety Placement Agreement codifies the guardrails needed to protect children and families by promoting family-driven decisions, ensuring the preservation of parental rights, establishing consistent practice among the LDSS, and enhancing the provision of In-Home Services to children and families.

VDSS will continue to focus on the use of data to drive decisions, support recommendations, and conduct thorough root-cause analysis in this practice area. The data will offer insight into the circumstances leading to the use of Parental Child Safety Placements and the types of services and supports provided during the arrangement. This data will also help VDSS further explore whether variation in outcomes exist in Parental Child Safety Placements statewide and how the practice affects the well-being and permanency of children and families over time (**Prevention Strategy 4.2**). VDSS remains committed to prioritizing family-based support and decision-making to keep children with their parents in their own communities. Families are the experts of their lives, and practice will prioritize engaging families in a deliberate manner to develop and implement creative, individual solutions that build on their strengths to meet their identified needs.

Foundational CQI processes will support continuing efforts to improve service delivery, ensure effective use of resources, and achieve desired outcomes for In-Home Services. VDSS planning efforts will continue to align with Virginia's overall movement toward EBPs and programming, while implementing additional services that are approved for title IV-E funding in the Title IV-E Prevention Services Clearinghouse and the identified needs in Virginia. The Protection and Prevention programs, CQI team, and regional practice consultants will also collaborate and identify opportunities to monitor performance and compliance. The following data highlights offer an overview of the population served and related indicators of practice-oriented areas of focus in In-Home Services cases.

In-Home Outcomes

- In calendar year (CY) 2024, 9,135 CPS referrals were rated as High and Very High-Risk. Of those, 2,801 (or 30.7%) were opened to In-Home Services cases before closure and 6,334 (or 69.3%) were not opened to a case. Of these referrals, 2,094 (or 22.9%) were opened to In-Home/Dual In-Home and Foster Care. During CY2024, an estimated 5,777 children were determined to be reasonable candidates for services, based on the Candidacy Determination form creation date and redetermination date. A reasonable candidate is identified when a service worker assesses that the child is at risk of foster care placement if services are not provided.
- During CY2024, an average of 4 clients per quarter were determined to be candidates for foster care. A candidate for foster care is a child identified in an In-Home Services service plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services or programs identified in Virginia's approved federal title IV-E Prevention Services Plan that are necessary to prevent the entry of the child into foster care are provided.

- In CY2024, 2,831 Initial Service Plans were completed for In-Home Services cases opened. Of these, 2,098 or 74.1%, were completed timely (compliance standard is 90%). In CY2024, the In-Home Services client population (estimated at 19,158 clients) was represented as follows:
 - 62.8% - White
 - 24.8% - Black/African American
 - 5.9% - Two or more races
 - 11.9% - Hispanic (any race)
 - <2% - AIAN, Asian, Multi-Race and NHPI
 - Race was unknown in 5.4% of children and ethnicity was unknown in 7.7% of children

Kinship Navigator Programs

In addition to the prevention services and EBPs previously referenced, VDSS offers Kinship Navigator services throughout the state (**Prevention Strategy 1.5**). VDSS received a grant from the Children’s Bureau for \$1,043,627 for use from October 1, 2018 to September 30, 2022. VDSS received \$281,066 in 2022, \$342,111 in 2023, and \$172,129 in 2024. With the grant, VDSS developed five regionally located Kinship Navigator programs involving 35 localities (28% 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. The programs are diversified and were created to meet the needs of their particular communities. That said, all of the programs provide information, referral, outreach, and advocacy. Many of the programs use creative strategies, such as strategically placed electronic kiosks, to help families apply for benefits. Programs engage school systems and the faith-based community to reach kinship families and form regional public-private consortiums, including kinship caregivers and youth, to assess the needs of kinship families in their communities. VDSS is providing quarterly technical assistance to each program by hosting conference calls that let programs to communicate with one another and problem solve, as well as talk on an ad hoc basis in between conference calls.

All LDSS provide benefits and support services to families. The following LDSS and surrounding localities offer Kinship Navigator programs:

1. Arlington Department of Social Services (Partnering with Alexandria, Fairfax, Prince William, and Loudoun Departments of Social Services);
2. Bedford Department of Social Services (Partnering with Amherst, Appomattox, Campbell, Lynchburg, and Nelson Departments of Social Services);
3. Dickenson Department of Social Services (Partnering with Buchanan, Russell, Tazewell, Lee, Wise, Scott, and Norton Departments of Social Services);
4. James City County Department of Social Services (Partnering with Williamsburg and York-Poquoson Department of Social Services);
5. Smyth Department of Social Services (partnering with Wythe, Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford and Washington Departments of Social Services)

From July 1, 2023, through December 31, 2024, 508 youth and 441 kinship caregivers received services. The programs served 355 children ages 0-12 and 153 youth ages 13-17. Of the 441 caregivers served, 234 represented grandparents over the age of 60. Grandparents represent the majority of the caretakers. Because of this, several programs were offered geared directly towards this population to include internet and cell phone safety. As well as many mental and emotional health resources for the older caretakers. Overall, kinship families received information and referral services, including information about local, state, and federal benefits, mental health services, medical services, and advocacy, including face-to-face assistance in applying for benefits. Kinship families also received services through the provision of outreach, training and/or supportive activities, support groups, group outings and holiday celebrations.

This chart shows how many youth and kinship caregivers were served from July 1, 2023 through December 31, 2024.

Youth and Kinship Caregivers Served by Kinship Navigator Programs

| Locality | Youth Served | Kinship Caregivers Served |
|-------------------|--------------|---------------------------|
| Arlington | 88 | 61 |
| Bedford | 135 | 106 |
| Dickenson | 177 | 171 |
| James City County | 45 | 35 |
| Smyth | 63 | 68 |
| Total | 508 | 441 |

The federal Kinship Navigator funds also support a partnership with 2-1-1 Virginia which provides a dedicated, toll-free number specifically for kinship families to receive 24-hour information and referral services across the state. Between July 2023 and June 2024, the dedicated kinship toll-free number has made 127 referrals offering assistance for a host of inquiries such as food, housing, and clothing assistance across the state in the communities serviced by the five kinship navigator sites. VDSS provides oversight and support for these programs. The programs provide quarterly reports to highlight accomplishments in their communities.

The Virginia Department of Social Services (VDSS) received \$205,500 from the Virginia Opioid Abatement Authority to enhance the Kinship Navigator Program in FY 2023/2024. Arlington County offers services to kinship caregivers who are having trouble finding assistance for their needs and who may need help navigating the county’s social service system. Arlington County continues to partner with A Second Chance Inc. Both navigators and case managers with A Second Chance have continued having distinct roles, servicing the program and also supporting each other in some capacity. Over the last year, the kinship team was able to certify new families as licensed kinship providers as well as informal kinship providers. Kinship navigator roles continue to be used at a family's first interaction with the child welfare system, as well as consistently along the continuum of care based on the family and child’s needs. This ensures that the kin first perspective is present throughout important decision-making points throughout the case.

Arlington continues to operate from a Kin First focus prioritizing relatives as an alternative to entering foster care. Arlington County continues to strategically plan and make policies around the Kinship Navigator program and positions to incorporate more community outreach, awareness, and support for kinship families. Arlington County emphasizes access to reduce variation in outcomes and accountability through data collection and analysis. Using the funds from the Opioid Abatement Authority, Arlington was able to enhance its program by offering training for caregivers and youth to address substance use and digital-age challenges. Objectives included dispelling myths about substances and promoting a safety-first approach to drugs and alcohol. The agency also produced two PSAs (English and Spanish) aired on Comcast networks and advertised on 80 ART buses, reaching 240,688 views advertising the services of the Kinship Navigator Program.

Bedford County worked this year on offering several fellowship events that created opportunities to connect with families. The fellowship events help family advocates to develop a deeper connection and stronger relationship with caregivers, and lets the caregivers connect with other caregivers who are experiencing similar situations. These events also provide additional training and networking opportunities for caregivers. The support groups give the families ongoing support and encouragement, as

well as opportunities to develop their skills in areas pertaining to parenting, childcare, trauma sensitivity, and family dynamics.

This year a great deal of time and effort went into preparing and going through a review conducted by the Teaching Family Association (TFA). According to its website, the Teaching-Family Model accreditation process evaluates implementation of 15 standards related to performance and quality of treatment at all organization levels, with a focus on the persons receiving services, their families and practitioners. "Accreditation in the Teaching-Family Model is rigorous and assures agency-wide adherence to best practices leading to quality outcomes for clients" (Retrieved from <https://www.teaching-family.org/accreditation>). The federally recognized association uses empirical evidence in its model and provides a strong standard. Bedford's Kinship Navigator received accreditation. Furthermore, two of its family advocates were recognized for their excellence in implementing the model and have been certified as professional practitioners of the Teaching-Family Model. This kinship navigator program is based on the TFA model.

Bedford has continued to identify and engage kinship families within and outside of the scope of local DSS agencies, working to serve families referred from DSS as well as kinship families identified in the communities that are not connected to DSS. Utilizing funding from the OAA Bedford was able to increase its capacity and offered a parent coach for one-on-one education and training to 34 caregivers. Dickenson County offers services to kinship caregivers who are caring for minor children in one of the previously mentioned communities. They provide information about and referral to federal and state benefits such as TANF, SNAP, WIC, heating and cooling assistance, legal aid, community resources, information about local school systems enrollment, health care providers (including mental health counselors), and medical and dental services. Dickenson provides one-on-one and group education tailored to the needs of individual families to enhance family functioning and prevent foster care placement. It provides community educational sessions specific to kinship caregivers and their unique issues. The program has a support group, the Kinship Café, which meets monthly and addresses the needs of the group through presentations and peer support. Dickenson assists families in navigating the court system, school system, or health care systems, accompanying them if requested and providing advocacy in applying for assistance in areas not covered by other departments. For those that require intensive assistance, they provide targeted case management to keep the family stabilized within the community. This past year, utilizing OAA funds, Dickenson was able to offer legal financial assistance for the adoption of ten children. None of these children were ever in the custody of DSS.

The Kinship Navigator program maintains a presence in the community through a Facebook page, newsletters and flyers. It is a presence at local community events. It regularly places articles about the program in local newspapers and places radio spots when it hosts or participate in local events. Utilizing OAA funds, Dickenson was able to offer 135 support groups, training sessions, and parenting education courses (in-person and virtual). Dickenson County participated in a statewide webinar that provided lived experiences from kinship caregivers as well as perspective on kinship navigator programs. The navigator program participated in a parade where kinship and foster families were highlighted, and distributed resources about the program to the community in more than 300 bags of candy and toys. Dickenson provided newsletters, support groups, and outings to parks. It hosted a luncheon and movie to celebrate kinship month and participated in a statewide task force to look at kinship needs in the commonwealth. They were able to offer awareness and information about Kinship Navigator to approximately 11,549 individuals (caregivers and children through their participation in community events).

James City County provides information, referral, education, and advocacy for kinship families. This includes linking families to needed resources, including legal assistance, mental health services, healthcare, education, and support groups. The kinship navigator program maintained communication with caregivers through emails, newsletters, and resource referrals over the past year. In addition to

serving families directly, the county also created monthly newsletters, hosted Regional Kinship Council meetings, and worked to strengthen relationships with community partners in each of the localities the program serves. They co-hosted the historic Triangle Summit to promote resilience, collect data via surveys, and develop responsive programming. James City County worked to build new connections with community partners in the schools and court services units. These connections increased referrals and community engagement. They were able to collaborate with Colonial Behavioral Health to deliver 15 training sessions (April–September 2024).

Smyth County provides guidance, information, referrals, and face-to-face case management services tailored to each family’s circumstances. They collaborate with local community partners, to include legal aid, public schools, health departments, private counseling services, faith-based entities, non-profits, courts, community services boards, parent education programs, and child-abuse prevention coalitions. It also links kinship caregivers to a wide array of services and support, to ensure stability and safety within the home and establish a network of support for kinship caregivers and youth. Utilizing funding from the Opioid Abatement Authority they were able to partner with Lifeline Services to offer mobile mental health services and in-home parenting education, serving 11 caregivers.

The kinship navigator program continued to receive new referrals during this reporting period. The navigator regularly attended local and regional team meetings and made direct outreach to community partners to provide information about the program and the services provided, and to increase their knowledge of the needs of kinship care families. It shared a brochure detailing the kinship navigator program and universal referral and release forms with community providers and stakeholders to distribute to potential participants. The kinship navigator disseminated a quarterly newsletter via email and mail to participating agencies and local partners.

The kinship navigator program provided services that included referrals to public benefits programs and other community programs. Families received information about what mental health services are available in the area and what may best benefit themselves or their children. The kinship navigator program also assisted families in petitioning for custody and attending court hearings to support kinship providers. Through assistance from the Opioid Abatement Authority, the program was able to offer financial legal assistance to achieve adoption for eight children. These children were never in the custody of DSS.

VDSS provides technical assistance to all programs and requires quarterly statistical and narrative reports. Additional funding will support the further development of these programs, work towards consistent application throughout the programs, build infrastructure, and enhance services for kinship families. The Virginia Department of Social Services (VDSS) plans to expand the Kinship Navigator Program statewide by aligning with the Washington State Kinship Navigator model, which is approved by the Title IV-E Prevention Services Clearinghouse. Beginning in 2025, VDSS will train the five existing sites in this evidence-based model and implement a phased expansion, adding five additional Kinship Navigator sites each year. VDSS received approval of this title IV-E plan amendment in May 2025.

To guide expansion efforts, VDSS will conduct a Community Landscape Assessment funded through the Opioid Abatement Authority. This assessment will identify community readiness, evaluate existing resources and gaps, and incorporate lessons from other states with successful programs. The findings will shape targeted expansion strategies, ensuring services reach kinship caregivers across all regions of the Commonwealth.

VDSS will also maintain program fidelity, provide technical assistance and training, and continue to prioritize communities with high needs—particularly those affected by substance use disorder. The long-term goal is to create a sustainable, statewide network of Kinship Navigator programs that provide

comprehensive, community-based support to kinship families both inside and outside the formal child welfare system.

In pursuit of the overarching mission to promote family preservation and advance Virginia's commitment to a kin-first culture, VDSS remains steadfast in its dedication to expanding the Kinship Navigator Program. By bolstering the Kinship Navigator Program, VDSS not only fortifies capacity to support kinship caregivers, but also harmonizes agency objectives with the state's broader vision for familial preservation. This strategic endeavor underscores VDSS's unwavering commitment to ensuring the well-being and stability of Virginia's families, thereby catalyzing enduring positive effects across communities statewide.

PROTECTION

Virginia's CPS 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:

- Protect children and their siblings;
- Prevent future abuse or neglect;
- Enhance parental capacity to provide adequate care; and
- Provide substitute care when the family of origin cannot remedy the safety concerns.

CPS responds to valid child abuse or neglect reports by conducting a family assessment response or an investigation response, also known as DR. Both responses aim to assess child safety, strengthen and support families, and prevent future child maltreatment. The decisions are guided by state statute and local policy.

In SFY2023, 52,480 children were reported as possible victims of child abuse or neglect in 33,679 completed reports of suspected child abuse or neglect. Of those children, 4,368 were involved in founded investigations, including 24 children who died as the result of abuse or neglect; 8,033 were involved in unfounded investigations; and 40,079 were involved in family assessments (differential response). In SFY 2023, family assessments accounted for nearly 75% of all CPS reports accepted by LDSS. Twenty-six human trafficking assessments were conducted, as required when a report alleges a child is a victim of human trafficking, sex, or labor, and does not meet the validity criteria for an investigation or family assessment.

In SFY2024, 53,440 children were reported as possible victims of child abuse or neglect in 33,847 completed reports of suspected child abuse or neglect. Of those children, 4,474 children were involved in founded investigations, including 30 children who died as the result of abuse or neglect; 7,896 were involved in unfounded investigations; and 39,841 were involved in family assessments (differential response). In SFY 2024, family assessments accounted for nearly 75% of all CPS reports accepted by LDSS. Ten human trafficking assessments were conducted, as required when a report alleges a child is a victim of human trafficking, sex, or labor, and does not meet the validity criteria for an investigation or family assessment.

The last year saw a slight (less than 1%) increase in the number of completed reports accepted by LDSS and a 2% increase in the number of child victims. Founded dispositions increased by 2% and there was a

slight (less than 1%) increase in the number of completed family assessments. Child deaths reported to CPS increased by 7% from last year.

The Protection program has continued to focus on the key measures of timeliness of first contact with victims (goal of 95%) and referral time open (goal of 85%). During 2024, the timeliness of first contact with victims decreased with the highest rate, 89.2, was in October; the lowest rate, 84.2%, was in December. The monthly average for 2024 was 86.7%. Additionally, the rate of timely referral closures improved throughout 2024. The highest rate of timely referral closure was 70% in October; and the lowest, 51.2%, was in January. The monthly average for 2024 was 59%. Timely referral closure rates were consistently better in 2024 than in 2023. The Protection program will implement multiple practice enhancements to increase timely face-to-face contact with victims to achieve the goal of 95% [and individualized safety services to achieve 90%] (Protection Strategy 2.1,2.4, 2.5).

Focused on family engagement, the Practice Model is necessary for implementing successful child protection services particularly as the initial contact with a family (**Protection Strategy 1 and 2**).

The child protective services hotline is also a focus for VDSS. Planned enhancements to the business processes will improve communication between the hotline and LDSS. VDSS plans to develop a data plan to help guide decision-making (**Protection Strategy 2.3 and 3.3**).

The Protection section further discusses five additional areas. These are services funded primarily by title IV-B funds, used to fund child protection in LDSS. They detail some of the service array VDSS offers under Protection (**Protection Strategy 2**), including:

- Populations at greatest risk of maltreatment (including services through Children’s Justice Act)
- Services for children under five
- Preventing Sex Trafficking and Strengthening Families Act (HR4980)
- Efforts to track and prevent child maltreatment deaths

Populations at Greatest Risk of Maltreatment

VDSS continues to work to advance policies, programs, and practices to enhance the safety and well-being of Virginia’s youngest and most vulnerable child population involved in the public child welfare system: the population of children zero to three (**Protection Strategy 2.1, 2.3 ,2.4, 2.5**). This is the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment.

Over the past five years, approximately 80% of founded cases of child maltreatment related to fatalities involved children younger than age four. Approximately 50% were children under the age of one.

This is consistent with national data that finds young children to be the most vulnerable. VDSS continues to identify children under the age of three as the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment. Young children are the most vulnerable for many reasons, including their dependency, small size, and inability to defend themselves. Therefore, VDSS continues to focus on this population.

During SFY 2023¹², LDSS investigated the deaths of 173 children. Thirty-eight children were found to have died as a result of abuse or neglect as indicated by a founded CPS investigation. In SFY2023, 76% of Virginia child fatalities involved children younger than three years. This is higher than the national percentage. Nationally, 66.1% of all child fatalities in FFY 2022 were of children younger than three years¹³.

SFY 2023 also saw 38 near-fatalities reported and investigated by LDSS for possible abuse or neglect. Twelve of the 38 children were under the age of one, fifteen were between 13 months and three years old, and the remaining eleven children ranged in age from four to 17 years old. In SFY 2023, there were 107 (62%) unfounded child fatality reports and investigations. Of the 107 unfounded reports, 74 (69%) involved a child younger than one year of age; and 55 of the reports (51%) were sleep related. This refers to the actual surface the child slept on, with whom the child was sleeping, or how the child was sleeping. This includes children who suffocated or accidentally asphyxiated due to their sleep environment.

Data trends over the last three years indicate continuing connection between being born as a substance-exposed infant (SEI) and subsequently dying of child maltreatment. The data suggests that an SEI infant has a 13% to 15% likelihood of being a victim of a subsequent child maltreatment death.

Therefore, VDSS continues to focus on SEIs, safe sleep practices, and safe haven laws for Virginia's youngest children, in alignment with Virginia's CAPTA plan.

Services for Children under the Age of Five

On July 1, 2017, Virginia implemented a 24-hour response time for valid CPS complaint involving children under the age of two. Although Virginia's previous response times met regulations, this was the first time Virginia mandated a response time for a specific age range. In fact, this mandated response time was initially for children up to age one but was expanded to cover more of the most vulnerable populations. For SFY2024, 41.6% of all victims of founded CPS reports involved children under the age of five. Specifically, 18.5% of all victims were children younger than two and 12.2% of all victims were children ages two to four years.

As of December 31, 2024, 1,278 children under the age of five were in foster care. The number of children in this age range in foster care has increased from 1186 last year. Of the children under the age of five in care in 2024, 45.1% were female and 54.9% were male. Most of the children (56.7%) were White. Twenty-seven point three percent were Black or African American and 13.1% were multiracial. Of these children, 146 (11.4%) were in pre-adoptive homes or adoptive non-finalized placements, and 31 (2.4%) were placed with parents on trial home visits. This represents about the same percentage of children in placement in permanent homes for this age group. The remaining 1132 children were in placements that were not permanent, although 335 (26.2%) of all children under the age of five were placed in kinship or

¹² This report provides updated SFY2023 data from last year's SFY2023 data reported in the 2025-2029 CFSP. Beginning with this report, VDSS will use data published in the annual Child Maltreatment Death Investigations report. The data included in the annual report is the most current published data around Virginia's child maltreatment death investigations. This data is collected and published annually and is used to highlight changes or trends from previous years. The annual data is also used to compare Virginia's rates of child maltreatment deaths to national data. The annual report is available on the public site: https://www.dss.virginia.gov/geninfo/reports/children/cps/all_other.cgi.

¹³ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2024). Child Maltreatment 2022. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

fictive kinship foster homes. This represents an increase in fictive kinship and kinship placements over the last two years.

For children in foster care under the age of five, services include the following:

- Children with the goal of adoption and where TPR has been ordered are identified as available for adoption through the Adoption Through Collaborative Partnerships (ATCP) adoption project;
- Family engagement and FPM are used to involve relatives in taking care of these children. When possible, these children are placed with relatives. Effective July 1, 2019, Virginia Code requires relative searches to be conducted at removal, annually, and at every placement change;
- For children with the goal of reunification, visits with parents are to be scheduled weekly, if not more often. Effective July 1, 2019, Virginia Code requires caseworkers to meet face-to-face with the parents and/or prior custodian every other month and at every decision point to help move the case towards permanency;
- Concurrent planning practices and placement with a resource family (i.e., an approved foster family that will support both reunification and adoption); and,
- Placement or visitation with siblings.

All these services respond to the need to keep a family together as much as possible, to build on a young child's need to attach to the parent (when reunification is likely), and to identify and place the child in a relative and/or adoptive home (or make the home an adoptive home) as quickly as possible when reunification has been ruled out.

Foster care guidance was updated in July 2020 in Section 9: Achieving Permanency Goal Adoption, saying that LDSS service workers should not wait until the TPR order is final to begin adoption recruitment. Concurrent planning intends to place children in prospective permanent homes as early as possible, to prevent delays in finalizing permanency. The guidance update also reemphasized determining paternity early, to ensure that paternal relatives are explored early in the case as potential caregivers, as well as exploring adoptive home recruitment. An additional update in the July 2020 guidance release is the requirement that if return home is not the goal for the child, the LDSS must provide the child's parent with information regarding the voluntary relinquishment of parental rights.

Children in foster care under the age of five are more likely to have parental substance use as a condition of removal than children over the age of five. VDSS has updated guidance several times to support better practice with this population. Foster care guidance includes:

- A subsection on supporting visitation with parents struggling with substance use, including encouraging regular visitation and noting that a positive drug screen should not be the sole basis for suspending a visit;
- A directive to consider whether reunification can be achieved with supports outside of the foster care system. Rather than extending trial home visits, LDSS should explore whether the child's custody can be safely transferred to family with prevention services, including court ordered prevention services, in place;
- Information on placements allowed by title IV-E for children who are placed with a parent in certain licensed residential family-based treatment facilities for substance use disorder for up to 12 months, as well as using best practice language when discussing substance use disorders;
- A requirement that that during a trial home visit, at least one worker visit per month must occur in the family's home and with all household members, to better address any challenges to permanency and mitigate safety risks;

- A subsection on pregnant and parenting youth in foster care that includes a statement that pregnant/parenting youth in foster care are eligible for title IV-E prevention services. This section includes best practices for working with pregnant/parenting youth in foster care and their children, including services, requirements for their foster care and prevention plans, and information regarding minor children of youth in foster care. For all pregnant or parenting youth in foster care, a foster care plan must include (§ 16.1-281) a list of the services and programs to be provided to or on behalf of the child to ensure parental readiness or capability, and a description of the foster care prevention strategy for any child born to the child in foster care.

In 2021, the State Funded Kinship Subsidy program was established (added to guidance in February 2022) to ensure permanency and facilitate placement with relatives who are ineligible for KinGAP. This program includes children under age five and assists in achieving more timely permanency with relatives who may otherwise be denied as a placement option. Relatives who obtain custody of a child through the State Funded Kinship Subsidy Program have access to services through the Family Assessment and Planning Team. They may also be eligible for title IV-E prevention services or other services that can be a part of an in-home services case.

