

Virginia's Annual Report on the Five Year State Plan for Child and Family Services 2020 - 2024

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Frequent Acronyms

AART	Adoption Assistance Review Team
APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
DBHDS	Virginia Department of Behavioral Health and Developmental Services
CAPTA	Child Abuse Prevention and Treatment Act
CBCAP	Community-Based Child Abuse Prevention
CIP	Court Improvement Program
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Service Plan
CFSR	Child and Family Services Review
CJA	Children's Justice Act
CPMT	Community Policy and Management Teams
CPS	Child Protective Services
CSA	Comprehensive Services Act for At-Risk Youth and Families
CSB	Community Services Boards
CQI	Continuous Quality Improvement Unit
DFS	Division of Family Services
DJJ	Virginia Department of Juvenile Justice
DMAS	Virginia Department of Medical Assistance Services
DOE	Virginia Department of Education
ETV	Education and Training Vouchers
FAPT	Family Assessment and Planning Teams
FFY	Federal Fiscal Year
ICPC	Interstate Compact for the Placement of Children
ILP	Independent Living Program
LDSS	Local Departments of Social Services
MCO	Managed-Care Organization
NRC	National Recourse Center
NYTD	National Youth in Transition Database
OASIS	Online Automated Services Information System

OCS	Office of Comprehensive Services for At-Risk Youth and Families
PAC	Permanency Advisory Committee
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
QSR	Quality Service Review
RFP	Request for Proposals
SDM	Structured Decision-Making
SEC	State Executive Council
SFY	State Fiscal Year
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services

Organizational Structure and Vision

State Agency Administering the Programs

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

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

Organizational Structure

VDSS at the state level includes the governor-appointed State Board of Social Services, which is responsible for advising the commissioner, adopting regulations, establishing employee-training requirements and performance standards, and investigating institutions licensed by the department.

VDSS support areas include:

- Finance and general services,
- Organizational development,
- Information systems,
- Legislative affairs, and
- Operations.

VDSS program areas include:

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

Five regional offices oversee community and local organizations, including:

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

- Child protective services (child abuse and neglect),
- Permanency (adoption, foster care, independent living, and interstate/inter-country placement)

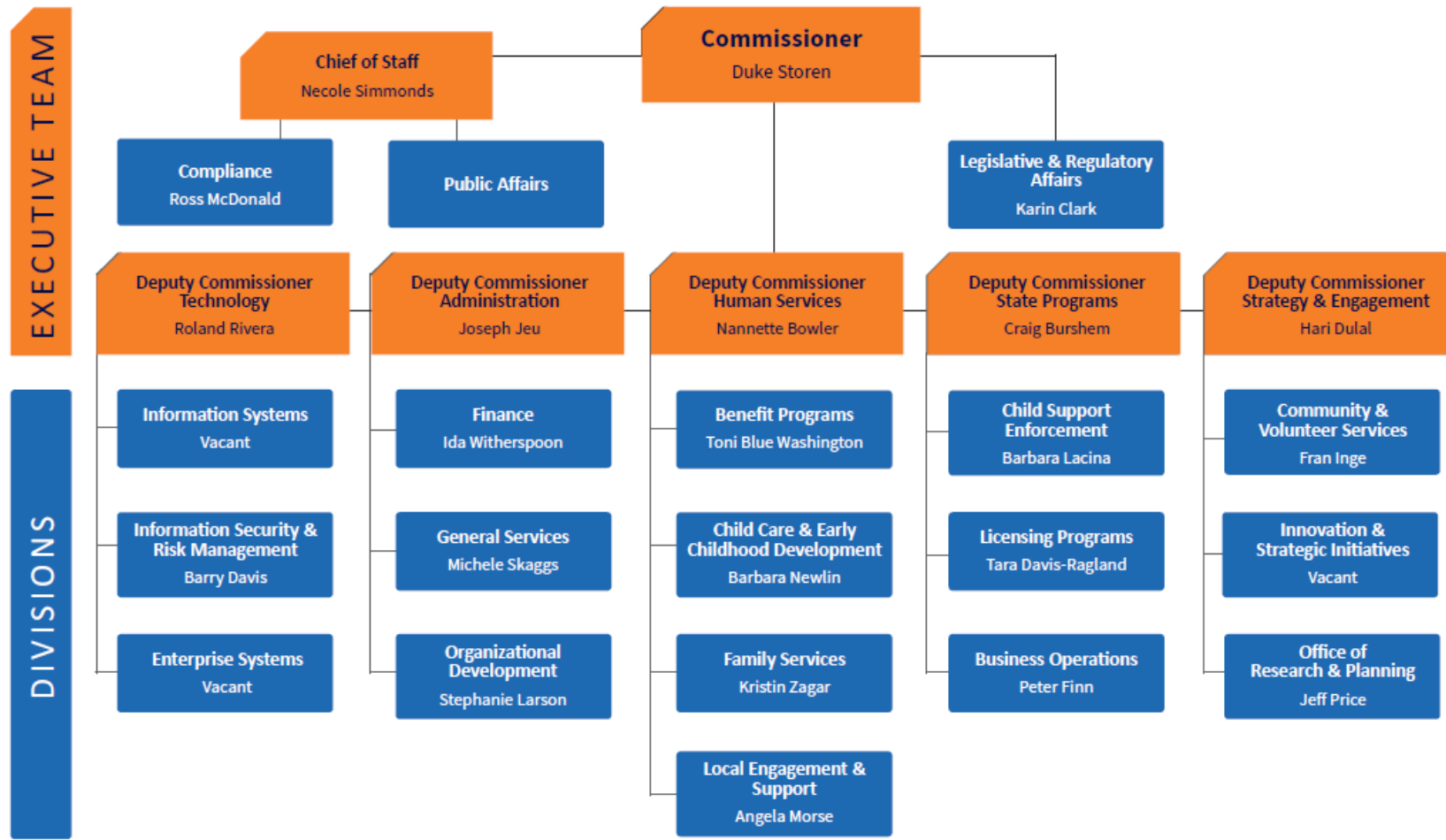
- of children),
- Quality assurance and accountability (Continuous Quality Improvement (CQI), title IV-E review, Adoption Assistance Review Team (AART) review, Child and Family Service Review (CFSR)),
- Prevention (prevention services and safe and stable family services), and
- Legislation, regulations, and guidance

Child welfare programs are state supervised and locally administered by 120 local Departments of Social Services (LDSS).

The VDSS and DFS organizational charts follow.



VIRGINIA DEPARTMENT OF SOCIAL SERVICES ORGANIZATIONAL CHART





Vision

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 System Practice Model

The [Virginia Children's Services System Practice Model](#) sets forth a vision for the services that are delivered by all child-serving agencies across the commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services. The practice model is central to our decision-making. It is present in all of our meetings and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our 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.

Alignment with Children's Bureau Focus

Four primary areas were highlighted in Virginia's CFSP that reshape child welfare to focus on strengthening families. These four areas align well with the areas of focus throughout this plan, as well as through the developed strategic plan.

The highlighted areas include:

- Child welfare practice that supports the well-being of children and families,
- Community-based, collaborative programs that support families,
- Foster care as a support to families, not a substitute for parents, and
- A strong, healthy child-welfare workforce to achieve better outcomes

This annual report will link the strategic plan activities, the statewide self-assessment, and the work of each unit throughout the division and will highlight the progress and challenges that have occurred over the past year. All data reflected in this APSR is for the calendar year 2019. In past APSR, the data presented only covered a portion of the time being reported on. VDSS has made the decision to present a full year worth of data. Strategies and activities reported on will include information up through the present time.