In 2023, VDSS gathered feedback from LDSS to enhance forms and guidance that promotes increased use of the State Funded Kinship Subsidy program. VDSS also provided training about the State Funded Kinship Subsidy and KinGAP to local departments, hoping to enhance knowledge of relative placement options for children under the age five and encourage concurrent planning so that families can make an informed decision that best meets the needs of the child. VDSS continues to target increasing the use of assistance for kin providers, including KinGAP and State Funded Kinship Subsidy, through the Kin First Now efforts.

VDSS offers several trainings for LDSS workers that focus on children’s issues from a developmental perspective and discuss this age group. Those classes include 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. Two training courses are offered to foster parents, Nurturing Parents and PRIDE, which provide training specific to this age group.

Additionally, DMAS is specifically tracking this group to ensure that screening for developmental delays and other health or behavioral needs takes place as soon as possible. Individualized services for children in this age group are determined at the local level through the FAPT, which is aware of local services provided through the schools, community service boards, and private providers.

In addition to the services previously noted, 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 CPS requires the referral); and
- Head Start and Early Head Start.

Substance-Exposed Infants

The number of substance-exposed infants (SEI) remained consistent between 2023 and 2024.

| Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|-------------------------------|------|------|------|------|------|------|------|------|------|------|
| Number of SEI Reported | 1099 | 1334 | 1543 | 1957 | 1577 | 1294 | 1320 | 1094 | 854 | 854 |

During 2024, LDSS closed an average of 52 valid reports involving a SEI a month, completing a total of 623 valid SEI reports. Of the 623 valid reports, 77% of the mothers had a positive drug test result and 72% of the infants had positive drug test results. A plan of safe care was completed and documented in 31% of the completed valid SEI reports, and 56% of the children and families were identified as needing services.

VDSS continues collaborating across systems to improve the response to and services for SEI. VDSS serves on the Steering Committee of a statewide workgroup, Pathways to Coordinated Care, led by the Virginia Department of Health. The workgroup consists of over sixty diverse members including public and private stakeholders and partners. The workgroup is focused on the needs of substance-exposed infants and their caregivers. The workgroup identified five reoccurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate, and long-term objectives to achieve these goals. An example from the Screening Workgroup is to create a portal with all Plans of Safe Care that can be accessed by any provider involved in the patient’s care. The pandemic created some delays, but the work plans for each theme were submitted to the Department of Health. The pandemic created some delays, but Pathways to Coordinated Care resumed their statewide work in October 2024 and the sub-groups resumed meeting in December 2024. Currently, VDSS participates in the screening, coordination, and education sub-groups. Future action regarding this workgroup and its progress will be forthcoming. Furthermore, VDSS continues to provide training to mandated reporters across Virginia on the screening criteria for reports involving allegations of a substance-exposed infant based on the SEI Decision Tree Tool developed by VDSS in 2018.

Child Death Investigation Protocol (CDIP)

In 2019, DCJS finalized the CDIP as recommended by the State Child Fatality Review Team under the direction of the Chief Medical Examiner’s Office. Since then, the Children’s Justice Act (CJA) coordinator has worked with key partners to train and disseminate the protocol to law enforcement and child protective services investigators in Virginia in ways that include in-person training and FUSION.

DCJS selected 20 law enforcement, child protective services, and commonwealth attorneys to participate in a three-day child death investigation training in Lynchburg, Virginia from November 2 to 4, 2022. This training was extensive and focused on an in-depth understanding of all facets of child death investigations. Throughout 2023, these trainers provided nine CDIP sessions throughout the commonwealth: May 5, 2023 in Abingdon; May 18, 2023 in Winchester; June 13, 2023 in Martinsville; July 20, 2023 in Virginia Beach; August 17, 2023 in Fredericksburg/Culpeper; September 21, 2023 in Roanoke; October 19, 2023 in Charlottesville; November 14, 2023 in Richmond, and January 18, 2024 in Alexandria.

Throughout 2024, trainers provided six in-person trainings throughout the Commonwealth to a total of 161 participants. Four premier trainers will continue to provide quality in-person training in 2025. A tentative schedule of two CDIP training sessions is planned for March 6, 2025 in Alexandria and May 1, 2025 in Newport News.

Safe Sleep Campaign

The State Child Fatality Review Team has provided valuable information and assisted in developing recommendations for Virginia 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 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% to 70% of both founded and unfounded CPS child fatality investigations are due to unsafe sleep practices 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 focus on the core principles of alone, apart, and always. The website includes educational resources, tips, and support.

VDSS collaborated with its public affairs department and developed a Safe Sleep 365 video ad and advertorial. The video played in 92 doctors' offices and four hospitals throughout the commonwealth, and the advertorial was featured in four parent and family magazines. Both have also been distributed to the regional practice consultants as resources for their teams. The advertorial remains available on the Safe Sleep 365 microsite, along with the safe-sleep video ad on the FUSION page.

Since January 2019, the Safe Sleep 365 microsite has had more than 4,993 views. VDSS has worked with the regions to distribute the advertorial and rack card; the Western region bought a billboard that displayed safe sleep information. The rack card is a publication developed by VDSS as part of the VDSS safe-sleep toolkit. This printed publication provides information regarding safe-sleep practices for parents and caregivers. VDSS continues to receive inquiries and positive feedback on the rack cards and advertorial, which were also placed on the FUSION page.

The Piedmont region developed a Public Service Announcement (PSA) about safe sleep practices as a result of a recommendation by the Piedmont Child Fatality Review Team and in collaboration with the Assistant Chief Medical Examiner in that region. This PSA has been shared with the other four regions to promote safe sleep practices.

VDSS collaborated with its public affairs department to develop an infographic on safe sleep practices to be shared by child welfare staff with families who have children in the home under the age of two, as a way to support the expansion of safe sleep education to families with children under the age of two that is now required in CPS guidance. This infographic is available on the FUSION page and the public website. Since becoming available, approximately 26,583 copies have been distributed throughout the commonwealth.

Regional Child Fatality Review Teams (CFRT) convene to examine deaths that LDSS investigated. More information on CRFT is included in the Efforts to Track and Prevent Child Maltreatment Deaths Section. In response to their recommendations, VDSS enhanced collaboration across systems by providing safe sleep presentations and resources to Project Link (recovery community), Virginia Department of Education Childcare Licensing Division (childcare providers), and Virginia Department of Child Support Enforcement Family Engagement Program (fathers and other kin). VDSS partnered with Sleptight Hampton Roads, the "backbone" organization for a community wide-collective-impact project around safe sleep in the Eastern region. VDSS also increased collaboration within various internal programs in order to align safe sleep messaging and provide resources to families.

VDSS also created a brief 2023 survey to better understand the work being done by local agencies regarding safe sleep education and to learn more about the resources that currently exist in their localities. The survey was sent to 120 local agencies, and more than half responded. VDSS has been highlighting local agencies with great safe sleep practices at the Protection and Prevention PAC since then.

VDSS now offers the safe sleep infographic as well as other safety infographics, in English, Spanish, Chinese, and Vietnamese. VDSS continues to evaluate the need for materials in other languages by collecting data on the populations with which the local agencies interact. VDSS continues to host quarterly, interactive webinars called Lifelines. Periodically, VDSS uses Lifelines to spotlight the topic of safe sleep education and documentation. The webinars discuss CPS guidance around safe sleep education, best practices in regard to documenting interactions involving safe sleep and demonstrates how to use COMPASS Mobile features when interacting with families around the topic of safe sleep.

One highlight of the 2023 Virginia Regional Child Fatality Review Teams recommendations was to increase safe sleep education and messaging for parents and caregivers with a history of substance use. In SFY 2023, a substance use component was present in 36% of all child fatality investigations. As a result, VDSS applied and was awarded a [Charlie's Kids](#) Foundation book grant. The grant provided VDSS with 12 cases (10—English and 2—Spanish) for a total of 720 copies of *Sleep Baby Safe and Snug*. This book tells of the classic bedtime ritual experienced through a baby's eyes, while conveying safe sleep practices in a gentle, rhythmic way. VDSS collaborated with the Virginia Department of Behavioral Health and Developmental Services' (DBHDS) Project Link Program, which provides services to pregnant and parenting mothers who are impacted by substance use disorders, to provide a free copy of the book to the families they are serving. Project Link staff will use the book as an additional tool to assist in providing safe sleep education to the families they are serving.

VDSS started highlighting local agencies for their work around safe sleep education in collaboration with their community partners during the Protection and Prevention PAC after receiving the results from the safe sleep survey in 2023. Agencies have included Winchester, Petersburg, Lynchburg, Washington County, and Portsmouth. In 2023, Winchester DSS created three short videos around safe sleep practices that were shared on their agency website, county website and various social media platforms. These videos remain available to view. In 2024, Portsmouth DSS partnered with Minus 9 to 5 and Sleep Tight Hampton Roads on a safe sleep billboard project. The billboard was on display for three weeks in four different locations. Two of the locations were situated along a heavily traveled highway which allowed them to be viewed by local residents, as well as thousands of daily commuters traveling through Portsmouth.

Safe Haven Campaign

Virginia passed its first Safe Haven law in 2004. During the 2022 session of the Virginia General Assembly, three bills were enacted related to Virginia's Safe Haven law. House Bill 16, Senate Bill 63, and House Bill 50 extended the period of time in which a parent could surrender their infant and receive criminal immunity from prosecution for child abuse or neglect. Before this legislation, the law allowed up to 14 days after the child's birth. These bills extended that time to 30 days. House Bill 50 also outlined the installation and operational procedures for hospitals and emergency medical services agencies who voluntarily install newborn safety devices for the receiving children under the Safe Haven law.

House Bill 50 required VDSS establish a toll-free, 24-hour hotline to make information about the commonwealth's safe haven laws - which provide for relinquishment of an infant, infant-relinquishment locations, and support and resources available for parents - available to the public. It will make information about the hotline, including the toll-free number that may be used to contact the hotline, available on its website. VDSS was also required to undertake a campaign to increase public awareness of

the commonwealth's laws providing for relinquishment of an infant and the hotline established pursuant to this act.

In order to comply with the legislation passed in 2022, VDSS entered into a contract with the National Safe Haven Alliance (NSHA) to provide the toll-free, 24-hour crisis hotline. NSHA began providing this service for VDSS in October 2022. Additionally, VDSS partnered with NSHA to produce the promotional materials needed for the Safe Haven public awareness campaign. NSHA helped VDSS decide to launch an initiative instead of a large-scale campaign, as this is a more proactive way to achieve the goal of increased awareness of the commonwealth's Safe Haven laws and the existence of the toll-free Safe Haven crisis hotline. VDSS launched the Safe Haven Awareness Initiative in November 2023.

In creating the initiative deliverables, NSHA adapted its existing copyrighted resource and training materials to reflect Virginia's Safe Haven laws. The deliverables consisted of:

Public Service Announcement (PSA)- Approximately three minutes in length, it included a brief overview of Virginia's Safe Haven laws while highlighting the Safe Haven crisis hotline.

NSHA Hotline Video- Approximately 30 seconds in length, it provided information about the Safe Haven crisis hotline.

Printed Safe Haven Toolkit- Contents included a state-specific NSHA brochure, state-specific NSHA posters in English and Spanish, state-specific pregnancy help cards in English and Spanish, and a Safe Haven flyer for Virginia providers.

Digital Safe Haven Toolkit- Contents included links to the PSA, NSHA hotline video, state-specific NSHA brochure, state-specific NSHA posters in English and Spanish, state-specific pregnancy help cards in English and Spanish, Safe Haven flyer for Virginia providers, and the Virginia Safe Haven training video.

Virginia Safe Haven Training Video- A link to the video was included in the digital Safe Haven toolkit.

Safe Haven Signs- NSHA will provide up to 100 signs for designated Safe Haven locations in Virginia.

Billboards- One billboard was placed in each of Virginia's five regions for a period of three months, starting on November 6, 2023.

Each LDSS received one printed version of the Safe Haven toolkit, shipped directly to them from NSHA. LDSS were encouraged to share items from the printed toolkit with staff and display some of the materials in agency lobbies or another location where the materials would be most visible to the public. Items from the digital Safe Haven toolkit were to be used to share information on the LDSS webpage, County/City webpage, and on LDSS and County/City social media platforms. LDSS were also instructed to share these items with their community partners and designated Safe Haven locations by collaborating with the state's health systems, fire programs, and emergency services programs, as well as through community outreach conducted by LDSS. When conducting community outreach, LDSS were advised to inform designated Safe Haven locations about the need for them to identify as such and help them to order a sign through the NSHA website.

As part of the statewide initiative, VDSS revamped the Safe Haven website to educate the public on the commonwealth's Safe Haven laws that provide for relinquishing an infant, infant relinquishment locations, and support and resources available for parents. VDSS included information about the toll-free, 24-hour Safe Haven crisis hotline on the website, as well as links to all the deliverables created during the initiative. Since October 2022, the Safe Haven microsite has more than 7,397 views. VDSS created a Safe Haven page on FUSION to provide staff with the same information as the public as well as access to the initiative deliverables.

Safe Haven Hotline Calls

| Timeframe | Number of Calls to Safe Haven Hotline |
|----------------------------|---------------------------------------|
| October 2022-August 2023 | 17 |
| September 2023 | 3 |
| October 2023 | 4 |
| November 2023 | 6 |
| December 2023 | 1 |
| January 2024—December 2024 | 27 |

VDSS renewed the contract with the National Safe Haven Alliance (NSHA) to provide Virginia’s toll free, 24-hour crisis hotline.

VDSS continues to promote the use of the Safe Haven initiative deliverables and the Safe Haven hotline. All of these things are available to LDSS and the public, free of charge. In addition to the deliverables provided as part of the Safe Haven Awareness launch in 2023, VDSS received 200 additional printed copies of the Safe Haven Toolkit, 115 Safe Haven signs, and 100 Safe Haven decals from NSHA. In 2024, 51 local departments of social services requested a printed copy of the Safe Haven Toolkit. Additionally, 85 individuals completed the Virginia Safe Haven training.

VDSS also partnered with the Virginia Department of Fire Programs (VDFP) to share information about safe haven and available resources. The materials were distributed in a weekly VDFP newsletter as well as at in-person events, conferences, and seminars. Additionally, VDSS has reached out to the Office of Emergency Medical Services at the Virginia Department of Health and the Virginia Association of Counties to provide additional information on safe haven and available resources.

CPS Guidance and the Virginia Administrative Code specifically addresses children under the age of four. Virginia Administrative Code (22VAC40-705-80-A1) and Section 3.8.8 of CPS guidance requires that LDSS respond to valid reports of abuse or neglect for a child under the age of two within 24-hours after receiving of the report. Sections 4.5.19 and 4.6.35.10 require that FSS refer children under the age of three for early prevention services provided by local Intake Toddler Connection of Virginia programs, as required by CAPTA. Lastly, Sections 4.5.6.7.1 and 4.6.11.1 require that FSS assess sleep environments and sleep practices with all families who have infants younger than two years of age. VDSS’s efforts will continue, as the population of young children at greatest risk of maltreatment, remains a top priority for VDSS (**CAPTA Plan**).

Preventing Sex Trafficking and Strengthening Families Act (HR4980)

VDSS continues to identify, track, and serve victims of child trafficking as another population at the greatest risk of maltreatment (**Protection Strategy 2.2**) VDSS has developed an online training course on identifying children and youth who are at risk of being victims of child trafficking or at risk of being victimized. This training is available to the public.

Since 2011, 259 victims of sex trafficking have been identified in Virginia’s automated data system. In 2024, 25 children and youth involved with the child welfare system were identified as victims of sex trafficking. The number of victims identified in 2023 and 2024 remained consistent. Based on the most recent recorded case type, 52% of victims were involved in foster care, 16% were involved with a human trafficking assessment, 4% were involved with In-Home Services, and 28% did not have a case type reported. These youth may still have been involved in a CPS investigation or family assessment.

The Code of Virginia was updated in July 2019, requiring LDSS to respond to all complaints or reports of child sex trafficking. The Code of Virginia establishes that the alleged victim's parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allows LDSS to assume emergency custody of child victims of sex trafficking for up to 72 hours, until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the child welfare system's new response to all complaints involving the human trafficking of a child. Changes were made to 22VAC40-705 Child Protective Services regulation to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in the state. VDSS also made several system enhancements to the child welfare information system to improve the system's ability to capture data on the prevalence of child trafficking. VDSS staff participated on a subcommittee of the Anti-Human Trafficking Coordinating Committee which met bi-monthly.

In 2024, LDSS completed 15 human trafficking assessments involving 19 children and youth. The children and youth involved in the human trafficking assessments were predominately female (68%) and adolescents (42%). In 2024, LDSS conducted 15 CPS investigations on allegations involving the trafficking of a child or youth. This is consistent with the number of investigations in 2023. The outcomes of the 2024 investigations were: 1 founded at level one, 4 unfounded, and 10 dispositions were pending. The investigations were suspended in accordance with policy and dispositions will not be rendered until the LDSS resumes the investigations.

VDSS intends to strengthen the LDSS response to child trafficking, as reflected in the strategic plan. The continued implementation and monitoring of a statewide response to all reports involving child victims of trafficking will be done by seeking input and consultation from Parent Council, Policy Advisory Committees, Tribes, and Citizen Review Panels (CRP) to promote a consistent response to all reports of child trafficking by the child welfare system (**Protection Strategy 2.2**).

VDSS' case management system can identify and document children and youth who have been victims of child trafficking before entering, while in, or while missing from foster care.

Preventing child trafficking and strengthening families includes addressing requirements for when a youth is missing from foster care, eliminating non-permanency foster care goals, and establishing reasonable and prudent parent standards. Foster care guidance was revised in 2015, 2017, and 2022 to support LDSS around expectations and requirements when a youth is missing from foster care. Foster care job aids have been updated to include reminders and prompts regarding those expectations and requirements. Foster Care Policy was updated in 2022 to clarify that LDSS must document a youth's missing status in the VDSS case management system immediately, but no later than 24 hours from notification that the youth is missing. Documentation must include a notification to law enforcement for inclusion in the National Center for Missing and Exploited Children (NCMEC). Foster Care Policy was also updated in 2024 in response to the Office of Inspector General's review of cases of children missing from foster care. These changes include information and resources available to LDSS that can assist in developing a plan to ensure that necessary action is taken when a child or youth initially goes missing from foster care. Additionally, the update included an expansion of the population of the youth that LDSS need to report as missing to include Fostering Futures youth and Chafee eligible youth no longer in care as well as additional information that is required to be shared with law enforcement and NCMEC, in accordance with federal law.

VDSS also updated the child welfare information system in 2022 to add a specific field for NCMEC notification. VDSS developed online training to educate LDSS FSS; private-provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private-provider foster parents; and other community-partner agency staff on child 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. VDSS worked to develop guidance and has also developed training and resources to support LDSS in implementing normalcy for youth in foster care. Work towards improving youth experiences in foster care through continuing efforts to ensure full implementation of normalcy will continue. SPEAKOUT, Virginia's Youth Advisory Board, will continue to be a key partner in this effort.

In 2023, VDSS partnered with NCMEC to further explore the resources available to communities and develop a plan to train LDSS, to ensure that they are making the required referrals and to enhance their understanding of the services that NCMEC provide when youth are missing. In April 2024, VDSS partnered with NCMEC and the Department of Criminal Justice Services to hold a sex-trafficking roundtable discussion. This coincided with the release of the updated Foster Care Policy and provided valuable information regarding the child welfare system's response to sex trafficking and highlighted the services provided by NCMEC to the LDSS when a youth is missing from foster care.

Additionally, in 2024, to comply with 71(a)(35)(B) of P.L. 117-348 and the subsequent title IV-E program improvement plan, CPS, In-Home Services, and Permanency programmatic guidance was updated to provide revised guidance for the LDSS of the responsibilities of the LDSS when a missing child is at-risk of being or is a victim of sex trafficking. VDSS co-facilitated a webinar with Department of Criminal Justice Services and National Center for Missing and Exploited Children for LDSS on the new guidance requirements and available resources. VDSS has completed all activities with the title IV-E program improvement plan and expects the program improvement plan to be resolved upon submission and approval of the revised IV-E plan.

Efforts to Track and Prevent Child Maltreatment Deaths

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 NCANDS. This data comes from information that LDSS workers report and document in the child welfare information system. A reported death must first meet the validity 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 LDSS receiving the complaint or report is then LDSS of jurisdiction; and
- The circumstances described allege suspected child abuse and/or neglect as defined in §63.2-100 of the Code of Virginia.

VDSS reports the number of child abuse and neglect fatalities caused by child abuse or neglect annually to NCANDS. This data only includes investigations of child death that a LDSS has determined to be founded for child abuse or neglect. VDSS works collaboratively with a number of entities, including VDH, OCME, the Division of Health Statistics, law enforcement, and 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 each agency's different governing laws, policies, and roles. As described subsequently, the roles and tasks of each entity vary, making it challenging to use information from the collaborative partners beyond the scope of what is required to be

reported to NCANDS. VDSS does not plan to expand the use of information from the state’s vital statistics department, law enforcement agencies, or OCME offices when reporting child maltreatment deaths.

VDSS continues to explore the extent to which the numbers of child deaths reported and investigated by other sources agree, considering various roles and tasks. The Code of Virginia, §63.2-1503 D requires that LDSS, on receipt of a complaint regarding the death of a child, report immediately to the attorney for Virginia and the local law enforcement agency and make all records available to them. 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 the local law enforcement agency. All cases that the OMCE investigates are made available to the Office of Vital Records.

The state child-fatality review team and Virginia’s five regional CFRTs continue to review child-death cases in 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 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 | SFY 2024 |
|-----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Child-death investigations | 124 | 118 | 143 | 139 | 170 | 164 | 173 | 165 |
| Founded disposition | 46 | 40 | 47 | 34 | 55 | 43 | 38 | 36 |
| Unfounded disposition | 69 | 71 | 80 | 88 | 93 | 93 | 107 | 104 |

As of February 28, 2025, there were 165 child-death investigations. Thirty-six deaths were found to be the result of abuse or neglect and 104 deaths were unfounded. There were 25 pending investigations. There was a slight decrease (4.6 %) in the total number of child-death investigations. In SFY 2023, there were 107 (62%) child fatality reports and investigations with an unfounded disposition. Of the 107 unfounded reports, 74 (69 %) involved a child younger than one year of age. Fifty-five of the 107 reports (51 %) were sleep related.¹

VDSS staff continue to discuss ways to reduce child maltreatment deaths. Identified strategies include training (improve thoroughness for staff so they in turn can better educate families); better partnerships and collaboration with community stakeholders and providers (understanding the services they provide and the unique knowledge they have of the families they work with); improved screening of families (so they can receive the tools that will maximize their opportunities for success) ; and providing services to families when there is a high or very high risk following a CPS family assessment or investigation.

- Training - VDSS provides a two-day in-person training course on investigating child maltreatment deaths. *CWS2041: Child Fatality Investigations* includes investigation process and its - goals, roles, preparation, and requirements; collaborating with law enforcement, Virginia’s attorney, and other MDT members; understanding child fatality causes and SAFE sleep practices; interviewing involved parties; assessing and planning for the safety of siblings and other involved children; evidence collection, including crime scene observation and obtaining medical records; working with regional consultants; completing the Preliminary Child Fatality/Near Fatality form and the National Case Reporting Tool; understanding the role of and working with the Medical Examiner; understanding CFRTs and preparing for participation; and professional self-care and resources for

support and resilience. This course is included in the mandated training requirements for CPS workers and supervisors who conduct and supervise child death investigations.

- Partnerships and Collaboration - VDSS continues to work with the CFRT, CJA, DOE (childcare licensing), National Center for Fatality Review and Prevention, OCME, Office of the Children's Ombudsman, and the Family and Children's Trust Fund to build and expand existing partnerships and increase collaboration around the prevention of child deaths. VDSS joined the National Partnership for Child Safety (NPCS) in SFY2022. Since joining, VDSS has engaged with NPCS in process mapping to improve the internal VDSS child fatality staffing process and to assist with restructuring the VDSS' five regional child fatality review teams. VDSS collaborated with NPCS to present on the topic of adopting a safety science culture within child fatality reviews during a session at the CACs of Virginia annual conference. VDSS participated in the NPCS infant safe sleep workgroup titled Safely to their First Birthday, which assisted in the development of a policy brief for the child welfare workforce that is meant to serve as a guide for the development of consistent, equitable, and compassionate child welfare responses to sudden unexpected infant deaths (SUIDs), as well as the identification of upstream practices for SUID prevention. VDSS has most recently joined the NPCS's affinity group titled Safely to their Fifth Birthday, which will focus on practical strategies to strengthen families and safeguard young children from accidental drug ingestion. VDSS continues to participate on the communications workgroup, which is focused on developing and implementing a national and regional/state communications strategy to broaden awareness about the partnership and safety science. VDSS participated in a webinar series with NPCS on innovative and evidence-based supports for caregivers with substance-use problems. The National Partnership for Child Safety continues to explore ways it can assist VDSS in preventing child maltreatment deaths.
- Technical Assistance - VDSS has an internal staffing protocol, including state and regional leadership, to review high-risk child-maltreatment deaths. High-risk child-maltreatment deaths have significant child welfare history, a current open child welfare case, involve an LDSS employee, have been in the media, or are deaths that the Code of Virginia requires to be reported to the Office of the Children's Ombudsman. The internal staffing protocol includes a review of the circumstances of the child's death, review of prior child welfare history, identification of the LDSS practice strengths and areas needing improvement, and development and monitoring of a technical assistance plan for the LDSS to be provided by Regional Practice Consultants. These reviews also identify opportunities for clarification and potential enhancements that to program guidance and for broader technical assistance and support to LDSS.
- Peer-to-Peer Outreach—VDSS has been working with several other states to learn about their efforts to prevent child maltreatment deaths. VDSS has been in contact with Arizona, Florida, Montana, New York, Ohio, Oregon, Vermont, Washington, and Wisconsin. VDSS plans to use this information to make enhancements to their existing child death prevention efforts.