COVID-19 Response

The Governor declared a state of emergency on March 12, 2020 and issued a Stay at Home order on March 30, 2020 which is set to expire June 10, 2020 in response to the COVID – 19 pandemic. VDSS and local departments moved quickly to ensure continuation of services. During the initial COVID-19 crisis phase, it was critical to effectively prioritize and streamline efforts and energy in order to address emergency tasks. VDSS has worked to alleviate the burden falling on LDSS that provide critical services in our communities. VDSS prioritized efforts to provide critical guidance, resources and supports to the field and utilize collaborative efforts and partnerships to address the unique risks and challenges of the time. VDSS produced tools on how to conduct home visits during a pandemic; procured and provided a HIPAA compliant virtual visit platform doxy.me – and created resources to guide the field on virtual visits. VDSS created resources on supporting children, families and workers in navigating crisis and worked with partners to ensure prevention messaging was disseminated and made available to community members and professionals.

VDSS focused on process-oriented priority responses, including: recalibrating staffing to address fluctuating flow and needs of the state hotline to ensure abuse and neglect referrals are received and responded to appropriately; addressing protocol regarding exposure and potential exposure to COVID-19 in the workplace; and, moving to 100% teleworking for home office and regional staff, while support teleworking efforts of LDSS. VDSS built workforce capacity through creating and offering web-based trainings for staff on how to conduct virtual meetings and webinars. VDSS strengthened existing partnerships in targeted and intentional ways during this crisis, including leveraging relationships and collaborative opportunities with multiple other state agencies, advocate partner organizations, LDSS stakeholders, and non-profit providers and partners. In this way, our resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of our workforce and communities during the crisis. Throughout this APSR and in the attached Disaster Plan, activities related to COVID-19 will be highlighted.

Strategic Plan

As mentioned in the Child and Family Services Plan, Virginia used a collaborative planning process. VDSS leadership wanted to ensure that the focus is on outcomes, aligning work and new legislative requirements, and using the PIP root cause analysis and problem identification as a jumping-off point to create consistency, support alignment, and avoid duplication. Throughout the planning process described, the theme of better engagement with families and communities began to emerge and are now infused into each objective area. The objectives included in the CFSP framework are protection, prevention, permanency, CQI, and workforce.

VDSS has identified strategies that fall under each of the priority objective areas. Each strategy is designed to make progress in expanding and strengthening the range of existing services, developing new types of services, and reaching additional children in need of services, per the alignment with the overarching priority areas for VDSS. Each strategy aligns with one of the priority areas of the 2019 CFSR/PIP, FFPSA, JLARC legislation, CAPTA, and other priorities and have been mapped to the specific priority of alignment to ensure that the overarching vision and goal align with the continued implementation of the CFSP strategic plan over the next five years.

Because the strategic plan is reflective of the work that is happening, reporting on the strategies, benchmarks, and data will be found throughout the statewide assessment and program description sections of this report. Changes to the Strategic Plan are bolded or stricken through and colored blue.

Implementation Supports/ Training and Technical Assistance

VDSS worked closely with the Center for States on the PIP analysis and the development of the PIP framework. VDSS is currently receiving Technical Assistance (TA) from the Center for States on CQI, diligent recruitment, and LGBTQ initiatives. Additional TA is noted in the strategic plan tables.

A key to acronyms included in the alignment section of the Strategic Plan can be found in the 2020-2024 CFSP.

CFSP Strategic Plan

Goal: To serve and engage families and communities to help shape a stronger future by improving the wellbeing, safety, and permanency of children.



Protection Objective

Provide protection to Virginia's children through the timely response of child maltreatment reports with a primary focus on engagement to mitigate risk and safety concerns.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Ensure a primary focus on engagement through the Virginia Practice Model and Practice Profiles	1.1 Hold structured meetings facilitated by a neutral moderator during critical decision points.	JLARC 13 CAPTA I.E, II.E	<ul style="list-style-type: none"> • 20 PIP LDSS implementation by July 2021 • % Regional implementation by 2024 	<ul style="list-style-type: none"> • All 20 PIP LDSS are implemented by June 30 2021 • All 5 regional plans are developed in 2022 • Implementation in regions by 2024 	<ul style="list-style-type: none"> • % annual change in FPM and CFTM use 2020 update- 15% • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 2020 update 	<ul style="list-style-type: none"> • Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles • TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants • The Practice Profiles initial implementation of 20 LDSS (between
	1.2 Install the Engagement Profile of Virginia's Practice Model	JLARC 14 PIP 1.1 CAPTA I.E, II.A				
	1.3 Develop and/or enhance the knowledge, skills and abilities of workers in an effort to deliver consistent	PIP 1.2 and 1.3 CAPTA I.E				