VDSS also engages in a plethora of activities with public and private stakeholders regarding preventing child maltreatment deaths. Regional CFRTs convene to examine deaths that LDSS investigated. CFRTs focus on identifying risk factors, trends, and patterns, developing recommendations, and creating action plans. A multidisciplinary CFRT is in each of the five VDSS regions. In SFY2023, the regional recommendations were once again focused on the topic of safe sleep, as 75 out of the 173 (43%) child deaths were sleep related. It was recommended to enhance public awareness campaigns related to safe sleep practices while continuing to target under-reached populations, such as the recovery community, fathers, grandparents, and childcare providers, to improve local and state partnerships with community

resources and promote safe sleep messaging to ensure families get safe sleep education before child welfare involvement, and to provide more educational materials in multiple languages.

VDSS recently began the process of restructuring the five regional CFRTs. The goal in restructuring these meetings is to enhance the quality of the review process, enhance the quality of the recommendations developed during these meetings, and to increase capacity across programs within VDSS to strengthen prevention work. Moving forward, regional review teams will no longer review every child death that is investigated by CPS. Instead, regional review teams will only review the child fatality investigations that meet the following criteria:

1. Current open DSS referral/case at the time of the fatality
2. Valid or invalid CPS report within last 12 months
3. Child died while in foster care (not from natural death and no complaint in foster home)
4. Child died in foster care on a trial home placement
5. Foster care case involving decedent or decedent's siblings was closed within the last 24 months

This is the same criteria that requires VDSS to notify the Office of the Children's Ombudsman when a local agency validates a CPS referral involving a child fatality

(<https://law.lis.virginia.gov/vacode/title2.2/chapter4.4/section2.2-443/>).

Reducing the number of fatalities reviewed across the Commonwealth will mean fewer meetings per year in each region. The regional review team meetings will be organized and facilitated by VDSS home office staff and will no longer be managed by the regional offices. Regional office staff will now participate on the regional review teams as members and will help guide the discussion and prevention recommendations.

VDSS developed a public awareness infographic on infant safe sleep. The infographic has been distributed to LDSS and key stakeholders; it is also posted on the public VDSS website. The infant safe sleep infographic as well as other safety infographics, are available in multiple languages including English, Spanish, Chinese, and Vietnamese. VDSS continues to evaluate the need for materials to be available in languages other than English by collecting data on the populations with whom the local agencies interact. VDSS, with input from the Parent Council, will continue to identify strategies to promote distribution with the general public.

VDSS also enhanced collaboration across systems by providing safe sleep presentations and resources to Project Link (recovery community), DOE Childcare Licensing Division (childcare providers) and Virginia DCSE Family Engagement Program (fathers and other kin). VDSS partnered with Sleptight Hampton Roads, the "backbone" organization for a community- wide-collective impact project around safe sleep in the Eastern region. Furthermore, VDSS increased collaboration within various internal programs in order to align safe sleep messaging and provide resources to families. VDSS hosts interactive webinars called Lifelines on a quarterly basis, spotlighting the topic of safe sleep education and documentation. The webinars discuss CPS guidance around safe sleep education and best practices in documenting interactions involving safe sleep education. It demonstrates how to use COMPASS Mobile features when interacting with families around the topic of safe sleep. VDSS will continue to use these themes to guide its work with local agencies and communities.

One highlight of the 2023 Virginia Regional Child Fatality Review Teams recommendations was to increase safe sleep education and messaging for parents and caregivers with a history of substance use. In SFY 2023, a substance use component was present in 36% of all child fatality investigations. As a result, VDSS applied and was awarded a [Charlie's Kids](#) Foundation book grant. The grant provided VDSS with

12 cases (10—English and 2—Spanish) for a total of 720 copies of *Sleep Baby Safe and Snug*. This book tells of the classic bedtime ritual experienced through a baby’s eyes, while conveying safe sleep practices in a gentle, rhythmic way. VDSS collaborated with the Virginia Department of Behavioral Health and Developmental Services' (DBHDS) Project Link Program, which provides services to pregnant and parenting mothers who are impacted by substance use disorders, to provide a free copy of the book to the families they are serving. Project Link staff will use the book as an additional tool to assist in providing safe sleep education to the families they are serving.

VDSS, in partnership with numerous state agencies and organizations throughout the commonwealth, developed the Virginia Plan to Prevent Child Abuse and Neglect (the prevention plan) in response to the 2020 Appropriations Act directive to create a comprehensive, coordinated plan to prevent child abuse and neglect. The prevention plan goal is that “all families, youth and children in the commonwealth are safe, healthy, and nurtured, and have equitable access to resources and opportunities to thrive in their communities.” To see the plan, click [here](#). A summary of the plan can be found on the Legislative Information System website under published documents. Click [here](#) for more information.

PERMANENCY

Foster Care

Virginia law (§ 63.2-905) requires that foster care 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 a child is 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.

On December 31, 2024, there were 4595 children and youth between the ages of birth and 17 years in foster care. This is an increase in the overall number of children in care versus the same date last year, when 4325 children and youth were in foster care. An additional 804 youth between the ages of 18 and 21 were also being served. This is a slight increase to this population group from last year, when the number was 785. The youth ages 18 through 21 are receiving foster care services through Fostering Futures, Virginia’s extension of foster care program. In 2024, 61% of eligible youth were participating in Fostering Futures. This is an increase from 2022 (55%), 2021 (56%) and 2020 (58%).¹

The foster care program also includes kinship guardianship assistance through KinGAP. VDSS promoted KinGAP use through revisions to guidance in July 2021, removing the requirement of approval for KinGAP arrangements for youth under age 14 by the regional permanency practice consultant, as well as additions to guidance that clarified steps to determine that adoption is not an appropriate goal for a child or family. VDSS has continued to see the number of youth who discharge to relatives through KinGAP increase to 122 youth in 2024, compared with 81 youth in 2023, 33 youth who discharged with KinGAP in 2022 and 27 youth who discharged from KinGAP in 2020. Despite the increase in KinGAP cases since the program began, KinGAP is still underused. As VDSS continues to focus on kinship options for families, it expects that the number of KinGAP cases will continue to increase and the rate of youth aging out of care will decrease (**Permanency Strategy 2.4**).

In 2022, State-Funded Kinship Subsidy was implemented to expand kinship permanency assistance options. This program provides assistance for youth and families who are ineligible for KinGAP but who

are eligible to have custody of the child transferred to the kinship provider. Eight youth discharged with a state-funded kinship subsidy in 2022. In 2023, 19 youth discharged to relatives through a state-funded kinship subsidy while in 2024 that number decreased to 15. VDSS continues to promote KinGAP and state-funded kinship subsidy by offering educational opportunities and technical assistance about the differences between the two programs and how each can be used to reduce barriers to placing children with family and the importance of concurrent planning practices to support familial placements and achieve permanency for youth in foster care. Many agencies have requested individual training on the two programs following their participation in Kin First Now which is described below. VDSS also obtains feedback from LDSS regarding enhancements to practice and guidance that will improve outcomes within the KinGAP and State Funded Kinship Subsidy programs (**Permanency Strategy 2.4**).

In 2023, VDSS began promoting Kin First Now by assembling a VDSS team that travels to local agencies for two days to enhance or create an internal process that reinvests staff's time on search, discovery, and assessment of relatives and fictive kin through a teaming approach. The Kin First Now practice promotes the urgent discovery and engagement of family at the first point of contact in the child welfare system and throughout permanency planning. More information on Kin First Now, which continued throughout 2024, is included in **Critical Priorities**.

In 2023, VDSS implemented the Housing Support for Emancipated Youth Program, which provides time-limited monetary support for youth who would be eligible for Fostering Futures but are not yet participating in Fostering Futures. Virginia's legislature established this program at the beginning of 2023. The housing support assistance is equal to the room and board portion of the maintenance payment for Fostering Futures. A youth may receive this support for a period of no more than six months (consecutive or non-consecutive) from the age of 18 until their 21st birthday. VDSS will continue to promote the program to ensure that eligible youth take advantage of it (**Permanency Strategy 3.1**). Additional information and data on this program are included in the **Chafee Section**.

VDSS continues to support increased use of family-based placements for children in foster care. On December 31, 2024, there were 4595 children in foster care under the age of 18 with 33585(78%) in foster homes and 2689 (58.5%) of these placed in non-relative foster homes. An additional 263 youth (5.7%) were placed in pre-adoptive homes. The percentage of children placed in kinship foster homes has increased to 19.5% (895) which is an increase from 14% in 2023 after remaining consistent at 12% for 2021 and 2022. VDSS continues to emphasize placing children with kin, advancing a Kin First culture with the addition of "fictive kin" to the code-based definition of kinship care on July 1, 2020, and clarifying the foster home approval process for immediate placement with kin. Of children in foster care under the age of 18, 12.9% (595) were in congregate care placements which is slightly lower than 14% in 2023. On December 31, 2024, 85.8% (690) of youth over the age of 18 in foster care were in independent living placements.

Virginia's permanency rate for CY2024 was 78%, which is a slight decrease from 79% in CY2023. Virginia continues to have a high percentage of youth aging out of foster care without permanency, and the CFSR results show that achieving permanency for children in foster care continues to be an area needing focus, resulting in multiple planned activities in **Permanency Strategy 1**.

Regional permanency practice consultants had been tasked with providing ongoing reviews of all placements of children in congregate care, to ensure that such placements are medically necessary and to support the movement of these children to family-based placements as soon as possible (**Permanency Strategies 2 and 3**). Additional tasks included monitoring the use of the psychotropic medication oversight protocol and providing oversight for the provision of physical, mental, and behavioral health screening and services. The congregate care review process was suspended in 2024 while VDSS developed a new review process which would include all placement types. While the review process as

implemented was suspended, VDSS continued to provide oversight to ensure that all placements in congregate care were medically necessary. The consultants maintain a list of the psychotropic medication consenters for each local agency to ensure protocols are being followed. Additionally, the consultants will review all cases where children have been in care for 24 months or longer and cases where youth are at risk of aging out of foster care and assist LDSS to find permanent homes for these children while also building capacity to improve permanency outcomes in the future.

Regional resource family practice consultants have continued to support LDSS efforts to increase the number of children in foster care who are placed with relatives, as well as an overall increase in the number of children in foster care who are placed in a family-based setting. Resource family practice consultants have supported the implementation of changes and revisions to Resource, Foster and Adoptive Home Approval Guidance, effective January 2021, that placed priority on approving kinship foster parents when children enter foster care or whenever they are identified and assessed to be appropriate caregivers in accordance with the Diligent Recruitment strategic plan (**Permanency Strategy 2**). The consultants also continue to assist LDSS in developing data-driven recruitment plans to ensure that an adequate number of resource families are available to care for children in their home communities and that resource families represent the racial and ethnic makeup of children in foster care. More information is included in the Appendix D: Diligent Recruitment Plan.

The staff of regional offices also have the authority to provide temporary staff support to local departments experiencing higher than normal caseloads or staff shortages. In addition to these actions to support children's well-being and safety, the VDSS Commissioner has the authority to intervene when a LDSS fails to provide foster care services or make placement and removal decisions in accordance with law or regulation, or takes any action or fails to act in a manner that poses a substantial risk to the health, safety, or well-being of any child under its supervision and control. In 2022, this authority was exercised with one case in a local agency. The attorney general's office filed a petition to intervene and VDSS and the regional office collaborated to direct casework. Since then, regional offices have worked closely with LDSS and the regional offices have developed improvement plans alongside the LDSS, but Commissioner intervention was not necessary.

Regional permanency practice consultants routinely provide technical assistance on foster care policy and procedures and are available for virtual and on-site technical assistance as needed. VDSS home office staff also provide program support for the implementation of older youth Chafee services and family support, stabilization and preservation services through regional training efforts, maintenance of current guidance, and technical assistance on foster care to all localities. More information about these activities is provided in the Chafee section of this CFSP.

Youth with High Acuity Needs

In 2021, VDSS began directly addressing an upward trend in the number of youth with high acuity needs at imminent risk of displacement or without placements. LDSSs were polled that year and the results showed that between February and July 2021, 163 youth were displaced for at least one night, many of them for more than one night. Youth without placements spend the night in LDSS offices or hotel rooms, with LDSS providing 24-hour supervision. Many LDSSs had made upwards of 100 referrals for placement only to have the youth with the highest needs denied by all approved placement providers.

In addition to collaborating with other state departments to address the issue, VDSS developed a process by which VDSS, in partnership with the regional office, provides technical and direct placement assistance to LDSSs for each of these youth. This process has continued since 2021 as the need for it has remained. VDSS is notified by the regional office on behalf of the LDSS when a youth is at risk of

displacement. If the situation is not swiftly resolved, a High Acuity Placement Coordinator is assigned to provide direct assistance and arrange a case staffing that includes experts from other state-level agencies. This allows both VDSS and the partnering state-level agencies to gain information about the youth and their specific circumstances in order to provide targeted and individualized suggestions for securing placements and supportive community services. Suggestions include considering/re-considering family and fictive kin and identified resources from other state agencies to bear on the situation.

In April 2022, Governor Glenn Youngkin created the Safe and Sound Task Force to resolve systemwide issues related to high acuity youth not having approved placements readily available to meet their needs. The Task Force brought together leadership from public, private, and non-profit agencies across the state to look at and remediate the gaps and systemic issues that contribute to this problem (see **Collaborations Section**). Funding was made available to VDSS through the Task Force to support a number of strategies intended to reduce the displacement of high acuity youth in foster care. In 2022 VDSS developed several pilot programs including a professional foster parent model and a 'crisis-level' additional daily supervision payment to foster parents using the funding provided by the Task Force. These programs were implemented at the beginning of 2023 and remained as options throughout 2024. VDSS has continued to develop internal operating procedures that offer more intensive support to LDSSs as they identify youth at risk of displacement. Task Force funding was also used to hire three contractors who continue to provide direct placement assistance and coordination to agencies by making placement referrals, following up on referrals, enhancing family engagement practices, facilitating FPMs, and helping LDSSs access a wider range of community services that support placements once they are identified. Additionally, the assistant director and foster care program manager have made themselves available in the evenings and weekends to support LDSSs in solving problems outside of business hours. Most of the youth that experience displacements have been in foster care for extended periods of time. Many are legally free for adoption but have no adoptive home prospects. Most have experienced significant placement instability before becoming displaced. VDSS continues to emphasize placement with kin as children enter foster care ensuring they have safety and stability in placements early on and alleviate the likelihood of developing high acuity needs while in foster care. A total of 264 referrals were made to VDSS regarding youth who were or were at risk of becoming displaced in 2024. There were 135 episodes of displacement amounting to 892 total days that youth were displaced in Virginia in 2024. VDSS anticipates adding kinship coaches to the High Acuity team in 2025. This expanded and enhanced workforce will further support the LDSS in securing placements for children as well as increasing family engagement activities and services. The Family Seeing contract (described in the **Assessment of Current Performance**) continued throughout 2024 and is used to focus on the permanency plan for youth once placements are secured and the LDSS is beyond the crisis. These additional and continued services are essential to ensuring that high acuity youth maintain stability while they are supported in establishing a path to permanency so that they do not become displaced again in the future.

The Safe and Sound Task Force's Core Team, comprised of members of the various state level agencies represented on the Task Force, continued to meet throughout 2024. The Core Team worked together to continue to try to address systemic issues and barriers including issues around accessing appropriate placements and services for youth with intellectual and/or developmental disabilities, ensuring the LDSS were aware of enhancements made to the crisis services continuum by DBHDS, and problem solving around individual youth circumstances. When determined to be necessary, VDSS facilitated case staffings for individual youth which included representatives from the state agencies, the MCO, the LDSS and potential placement providers to develop individualized placement plans.

In 2023 VDSS established a pilot program providing an Exceptional Circumstances Payment to foster families in need of additional funding to meet the needs of high acuity youth in an effort to maintain youth in the community and reduce the use of congregate care. The additional payment of \$3000.00 per month is provided for up to three months, allowing foster parents to provide an increased level of support

and supervision for a short period of time until the youth regains stability. This program continued throughout 2024. Between January and December 2024, 68 payments were approved, and 5 payments were denied. Out of the 68 approved payments, 5 families received second and third month approvals. Placement stability tracking has started but is not available for all ECP payments made during this time period. Placement stability was not tracked for 19 youth; however, 33 youth maintained their placement after ECP was provided to the families for a minimum of 90 days, while 7 youth disrupted their placement after 30, 60, or 90 days. Stability tracking is now being completed at 30, 60, 90, and 180 days after initial request for ECP. VDSS has secured funding to continue this program through June 2026 and plans to develop guidance and establish a uniform process for determining eligibility, so that VDSS can seek approval to use of title IV-E funds to make this payment.

Commonwealth Center for Children and Adolescents Liaison

In the Fall of 2023 VDSS filled a position that was created to support children and youth who are admitted to the state's acute mental health facility and are in the custody of LDSS. This position is a state employee that acts as a liaison between VDSS, the custodial LDSS and the hospital. Prior to the creation of this position, LDSS youth would often be admitted to the acute hospital and stay well beyond the date they were deemed ready for discharge due to lack of urgent discharge planning and difficulty securing placements. This position works closely with the High Acuity team to provide placement support to LDSS by making placement referrals, following up on referrals, enhancing family engagement practices, facilitating FPMs, and sometimes making referrals for services that support placements. Additionally, this position serves as a member of the treatment team and provides technical support to the LDSS related to care and planning for the child including engaging family, locating funding and assisting with various processes involved in securing placements. This position also assists in obtaining resources for children while they are receiving treatment at the hospital and meeting any immediate needs the children may have, as well as facilitating access to the child's foster care and medical record, obtaining consent for treatment/medication changes, etc. In 2024, this position supported a total of 59 admissions consisting of 41 children and youth admitted to CCCA. Several children were admitted to CCCA on more than one occasion with one particular youth having had 7 admissions in 2024 totaling 107 days. The average number of days for the 58 admissions was 34.6 days. Three children had admissions over 100 days and several more had admissions over 30 days.

Use of Congregate Care

VDSS had developed an ongoing review process for children and youth placed in congregate care, in order to continue to assess medical necessity, support the movement of these children to family-based placements as soon as possible, and reduce the use of congregate care placements across the state. . It placed priority on providing opportunities for children to connect with relatives and fictive kin and to identify relatives and fictive kin who may serve as a placement for these children. Each case was reviewed within three months of the child being placed in congregate care to ensure that discharge planning begins immediately. Following the initial review, regional permanency consultants supported efforts to move children out of congregate care and into family-based settings through monthly follow-up with agencies. As trends were identified within each region, regional permanency consultants and resource family consultants assisted LDSS in developing capacity to place children into family-based care more often and to transition children from congregate care placements more quickly.

In CY2023, regional permanency consultants reviewed 482 children and youth who were placed in congregate care facilities. The reviews involved partnering with LDSS workers and supervisors to discuss the case and develop action steps to overcome barriers to the child stepping down as quickly as possible. Permanency consultants followed up with the LDSS each month to track the progress of the action steps that were developed; they continue to do so until the youth is discharged to a family-based placement. Of the 482 youth reviewed, the majority were white (60%). Twenty-eight percent were Black or African-

American and 10% were multiracial. Most of the youth placed in CY2023 were age 13 and older (81%). During the first quarter of 2023, permanency consultants began tracking whether the youth had someone, besides their workers, visiting with them every month. Of the 111 youth reviewed during that quarter, 80 (72%) of them had someone visiting every month; 31 (28%) did not. This focus provided an opportunity to intervene for youth who are without any permanent connections and are most likely to remain in congregate care for an extended period of time and/or eventually age out of foster care.

Beginning in January 2024, the congregate care review process was paused so that VDSS could analyze the effectiveness of the congregate reviews and is currently considering a different model for reviewing cases. The proposed model includes a sample of children in a variety of placements and with different permanency goals. This will allow agencies to get more comprehensive feedback regarding their overall practice, so that this feedback can be applied across cases. The goal is to improve overall practice of LDSS, to include an increase of kinship placements, which will likely reduce the use of congregate care. As mentioned in Practice Enhancements in Item 4, each congregate care placement is still reviewed to ensure medical necessity to justify that level of care.

Enhanced Treatment Foster Care Program

In 2023, VDSS developed an Enhanced Treatment Foster Care Program in an effort to reduce the use of congregate care. Three therapeutic foster care agencies in the state provide this service through a contract with VDSS. The foster families receive a monthly stipend in addition to the basic and enhanced maintenance for children that are placed in their homes. One foster parent must be available to the child 24 hours a day, so more than likely there is a stay-at-home parent. The foster parent receives specialized training and a higher level of support from the agency. The placement is meant to be short term (less than six months) and there must be a clear discharge plan at placement. These homes are a good fit for a youth who is being discharged from congregate care, but is not quite ready to return home, or a youth who has higher needs that cannot be addressed in a regular foster home, but who can remain in the community with the proper supports. During the second year of the program, three therapeutic foster care agencies provided this service with a total of 8 homes certified across the state. Between January and December 2024 15 youth were served in the program. While there are some youth who demonstrated behavioral needs that necessitated returning to a higher level of care, it has been observed that when there is fidelity to the model, including a definitive permanency plan at the onset of the placement, and concurrent planning and partnership between the youth's treatment team, the ETFC program is successful in achieving the goal of helping youth step-down from congregate care and into a less restrictive setting. Out of the 15 placements, 8 were able to achieve a permanency goal with a less restrictive setting, to include return home, placement with relative and adoption. One youth turned 18 at the completion of the program but was also able to reside with a relative as part of an independent living arrangement and entered Fostering Futures.

VDSS will continue to focus on reducing the use of congregate care over the next five years through **Permanency Strategy 4.1** by developing strategies to decreasing the use of congregate care, increasing collaboration with the state psychiatric facility, and, through the Safe and Sound Taskforce, expanding and enhancing placements continuum.

Diligent Family Recruitment

LDSS provides approval and support for local resource families in Virginia. The VDSS Diligent Recruitment unit or Resource Family Program is responsible for developing resource family policy and guidance and overseeing multiple services and contracts that support resource families in Virginia, including the Contingency Fund, Faster Families Highway, and CRAFFT (as outlined in **Item 28**).

Contingency Fund

The Contingency Fund is a resource offered to resource families who are approved through an LDSS. It is designed to minimize out-of-pocket expenses for resource families when a child placed in their home causes loss or damages (accidental or intentional) to the parent's home.

Faster Families Highway

Faster Families Highway is now fully launched in all five regions and the number of families utilizing the highway continues to increase. From July 2024 to March 2025, Virginia saw a 39% increase in family registrations — a clear sign that our streamlined recruitment platform is helping more people say “yes” to making a difference in the lives of children and families.

Building on this momentum, VDSS recently launched a new Child-Specific Recruitment feature for the Faster Families Highway. This tool allows child welfare professionals to proactively and collaboratively identify families uniquely suited to meet the needs of a specific child or sibling group — without compromising the child's privacy. The Child-Specific Recruitment tool offers a more confidential and respectful approach, helping to preserve a sense of normalcy for youth while enabling professionals to thoughtfully match each child or sibling group with the ideal family for their unique needs.

The child-specific recruitment feature also allows the LDSS to better utilize families who are interested solely in adoption. The portal will allow agencies to partner with their ATCP providers to recruit for children with goals of adoption who do not have adoptive families identified. This roll-out began March 2025.

Kinship Programs

Additionally, the VDSS Resource Family Program continues to prioritize kinship foster families through a variety of program enhancements and interventions including:

- Kin First Now (as detailed in **Critical Priorities**)
- Kinship Support Funds
- Kinship Waiver Process
- Exception Reports
- Kinship Notification and Appeal Process
- Kin and Fictive Kin Recruitment contracts
- Supporting Family Engagement practice

Kin First Now

Virginia's overall kinship rate continues to increase and was 20.5% in January 2025 compared to roughly 15% in January 2024. One of the central interventions to support this is Kin First Now. Kin First Now launched in October, 2023. Kin First Now is an intervention in which VDSS coaches select LDSS on three practice elements that have been proven to effectively increase the rate of children in foster care placed with kinship families in high functioning LDSS. This intervention continued throughout 2024 with 19 of the largest agencies in Virginia. In 2025, all remaining LDSS will take part in Kin First Now. The **Critical Priorities section** includes more information on Kin First Now.

Kinship Support Funds

VDSS has been successful in obtaining funding to provide kinship support funds to the LDSS. Effective

July, 2024, \$250 is provided to the LDSS anytime a child is placed in a kinship home. This LDSS must use this funding to either provide material supports to kinship caregivers or for administrative expenses related to work with kinship caregivers.

Kinship Waiver Process

In the kinship foster home approval process, LDSS may use temporary waivers for a period of six months to allow for the completion of pre-service training, mutual family assessment along with physical and tuberculosis screening or assessment of kinship caregivers. A physical home environment safety checklist was also developed to aid local departments in evaluating the safety of the home environment and to determine where permanent waivers may be used to ensure that children are placed with kinship providers. Regional resource family consultants support LDSS implementation of this guidance. From January 1, 2024 to December 31, 2024, 816 kinship waivers were submitted for kinship foster parents resulting in 1,401 children being placed in kinship foster homes. During the same time frame in 2023, just 494 kinship waivers were submitted resulting in 643 children being placed in kinship foster homes. This marked increase in utilization of kinship waivers demonstrates Virginia's continued efforts to reduce barriers to placement with kin, as well increases the likelihood of siblings who enter foster care remaining together.

Exception Reports

Beginning on January 1, 2025, LDSS are expected to complete an exception report each time a child is placed outside of a kinship placement. The exception report gathers information about the case to ensure that LDSS are making diligent efforts toward family engagement and seeking kinship placements for youth in foster care. Information obtained includes:

- Case specific demographics such as age of the youth, locality, current placement type and special needs of the youth
- If an out of home staffing or Family Partnership Meeting occurred prior to the placement, and if not, what are the agency's plans conduct one.
- All efforts the agency has made to identify, engage and assess family members
- A list of each identified relative or fictive kin, contact that occurred, and barriers to placement

Exception reports are to be completed for all placements, whether it is the child's initial entry into foster care, or a placement change. Exception reports must be completed within 72 hours of the placement change occurring. Exception reports will be used by regional resource family consultants to monitor kinship trends within LDSS. LDSS leadership, who approve all exception reports, will receive follow up from regional resource family consultants as trends are identified. Exception reports will ensure that LDSS are making diligent efforts toward family engagement, and have considered all relative placement options before placing a youth in a non relative placement, and that LDSS leadership, who signs off on all exception reports, is aware of each non relative placement of a youth in their agency's custody.

Kinship Notification and Appeal Process

LDSS are required to inform relatives in writing of the process related to seeking approval of a kinship foster parent (effective July 1, 2022). Local departments are also required to notify relatives in writing when they are denied approval as kinship foster parents, which in turn lets relatives appeal the decisions of local departments to the office of Appeals and Fair Hearings if they are denied approval. To support LDSS in complying with these requirements, VDSS developed a Kinship Foster Parent Approval Letter to be provided to identified relatives and fictive kin within 15 calendar days of a relative or fictive kin expressing the desire to become an approved kinship foster parent. To support a solution-focused assessment of relatives being considered as prospective caregivers, with LDSS input, VDSS developed the Permanency Assessment Tool (PAT). LDSS are required to use the tool to engage prospective kinship

caregivers in a conversation about their options as kinship caregivers (either as foster parents or as caregivers through the Parental Child Safety Placement Program- cite place in plan here?) foster parents and facilitate an understanding of the role they will play in supporting reunification and permanency, to outline the requirements of the approval process and to identify supports (natural and paid) necessary to make placement possible. The PAT is intended to allow LDSS to guide a conversation with caregivers about their options, recognize strengths that prospective kinship foster parents possess and to develop plans related to those strengths that remove barriers to immediately placing children with relatives when they are identified. LDSS must complete the PAT whenever relatives are considered for approval and are required to maintain a copy of the completed PAT in the child's foster care record. The PAT is one of the practice elements used in the Kin First Now intervention mentioned in **Critical Priorities**.

When LDSS determine that a relative is not eligible for approval or that placement with the relative is not in the best interest of the child, they must use the Relative Notification of Denial and Appeal letter to inform the relative of their decision. LDSS are required to send the letter by mail within 10 business days of the decision to deny approval, including the reasons for the denial. The letter also notifies relatives of their right to appeal LDSS decisions and requires that they notify the Office of Appeals and Fair Hearings in writing (by U.S. mail or email) of their intent to appeal. Relatives must notify the Office of Appeals and Fair Hearings within 30 calendar days of the postmarked date indicated on the Notification of Denial and Right to Appeal letter. Upon notification of a relative's intent to appeal a LDSS decision, the Office of Appeals and Fair Hearings must conduct a hearing and render a decision within 90 calendar days. If the LDSS decision is overturned, a more thorough assessment must be conducted to remove barriers to placement with the relative.

Kin and Fictive Kin Recruitment

The Kin and Fictive Kin Recruitment contract is another ongoing avenue through VDSS supports the LDSS in engaging kinship caregivers. VDSS currently contracts with three organizations to conduct intensive family finding under RFP #FAM-20-019 to support continued increase in the kinship rate. The organizations are based in the VDSS geographic regions of Central, Piedmont, and Eastern, but can consider out-of-region youth on a case-by-case basis. This contract focuses on relative and fictive kin search and engagement services for youth who are not in relative placement. The contract originally focused on youth ages 12 to 17 who reside in congregate care or have been in non-relative, home-based care for longer than 12 months. However, based on feedback received from the local agencies about the usefulness of the service, eligibility was expanded to youth 0-17 who reside in congregate care or have been in care for 12+ months. It was also expanded to include sibling groups as long as one sibling meets eligibility. VDSS is also in the process of issuing a Request for Proposal to renew the current contract and to expand services to all five regions of the state.

The contract's focus is in response to a Virginia data analysis showing that from 2016 to 2020 children who entered foster care and were first placed with a relative spent four fewer months in foster care compared to children who were not placed with a relative on entering care. Within the group placed with a relative, 96% of children exited foster care to permanency through reunification, custody transfer to a relative, or adoption by a relative, and 98% did not age out of foster care.

Family Engagement

In Virginia, the Resource Family unit is also responsible for overseeing, supporting, and promoting family engagement activities. In 2024, to support LDSS in effective family engagement and family driven decision-making, VDSS partnered with a workgroup of local FPM facilitators to host five meetings of the Commonwealth FPM Facilitator's Forum (CF3). FPMs are the mechanism through which Virginia

promotes family driven decision-making to ensure that children who enter foster care are placed with family and surrounded by a support network. CF3 is a bimonthly forum in which facilitators all over the state learn about and share best practice in FPMs. Forums were held in January, March, June, September, and November of 2024. The forums addressed a variety of topics including: facilitating meetings when families are experiencing domestic violence, updates to legislation that impacted FPM requirements, local input on Family Engagement Guidance updates, how to use contracted staff to enhance agency ability to facilitate FPMs, how to use FPMs in the creation of safety plans, and a lived experience panel of former foster youth, parents involved in the child welfare system, a kinship caregiver and non-relative foster parent.

Adoption

LDSS also provides 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 of Virginia (AREVA), adoption initiatives, adoption finalizations, and the adoption disclosure processes. Virginia's adoption initiatives are designed and implemented to assist LDSS ensuring that children achieve permanency through adoption.

The adoption program uses a variety of resources to assist LDSS in achieving permanency via adoptions. The appropriation of state funding for adoption negotiators, stakeholder partnerships, increased use of resources (such as the MFA contract staff who assist with the completion of home studies) and reformed practice contributed to the increased number of youths in foster care with finalized adoptions over the last several years. Five hundred forty-seven children in foster care received a Final Order of Adoption during SFY2024. Of all the children who exited Virginia's foster care system for adoption, 27.1% did so in a timely way. A timely exit reduces the time spent in out-of-home care to less than 24 months. The federal goal for timeliness to adoption is 36.6%, and Virginia's goal is 45.75%.

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA uses the national AdoptUsKids website, that features profiles of children through a professional platform and has been very effective in recruiting families for waiting children. VDSS has a similar relationship with Virginia's Kids Belong, in their production of professional video shoots for waiting youth (see **Collaborations section**). VDSS plans to continue these adoption recruitment efforts to explore numerous avenues for adoptive placements to improve timeliness to permanency and decrease the number of youths aging out of foster care (**Permanency Strategy 4**).

Adoption Recruitment

Family inquiry tracking through AdoptUsKids was implemented in August 2021, to support LDSS in responding to families with approved home studies who expressed an interest in featured children who are legally free for adoption. LDSS responses to inquiries concerning the child's availability include statements that the child no longer wishes to be adopted, the child was placed with a prospective adoptive family, the case was placed on hold while the LDSS reviewed home studies for the child, or the LDSS would like more information from an interested family. VDSS sends a comprehensive family inquiry list to the LDSS twice per month. VDSS follows up with the LDSS within 15 days of receipt of the inquiries to ensure family inquiries get responses. VDSS receives inquiry updates manually from the LDSS and uses these updates to update all recruitment platforms. VDSS is working collaboratively to expand promotional efforts for youth awaiting adoption and plans to develop and provide resources to increase LDSS response when inquiries are received from the public. VDSS also promotes adoption recruitment during Adoption Awareness Month in November, as detailed below in Adoption Month Proclamation and Awareness Events.

As of November 2022, Virginia no longer displays photos of children on AdoptUsKids. In an effort to limit the digital footprint of children in foster care, Virginia has elected to provide photos only to inquiring families at the time of initial inquiries. From January 1, 2024, through December 31, 2024 a total of 1,895 inquiries from child and youth registrations came from AdoptUSKids and AREVA. Inquiries are tracked at initial inquiry and at 15-, 30-, and 90-day intervals after the initial inquiry. There was not a significant decline in inquiries after this change.

VDSS will partner with SPEAKOUT, youth, and young adults with lived experience in child welfare, to incorporate their feedback on photolistings and adoption recruitment efforts. This will help determine best practices for photolistings and other adoption recruitment strategies. VDSS plans to continue seeking feedback from SPEAKOUT concerning these and other topics over the next five years (**Permanency Strategy 4**).

As of December 2024, 1,878 children and youth were in foster care with the goal of adoption. Of those, 1,195 were legally free for adoption. Of those, 817 children and youth in foster care did not have an identified prospective adoptive placement. Approximately 245 had an identified adoptive placement and were in the process of being adopted. At this time, 204 children have profiles on AdoptUSKids. There are 272 cases active for recruitment, 89 cases on hold, and 351 cases in deferment on AREVA.

Virginia Birth Father Registry

Virginia Birth Father Registry (VBFR) protects the rights of unmarried men (and their relatives) to children they may have (un)knowingly fathered. By voluntarily registering with VBFR before or within 10 days after a child's birth, a putative father (a man who is alleged to be a child's father) can protect his rights to his child(ren) and be notified in the event his child is placed for adoption or into foster care. VDSS is running a campaign to increase awareness and encourage unmarried men and their relatives to register in the Virginia Birth Father Registry. Performance remains very consistent across all platforms. The current campaign runs through June 2025, but VDSS plans to continue increasing awareness through similar campaigns in the future (**Permanency Strategy 1**).

International Adoption

Adoption agencies operating in Virginia are required to adhere to standards established by the Division of Licensing Programs, in accordance with the Code of Virginia and the Virginia Administrative Code. These standards are designed to ensure the safety and well-being of children adopted through intercountry and international processes. The Division of Licensing Programs provides oversight and monitoring by reviewing case records, policies, and procedures to verify compliance with applicable state, federal, and programmatic regulations.

The Commonwealth of Virginia offers support and services to families who have adopted children from other countries, ensuring such services are consistent with those provided to all children and families formed through adoption within the state. Agencies such as the Department of Behavioral Health and Developmental Services, Community Services Boards, and Family Assessment and Planning Teams are instrumental in delivering these services. Additionally, in cases where allegations of abuse or neglect arise, prevention and treatment services are made available to the adoptive families. When internationally adopted children enter the custody of a local department of social services, both the child and family receive protective and treatment services, with the aim of achieving a safe and appropriate reunification. In State Fiscal Year (SFY) 2024, a total of 25 international adoptions were finalized in Virginia—representing a 72% decrease from the previous fiscal year. This significant decline reflects a broader national trend, as the United States has experienced a 93% decrease in international adoptions from 2004 to 2022. As with families adopting from the child welfare system, families with children adopted from

other countries have equal access to post-adoption services. Services are funded using adoption savings funds, supplemented with additional financial support provided by Virginia.

In State Fiscal Year (SFY) 2024, no children adopted from other countries entered Virginia's foster care system. This represents a 100% decrease compared to SFY 2023, when six internationally adopted children entered care.

VDSS will continue to track international adoptions over the next five years to identify additional resources to provide supportive services to children adopted from other countries. VDSS continues to work on updating the public-facing website with informative language regarding post-adoption services for families who adopt children internationally.

Adoptive Savings (section 473(a)(8) of the Act)

VDSS conducted the seventh round of title IV-E adoption savings calculations and case reviews in FFY2024. As a result of this project, the state has approximately \$10,017,668 million in calculated adoption savings in FFY2024. VDSS spent more than \$3 million in SFY2024 on services to assist LDSS as well as support and sustain adoptive placements for youth and children adopted from foster care. A total of \$ 833,038 was allocated to the MFA consultant and specialist positions. These positions assist the LDSS in completing MFAs for prospective foster and adoptive families, which are required for a foster care or adoptive placement. In 2024, MFA specialists received more than 350 referrals from across Virginia and completed approximately 157 mutual family assessment home studies. Additional funding was allocated to support contracts with community partners that provide post adoption services and for the maintenance of COMPASS mobile.

At least 30% of the adoption savings spent in 2024 will be spent on post-adoption services, post-guardianship services, and services to support and sustain positive permanent outcomes for children who otherwise might enter foster care. At least two-thirds of the state's spending will comply with this 30% requirement, as required by P.L. 113-183 modified section 473(a) (8) of the act, effective October 1, 2014. Adoption savings will be used in the same manner over the next five years, funding services to support, sustain, and achieve timely permanency for adoptive placements via foster care adoptions.

VDSS continues to expand and add new programs focused on children at risk for entering foster care and children post adoption/post guardianship to spend down the unused adoption savings by the end of FFY2026. The estimated timetable for spending down the unused adoption savings will span over the next two federal fiscal years (FFY2025 and FFY2026).

Other Adoption Services

In addition to adoption services for children in foster care, VDSS preserves more than 180,000 adoption records that date back to 1942. VDSS provides services to persons who are at least 18 years old 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.

Adoption and Legal Guardianship Incentive Payments

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

Based on data from 2023 Q4 of the title IV-E penetration report, the total allocation for title IV-E adoption assistance was \$140,378,583. Seven hundred and forty-one adopted children received services through Virginia state adoption assistance. The total allocation for state adoption assistance was \$14,938,016.

Adoption Incentive Funds

In FFY2021, VDSS received approximately \$736,000 in federal adoption incentive awards funding. The award period is October 1, 2020, through September 30, 2024. In FFY2022, VDSS received approximately \$888,500 in adoption incentive awards funding. The award period was October 1, 2021, through September 30, 2025. In FFY2023, VDSS received approximately \$30,000 in adoption incentive awards funds. The award period is October 1, 2022, through September 30, 2026. In FFY2024, VDSS received approximately \$842,500 in adoption incentive award funding. There was a decrease in adoptions in FFY2023 relative to the prior year that resulted in a lower award amount; however the amount increased in FFY2024 based on the award criteria.

In 2024, LDSS had the opportunity to apply for adoption incentive funds for SFY 2025 through proposal submissions. Approximately, 53 of 120 agencies, applied and were awarded funds in excess of \$278,230. Local agencies used the funds to provide adoption training for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November (**Permanency Strategy 4**). VDSS is encouraging LDSS to be creative with adoption incentive funds. There were no challenges or significant changes in making these funds available to LDSS during the 2024 fiscal year. However, some LDSS did not request or fully use these funds. Virginia plans to use any future adoption and legal-guardianship incentive funds to support adoption promotional services, a contract with Chapin Hall for data analysis, and foster care and adoption activities to support children and families statewide.

Adoption Month Proclamation and Awareness Events

November is Adoption Awareness Month. Annually, VDSS seeks to have the governor issue a proclamation in support of National Adoption Awareness Month. In November 2024, VDSS assisted with the identification of youth who were featured in *30 Kids in 30 Days - A Hand to Hold*, in partnership with Jewish Family Services and Connecting Hearts of Virginia. The 30 Days of Hope 2024 campaign was featured in the metropolitan Richmond viewing area through CBS Channel 6 and in the Piedmont and Western viewing area through WSLC Channel 10. The 30 Days of Hope campaign featured 30 children in November and three more children during the month of December. Each campaign daily featured children available for adoption and shared information about fostering to adopt. Throughout the month of November 2024, VDSS received more than 200 inquiries. VDSS plans to provide similar activities each November to promote adoption awareness, recruitment, and education (**Permanency Strategy 4**).

Regional Post-Adoption Consortia Services

VDSS continues to support five regional post-adoption consortia that provide critical services and supports. These are available and accessible to adoptive families, regardless of where they reside in a region. These services are designed to help families build on their strengths to stabilize and to prevent adoption dissolutions (**Permanency Strategy 4**). The specific post adoption services provided by each of the five regional consortia include case management, peer support, parent training and education, mental health services, respite, and crisis support. Each consortium reports on the number of foster, domestic and international adoptive families they serve each contract period. In SFY2023, 61 international adoptive families received post-adoption services. Although the goal was for Consortia to report the specific country of origin and the international adoption agency on record in their annual reporting for these families for SFY 2024, consortia began reporting this data in quarterly reports in SFY 2025. The following is what was reported for the first quarter of SFY 2025:

Permanency/Adoption Community Partners

Post Adoption – Regional Post Adoption Consortia Services SFY25, Quarter 1

| Region | # of International Adoptions | Kinship - Domestic | Kinship - Foster Care |
|--------------|------------------------------|--------------------|-----------------------|
| Central | 19 | 6 | 3 |
| Eastern | 3 | 1 | 3 |
| Northern | 19 | 0 | 2 |
| Piedmont | 2 | 3 | 7 |
| Western | 5 | 4 | 5 |
| TOTAL | 48 | 14 | 20 |

1 dissolved adoption; child entered foster care

| Country of Origin | |
|------------------------------|--------------|
| Albania | Guatemala |
| Angola | Hungary |
| Brazil | India |
| Bulgaria | Kazakhstan |
| China | Russia |
| Columbia | Sierra Leone |
| Democratic Republic of Congo | South Korea |
| Ecuador | St Vincent |
| Egypt | Taiwan |
| Ethiopia | Thailand |
| | Ukraine |

United Methodist Family Services serves as the lead agency for the Eastern and Central post-adoption consortia. DePaul Community Resources is the lead agency for the Piedmont and Western post-Adoption consortia. The Center for Adoption Support and Education is the lead agency for the Northern post-adoption consortium.

DFS updated the public facing microsite web page [Foster and Adopt Children in Virginia - Post-Adoption Services Search](#) to list the post adoption services available from a consortium. Adoptive families can search zip code or town/city to locate local post-adoption service providers in their specific communities. In previous years, the consortia reported lackluster referrals from LDSS due to staff transitions. The referrals made were crisis related and came too late to prevent a disruption or dissolution. Based on feedback from consortia members, DFS increased funding to each consortium to support a full-time outreach worker to continuously promote and educate LDSS staff and adoptive families on post-adoption services available in their region and how to access them. Contract changes were made to allow for consortia providers to connect with adoptive families prior to adoption finalization, in order to establish connection sooner. VDSS will monitor the effect of this contract change to assess if adoptive families access post-adoption services sooner and if there is a decrease in adoption disruptions and dissolutions.

For SFY 2024, a total of \$2,772,431 was allocated to regional post-adoption consortia services. Ninety-eight percent of funds were expended by the end of the reporting period. Adoptive family activities reported by the regional lead agencies are as follows:

- Total number unduplicated adoptive families served was 816, an increase of 20.18% from the previous year;
- The total number of post-adoption service units provided by the five consortia was 49,641, an increase of 10.77% from SFY23;
- The majority of families served received basic or enhanced case management services.
- 4,754 hours of enhanced case management services were provided to families;
- 35 relative families of adopted kin received post adoption services.
- 56 international adoptive families received post adoption services; and

- 112 individuals representing LDSS, CSBs, juvenile justice systems, schools, post-adoption service providers, health care providers, adoptive family organizations, and the faith community served as active members of consortia in planning and delivering priority services in their respective regions.

Enhanced Case Management Outcomes for SFY2024

In SFY2024, out of the 308 unduplicated families that received enhanced post adoption case management services, the five regional consortia reported four known adoption family dissolutions (1.3% of the total number of families that received the service).

Demographics of Adoptive Families Served

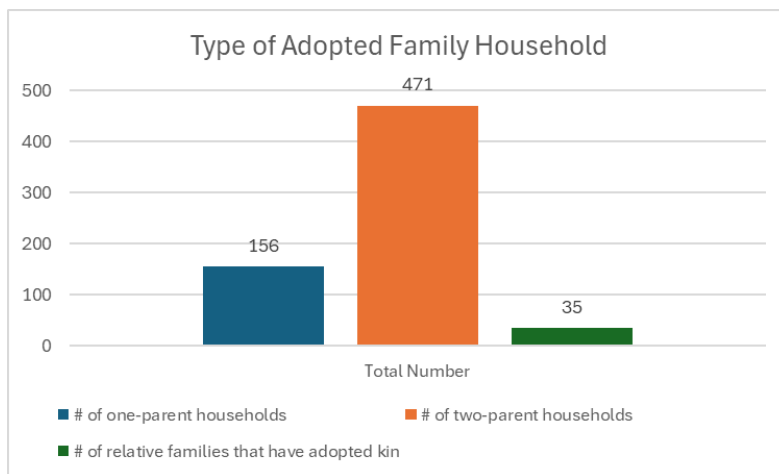
Ethnicity

| Ethnicity of Adopted Children Served | Total Number | Percent |
|--------------------------------------|--------------|---------|
| Hispanic or Latino | 89 | 9% |
| Not Hispanic or Latino | 930 | 91% |
| Total | 1019 | |

Race

| Race of Adopted Children Served | Total Number | Percent |
|---|--------------|---------|
| American Indian or Alaska Native | 6 | 1% |
| Asian | 49 | 5% |
| Black or African American | 203 | 20% |
| Native Hawaiian or Other Pacific Islander | 3 | 0% |
| White or Caucasian | 579 | 57% |
| Two or More Races (identified at birth) | 169 | 17% |
| Total | 1009 | |

Household Type



SFY 2025 is the last year of the five-year Regional Post Adoption Consortia Services contracts. VDSS plans to release a new five-year RFP in SFY 2025 to reprocure the established Regional Post Adoption Consortium in each of the five regions, and to incorporate KinGap and State-funded Kinship Subsidy

families into the population served. DFS has requested a contract extension to make sure the provision of post adoption services is not interrupted during the RFP solicitation process.

Adoption Through Collaborative Partnerships (ATCP)

The goals of the strategy of adoptions through collaborative partnerships are to:

- Increase the number of finalized adoptions for the pool of children prioritized within this contract;
- Use 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 adopting eligible Virginia youth in foster care.

The primary outcome VDSS expected from the ATCP program is to achieve finalized adoptions for a minimum of 600 children and youth in foster care from SFY 2024 to SFY 2028. The majority of adoptions will be of youth who are at high risk of aging out of foster care due to an excessive length of stay in the foster care system. An emphasis is on timely adoptions within 24 months of entering into care, placing youth residing in congregate care with forever families, and to permanently place foster children with relatives or fictive kin.

The secondary outcome VDSS expected from the use of collaborative partnerships is to increase the pool of new/additional Virginia families trained, qualified, and dedicated to adopting eligible children. The pool of new/additional families ensures 1) available resources to meet the needs of Virginia's children who 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.

A set of new ATCP contracts were established in March 2023 (FAM-23-020) to provide pre-adoption ATCP services for a five-year period. The grantees selected were C2 Adopt, DePaul Community Resources, Extra Special Parents, Commonwealth Catholic Charities, United Methodist Family Services, and a new grantee, Jewish Family Services. Children's Home Society of Virginia also provided ATCP services. The subrecipients have worked collaboratively with VDSS and LDSS to increase the number of children/youth placements with kin or fictive kin in the new grant cycle (**Permanency Strategy 2 and 4**). A total of \$2,016,250 was allocated towards the ATCP program for SFY 2024.

The following are output and outcome results of the first year of the new RFA:

- 527 unduplicated children and youth received pre-adoption services;
- 189 adoptions were finalized;
- The majority of finalizations (69%) were children and youth who are at high risk of aging out of foster care due to an excessive length of stay in the foster care system or residing in home-based or congregate care;
- 35.86% of the children and youth served were adopted;
- 23 finalized adoptions occurred within 24 months of entering into foster care;
- The average length of time between ATCP referral and finalized adoptions was nine months;
- The average length of time between entering care and ATCP referral was 27 months;
- 97 LDSS collaborated with ATCP subrecipients in SFY 2024;
- 26 children were placed with Kin or Fictive Kin;

- 75% of allocated funds for the year were spent by the end of the first year of the new five-year cycle; and
- An average of \$2,861 was spent per child served in SFY 2024.