	engagement practices.				See CFSR Statewide Assessment section	2015-18) were evaluated and we are expecting final results in the coming months. Additional evaluations are not planned at this time. VDSS CQI process will be utilized throughout the implementation process to monitor and evaluate progress.
2. Respond to reports of abuse and neglect with a timely consistent response.	2.1 Develop and initiate timelines for contact with child through child protective services.	PIP 2.1 CAPTA I.A, I.C	June 2021	<ul style="list-style-type: none"> • Increase timely face to face response with identified victim and increase use of individualized safety services early in the process • Annual 	<ul style="list-style-type: none"> • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 	<ul style="list-style-type: none"> • Training and coaching are built into the implementation plan and will be provided by internal training staff and Regional Consultants as part of the implementation process for current

	2.2 Provide Timely array of services to protect child(ren) in the home or current placement.	PIP 2.1, 2.2, 2.3 JLARC 11 CAPTA I.C, I.E		maintaining of progress towards PIP goals	2022-October 2024 2020 update See CFSR Statewide Assessment section	workers. CPS New Worker training will train new staff. • TA provided by State staff to regionals and LDSS will support implementation efforts to include change management components, communication, implementation strategies, timelines, etc. • TA will be provided to LDSS as needed by Regional Consultants. • Internal CQI process will evaluate and monitor the implementation and progress made.
	2.3 Establish case practices and protocol that ensure safety services are provided with consistency in decision-making.	PIP 2.3PIP 2.1, 2.3 CAPTA I.A, I.C				
3. Implement and monitor a Statewide response to all reports involving	3.1 Engage with stakeholders to receive input on Virginia's response to victims of child trafficking.	HB2597SB1661	<ul style="list-style-type: none"> • 3.1 target- December 2019 • 3.2 Target- December 2021 • 3.3 Target- yearly 	<ul style="list-style-type: none"> • Developed and implemented response to victims of child trafficking • Completed policy 	<ul style="list-style-type: none"> • # of service referrals 2020 update 25 • # of screens completed 	<ul style="list-style-type: none"> • VDSS is seeking consultation from subject matter experts for TA and implementation support • VDSS is

victims of Child Trafficking	3.2 Identify and utilize technical assistance from Subject Matter Experts to help support the development, implementation, and evaluation of Virginia's response to victims of child trafficking.	CAPTA I.N	December 2022-24 3.4 Target—2022-24 Statewide rollout beginning July 2020	guidance• Completed technical assistance curriculum * E-VVS online training developed SEAS online training module posted	2020 update 74,929 • 10% increase in CFSR Items 1, 2, 3, 12, 13, 14 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 2020 update See CFSR Statewide Assessment section • # Human Trafficking Assessments completed *SEAS trainings offered in person and online. *Baseline of participating organizations established July 1, 2020.	looking into incorporating training via the Sex Trafficking Training Learning Experiences offered by the Center for States• VDSS will seek partnership in formal evaluation activities and will utilize our CQI process to monitor. *VCU research completed—e-VVS deemed a reliable tool. *VCU research completed & report finalized - SEAS deemed an evidence-informed tool. *Trauma Informed Leadership Team to promote use of SEAS across child-serving State Agencies.
	3.3. Develop and implement policy guidance on the completion of Child Trafficking assessments.	CAPTA I.B				
	3.4 encourage the use of the Virginia Victimization screen by local stakeholders to identify victims of child trafficking.					