Post-Adoption Consultant

In SFY 2022, DFS entered into a partnership with Child Trends, Inc. to help DFS design and implement an evaluation plan to understand if, and in what ways, the consortium model of providing post-adoption supports and services to families may influence outcomes for children and families. The evaluation design would span a continuum, from needs assessment (to understand the current context and where gaps exist), through process/implementation studies (to understand how the model is being implemented), and to outcome/impact studies (to understand how the model influences/causes observed outcomes).

In early SFY 2023, Child Trends received VDSS Institutional Review Board approval for each phase of the evaluation project. The study was planned to conclude in December 2023. However, interviews with youth, families, community and LDSS adoption case workers took longer than expected. The Child Trends contract was extended to December 31, 2024, to complete all aspects of the research and evaluation project. It is expected that findings will be shared with DFS staff and community partners when each stage of the evaluation is completed. One of Child Trends' initial recommendations is to implement the National Adoption Competency Training Initiative, to promote trauma-informed adoption practice. VDSS is currently consulting with C.A.S.E to develop an implementation plan to use this training resource. Child Trends will provide training and ongoing technical assistance to promote adoption competence into SFY2024 (**Permanency Strategy 4**). VDSS will incorporate these findings and trainings to decrease adoption disruptions and dissolutions, collectively referred to as disturbed adoptions.

In SFY24, Child Trends submitted their final report and recommendations to VDSS. Based on research findings, Child Trends, in Phase 1 of the evaluation, made recommendations for a comprehensive, integrated model of adoption support. The principles supporting the model include:

- Supports must represent a full continuum of services to meet the array of families' needs.
- Services must be available to all families at any time up until their adopted children are no longer minor dependents.
- Service providers must have necessary skills/competencies, including a strong understanding of adoption as well as challenges common among adoptive families.
- Families must be actively engaged over time.
- Services must be available and accessible across geographic regions.
- A "navigator" (i.e., a single point of contact that can assess the family's need and can connect the family to the appropriate resource) should be available.
- Families must have access to a state-wide website where they can find appropriate, available, and accessible services.
- Qualified provider agencies must be able to implement the integrated model of adoption support.

Phase 2 of the evaluation assessed any impact of changes related to the new way of providing post adoption services through the Regional Post Adoption Consortia (RPAC) model. Child Trends provided evaluation consultation based on the following research goals:

- Review changes in the root causes of adoption dissolution and disruption since 2019

- Understand whether the post-adoption supports and services may be influencing changes in adoption cases coming to the attention of the child welfare system (prevention and placement cases), including the ways the RPAC is or is not influencing the rate of disturbed adoptions.
- Understand whether the RPAC is associated with changes in services and supports received by families and outcomes for these families.
- Understand what post-adoption services and supports families need to prevent disturbed adoptions (this includes prevention and intervention services offered by any entity, including VDSS, LDSS, and private RPAC partners).
- Understand the extent to which RPAC members have the needed adoption skills and competencies and how that plays a role in the effectiveness of post-adoption services.
- Recommend ways to enhance and improve post-adoption services, including identifying which post-adoption services should be prioritized for funding.

Based on their work over the past six years, Child Trends made a final set of recommendations around sustaining the RPAC model, enhancing the handoff from pre-finalization to post adoption services, and implementing a consistent case management model. Families reported valuing services received through RPAC and have advocated for continued funding the RPAC model to ensure families have access to free services designed to support safe and stable adoptive placements. Families especially valued having a consistent case manager, and preferably one who has lived experience with adoption and has the necessary knowledge, skills, and values in adoption practice. VDSS has accepted the recommendations outlined in final report and will begin to integrate identified best practices in the next five-year cycle of the RPAC model, including incorporating Success Coach. The Success Coach case management model has been shown to support high quality case management and has a strong theoretical framework guiding the work. It has a well-developed implementation manual that includes fidelity measures, the developers can train and support staff through adopting the model and implementing it, and it would allow VDSS the ability to measure outcomes for families across regions.

Relative and Fictive Kin Recruitment

VDSS currently contracts with three organizations to conduct intensive family finding under RFP #FAM-20-019. The organizations are based in the VDSS geographic regions of Central, Piedmont, and Eastern, but can consider out-of-region youth on a case-by-case basis. This contract focuses on relative and fictive kin search and engagement services for youth who are not in relative placement. The contract originally focused on youth ages 12 to 17 who reside in congregate care or have been in non-relative, home-based care for longer than 12 months. However, based on feedback received from the local agencies about the usefulness of the service, eligibility was expanded to youth 0-17 who reside in congregate care or have been in care for 12+ months. It was also expanded to include sibling groups as long as one sibling meets eligibility. VDSS is also in the process of issuing a Request for Proposal to renew the current contract and to expand services to all five regions of the state.

The contract's focus is in response to a Virginia data analysis showing that from 2016 to 2020 children who entered foster care and were first placed with a relative spent four fewer months in foster care compared to children who were not placed with a relative on entering care. Within the group placed with a relative, 96% of children exited foster care to permanency through reunification, custody transfer to a relative, or adoption by a relative, and 98% did not age out of foster care.

Adoption-Share, Inc.

Adoption-Share's Faster Families Highway (FFH) is a web-based tool designed to increase the pool of locally approved foster families across the Commonwealth of Virginia and to provide a more streamlined process of intentional recruitment. VDSS and Adoption-Share are leveraging technology to create a more modernized, efficient process for recruiting, engaging, and selecting families to meet the needs of children and families involved in foster care.

Adoption-Share has the following work plan goals for the FFH:

- 25% increase in the total number of families in Virginia's resource family pipeline (interested through approved) from SFY2024, as measured by the number of families registered on Virginia's FFH on June 30, 2024, versus the same measurement at the end of the contract period.
- 25% increase in the total number of families recruited by LDSS from Virginia's resource family pipeline from SFY2024, as measured by the number of families recruited on Virginia's FFH on June 30, 2024, versus the same measurement at the end of the contract period.
- 25% increase in the total number of families approved by LDSS in Virginia's resource family pipeline from SFY2024, as measured by the number of families who have completed the approval process on Virginia's FFH on June 30, 2024, versus the same measurement at the end of the contract period.
- Advanced reporting from data collected in Family-Match regarding caseworker use and engagement on a dashboard for resource family recruitment, curation, and approval.
- Advanced monthly reporting from data collected in the FFH on the number of prospective resource families recruited, curated, and approved in Virginia.
- Advanced reporting from data collected in the FFH regarding the primary (age, location, sex, race, ethnicity, etc.) and secondary (foster care vs adoption goals, special-needs declaration, readiness scoring, etc.) demographics of prospective resource families recruited, curated, and approved in Virginia.
- Advanced reporting from data collected in the Family-Match Child-Specific Recruitment Portal regarding case activity and outcomes for children registered on Family-Match.
- Monthly status reports with data for progress tracking.

The Adoption-Share and VDSS collaboration succeeded in the initial training and implementation phase of the program, achieving all program goals.

In SFY24, 2,264 families began inquiries. Of those families, 962 or 42% have completed the inquiry process. A total of 489 families were acquiesced/recruited to begin the approval process. A 140% increase in recruitment activity compared to last year when 349 families were recruited. 93 families were approved in SFY24. Statistics of families that completed the six-step inquiry process on the Faster Families Highway include the following:

- 42% were open to children over age 10
- 19% have some or extensive foster or adoption experience
- 74% have no race/ethnicity preference
- 75% have no preference on gender
- 47% are open to sibling groups
- 75% have an interest in fostering

Adoption Share has outlined the following goals for SFY25:

- Continue to make the Faster Families Highway available to all LDSS offices in the Commonwealth of Virginia, providing ongoing training, consultation, and support to the five (5) VDSS Regions and all LDSS offices.
- Maintain Family-Match's centralized repository of prospective resource families.
- 100% of new users will receive training on the FFH and Family-Match Child-specific Recruitment Portal, as applicable.
- 25% increase in the total number of families in Virginia's resource family pipeline (interested through approved) from SFY24 as measured by the number of families registered on Virginia's FFH on June 30, 2024 versus the same measurement at the end of the contract period.
- 25% increase in the total number of families recruited by LDSS from Virginia's resource family pipeline from SFY24 as measured by the number of families recruited on Virginia's FFH on June 30, 2024 versus the same measurement at the end of the contract period.
- 25% increase in the total number of families approved by LDSS in Virginia's resource family pipeline from SFY24 as measured by the number of families who have completed the approval process on Virginia's FFH on June 30, 2024 versus the same measurement at the end of the contract period.
- 10% registration of all children legally freed for adoption in the Commonwealth of Virginia, and who do not have a family identified to adopt them, on the Family-Match Child-specific Recruitment Portal.
- Advanced reporting from data collected in Family-Match regarding caseworker use and engagement in a dashboard for resource family recruitment, curation, and approval
- Advanced monthly reporting from data collected in the FFH on number of prospective resource families recruited, curated, and approved in the Commonwealth of Virginia.
- Advanced reporting from data collected in the FFH regarding the primary (age, location, sex, race, ethnicity, etc.) and secondary (foster care vs adoption goals, special needs declaration, readiness scoring, etc.) demographics of prospective resource families recruited, curated, and approved in the Commonwealth of Virginia.
- Advanced reporting from data collected in the Family-Match Child-specific Recruitment Portal regarding case activity and outcomes for children registered on Family-Match.
- Monthly status reports with data for progress tracking.

Kidsave Weekend Miracles

In early SFY 2023, VDSS met with the leaders of Kidsave International, a child welfare nonprofit organization based in Los Angeles, California, to discuss the feasibility of introducing the Kidsave Weekend Miracles™ evidence-informed intervention in Virginia. Weekend Miracles helps older children in foster care get legal or relational permanency before aging out of the foster care system.

For the past 17 years, the Kidsave Weekend Miracles™ program has helped older youth in foster care in the United States find adoptive families and life-long connections. The Weekend Miracles™ program gives caring adults the opportunity to connect with older children living in foster care. The youth in the program have no current prospects for adoption and lack a stable, enduring adult connection to help guide them into adulthood. Weekend Miracles™ helps move these youth out of the child welfare system and into permanent families, or at the very least into caring, stable relationship with adults.

The Weekend Miracles™ program is unique in that it includes both an adoption and hosting/mentoring component for older youth. It is designed to support the hardest-to-place youth from the ages of 9 to 16, mostly teenagers who have experienced multiple placements and have been in care for many years. Kidsave has extensive experience serving teens. On average, Weekend Miracles™ youth are 14 years old,

have been in care for six years or more, and have moved placements at least seven times, because standard recruitment efforts have failed to find permanency for them.

Throughout 2023, VDSS negotiated with Kidsave to bring its program to Virginia. An implementation plan was agreed on and the organization began phasing in Kidsave Weekend Miracles in the Northern and Piedmont regions in February 2024. Kidsave Weekend Miracles will then be implemented in the other three VDSS regions, with the goal of having the program operating in all five regions by January 2026. In alignment with Virginia's efforts to decrease youth aging out of care (17.7% in 2023), the full implementation of this program across the state over the next five years will help target those children most at risk (**Permanency Strategy 4**).

During SFY 2024, Kidsave collaborated with VDSS' Adoption Resource Exchange of Virginia (AREVA), a service that connects families with children available for adoption in Virginia, to develop a LDSS referral process for eligible youth to participate in the program. Kidsave hired a Weekend Miracles Virginia coordinator to manage monthly matching events. The Program Manager began in-person presentations to LDSS in the Piedmont, Central and Northern regions to promote Weekend Miracles. The Kidsave team has begun working on the following deliverables:

- Create training materials for new employees and VA staff involved in the implementation of the program.
- Hire a program manager and coordinator.
- Create advertisement campaigns to find families interested in participating in the program.
- Creative brief and materials, marketing strategy.
- Build website.
- Recruit and process volunteers.
- Organize soft launch event.
- Evaluate child referrals
- Recruit host families and process their applications.

The Weekend Miracles Program has made significant strides in SFY 2024. A new Program Coordinator was successfully hired and began her role on October 11, 2024. This new addition to the team is expected to provide valuable support and drive the program's growth, ensuring that all operational and strategic objectives are met. The program's soft launch, initially scheduled for October 26, 2024, was postponed to December 7, 2024. This delay allowed for additional time to finalize all preparations, ensuring the program is fully ready for its official start. The new launch date was a key milestone in the program's development and success. Kidsave established relationships with Licensed Child Placement Agency Providers and with 16 LDSS to assist with the host approval process. Six of the LDSS have made referrals. These partnerships are critical in conducting host approval processes and allow families, who may not have been engaged with the foster care system, to learn more about what it takes to be a foster family, allowing for a smoother transition into becoming a foster family, should they choose to do so. Fourteen youth referrals were received and reviewed. Five were accepted and were expected to attend the upcoming event on December 7, 2024. The remaining referrals are either under continued review or have been deferred for additional consideration.

Regarding the adult applications, 22 adult applications have been reviewed to date. Of these, five applicants have been approved with completed adoptive home studies. Another eight applicants will move forward with host-only approvals, while three applicants have chosen to withdraw from the process. Additionally, three applications are currently on hold due to personal reasons, and three applicants have opted to transition into event volunteer roles.

Volunteer recruitment efforts began in SFY 2024. The University of Richmond has posted information about the Weekend Miracles program on its website, encouraging individuals to visit the Kidsave website for more details and to apply for the opportunity.

For SFY 2025, Weekend Miracles Virginia will continue to refine their referral and recruitment processes. Efforts to expand community engagement, including partnerships with additional institutions, will also continue in the new program year, ensuring the program reaches a wide pool of participants.

MONTHLY CASEWORK VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

LDSS workers have been able to maintain caseworker visit standards without any additional resources. They have consistently met the compliance expectation that 95% of children in foster care are visited face to face each month, as established in October 2014.

For the reporting period of October 1, 2023, to September 30, 2024, the face-to-face monthly visit rate for children under 18 was 96.05% and the in-residence visit rate was 74.93%. 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.

Strategies to promote continued compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Regional permanency practice consultants continue to provide technical assistance, especially to LDSS whose compliance rate does not meet expectations.
- Transcription services, which reduce the administrative burden associated with the timely documentation of worker visits, are quickly available in OASIS.
- Implementation of a mobility solution that lets workers access OASIS components from the field. In combination with transcription services, this function helps LDSS complete documentation within the appropriate time frames. Additionally, COMPASS|Mobile uses reminders to help support timely completion of documentation requirements.
- 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 lets users drill down to the worker level to identify where visit improvements should be made to reach and surpass the federal requirement. Additionally, users can apply a filter to identify when the narrative section of a worker visit has not been completed adequately. 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 kin first culture and 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 effects on children coming into foster care by using local, family-based placements, for many reasons, including making it easier to visit with children regularly.

- Virtual visits were temporarily used as an emergency measure during the pandemic. LDSS have continued to supplement their monthly in-person worker visits with virtual contact, enabling workers to be more engaged with children and youth.
- Federal title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation, especially for children in residential placements out of state. Some LDSS have used the funds to purchase laptops or tablets to assist with the timely documentation of visits.

Strategies to promote the quality of worker visits:

- Foster care guidance emphasizes that worker visits be well-planned and focused on issues that are pertinent and meaningful to case planning. Caseworker visits should be focused on the child's well-being, safety, and progress towards permanency. Visit documentation should explain how the contact was meaningful and include information specific to the child's well-being, safety, and efforts to achieve permanency. Guidance also emphasizes the requirement that services workers must spend time alone with the child during the monthly visit to provide an opportunity for the worker to more adequately assess the child's safety, for the child to privately share any concerns, and for the child to provide input into their permanency plan.
- Job aids that identify the elements of quality worker visits have been provided to all LDSS and are also accessible on the intranet. The monthly worker visit checklist supports the worker in conducting well-planned visits that focus 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. This job aide can be easily accessed immediately before each visit through COMPASS|Mobile.
- The contact screens in COMPASS|Mobile provide prompts for the service worker when completing their case notes ensure that service workers address well-being, safety, and permanency in documentation.
- VDSS incorporated case documentation training into new worker mandatory training requirements in July 2019. This emphasizes the essential components of effective documentation and the development of writing skills to enhance workers' ability to document casework activity, including quality contacts.
- In addition to new-worker training, VDSS has developed and delivered additional training for supervisors and LDSS leadership. This emphasizes elements of quality visits so they can coach and monitor their FSS.
- 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, help 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.
- VDSS created job aids to support virtual visits and uploaded them to COMPASS|Mobile to ensure quality virtual visits. The document provides extensive guidelines, including how to prepare for virtual visits, tips on how to engage families and children during virtual calls, and tools that local workers could use for general assessments to ensure the safety, permanency and well-being of youth and families. These job aids remain available to workers as many workers use a virtual option to supplement their in-person monthly visit.

Periodically, and especially during agency visits, regional permanency practice 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 child's well-being, safety, and permanency.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Agency Administering Chafee (section 477(b)(2) of the Act)

VDSS is responsible for developing policies, procedures, and new programs as necessary to improve services to older youth throughout Virginia in accordance with the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) Program. Annually, VDSS provides the Chafee and Education and Training Voucher (ETV) funding package, describing the purpose and eligibility requirements of each program to Virginia's 120 LDSS. Chafee and ETV funds are allocated to all LDSS with eligible youth, based on an approved plan and budget. VDSS provides programmatic oversight to LDSS' Chafee and ETV programs through quarterly reports, Locally Automated System for Expenditure Reimbursement (LASER) reports, and sub-recipient monitoring. In addition, VDSS offers training, technical assistance, resources, and tools to improve LDSS' performance in delivering services to eligible youth.

Description of Program Design and Delivery

The Chafee Program is a component of the VDSS foster care and the Fostering Futures (Virginia's extended foster care to age 21) programs and supports all youth who experience foster care between age 14 and age 23. The program provides critical resources to support youth in participating in age-appropriate, normative activities while in foster care and as they transition out of care. The purpose of this program is to provide flexible funding for the following:

- Helping youth attain a high school diploma and post-secondary education or vocational training;
- Training and opportunities to practice daily living skills, such as financial literacy and driving instruction;
- Achieving meaningful, permanent connections with caring adults;
- Engaging in age- and developmentally appropriate activities that promote positive youth development; and
- Experiential learning that reflects what peers in intact families experience.

Virginia's LDSS have the flexibility to design services that meet a wide range of individual needs and circumstances for youth who are in foster care, based on needs, local demographics, and available resources. These agencies are expected to coordinate services with local private agencies, providers, and community organizations engaged in activities relevant to the needs of older youth in foster care.

Independent living (IL) services are provided to each eligible youth, age 14 or older, in foster care, regardless of the youth's permanency goal or living arrangement. Eligible American Indian or Alaska Native youth also receive these services.

VDSS' guidance reinforces the need for all children and youth to learn life skills and engage in age- or developmentally appropriate IL activities. IL services are designed to help youth who are

expected to remain in foster care until age 18, former foster care recipients between 18 and 23 years of age, and youth who were adopted or entered the KinGAP 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 use prevention, and preventative health activities. The state establishes objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

The Fostering Futures program provides much-needed support and assistance for youth who turn 18 in foster care, as they transition into adulthood. By providing maintenance payments and foster care services to participants, the program provides a safety net for young people to promote a safer transition to independence and reduce the risk of youth and young adults becoming homeless and victims of human trafficking. This program is also available to youth who turned 18 while committed to the DJJ after being committed directly from foster care. At the end of CY2024, the total Fostering Futures population was 804 (youth ages 18-21).

VDSS has embraced a Youth Welfare Approach (YWA), which is a framework to help workers effectively engage youth in foster care so they can have the relationships, resources, and opportunities needed to support their well-being and success (**Permanency Strategy 1.2**). VDSS wants all youth to feel understood, involved in their service planning, and prepared for their future (**Permanency Strategy 4**).

YWA takes into account current research on adolescent and brain development, the impact of trauma, and normalcy to articulate the ways in which care for young people in foster care needs to be addressed differently than care for children. The YWA recommends shifting from a child-focused system that is reactive, case plan-driven, and protection focused to a youth-focused system that is proactive, youth-driven, developmentally framed, and normalcy oriented. In addition, the YWA highlights the “Good-Better-Best” Continuum that drives and evaluates practices to improve outcomes for youth. This concept illustrates how LDSS can move toward providing youth welfare-oriented services along a continuum, ranging from meeting minimum federal and other requirements (Good) to individualized and thorough provision that represents the optimal care for the young person (Best).

The YWA acknowledges that youth are the experts on their lives and should be trusted to make decisions about their futures. This approach aligns with the VDSS Practice Profiles, SPEAKOUT, and the Virginia CFSP Strategic Plan. Practice profiles operationalize the Virginia Practice Model in measurable, observable, behavior-oriented terms that provide a structure that describes how local workers do their work with children, youth, and families. Although all the skills in practice profiles can apply to working with youth, the key skills highlighted in the YWA are engaging, communicating, collaborating, planning, and advocating.

Activities and events on the YWA during 2024 include:

- Collaborated with CRAFFT to provide YWA Training to Resource Parents (one training in the Piedmont, Northern, Western, and Eastern regions)
- Provided YWA training with a focus on Kinship Care to the Northern Regional Roundtables
- Provided YWA Train the Trainer with UMFS Project LIFE

VDSS will continue to collaborate with youth, LDSS and stakeholders to raise awareness of YWA, offer training and technical assistance to LDSS working with young people, and promote the YWA to support youth participation in FPMs and Court (**Permanency Strategy 1**). VDSS will also embed the YWA into

resource parent training as they work to increase the well-being of older youth in foster care (**Permanency Strategy 3.3**).

Serving Youth Across Virginia

VDSS ensures that the Chafee Program continues to serve all political subdivisions in the state, based on assessed needs. The program focuses on collaborating and coordinating IL services with other federal, state, and community-based agencies and providers to prepare youth to manage adult living successfully (**Permanency Strategy 3.1**). All 120 LDSS with eligible youth receive Chafee allocations and are responsible for providing IL services to youth. In 2025, VDSS will continue to provide technical assistance and resources for youth age 14 and older in foster care (**Permanency Strategy 3**). In addition, Project Living Independently, Focusing on Empowerment (LIFE) (a public/private partnership) will provide services to youth and support LDSS professionals in all five regions (Central, Eastern, Piedmont, Northern, and Western) of Virginia and localities.

VDSS continues to use the six outcomes noted in the National Youth in Transition Database (NYTD) for evaluating efforts in preparing youth for adulthood, self-sufficiency, and interdependence as they exit the foster care system. The six desired outcomes are:

- Increase youth financial self-sufficiency;
- Improve youth educational attainment;
- Increase youth positive connections with adults;
- Reduce experience with homelessness among youth;
- Reduce high-risk behavior among youth; and
- Improve youth access to health insurance.

VDSS recognizes the importance of ensuring continuity of support and services for eligible Chafee youth (ages 21-23) who have transitioned out of foster care in Virginia and move to another state or youth formerly in care in another state and now resides in Virginia. Since Chafee funds are federally funded, VDSS makes services available to Virginia's youth residing in another state. For youth who relocate from another state and request support, VDSS collaborates with the youth's state of custody to determine if the youth is actively receiving Chafee services or need services. While some states, including Virginia, are committed to continuing services for youth who transition from their foster care systems, others may not be able to provide the same level of services and support once the youth relocate. In such instances, VDSS evaluates the need of the young person and works with the appropriate LDSS to provide Chafee funded services, including ETV supports, to the extent possible and as funding allows.

Serving Youth of Various Ages and Stages of Achieving Independence

Virginia continues to support youth of various ages and stages who experience foster care at age 14 or older in their transition to adulthood, by providing transitional services and opportunities to achieve meaningful, permanent connections with caring adults. LDSS engage youth in age- or developmentally appropriate activities, positive youth development opportunities, and experiential learning that is similar to what their peers in intact families' experience. Since Virginia has extended foster care (Fostering Futures) educational support and services (e.g., financial, housing, counseling, etc.) are available to youth participating in the program and recipients formerly in foster care between 18 and 23 years of age, and to those who exit foster care for adoption or KinGAP after attaining age 16, to complement their own efforts to achieve self-sufficiency. In accordance with FFPSA provisions, VDSS extended the eligibility of the ETV program to youth and young adults up to their 26th birthdays, while placing a five-year limit requirement on the total length of time in which they can receive a voucher.

The YWA provides a framework for practice to effectively engage young people in their services and transition planning and to give them voice and choice. VDSS has engaged youth, young adults, and partners to provide input on expanding the array of services (i.e., transportation program, affordable housing).

A formalized life skills assessment and transition plan are required annually for each youth aged 14 and over, which includes the 90-day period before the youth turns 18 to 21 years of age. The Casey Life Skills Assessment is Virginia's preferred tool. Virginia's Chafee transition plan is available in the mobile application. VDSS wants to ensure that young people participating in the Chafee program are directly involved in designing their own activities to prepare them for adulthood and accept personal responsibility for their part. Utilizing a YWA approach, youth and their case managers determine what services need to be provided to meet the youth's needs based on the results of this assessment.

In addition, in completing the transition plan, the worker and the youth have an opportunity to review the youth's rights and discuss the importance of designating someone to make healthcare treatment decisions on their behalf, if the youth becomes unable to participate in such decisions. In collaboration with internal and external partners, VDSS works to ensure that youth have permanent, lifelong connections to responsible, caring adults after leaving the foster care system. LDSS help to prepare youth for self-sufficiency by developing 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. Thus, VDSS and LDSS support young people by promoting legal and relational permanency and providing individualized services to promote physical and mental health and well-being. VDSS will continue emphasize the importance of to identifying and engaging birth parents, relatives, foster parents, Tribes, and other critical adults in youth's lives (**Permanency Strategy 1.1**).

Determining Eligibility for Benefits and Services

Annually, VDSS allocates its Chafee funds in two primary spending categories: Chafee allocations to LDSS and funding a contract for the provision of IL services currently provided by a private non-profit agency (Project LIFE). VDSS determines allocations to each LDSS based on their percentage of the statewide population of youth in foster care, 13 years of age or older, for the previous 12 months.

Approximately 90% of Virginia's Chafee grant is spent on services to assist youth in building competencies that strengthen individual skills, promote leadership skills, and foster successful independence. VDSS also ensures that youth in foster care can participate in school and community activities that are a normal part of transition to adulthood. These services are paid for by Chafee funds or provided by VDSS, LDSS, and/or Project LIFE.

The following youth are eligible to receive Chafee Program funded IL services:

- All youth/young adult in foster care (including Fostering Futures) ages 14 up to age 21.
- All youth/young adult who transitioned out of foster care (Fostering Futures) at any time after turning 18 years of age, but have not yet attained **23 years of age**, may receive limited assistance based on availability of Chafee Program funds.
- All youth who left foster care through adoption or participated in Kinship Assistance Programs (State Funded Kinship Subsidy, KinGAP, Adoption Assistance) at age 16 and over may receive limited assistance based on availability of Chafee Program funds.
- Youth who had been in foster care between the ages of 14 and 21 and left for some reason

other than aging out, participation in a Kinship Assistance Program or adoption, may receive limited assistance based on availability of Chafee Program funds.

LDSS continue to work closely with the local CSA teams that are responsible for overseeing the planning of and for 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.

FFPSA revised the limitation on the use of funds for room and board by clarifying that not more than 30% of the state's Chafee allotment may be expended for room and board for youth who have aged out of foster care and have not turned 23. In Virginia, room and board include security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, food, and rent payments, including payments for youth at risk of eviction. VDSS monitors expenditures by LDSS in the various IL service categories and has published this standard in the Chafee IL funding guidelines.

There are no restrictions on the provision of IL services to any eligible youth temporarily living out of state, although these services may be purchased and provided by local providers, rather than by LDSS or Project LIFE. Virginia's Fostering Futures Program does not require participants to live in Virginia to maintain eligibility.

Virginia has many components under the umbrella of the youth services including the Chafee Program, credit checks, credit freezes, NYTD, SPEAKOUT, Youth Exit Survey, ETV Program, Housing Support Program and iFoster. One additional initiative added during 2024 was the Drive to Thrive Program. The following are the descriptions and updates on programs' activities, collaborations, new initiatives, and committees that occurred during CY2024 and plans for the upcoming years.

Credit Checks for Youth in Foster Care

The Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia requires that free annual credit checks be conducted for all youth (age 14 to 17) in foster care. VDSS conducts these annual credit checks and works with LDSS to discover and resolve cases of identity theft, fraud, and/or misuse of personal information.

Credit reports are received from the credit reporting agencies (CRAs): Equifax, Experian, and TransUnion. VDSS provides free credit reports annually for this population to the LDSS. The LDSS provides copies of the credit reports to the youth and retains additional copies on file. It is the LDSS' responsibility to assist in removing any erroneous or fraudulent information found in youth credit reports. LDSS have access to the credit check guidebook and sample letters of dispute forms developed by VDSS and found on the intranet, as well as additional technical assistance as needed. VDSS transmits youth credit reports to LDSS via secure electronic messaging, and provides written guidance, training, and technical assistance to help LDSS identify and resolve problems detected in youths' credit records.

From January through December 2024, VDSS conducted credit checks for a total of 1,373 youth in care. Credit record irregularities (e.g., erroneous personal information, potentially fraudulent credit activity) were detected for 5.9% of these youth ($n = 81$). Protective items (e.g., fraud alerts, credit security freezes, minor child status notes) were found in the credit records of 18.4% of youth ($n = 253$).

It is challenging for VDSS to track successful resolutions of the irregularities (e.g., financial activities and/or personal data errors) observed in youths' credit reports for various reasons. For example, following

the initial detection of irregularities in their credit reports, some youth exit foster care before receiving an additional credit check, thus preventing the tracking of resolution statuses by VDSS. As well, the length of time required to successfully resolve detected irregularities may prevent detailed tracking of resolution outcomes by VDSS. LDSS staff turnover and/or staffing shortages may also complicate resolution tracking by VDSS. For these reasons, in 2022 VDSS adopted the following measure: *"The percentage of cases with protective items (e.g., fraud alerts; credit freezes) in credit reports."* VDSS can show a steady increase, over the years, in the percentage of youth whose credit reports contain some kind of protective intervention, which may be attributed in part to the state's Credit Freeze requirement (outlined in the next subsection) to help mitigate the risk of fraud victimization.

The table below displays monthly and annual total numbers of youth in foster care (age 14 to 17) who received a credit check during calendar year 2024. Monthly and annual figures exclude duplicates (i.e., youth who received more than one credit check during the calendar year). Protective items include credit security freeze notifications, fraud alerts, and minor child status notes in youth credit reports. Irregularities include credit inquiries, account items, public records, and personal data errors (e.g., mismatched name, birth date, Social Security number, and/or employment information listed in a youth's credit reports).

Annual Credit Checks for Youth in Foster Care

January 1 – December 31, 2024

| Month | Number of youth | Protective items | Irregularities |
|--------------|-----------------|------------------|----------------|
| January | 118 | 19 | 4 |
| February | 120 | 25 | 9 |
| March | 90 | 20 | 7 |
| April | 120 | 28 | 5 |
| May | 113 | 31 | 5 |
| June | 105 | 16 | 9 |
| July | 113 | 20 | 8 |
| August | 114 | 18 | 4 |
| September | 130 | 25 | 7 |
| October | 121 | 13 | 8 |
| November | 126 | 20 | 10 |
| December | 103 | 18 | 5 |
| Total | 1373 | 253 | 81 |

Throughout 2024, VDSS worked with the Data Warehouse team to facilitate an overhaul of the processes used to generate statewide credit check eligibility lists. Each month, VDSS receives a list of all 14- to 17-year-old youth in foster care who are scheduled to receive an annual credit check during that month. VDSS provided input to assist the Data Warehouse team in transitioning from the previous method (wherein credit check eligibility lists were generated in Microsoft Access) to the new method (wherein credit check eligibility lists are generated using data from the VCWOR [Virginia Child Welfare Outcome Reports] system). In 2025, VDSS will continue to work with the Data Warehouse team as needed to refine the processes now in place to generate credit check eligibility lists each month.

In December 2024, Equifax requested a policy brief summarizing Virginia’s annual credit check program for adolescent youth in foster care. VDSS provided a written overview of identity theft prevention programming for eligible youth in foster care in Virginia, outlining the risks and consequences of identity fraud victimization for vulnerable youth in care. VDSS also summarized current credit monitoring policies and practices, detailing the Foster Care/Chafee Independent Living Program team’s ongoing work to comply with state and federal laws requiring annual credit checks for adolescent youth (14 to 17 years of age) in foster care. As part of its recredentialing review, Equifax also asked VDSS to provide documentation related to credit checks conducted for five selected youth in foster care. Per Equifax’s request, VDSS provided information (redacted as necessary) including the credit check authorization forms (i.e., “Release of Information & Permission to Run Credit Checks for Minor Children in Foster Care” documents [032-25-0010-00-eng]) on file for these five youth. In January 2025, Equifax communicated that the evidence provided by VDSS was satisfactory and that its recredentialing review had been successfully completed.

Credit Security Freezes for Children and Youth in Foster Care

Per the Code of Virginia ([§ 63.2-905.2](#)), LDSS must initiate credit security freezes for children (ages infant to 15 years) who reach their six-month anniversary in foster care. A credit security freeze blocks the information on an individual's credit report and can help prevent identity theft. VDSS continues to monitor LDSS compliance with credit freeze requirements for all eligible children in care. To help workers navigate freeze policies and implement best practices, VDSS provides written guidance, training, and technical assistance. SafeMeasures® includes the report “Credit Freeze Completed for Youth Under 16.” By reviewing this report on a regular basis, VDSS has seen a steady increase in the percentage of youth whose credit reports have protective intervention, which protects the youth from fraudulent activities while in foster care.

For CY 2024, VDSS continued to send freeze task reminder emails to LDSS to promote compliance with the credit freeze mandate as needed on an agency-by-agency basis and provided technical assistance and training to LDSS upon request. In collaboration with LDSS, VDSS created additional guidance resources to assist LDSS with generating and submitting credit freeze requests to the CRAs (i.e., Equifax, Experian, and TransUnion).

From January through December 2024, a total of 1,468 children and youth in foster care (ages 0 to 15) were eligible for credit freezes. The table below displays the number of freeze-eligible children and youth by calendar month.

Credit Freezes for Children and Youth in Foster Care

January 1 – December 31, 2024

| Month | Num. eligible | Num. completed |
|-----------|---------------|----------------|
| January | 58 | 9 |
| February | 132 | 25 |
| March | 93 | 15 |
| April | 143 | 29 |
| May | 133 | 23 |
| June | 83 | 25 |
| July | 144 | 38 |
| August | 121 | 22 |
| September | 103 | 32 |

| Month | Num. eligible | Num. completed |
|--------------|---------------|----------------|
| October | 173 | 39 |
| November | 161 | 28 |
| December | 124 | 14 |
| Total | 1,468 | 299 |

Note. Num. eligible = total number of individual children/youth who became eligible to receive credit freezes during the specified time period. *Num. completed* = number of individual children/youth who received credit freezes during the specified time period. Data were extracted from SafeMeasures (*Credit Freeze for Youth Under 16* report) on January 25, 2025.

In response to continued credit freeze-related challenges and concerns voiced by LDSS, in 2024 VDSS produced and disseminated updated credit freeze requests forms, tailored for each individual LDSS, as optional tools to assist localities in placing and lifting active credit freezes for youth in foster care. Children may exit care with an active freeze in their credit records for several reasons such as: 1) the LDSS with custody of the child may not have had sufficient advance notice of the child’s care exit date to execute a freeze removal; 2) CRAs’ responses to LDSS freeze removal requests are in some cases delayed; and 3) sometimes LDSS freeze requests are misinterpreted by the CRAs resulting in a delay in the freeze being removed. In 2025, VDSS will continue collaborative work with LDSS and CRAs to identify and remove barriers to implementation.

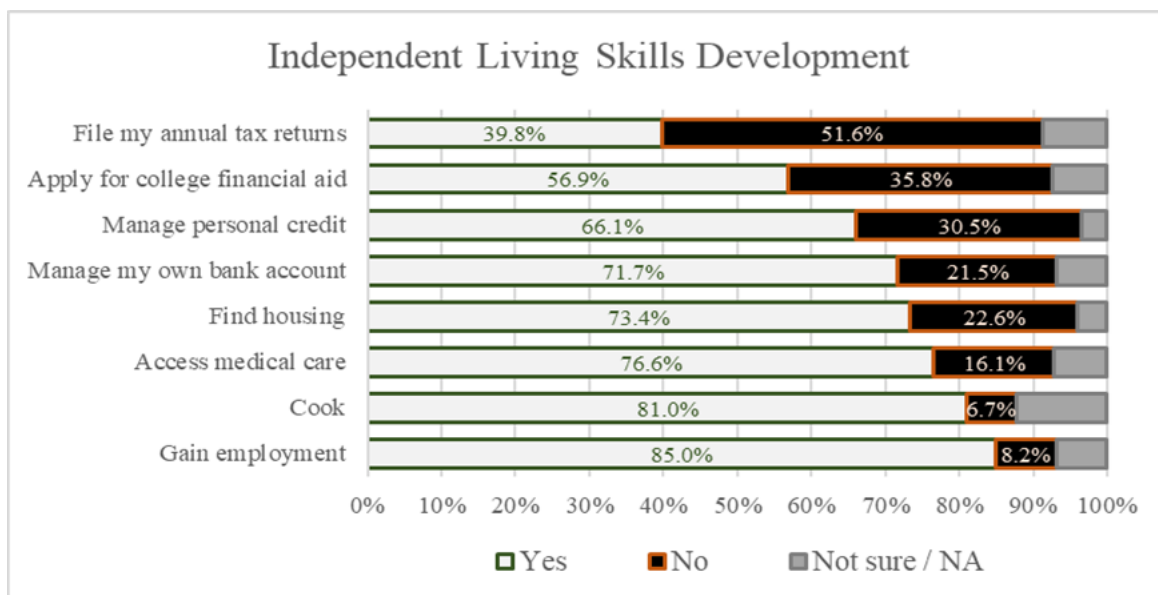
Youth Exit Survey

The Youth Exit Survey offers a platform for prioritizing and lifting the voices of older youth with experience in Virginia’s foster care system (**Permanency Strategy 1.4**) In accordance with [§ 63.2-905.5 of the Code of Virginia](#), VDSS administers the ongoing Youth Exit Survey to gather feedback from youth exiting the foster care system. Youth who leave care altogether, as well as youth who turn 18 and decide to remain in extended care (such as Fostering Futures), are eligible to take the survey. The Youth Exit Survey is not intended for younger individuals (youth younger than age 18 years) who leave care at any time before their 18th birthday. The focus of this survey is to learn about the relationships, resources, activities, and overall experiences of youth who have been in foster care. With the exception of the National Youth in Transition survey, this survey represents the active statewide effort by VDSS to solicit feedback directly from older youth aging out of foster care in Virginia. As such, it is an important way to hear from youth about what is working and what can be improved in Virginia’s foster care system. VDSS provides monthly eligibility lists and individualized survey information flyers to LDSS partners for dissemination to eligible youth. The Youth Exit Survey is available online.

A total of 421 youth became eligible to participate in the Youth Exit Survey during CY 2024. As of January 2025, VDSS has received responses from 46 of these youth, or approximately 10.9% of all youth in Virginia who became eligible to participate in 2024. From the survey’s initial statewide launch in July 2019 through December 2024, a total of 2,272 young people have been eligible to participate, and VDSS has received responses from 263 youth (or 11.6% of the total population eligible during this period).

To promote and administer the survey, VDSS provides written guidance, training, and technical assistance to LDSS. To incentivize participation, VDSS offers a gift card to all eligible youth who choose to participate in the survey. VDSS offered the \$20 gift card incentive throughout 2024. VDSS will continue to periodically revise the Youth Exit Survey instrument as needed, improve marketing, and update administration protocols in efforts to encourage participation in 2025.

The Youth Exit Survey data provides a glimpse of young people’s experiences with IL services and the foster care system. Participants were asked to indicate whether they received skills training in several key Independent Living (IL) domains at any point during their time in foster care. Figure 1 presents a breakdown of responses by IL domain. Results indicate that during their time in foster care, most youths develop the skills they will need to find and maintain employment, cook for themselves, access medical care, secure housing, and manage certain aspects of their personal finances (e.g., banking and credit) in early adulthood. Of the 263 young adults who participated in the Youth Exit Survey any time during the period under review (July 2019 through December 2024), most (85.0%) reported that during their time in foster care, they developed the skills they will need to find and maintain employment in early adulthood. Approximately four-fifths of Youth Exit Survey participants (81.0%) learned how to cook, 76.6% learned how to access medical care, 73.4% learned how to find housing, and 71.77% learned how to manage a personal bank account. Comparatively less proportions of Youth Exit Survey participants learned how to manage personal credit (66.1%), apply for college financial aid (56.9%), or file their annual tax returns (39.8%). These findings point to the need for additional training and skill-building interventions in three key IL domains (i.e., managing personal credit; applying for college financial aid; filing annual tax returns). To address these service gaps, VDSS will provide relevant information and materials via training to LDSS partners. Also, VDSS will collaborate with Project LIFE and encourage LDSS partners to augment their existing training and skill-building activities, or create new training, workshops, and activities as needed, to assist youth in developing skills in these specified IL domains.



Note. Total sample is comprised of 263 young adults who participated in the Youth Exit Survey any time during the period under review (July 2019 through December 2024). Participants were asked whether or not they received Independent Living skills training in the specified domains. The *not sure / NA* category includes participants who selected either “I’m not sure” or “Does not apply to me” in response to a given survey item.

In 2025, VDSS will continue outreach efforts to encourage youth participation in the Youth Exit Survey, analyze response data, and strategize how survey results can be used to guide IL programming and LDSS staff training.

National Youth in Transition Database (NYTD)

IL services are a crucial component of a comprehensive program aimed at supporting youth who require assistance in achieving permanency and developing life skills. LDSS workers document IL services provided to youth aged 14 and older in the OASIS system. VDSS is committed to collecting and managing data in alignment with the federal NYTD regulations. VDSS strives to report accurate data by implementing effective strategies for data collection and reporting. Virginia utilizes NYTD reports in SafeMeasures® (data sourced from OASIS), allowing both LDSS and VDSS to regularly review, monitor, and track NYTD services and surveys, ultimately enhancing service delivery and performance outcomes. In 2024, VDSS collaborated with Project LIFE to offer regular virtual check-ins with LDSS, encouraging them to engage eligible youth in the NYTD survey and ensure that age-appropriate and developmentally suitable IL services are provided to all eligible youth.

Surveyed Baseline Population

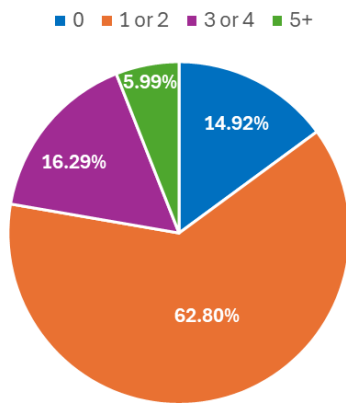
The LDSS administer the NYTD surveys to eligible youth and provide incentives to those who participate in the survey.

During NYTD reporting periods 2024A (October 1, 2023 to March 31, 2024) and 2024B (April 1, 2024 to September 30, 2024), LDSS administered the NYTD baseline survey to eligible 21-year-olds. A total of 291 youth were eligible; 194 completed surveys. Virginia exceeded the previous participation rate for surveying youth in foster care turning 21 years old in care, with 93.5% of youth in care completing the survey within the required timeframe. The participation rate for discharged youth increased from 52.2% during the 2021 reporting period to 60.0%. Overall VDSS continues to show progress towards increasing participation targets. Efforts to engage youth in the survey will continue to be a goal for VDSS. All Virginia 2024 data submissions to the ACF were on time. However, VDSS missed the compliance benchmark for discharge youth during the 2024B reporting period by 0.5% and incurred a 1% penalty.

Served Population

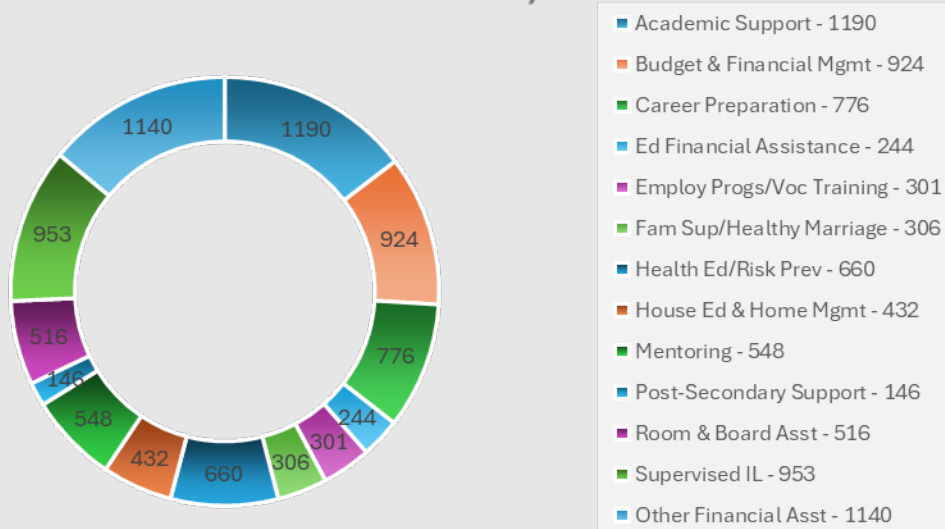
More than 1,300 youth were reported as receiving at least one independent living service during FFY2024. All LDSS have the ability to monitor and track their NYTD services and surveys using reports provided in SafeMeasures®. VDSS regularly reminds LDSS of NYTD requirements and due dates through broadcast, emails, and virtual meetings. VDSS paid for or provided a total of 7,896 IL services during 2024 for eligible youth.

NUMBER OF SERVICES RECEIVED DURING FFY24



Factors that may contribute to the 14.92% of youth that received zero services during FFY24 include lack of proper documentation (including not documenting non funded IL services or services provided by placement providers) and youth needs being met by other sources.

TYPES OF IL SERVICES RECEIVED FFY 24 TOTAL SERVICES DELIVERED 8,136



During 2024, VDSS shared the NYTD data and Virginia's Snapshot (state's profile) with LDSS IL Coordinators through broadcasts, newsletters and FUSION. Results from the 21-year-old NYTD snapshot, Virginia is not performing well compared to national statistics in the areas of incarceration and homelessness. However, areas where Virginia performs above national average are higher education and employment. This data and input from SPEAKOUT, youth, and other stakeholders were used to inform service delivery. VDSS continued to raise awareness with stakeholders to improve reporting of NYTD data and increase youth participation in NYTD surveys.

In 2025, VDSS staff will continue to provide training and technical assistance to LDSS to encourage eligible youth to participate in the NYTD survey and provide age and developmentally appropriate IL services to all eligible youth. In addition, VDSS will continue to improve collecting and reporting processes, analyze data, review trends, and update guidance and policy to improve services statewide for youth in and transitioning out of foster care based on the NYTD data. VDSS will actively involve youth by engaging them in focus groups on how best to stay connected. VDSS will also share data with IL coordinators, LDSS, and stakeholders through broadcasts, presentations, and training. VDSS will focus on efforts to involve youth, IL Coordinators, private providers, and other key stakeholders in developing an effective process to share NYTD data and use the data to improve services delivery.

Medicaid

Youth in foster care who have an open case and were receiving Virginia Medicaid at the age of 18 are eligible for Medicaid up to age 26. VDSS continues to coordinate with DMAS and LDSS to implement provisions of the Affordable Care Act (ACA). All youth who turn 18 while in foster care are automatically evaluated for the Medicaid to 26 category by LDSS eligibility staff and switched over to that category to ensure continued Medicaid coverage, whether the youth chooses to continue to receive foster care services or not.

VDSS shared information with LDSS on the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act, which provides important changes for the mandatory Medicaid eligibility group serving youth formerly in foster care. The SUPPORT Act expands eligibility to individuals who were in foster care from other states and simplifies eligibility determinations and enrollment processes for this population.

Education Stability

VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout Virginia, particularly in response to the Every Student Succeeds Act (ESSA) provision pertaining to children and youth in foster care. VDSS and the VDOE focus their efforts on improving the educational stability and attaining positive outcomes for children and youth in foster care. Collaborative efforts center on providing statewide joint trainings and technical assistance to local school divisions and LDSS regarding school stability elements and procedures. VDSS and VDOE collaboratively provide technical assistance to local school divisions and LDSS. They address questions and issues regarding providing appropriate notification of a student receiving foster care services, conducting the joint best interest determination process, enrolling students immediately, coordinating transportation, addressing special education requirements, and other relevant components.

Numerous emergency guidance revisions during the pandemic, followed by a pause in fall 2023 due to VDOE funding contract delays has hindered progress with the VDSS and VDOE joint guidance. VDOE funding contracts were approved in spring 2024. In May 2024, VDOE and VDSS state educational stability points of contacts attended a national convening in Maryland, co-hosted by the U.S. Department of Education and the ABA Center on Children & the Law. During this cross-systems event, the development of revised joint federal guidance was announced, with a planned release in late 2024. In the interim, VDOE and VDSS have continued to work to update Virginia's joint guidance and plan to incorporate the federal revisions into the state's joint guidance.

Additionally, VDSS and VDOE continue to collaborate to provide technical assistance and training

regarding educational stability of children and youth in foster care. Each locality maintains two primary points of contact - one for the LDSS and one for the schools – each can reach out to the other for consultation. VDSS and VDOE model the collaboration that LDSS and local schools should have to make joint best interest determinations by looping each other into all conversations and providing joint answers to difficult questions.

Also, VDSS is a member of the State Special Education Advisory Committee (SSEAC), which facilitates bringing considerations about children with disabilities who are also in foster care to the committee. VDSS also participates in a foster care work group with the VDOE. The foster care work group identifies outcomes to improve education stability for youth in foster care. With VDSS input, VDOE has created a draft application query tool, Student Longitudinal Schedule and Course Record, which would let VDSS and LDSS staff easily access students' school information.

Collaboration with Other Private and Public Agencies

VDSS has meaningful engagement with youth, LDSS, stakeholders, and organizations that are a part of the CFSP-related consultation and coordination process. VDSS also works collaboratively with several public and private agencies to ensure that youth in and formerly in foster care receive needed support as they work towards achieving independence.

Central Region Independent Living Advocates for Youth (CRILAY)

CRILAY is a joint meeting of public and private IL agencies and providers in the central Virginia region established to coordinate services and events that provide a regional voice for youth in foster care for successful transitions into adulthood. Youth with lived experiences are members of this committee, which gives VDSS and LDSS an opportunity to hear directly from youth and gain feedback on issues and challenges.

Youth Housing Stability Coalition

This group of young people with lived experience, stakeholders, and organizations have come together to create a systemic response to the issues that affect the housing stability of youth ages 14 to 24 in the greater Richmond region, building on their collective strengths and intentionally working to address gaps. Because youth who experience foster care are at greater risk of experiencing housing instability, VDSS participation adds a valuable foster care system perspective and informs the state of current resources and challenges.

Housing Resource Line (HRL)

HRL was established in September 2020 to serve Richmond City, Henrico, Chesterfield, Hanover, Powhatan, Goochland, New Kent, and Charles City counties. It is a centralized access point to help connect residents to programs and services that will help address their housing needs. It helps them navigate resources ranging from rental options, financial assistance, repairs, legal aid, fair housing, and more. Main objectives include: 1) point residents toward resources for which they are eligible to save them time in their search; and 2) help service providers receive inquiries only from those who meet their eligibility requirements. VDSS attends HRL's quarterly committee meetings, composed of representatives from other housing programs and community partners. VDSS shared with the group information on Fostering Futures, Chafee Program, ETV Program, and the Foster My Future website. HRL's website: <https://pharva.com/housing-hotline/>

Project LIFE

Project LIFE is a program of United Methodist Family Services (UMFS) with and funded by VDSS. Project LIFE provides IL services statewide to youth in and transitioning out of foster care, as well as support to LDSS. UMFS is an independent 501(c) (3) corporation in the Commonwealth of Virginia and an equal opportunity agency. No one is denied care, assistance, or employment based

on race, religion, national origin, color, disability, gender, veteran/military status, sexual orientation, ancestry, or marital status. Project LIFE's contract has been modified over the years to meet the needs of VDSS, youth, and stakeholders. Project LIFE supports permanency for older youth in care through the coordinating and enhancing IL services by collaborating with LDSS, private providers, and community stakeholders.

Great Expectations Program

Great Expectations helps Virginia's youth in foster care and foster care alumni/ae access a community college education, supports their educational attainment and academic success, and assists with the transition from the foster care system to adulthood. The program helps young people establish and maintain personal connections with a coach and receive the community support they need to live productive and fulfilling lives. This initiative of the Virginia Foundation for Community College Education is in partnership with VDSS and LDSS, workforce investment boards, one-stop centers, community colleges, alternative-education providers, other public agencies, school-to-career partnerships, and employers. (<http://greatexpectations.vccs.edu/>)

Virginia Workforce Investment Act Youth Services Programs

Local programs and career centers provide transitional employment services for Virginia's most vulnerable youth.

Youth Housing Stability Coalition

The coalition is composed of various LDSS, community partners, and youth. It builds alliances and a common knowledge base among those serving youth experiencing homelessness and works to end housing instability in Richmond, Henrico, and Chesterfield. For several years, VDSS has provided information about this program to LDSS to share with youth and young adults transitioning out of foster care as a possible resource.

Ready to Achieve Mentoring Program (RAMP)

RAMP is a pilot program through the Department for Aging and Rehabilitative Services (DARS) for students who are in the foster care and justice system ages 14 to –21, who are eligible for DARS transition and education services. VDSS participates in planning meetings as subject-matter advisory expert on youth in foster care. Designated LDSS are points of contact in each pilot region.

Fostering Responsible Parents in Virginia

In 2021, the DCSE was awarded the Charting a Course for Economic Mobility and Responsible Parenting Grant from the Federal Office of Child Support Enforcement, within the U.S. Department of Health and Human Services. DCSE has partnered with the foster care team and DJJ on this project. The objectives are: 1) to adapt existing responsible parenting training materials to educate teens and young adults on the financial, legal, and emotional responsibilities of being a parent, and 2) take what is learned during the curriculum delivery portion of the project to create a mobile-friendly game with a "choose your own path in parenting" theme. DCSE will support the project and partner programs with digital marketing.

During 2024, VDSS continued to collaborate with DCSE to offer the Responsible Parenting modules and evaluation pre-and post-test survey. The curriculum was delivered in both a group and individual in a hybrid settings (virtual and in-person). The contracts and project period with DJJ and the four LDSS as originally planned ended 6/30/2024 due to staff and time restraints shared by DJJ and LDSS. As a result, a no cost extension was requested and approved through June 30, 2025 to continue the project.

Approximately 16 youth were served during this reporting period. Given the time constraints, the team strategically decided to refocus on delivering the curriculum directly to youth through in-person learning. New delivery locations were established at Old Dominion University (ODU) and with Project LIFE in the

Roanoke Region. By partnering with ODU and Project LIFE, impactful, hands-on learning experiences will be provided at several locations in Virginia ensuring the curriculum reaches those who need it most in a timely and effective manner. Delivery is tentatively expected to begin in February 2025.

DCES continued to work towards progressive web application (previously called online game) component of this project with the selected vendor. The vendor has provided an outline with various ideas and approaches for developing an online game aimed at promoting responsible parenting. The proposals range from low-effect interactive scenarios to comprehensive and engaging online games. Currently, the online game is in the approval and developmental stages, with the plan to create and implement the online game in 2025.

Don't Go Alone Mentoring Program

A new initiative in northern Virginia, this program serves youth ages 18 to 24 who have aged out of foster care or lack a healthy support system. It matches them with a mentoring family who agrees to be a part of their lives. VDSS provided information on the Chafee and ETV programs to support youth in this initiative.

iFoster

The 2022 General Assembly of Virginia directed VDSS to collaborate with the national nonprofit iFoster. The goal was for VDSS staff to develop and facilitate the iFoster portal/app to include resources specific to Virginia and localities and address the problems surrounding obstacles to youth who are in or formerly in foster care, caregivers and guardians who support the youth, and professionals in child welfare organizations. These resources can include workforce development assistance, educational opportunities, housing and living stipends or discounts, financial supports, internship and employment opportunities, and other resources that are available in Virginia. iFoster has partnered with other agencies in other states to create state specific resources in a convenient, free and easy to use account and virtual platform. For CY2025, VDSS and LDSS will continue to provide resources to iFoster that are state- or locality-specific and promote the use of the iFoster app. (**Permanency Strategy 3.1**).

Housing Support Program

Section 63.2-905.1:1 of the Code of Virginia provides time-limited housing support to youth who are not participating in the Fostering Futures Program at any point between the ages of 18 and 21 for a period of no more than six months (consecutive or non-consecutive). The assistance is equal to the room and board portion of the maintenance payment for Fostering Futures. Youth may take advantage of the assistance at any point between the age of 18 until their 21st birthday, so long as they have not received the maximum six months of assistance. Although the implementation date of this program was May 1, 2023, the program extended eligibility to youth who turned 18 on or after July 1, 2022. LDSS notified youth who met the criteria of their right to enroll in this program.

Eligibility criteria includes that the youth, on or after July 1, 2022:

- Turned 18 while in foster care, or turned 18 while in the custody of DJJ but was in the custody of the LDSS immediately prior to commitment,
- Is between the ages of 18 and 21, and
- Is not participating in the Fostering Futures Program.

The youth's caseworker must notify the youth of this resource before their 18th birthday in foster care and information about this program must be included in the youth's transition plan. During CY24, 19 applications were processed. For 2025, VDSS will continue to promote the Housing Support Program for eligible youth and provide technical assistance to LDSS.

Foster Youth to Independence (FYI) Initiative

The FYI voucher provides up to 36 months of housing support for youth aged 18-25 transitioning out of foster care, with a possible 24-month extension under special circumstances. This initiative aims to prevent homelessness among young adults with foster care histories by offering a housing voucher. Nationally, it is reported that one in four youth will experience homelessness within four years of leaving foster care. In Virginia, according to the FFY 2024 NYTD Youth Outcomes report, nearly 40% of youth discharged from foster care have experienced homelessness by age 21.

VDSS initiated a statewide workgroup comprising of LDSS, PHA (public housing authorities), SPEAKOUT members and supportive services providers, with the goal to strengthen accessibility across the state. Virginia currently has seven PHAs able to provide the FYI vouchers in their locality in addition to Virginia Housing who supports around 30 housing agents throughout Virginia. There is a large gap of service in the western region due to limited access to a PHA in those localities. LDSS aim to utilize this valuable resource for eligible young adults, but are facing challenges with the FYI process and coordination with PHA. Given these challenges on the local level, VDSS plans to offer to enter into the MOU with the PHA in an effort to facilitate access to the vouchers in all localities.

VDSS engaged an independent consultant, GuideHouse, to conduct a current state assessment and provide high-level recommendations for addressing potential areas of improvement. GuideHouse collected data and feedback through a stakeholder survey, conducted interviews with states who are state supervised, county administered as Virginia, and analyzed data for HUD and national resources.

There is an ongoing need to raise awareness and provide education on how to implement the FYI Initiative and broaden affordable and accessible housing opportunities for youth transitioning out of foster care. In 2025, VDSS will work on increasing awareness and providing suggested tips on how to implement the FYI Initiative throughout the state. Next steps will include creating training materials, connecting with the Managed Care Organization (MCO) and other organizations to provide supportive services throughout the state, continued engagement of key stakeholders, and executing the MOU between VDSS and the PHA. In addition, VDSS will connect with other housing resources, identify opportunities for youth engagement on housing needs, and explore developing joint training sessions with PHAs for LDSS staff on navigating the FYI process throughout Virginia. (**Permanency Strategy 5.2**).

2024 New Collaborations/Initiatives

Virginia State Police

Pathway to Trooper Program provides youth ages 17 ½ to 19 with on-the-job training to prepare for a career as a Virginia State Trooper. The Virginia State Police (VSP) has partnered with VDSS to engage youth interested in law enforcement prior to turning 18. The program offers mentor-like job training, allowing participants to apply for a position with VSP at age 21 while also earning educational incentives toward an associate's degree.

Virginia Driver's Licensing Program for Youth in Foster Care

The 2024 Appropriations Act provided VDSS \$310,000 for Fiscal Years (FY) 2025 and 2026 to develop and implement a statewide driver's licensing program for youth in foster care and participating in Fostering Future Program (Virginia's extended foster care) to obtain a driver's license and access car insurance. VDSS is also required to develop educational or training material that will educate foster parents, private providers, and youth on various driving topics for this population. This statewide driver's licensing program was named **Drive to Thrive** by SPEAKOUT, Virginia's youth advisory board.

All youth should have the opportunity to actively pursue their driver's license before they turn age 18. Without a driver's license individuals from foster care have limited employment, education, and housing opportunities. Drive to Thrive funds were used to alleviate as many barriers as possible to ensure youth receive the services and support necessary to obtain a driver's license and access car insurance before they leave care. Funding may be used to cover costs associated with:

- Driving school, behind the wheel training, classes and testing fees, practice lessons, practice hours
- Increase in motor vehicle premium due to adding youth to foster care provider's policy
- Increase in liability protection when a youth is involved in an accident
- Obtaining motor vehicle insurance for youth participating in Fostering Futures
- DMV fees which include photo identification, learners permit, driver's license fee, title, and registration.

VDSS developed a Drive to Thrive form for LDSS to request the funds and a guidebook to assist them in serving eligible youth and young adults.

The National Collaborative for Transitioning-Aged Youth

The National Collaborative for Transitioning-Aged Youth (TAY) brought public agencies together with young people with lived experience to elevate consensus on best practices and model standards of care for TAY in child welfare. Through a youth-centered approach, this project aimed to generate a roadmap for actionable changes that is equitable, inclusive, and transforms the way TAY experience child welfare. This collaboration will offer state and local-level child welfare agencies practical solutions to approach support for TAY.

APHSA was responsible for coordinating the National Collaborative of TAY and sought delegates to represent state and local public child welfare leadership. Two members of VDSS' Youth Services Team represented Virginia. It was important that the delegates had knowledge of administering supports and services for TAY. Delegates participated in six virtual meetings and two in-person meetings from April-December 2024. The delegates and young people provided feedback and contributed to the creation of a playbook for actionable changes that transforms the way TAY experience child welfare.

SNAP That Initiative

Members of VDSS' SNAP (Supplemental Nutrition Assistance Program) Benefits Team and Youth Services Team collaborated to offer Snap That Initiative, which provides information about SNAP to youth who are aging out of foster care. Knowledge of SNAP program rules can be crucial in aiding young adults reach their independent living goals, whether they decide to participate in a voluntary foster care program after age 18. SNAP provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.

SNAP has eligibility requirements however, the Fiscal Responsibility Act (FRA) of 2023 added new exceptions to the ABAWD (Able-Bodied Adults Without Dependent) time limit which are intended to help individuals experiencing homelessness and young adults who are leaving foster care receive and maintain SNAP benefits.

VDSS recognized that youth and LDSS needed to be aware of these new exceptions and SNAP information. During 2024 the teams worked on a presentation and tool kit for local Foster Care Family Specialists and benefit workers. For 2025, VDSS plans to add the website where youth can apply for SNAP services on the 90-day Transition Plan document, and develop a video for the youth explaining SNAP benefits, eligibility requirements and FAQs. All youth participating in Fostering Futures should be encouraged to apply.

The Homeless Data Integration Project (HDIP)

In 2024, the HDIP Steering Committee was created as a governing body for the HDIP under the Director of the Department of Housing and Community Development (DHCD) to administer program guidelines for a statewide homeless intervention program under Virginia Code § 36-139. VDSS was requested to have a representative on this committee. The general purpose of the Steering Committee is to provide direction and guidance to DHCD in the development of policies, procedures, agreements, and proper uses of data related to the HDIP. During 2024, the Steering Committee worked on the charter to sets out the purpose, roles, responsibilities, and composition of the Steering Committee.

Youth Voice and Engagement Activities

Youth engagement is an effective way to ensure that youth voices and choices are incorporated in service planning, policy, committee work, and legislation. VDSS is striving for meaningful youth engagement where young people are key decision-makers. At the state level, VDSS engages and empowers youth with lived experience in foster care through SPEAKOUT, employment opportunities, partnering with Project LIFE on youth-driven activities and events, and providing training and technical assistance to LDSS on the Youth Welfare Approach.

During 2024, two members of the VDSS Youth Services Team with lived experience served on the LEX (Lived Experience) Community of Practice Engagement Committee, led by VDSS Office of Trauma and Resilience Policy. This committee aims to coordinate and collaborate around LEX engagement efforts in Virginia, which includes taking the lead on researching and drafting policies on identified priorities related to engaging individuals with lived experience. Activities for this committee included:

- Participated in Lived Experience Video ([Best Practices for Engaging the Voices of People with Lived Experience](#)),
- Attended quarterly meetings, and
- Assisted with planning meetings.

For 2025, plans include VDSS hiring an LEX project manager, developing a formal process for LEX stakeholder participation in the development and review of guidance, and implementing an LEX review process (**Permanency Strategy 3**).

SPEAKOUT

SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth), Virginia's Youth Advisory Board, includes youth ages 15 to 26 who have experienced or are currently in the Virginia foster care system. Board meetings are virtual and occur monthly for one to two hours; in-person meetings are held at least twice a year. SPEAKOUT members make a difference in the way youth are served in the foster care system by providing feedback directly to the VDSS, LDSS, other state agencies, legislators, and community partners. Members' thoughtful insights help inform foster care policy, regulations, guidance, and practices (**Permanency Strategy 3.5**). In addition, SPEAKOUT participants help improve the Virginia foster care system for current and future youth in foster care, develop advocacy and leadership skills, and receive compensation for participation.

The SPEAKOUT Liaison who has lived experience in foster care understands the many struggles youth face in and transitioning out of foster care. She has leveraged her personal experience in order to be a support for the youth and young adults serving on the board.

SPEAKOUT continues to play a pivotal role in shaping the state's child welfare system by amplifying the voices of youth in and transitioning out of foster care. During 2024, SPEAKOUT planned and hosted the

Summer BASH for youth and a special presentation for Virginia's first annual Youth Voices of Foster Care Month in October, highlighting the importance of youth voice and perspectives.

In addition, the board conducted workshops on the Permanency Pact at the statewide fall youth conference, participated on a panel for social work students in the Child Welfare Stipend Program (CWSP), Family Planning Meetings (FPMs), and the VDSS Permanency Conference, contributing to improved practices and permanency outcomes. SPEAKOUT's involvement in VDSS Knowledge Break sessions further enhanced knowledge sharing among state staff about youth services programs.

SPEAKOUT members named the new statewide Virginia's Driving Licensing Program for Youth in Foster Care called "Drive to Thrive," reflecting its mission to support youth independence. Due to intentional recruitment efforts, the board grew from four (4) to eleven (11) active members, strengthening its capacity to support impactful initiatives. Their ongoing efforts showcase the transformative power of youth advocacy in building a more responsive and inclusive child welfare system.

For 2025, SPEAKOUT members will continue to participate in several initiatives that elevate the voice of those with lived experience in foster care to help improve Virginia's child welfare system. Goals for the next years include:

- Continue to retain and recruit youth and young adults;
- Create opportunities for the youth to be creative and share in different settings and on different platforms;
- Continue to conduct monthly one-on-one meetings to promote healthy communication and advocacy skills;
- Create an extended network of young adults and youth for SPEAKOUT members to mentor; and
- Partner with SPEAKOUT members to provide input and promote best practice guidelines around how to have difficult conversations with youth (**Permanency Strategy 1.2**).

Project LIFE

Project LIFE's goal is to coordinate and enhance the provision of IL and permanency services to youth statewide. VDSS and LDSS benefit from community partnerships and additional support from a contractor that provides IL services statewide. A partnership with United Methodist Family Services has helped VDSS and LDSS meet the goals of the 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 continues to prepare young people for advocacy opportunities and strengthen their natural supports and connections with stable adults. This contract emphasizes positive youth development and engagement for youth and provides training and technical assistance to LDSS staff.

VDSS's practices and philosophy include a strong focus on the need for older youth in care to achieve permanency and have permanent connections to responsible adults, as well as improved skills to successfully manage adulthood. Project LIFE is an expert in positive youth development (PYD) and incorporates the principles in youth activities. The delivery of child welfare services in Virginia is directed by the children's services practice model, which describes how services are to be delivered to children, youth, and families, and supported by practice profiles that demonstrate how core activities should be set in action. Although all the practice model's principles are important, the following four principles are the core of VDSS' Chafee program:

- We believe in youth-driven practice;
- We believe all older 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; and
- We believe how we do our work is as important as the work we do.

VDSS contracts with United Methodist Family Services, a private provider that delivers statewide services in all five regions of Virginia. Statewide coverage is important to ensure inclusion and equality, and that all eligible youth have access to IL services. Also, it is vital that all LDSS have access to support in meeting the needs of youth in each of the state’s regions. The contractor incorporates the core beliefs of the children’s practice model into their program, and demonstrates sensitivity to cultural, socio-economic, and community influences. In addition, the staff have knowledge of the consequences of trauma, which affect the development and functioning of youth in and transitioning out of foster care. They demonstrate awareness of the devastating effect that adverse childhood experiences can have on youth by altering their physical, emotional, cognitive, and social development. During 2024, Project LIFE continued to focus on positive youth development and engagement for youth, training, implementation of the Youth Welfare Approach, and technical assistance for LDSS.

Types of Services Provide

The tables below displays the number of youths who participated in the virtual events and the type of services provided from January 1, 2024, to December 31, 2024.

January 2024 – June 2024 Numbers of Youth Served by Region (FY2024)

| Region | Numbers of Youth Served |
|--------------|---------------------------------|
| Central | 67 (32.52%) |
| Eastern | 17 (8.25%) |
| Northern | 24 (11.65%) |
| Piedmont | 59 (28.64%) |
| Western | 68 (33.01%) |
| Total | 235 (Unduplicated Youth) |

Types of Services Provided for Youth

| Services | January–March (Q3) Cumulative Totals of Youth Participation | April–June (Q4) Cumulative Totals of Youth Participation |
|--|---|--|
| Advocacy Opportunity | 43 | 54 |
| Advocacy Training | 4 | 50 |
| Casey Life Skills Assessment (CLSA) | 1 | 0 |
| Community Engagement | 0 | 73 |
| Daily Living | 25 | 150 |
| Education | 3 | 1 |
| Employment/Career Development | 11 | 118 |

| Services | January–March (Q3) Cumulative Totals of Youth Participation | April–June (Q4) Cumulative Totals of Youth Participation |
|-------------------------------|---|--|
| Financial Literacy | 31 | 22 |
| Good Credit | 22 | 3 |
| Housing/Home Life | 16 | 11 |
| Leadership Opportunity | 0 | 15 |
| Leadership Training | 0 | 0 |
| Permanency | 0 | 10 |
| Public Speaking Training | 39 | 7 |
| Real World | 12 | 0 |
| Self-Care | 0 | 52 |
| Relationship Building | 71 | 10 |
| Statewide Conference | 0 | 50 |
| Transition Planning | 1 | 50 |
| Youth Adult Partnership (YAP) | 10 | 10 |
| Total | 343 | 686 |

July 2024 – December 2024 Numbers of Youth Served by Region (FY2025)

| Region | Numbers of Youth Served |
|--------------|---------------------------------|
| Central | 128 (57.4%) |
| Eastern | 27 (12.11%) |
| Northern | 10 (4.48%) |
| Piedmont | 57 (25.56%) |
| Western | 16 (7.17%) |
| Total | 238 (Unduplicated Youth) |

Types of Services Provided

| Services | July–September (Q1) Cumulative Totals of Youth Participation | October–December (Q2) Cumulative Totals of Youth Participation |
|--|--|--|
| Advocacy Opportunity | 43 | 83 |
| Advocacy Training | 7 | 63 |
| Casey Life Skills Assessment (CLSA) | 0 | 1 |
| Community Engagement | 0 | 81 |
| Daily Living | 75 | 54 |
| Education | 16 | 1 |
| Employment/Career Development | 86 | 90 |
| Financial Literacy | 57 | 158 |
| Good Credit | 2 | 29 |
| Housing/Home Life | 12 | 0 |

| Services | July–September (Q1) Cumulative Totals of Youth Participation | October–December (Q2) Cumulative Totals of Youth Participation |
|--------------------------|---|---|
| Leadership Opportunity | 0 | 21 |
| Leadership Training | 0 | 65 |
| Permanency | 0 | 6 |
| Public Speaking Training | 13 | 5 |
| Real World | 0 | 6 |
| Relationship Building | 24 | 93 |
| Self-Care | 4 | 32 |
| Statewide Conference | 0 | 70 |
| Transition Planning | 0 | 64 |
| YAP | 10 | 0 |
| Total | 349 | 520 |

From April 26 – 28, 2024, Project LIFE provided a weekend spring hybrid statewide youth conference in the Western region with in-person and virtual participants for selected workshops using the Zoom application. This conference was located in Bristol, Virginia and the theme of this conference was “The Game of LIFE: Western Edition,” with specific hands-on and interactive life skills workshops connecting the youth to real life and practical experience approach for youth engagement. Topics included daily living skills, home life through culinary arts, self-care, basic car maintenance, transitional planning, advocacy, and customer service. SPEAKOUT facilitated several transitional planning workshops for the youth participants. These workshops highlighted the importance of youth taking the lead in their planning process and how to prepare to transition out of foster care.

In addition, Project LIFE held a weekend hybrid fall statewide youth conference November 8 – 10, 2024, in the Central region in Chester, VA, with in-person and virtual participants for selected workshops using the Zoom application. Topics included public speaking, advocacy, career preparation, and planning presented by the Youth CEO group, healthy relationships, self-care, and permanent connections. Two SPEAKOUT members facilitated several permanency and permanent connections workshops for the youth participants. During both spring and fall conferences, Project LIFE provided incentive-based raffles for youth engagement throughout the sessions, engaging in icebreakers and activities.

For CY 2024 Project LIFE continued to hosted IL Coordinator Committee’s meetings for all five regions. During these meetings, VDSS provided state updates and addressed questions from the local IL Coordinators, private providers, and community partners. Project LIFE also provided a monthly newsletter announcing state, regional, and local updates, events, and activities for youth, LDSS, and private providers.

For 2025, VDSS, in collaboration with Project LIFE, will continue to have virtual check-ins with LDSS to provide state updates and a brief overview of NYTD, Chafee, and ETV Programs, funding, other IL topics, and new initiatives. In addition, Project LIFE will continue to sponsor youth conferences and events and collaborate with VDSS and youth to introduce statewide the Youth Welfare Approach, provide training, technical assistance, resources, and tools to support youth and LDSS in the delivery of services to eligible youth.

Education and Training Vouchers (ETV)

The ETV program provides federal and state funding to help youth in and transitioning out of foster care receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Annual vouchers of up to \$5,000 are available for each eligible youth. VDSS administers the ETV program and LDSS process ETV student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. VDSS responds to inquiries and provides training and technical assistance to LDSS, youth-serving agencies, alumni/ae of foster care, and resource parents. Although the ETV program is integrated into the Chafee program’s overall purpose and framework, this program has a separate budget authorization and appropriation from the general program.

Vouchers are available to youth who are otherwise eligible for Chafee services under the state program and are at least 14 years of age. In accordance with FFPSA, Virginia extended ETV benefits up to age 26 for eligible youth, including those who left foster care through adoption or the 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 completing that program.

Each year, the LDSS complete an ETV application and submits the number of eligible youths in their locality to VDSS. Eligible youth are those who will be or are attending post-secondary education institutions or vocational training programs within the fiscal year. VDSS divides the available allocation by the number of eligible youths in Virginia, resulting in the base amount per youth. The funding is then allocated to LDSS in accordance with the number of eligible youths they anticipate serving. All localities are eligible to participate in the ETV program.

VDSS continued to operate the ETV program efficiently by ensuring the total amount of ETV does not exceed the total cost of attendance, avoiding benefits duplication while maximizing resources. These resources include workers using the cost of attendance calculator when assisting students in completing the ETV student application, along with determining and documenting all financial aid the youth receive.

Annual Reporting of Education and Training Vouchers Awarded

State: Virginia - VDSS

| | Total ETV Awards | Number of New ETV's |
|--|-------------------------|----------------------------|
| Final Number: 2023-2024 School Year (July 1, 2023 – June 30, 2024) | 137 | 47 |
| 2024-2025 School Year* | 120* | 72* |

Comments: For 2024-2025 school year, only 2 quarters were reported when this report was due, therefore they are estimated numbers.

Mental health difficulties, job and homelessness continue to pose barriers to youth who may otherwise seek post-secondary educational opportunities. Passage of new legislation, VA Code 23.1.601, that came into effect in July 2024 will assist current and former foster care youth at Virginia public four-year universities and colleges pay for tuition/fees and room and board with assist in alleviating some of the financial burdens on these young people. However, there may be a decrease in the amount of ETV funding that youth will be eligible to receive because the Cost of Attendance (COA) will decrease, whereas before passage, the youth attending four-year public universities and colleges were typically eligible to receive the maximum amount of ETV funds (\$5,000 per year) due to the high cost of educational expenses (i.e., tuition, mandatory fees, room and board).

During 2024, VDSS staff created a Student Orientation Power point that was geared towards youth applying for ETV funding the first time. The ETV Administrative Specialist position was filled with a person who has lived foster care experience. A new ETV application and checklist were developed and distributed to LDSS workers and other ETV stakeholders. An updated ETV brochure/flyer including a Spanish version was also created, printed, and distributed to local community colleges, LDSS/Independent Living workers, along with youth and parents. An ETV FAQ document was developed and posted to the state intranet site for easy access for LDSS workers seeking clarification for common ETV questions. Independent Living Youth Services training was provided by the ETV Program Specialist and Youth Services Program Specialist which covered ETV in depth and had participants attend from most of the LDSS' in the state. The ETV Program Specialist also attended a SPEAK OUT meeting to meet youth and answer ETV questions.

For 2025, VDSS plans to continue to do more outreach to inform youth about the ETV program, facilitate an information session between LDSS workers and Great Expectations coaches, brainstorm ways to utilize social media platforms to advertise the ETV program and gain youth attention by using platforms in which they regularly engage with, and continue to provide more Independent Living training opportunities for LDSS workers to gain more understanding of the ETV program. VDSS will also develop a youth focus group to discuss barriers and solutions to accessing ETV service.

VA Code 23.1-601/formerly HB700:

VA Code 23.1-601, formerly HB 700 was passed by the VA General Assembly and provides grants for the payment of tuition and mandatory fees at Virginia's public institutions of higher learning for youth in or formerly in foster care. The law went into effect July 1, 2024.

VDSS coordinated with the State Council of Higher Education of Virginia (SCHEV) to put a process in place to access the grants and identify contacts at each institution to work directly with eligible students. VDSS also developed and posted a broadcast to informed LDSS about the new Code.

The Code of Virginia specifies that individuals who were in foster care or the custody of LDSS at the age of 14 and over, adopted as a special needs adoption at age 14 and over, or who aged out of foster care, may attend a Virginia public college or four-year university and have their tuition and fees, as well as room and board paid for. However, the student must:

- Have a high school diploma or GED,
- Seek a first-time bachelor's degree,
- Take at least six credit hours of classes at the institution,
- Not have been previously enrolled as a full-time student in a post-secondary program for more than five years,
- Demonstrate financial need, and

- Apply and qualify for grants and scholarships through FAFSA at each institution's financial aid office.

For more information, click on the Code of Virginia link below: <https://law.lis.virginia.gov/vacode/23.1-601/>

The Virginia Appropriations Act of 2022 included funding that allows youth with foster care experience receiving post-secondary education remain in the dorms while attending a Virginia public college or university during scheduled breaks in the academic year when no other housing alternatives can be secured. The act requires Virginia's institutions to provide no-cost access to housing for eligible students. VDSS posted the institutional points of contact at Virginia four-year public institutions on the VDSS interagency website.

For 2025, VDSS will continue to seek to increase participation in the ETV, use various strategies to promote and improve and foster young people's participation in accessing the grants for payment of tuition and mandatory fees

VDSS continues to support its partnership with the Great Expectations program. This nonprofit organization is unique to Virginia and works directly with youth in foster care or foster care alumni/ae attending community college. This core initiative helps strengthen Virginia's postsecondary education assistance program and promote academic achievement and educational stability.

The Great Expectations (GE) program, established 2008, helps youth who have experienced foster care gain access to higher education, workforce training, and employment opportunities. Great Expectations helps at-risk young people develop the skills they need to transition successfully from the foster care system to living independently. The program is now available at 23 community colleges, so that youth in foster care across Virginia have access to one-on-one coaching and support services.

Between January 2024 – December 2024 (Spring 2024, Summer 2024, Fall 2024 semesters) 529 students were enrolled in courses and the Great Expectations Program at Virginia's Community Colleges. There were 82 graduates in 2024. Each one of the 23 colleges had at least three students enrolled. The colleges with the largest GE enrollments were Northern Virginia- 62, Laurel Ridge- 51, and Brightpoint- 42. Over 130 of these students participated in housing stipend programs offered by the Great Expectation program, receiving between \$400-\$750 a month. All GE students had success rates higher than the norm for young people with experience in foster care, but the students receiving the stipends performed even better, (over 80% retaining, graduating, transferring or earning a credential compared to 60% not receiving the stipend).

Another educational resource is the Community College Tuition Grant. This tuition grant pays for tuition and fees at Virginia Community Colleges for youth formerly in foster care or adoptees with special needs who have graduated from high school or obtained their GED and meet eligibility requirements. It is based on financial need.

Reflections from a Young Professional with Lived Experience in Foster Care

“Almost one year in, I am currently in the same position as the Education and Training Voucher (ETV) Administrative Specialist. My job duties include educating Great Expectations coaches, students, and other necessary parties about the ETV program.

Great Expectations is a program available in all 23 community colleges in Virginia that helps many students who were apart of Virginia foster care find success in college. I have lived foster care experience, and my college journey started at a Virginia community college. I was introduced to the Great Expectations program during my time there and the coach assigned to me was my biggest and sometimes only form of support. When speaking with the coaches and students, I oftentimes share how beneficial it was having that support and how it motivated me to later obtain both my bachelor's and master's degrees.

In my role, I oftentimes advocate for the students to ensure that they can receive benefits from the ETV program. Along with educating and advocating, my other job duties include tracking how many new and returning students are receiving ETV funds from community colleges, four-year universities and vocational programs. I also track the amount, and the duration of the funds used quarterly. This information is provided by the local departments of social services.

My position is remote and that seems to work well with the Great Expectation's coaches, students and other supporting parties. I attend Great Expectations monthly virtual meetings as often as possible to ensure that I am aware of changes, updates, and available if coaches have questions. Since I was provided with a company laptop and cell phone, it is easy for me to effectively communicate through email, phone calls and sometimes text messages. After student sign a consent form with their Great Expectations coach, I oftentimes reach out to them via text which seems to be the best form of communication for the students.

One of the goals my supervisor had for me in this role was to connect with the students more. So far, she reports that I am on track with that goal. In this role, I've also partnered with some of my coworkers and provided an ETV information session with Great Expectations Coaches, social services staff, and Project Life staff. This information session included an overview of the ETV program, the types of expenses funds can be used for and information about a new law that can cover tuition and fees at public four-year institutions.

Some members of my team and I are concerned that there may be some confusion about how to utilize ETV funds with this new law in place. Therefore, we are planning to host more information sessions for youth and LDSS to discuss how to maximize the ETV benefit. The goal is to provide continued education on a more consistent basis since things can change throughout the year.

I plan to continue to attend Great Expectations monthly meetings, directly communicate with students, provide education when needed and advocate for students.”

Cooperation in National Evaluations

In November 2024, VDSS was invited by the Administration for Children and Families Office of Planning, Research, and Evaluation (OPRE) to participate in a study. They sought VDSS staff with knowledge and expertise about the development, maintenance, and use of Virginia's foster care transition communication materials to participate in a virtual interview.

As part of the [Chafee Strengthening Outcomes for Transition to Adulthood](#) project, the Administration on Children and Families OPRE and their study team at Westat were conducting case studies to understand how states can support access to foster care transition services through their communications. After a systematic review of online resources, five states, including Virginia, were identified as having strong foster care transition communication materials.

The study team was specifically interested in Virginia's following resources:

- [Foster My Future](#) website, especially the [Fostering Futures brochure](#), [ETV Flyer](#), and [tuition grant flyer](#)
- [Services for Older Youth](#), including [informational videos](#) about transition planning

- [Project Life](#) website, including the [map with regional contacts](#)

Members of the Foster Care Youth Services Team participated in this study. VDSS will continue to cooperate in any national evaluations of programs' effects in achieving the Chafee Program's purpose.

Chafee Trainings

VDSS did not offer an annual in-person regional training in 2024. However, VDSS provided several virtual training and technical assistance over the phone to individual LDSS, as requested, for new workers and overall staff development.

DOE and VDSS will continue to provide planned joint educational stability training across Virginia and offer workshops specific to LDSS and school divisions. Collaborative training will be provided in other forums, such as the annual CSA conference.

Information about training regarding youth development, normalcy for youth in foster care, and permanency for youth for LDSS staff, foster parents, adoptive parents, and staff of congregate care facilities is provided in Appendix E-2: Title IV-E Pass Through Training.

For 2025, VDSS plans to provide virtual Chafee and ETV training for LDSS and collaborate with LTD on developing an eLearning course on A Youth Welfare Approach which can be accessed at any time. VDSS will involve youth in the training by providing them with opportunities to share their stories and highlight the benefits of Chafee, ETV services, and the Youth Welfare Approach in assisting them in preparing for adulthood.

Consultation with Tribes

In Virginia, American Indian or Alaska Native children experiencing foster care are eligible for the same benefits and services under the Chafee program as other children in foster care. VDSS will continue to share information about the Chafee and ETV programs as part of ongoing efforts to build relationships between VDSS and the Tribes. VDSS and LDSS remain responsible for providing child welfare services and protections for Tribal children who are under state jurisdiction. VDSS does not differentiate between Indian children and non-Indian children with respect to the availability or provision of benefits or services.

In 2024, VDSS Youth Services team provided a presentation to the Tribes on the Chafee and ETV programs. This presentation included an overview of program eligibility, available services, and how to access supports. Tribal representatives were invited to ask questions, provide input, and discuss potential collaboration opportunities. None of Virginia's Tribes requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV program, VDSS continues to make programs available to eligible Tribal youth on the same basis as other youth in foster care in the state. Coordination efforts include maintaining open lines of communication with tribal representatives, providing updated program materials, and offering technical assistance upon request.

CONSULTATION BETWEEN VIRGINIA AND TRIBES

Virginia has 11 state and federally recognized tribes. None of the Tribes in Virginia are designated as the title IV-E agency for their Tribe, so VDSS continues to be responsible for providing child welfare services and protections for Tribal children. VDSS has made concerted efforts to build relationships with members of the state and federally recognized Tribes. A project manager led these collaborative efforts, allowing for easy continuity of contact between VDSS and the Tribes and building trust between the Tribes and government officials.

In 2021, VDSS added another staff person to support collaboration and ICWA compliance. This staff member, who currently works in the QAA unit as the title IV-E In-Home QAA Supervisor, has a personal Tribal connection as their family are members of a federally recognized Virginia Tribe. The staff person’s extensive knowledge of Native American culture, Virginia’s Tribes, and child welfare programs has helped elevate the continued collaboration between VDSS and Virginia’s Tribes. This staff person officially took over as VDSS’ Tribal Liaison in 2024 after the project manager moved to another position within VDSS.

The Chafee/ETV information on Tribes is located in that section of the CFSP.

The link to the 2025-2029 CFSP and subsequent APSRs will be shared with Virginia’s Tribes when they are approved. The reports are also posted publicly for Tribal partners to access at any time.

Federally 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 (Nottoway) Tribe |
| Nottoway Tribe | Patowomeck Indian Tribe |
| Mattaponi Tribe | |

*Federally Recognized Tribes

Federally Recognized Tribes

<https://www.govinfo.gov/content/pkg/FR-2019-02-01/pdf/2019-00897.pdf>

Virginia State-Recognized Tribes

<https://www.commonwealth.virginia.gov/virginia-indians/state-recognized-tribes/>

VDSS continues to cultivate meaningful relationships with many of the 11 Tribes, using consistent, transparent communication at quarterly roundtable meetings (**Permanency Strategy 1**), one-on-one calls, emails, and in-person visits with Tribal leaders. The roundtable meetings are an opportunity for Tribes to share questions and concerns around child welfare matters, as well as build and share their understanding of ICWA laws. Built into the roundtable meeting agendas is the opportunity for Tribes to share any experiences and processes encountered either at the local or state level that could inform practices, including education and training needs. VDSS also shares roundtable materials with all Tribal representatives who are unable to attend the meetings, in addition to posting the meeting materials publicly on the VDSS website.

VDSS routinely shares information with all 11 Tribes via email to the Tribal Chiefs, Assistant Chiefs, Tribal Administrators, and ICWA Representatives. Consultation with the Tribes is primarily conducted via the quarterly roundtable meetings. The roundtables have representation from both the state and the federally recognized Tribes, with members attending as they are available. In 2024, the following Tribes and representatives were present at the meetings.

- Cheroenhaka (Nottoway) Indian Tribe: Chief “Red Hawk” Brown
- Chickahominy Indian Tribe: Lindsay Johnson- Deputy Tribal Administrator, Susann Brown- Child Care Development Coordinator
- Chickahominy Indian Tribe Eastern Division: Chief Joanne Howard, Morgan Maritn- Program Director
- Nottoway Indian Tribe: Yvonne Epps-Giddings- Child Welfare Point of Contact
- Upper Mattaponi Indian Tribe: Wilma Hicks- ICWA Representative, Assistant Chief Lou Wratchford
- Mattaponi: Lois Carter- Project Director
- Monacan: Chief Diane Shields, Adrian Compton- Tribal Administrator
- Nansemond: Kali Lassiter-Administrative Coordinator
- Pamunky: Jessica Bradby- ICWA Representative, Assistant Chief Tim Langston

These meetings have been used to share information and seek feedback on the CFSP/APSR and other topics. For example, topics in 2024 included SNAP-Ed, Family Violence Prevention and Services Grant, Tribal Engagement training module, Family Seeking/Kin First Culture Initiatives, NICWA Conference, Public Affairs awareness campaign, Cultural Keepers, Child and Family Services Reviews and the standing items of Virginia’s tribes.

VDSS continues to gather input from Virginia’s tribes to include their recommendation for the next eLearning topic. With the success of the ICWA eLearning released in May 2022, VDSS and the tribes collaborated to create a series of eLearnings. VDSS developed a subsequent eLearning regarding engagement with tribes that leads to the identification of Native American heritage and citizens. This is projected was completed in November 2024 with the release of Engaging Native American Families eLearning, in conjunction with Native American Heritage month. In addition, the Tribal Liaison attended a pow wow, an Indigenous People’s Day event and several Native American community events in 2024. Lastly the tribal collaboration team was invited to be a standing member of the Court Improvement Advisory Board. VDSS and Virginia’s Tribes plan to continue collaborative efforts in the following year by way continued face-to-face contacts and more collaborative projects.

In 2024, there were no concerns brought to the liaison for ICWA cases. VDSS Division of Family Services continues to assist regional consultants in navigating ICWA cases. However, VDSS has had an ongoing partnership with the Office of the Children’s Ombudsman to assist with constituent concerns related to ICWA cases.

See the following data for more information.

**Children served by VDSS Child Welfare Who Identify as American Indian or Alaska Native
Statewide Quarterly Average CY2024**

| | Number of Children by CPS Report Type | Percentage American Indian or Alaska Native Children |
|-----------|--|---|
| Referrals | 25,592 | 0.45% |
| Accepted | 9,387 | 0.36% |

| | | |
|-------------------|-------|-------|
| Family assessment | 6,928 | 0.43% |
| Investigated | 2,012 | 0.17% |
| Founded | 646 | 0.31% |

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 1/1/2024 - 9/30/2024
Data Collection Method for CY2024:

Children in Foster Care Who Identify as American Indian or Alaskan Native

| Statewide Jan.-Dec. 2024 | Male | Female |
|---|-------------|---------------|
| All children in foster care services* | 3,801 | 3,697 |
| American Indian or Alaska Native Children | 18 | 19 |
| Age at current removal | | |
| 0-3 years | 4 | 5 |
| 4-10 years | 9 | 8 |
| 11-14 years | 3 | 2 |
| 15-16 years | 1 | 2 |
| 17-18 years | 0 | 1 |
| Over 18 | 1 | 1 |
| Diagnosed disability | | |
| Yes | 10 | 3 |
| No | 8 | 15 |
| Unknown | 0 | 1 |
| Case plan goal | | |
| Adoption | 8 | 2 |
| Relative placement | 1 | 3 |
| Return home | 8 | 9 |
| Other | 0 | 4 |
| Exits from care | | |
| Reunification | 4 | 1 |
| Adoption | 3 | 0 |
| Custody transfer to another agency | 1 | 7 |
| Still in care | 10 | 11 |

Source: Source: Virginia Child Welfare Outcome Reports (VCWOR), date includes all children entering, exiting, or in foster care during CY2024, and last submitted values of all AFCARS elements. Race was determined by the individual race categories, this data may include children that identify as American Indian or Alaskan Native in addition to another race.

Data Collection Method for CY2024:

**Occurrence of ICWA Application: Cases/Children Active During 2024 in Foster Care
ICWA Determination of Children in Foster Care Under 18 (AFCARS 24A and 24B: 10/1/2023 -
9/30/2024).**

| | Number | Compliance Percentage | Percentage of Population |
|---|---------------|----------------------------------|-------------------------------------|
| Number of Children in Foster Care Under 18 | 6,542 | N/A | 100% |
| Number of Agency Made Inquiries | 5,636 | 86.2% | N/A |
| Number of Children Eligible for Membership in a Federally Recognized Indian Tribe | 10 | N/A | 0.15% |
| Number of Applications of ICWA | 10 | N/A | 0.15% |
| Number of state notifications to tribes | 10 | 100% | N/A |

Source: AFCARS 24 Elements 7, 8, 10 and 12.

**Demographics: Children served by In-Home Cases Identified as American Indian
(NEW Data Report)**

| Statewide Jan.-Dec. 2024 | Counts under 18 | |
|---|-----------------|--------|
| Total Number of Clients in In-Home Cases | 13,486 | |
| Total Number of American Indian or Alaska Native children | 12 | |
| Age and Gender at Case Start Date | Male | Female |
| 0-3 years | 3 | 4 |
| 4-10 years | 1 | 1 |
| 11-14 years | 1 | 0 |
| 15-16 years | 1 | 0 |
| 17-18 years | 0 | 1 |

Source: KFN03 and POASIS, 2025-4-15

Over the next five years, VDSS will continue to focus on compliance with ICWA through Permanency Strategy 1.1 and the Measures of Progress indicated in Permanency Strategy 1. As indicated in the CFSP strategic plan, VDSS established a baseline of data for ICWA in the first year of the CFSP. While VDSS has captured ICWA screening data for the past five years, limitations on that data have become clearer over time. Now that VDSS has made significant system changes in accordance with the AFCARS 2020 Final Rule, there is an opportunity for better, more reliable data collection regarding ICWA compliance. A new ICWA tab was created in OASIS to capture ICWA data in foster care cases. This tab is mandatory and workers are not able to move forward if this screen is not completed.

As part of Permanency Strategy 1, VDSS updated data reports within SafeMeasures for LDSS, regional, and home office staff to better monitor ICWA related data points.

While general training was offered on all the new AFCARS related OASIS screens at the time of the OASIS update, VDSS recognizes that targeted support for the ICWA screens may be warranted. VDSS plans to develop a micro-learning in collaboration with the Tribes to support worker's timely completion of the ICWA determination screens.

Now that the SafeMeasures reports have been updated, VDSS staff plan to use them to identify American Indian/Alaskan Native children to conduct deeper case reviews to ensure ICWA compliance. SafeMeasures will also be working on updating reports to allow staff to identify children and youth who identify as American Indian/Alaskan Native as well as other races. Previously, many of the reports only displayed that the child identified as multi-race without providing additional detail of the multiple races, which was another limitation of the current data reporting.

In addition to these efforts to monitor ICWA compliance, VDSS will also be utilizing public affairs expertise within the department to update and maintain public facing sites and documents to reflect current information regarding ICWA and tribal collaborations in Virginia.

TARGETED PLANS AND APPENDICES

Please see attached for the following plans and appendices:

Appendix A: 2025 CAPTA Update

Appendix B: Family First Prevention Services Plan

Appendix C: Health Care Oversight and Coordination Plan

Appendix D: Diligent Recruitment Plan

Appendix E: Training Plan

Appendix E-1: Virginia Child Welfare Staff and Provider Training Plan

Appendix E-2: Virginia Title IV-E Training Plan Matrix

Appendix E-3: Virginia Master Family Services Child Welfare Training Matrix

Appendix F: Virginia Continuity of Operations Plan (COOP)

The 2025 COOP for the Division of Family Services is attached. This plan is confidential and protected under FOIA. Therefore it will be submitted to the Children's Bureau, but is not posted on the public-facing website. The COOP plan was activated for Hurricane Helene during 2024. The COOP plan was utilized during Hurricane Helene in 2024 when the southwest part of the state was heavily impacted by severe flooding and wind damage. Virginia received up to 11 inches of rain, and three tornadoes developed in the state. The storm resulted in three fatalities and at least 17 injuries. As the lead agency for the emergency support function that includes Mass Care, Emergency Assistance, Human Services, and Housing Referral, the VDSS initiated their disaster response plans. This response included efforts to streamline information and coordinate between agencies, including deployment of the VDSS regional liaison position to the Virginia Department of Emergency Management (VDEM) Region 4 Regional Coordination Center. Hurricane Helene marked the first time in two decades that the department

supported activation of the Disaster Supplemental Nutrition Assistance Program (DSNAP). VDSS and a non-profit agency collaborated together to assess the response to this disaster and developed a report that offered suggestions to address the challenges experienced.

In addition to these efforts, information was sent to each local department in the form of a broadcast in October 2024 entitled "Natural Disaster Preparation for Children in Foster Care". The broadcast reminded localities of their responsibilities for evacuation/emergency procedures for children in foster care, including the use of the state toll-free number for foster families and providers to provide information to the department and the local departments in the event that it was necessary that they relocate.

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. Local departments, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. If, during the emergency/disaster situation, child abuse or neglect is reported, it will be handled by the locality where the alleged abuse/neglect occurred. If the state office is forced to close or relocate due to a disaster, service provision will continue to be offered through local departments of social services. Local departments that are in counties and cities that border other states have working relationships with those states and services could be provided there if there are adequate resources available to help.

VDSS continually maintains the Active Foster Care Report in an Excel file on an external hardware (jump drive). The jump drive is in the possession of the Foster Care Program Manager so that during an emergency/disaster situation, information regarding the children in foster care will be available outside of the automated child welfare data base. The LDSS shall ensure foster families and providers develop plans that help protect their families and also provide communication information for use in emergency situations (Emergency Plans Form). In the event the foster family or other provider needs to evacuate, information regarding the whereabouts of children in foster care and contact information shall be communicated to the LDSS. If the LDSS cannot be reached, the information shall be communicated to VDSS via the hotline and VDSS will enter the information into OASIS.

Additionally, in a disaster situation, VDSS staff will be available through the state hotline toll-free number for the community to contact for child welfare related service needs, referral information for services, and to notify the state office of displaced clients in the event the situation impacts the LDSS and the local office cannot be reached. The toll-free number will be given to the media and disseminated to local departments of social services. The regional offices serve as operation centers for service referrals and information throughout the state, including assistance with psychotropic medication. The Community and Volunteer Services Division at VDSS operates the "211" Information and Referral hotline that is available for locating services and assistance state-wide. Alternative contact information for divisional staff will be highlighted on the Department's website to make it easier for clients and other states to contact the necessary people.

Appendix G: CSA Service Utilization Rates

Appendix H: Citizen Review Panel Recommendations

Appendix I: ETV Chart