4. Provide support to those who report abuse and neglect.	4.1 Develop and implement Mandated Reporter Online Reporting System- -VaCPS	CAPTA I.I	<ul style="list-style-type: none"> • 4.1Target- June 2020 2021 • 4.2 Target- June 2021 • 4.3 Target- June 2022 October 2020 • 4.4 Target- June 2020 and ongoing • 4.5 Target- December 2022 	<ul style="list-style-type: none"> • Completion and implementation of VaCPS • Completed development of training curriculum • Completed business process reengineering 	<ul style="list-style-type: none"> • Percentage of Hotline staff trained 2020 update NA • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 2020 update See CFSR Statewide Assessment section 	<ul style="list-style-type: none"> • Training will be developed and delivered by VDSS training staff and will be offered to current hotline staff and incorporated into new worker training • TA supports are provided by training staff, IT staff, CQI staff, and change management staff • VDSS will use our CQI process to monitor and evaluate progress. • VDSS requests peer-to-peer support from the Center for States related to the operations of the State Hotline
	4.2 Identify and implement strategies that will standardize and streamline the State Hotline business process.	Business Process Reengineering CAPTA I.L				
	4.3 Develop and implement a training curriculum for Hotline staff.	CAPTA I.L				
	4.4 Enhance the quality of service provided by the State Hotline by identifying technological barriers.	CAPTA I.L				
	4.5 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.	CAPTA I.L				



Prevention Objective Develop and establish a Virginia child welfare prevention program that targets resources and services to prevent abuse and neglect so that children can remain safely at home or with kin caregivers.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Develop prevention workflow to include prevention services including planning, case management Processes, practice guidance & training.	1.1 Identify various levels of prevention services, funding streams, service availability & gaps in services (primary – CBCAP, Healthy Families, VOCA, PSSF, DVPS; secondary; tertiary)	PS1 PIP 2.3 CAPTA III	<ul style="list-style-type: none"> • June 2020 • June 2021 • June 2022 • Yearly <p>1.6 Statewide rollout of VA Heals toolkit begins July 1, 2020</p> <p>1.7 July1 2020– June 30 2021</p>	<ul style="list-style-type: none"> • Completed plan identifying preventions services, funding streams, service ability, & gaps in services • Completed In-Home Policy Guidance • Percentage of In-Home cases using new Policy Guidance (25%, 50%, 75%, 100%) • Completed development of In-Home training • Completed PP Plan • Approval of 	<ul style="list-style-type: none"> • Annual % increase in families served by Kinship Navigator program 2020 update # of Kinship caregivers 414 • % annual change in staff that have received training on In-Home Policy Guidance 2020 update In-home guidance and training will be 	<ul style="list-style-type: none"> • Specific In-home Training will be developed and provided by VDSS staff, current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. • State staff will provide TA via implementation project management. Also, change management staff, CQI staff, and prevention specialists will provide TA to LDSS as needed. Capacity Building
	1.2 Develop and Implement In-Home Policy Guidance to provide consistency for In-Home cases (including Diversion cases).	JLARC 2; PS1 PIP 2.2 CAPTA I.Q				

	1.3 Identify In-Home Workforce Professional Development Needs	PIP 2.2 CAPTA I.Q Workforce		collaborative Primary Prevention Plan by VDSS and VDH • Maintaining 5 regional programs through federal grant funding • Adding 1 new regional program once grant funding has been completed New Virginia Heals Website • Approval of collaborative Domestic Violence/Sexual Assault Primary Prevention State Plan (VDSS & VDH) • Development of a collaborative statewide Resource Directory for service providers	implemented with Family First, which has been extended to January 2021. • Kinship navigator and Kinship guardian assistance program caseload 2020 update 6 Kinship navigator programs, 414 caregivers • # of localities participating in Resource Mapping events and utilizing the on-line Resource Directory • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP	Engagement coaches will also provide coaching support. • VDSS will use our CQI process to monitor and evaluate progress. • As part of Family First Implementation activities, VDSS may engage in a full evaluation. *Awarded contract for development of resource directory Receive TA from the National Council of Juvenile and Family Court Judges and the National Governors Association to address post-grant sustainability
	1.4 Develop and provide training aligned to engagement, coaching and supervision.	PIP 2.2				
	1.5 Monitor and Maintain a kinship navigator	FBP3				
	1.6 Promote use of the Virginia Heals Referral and Response Protocol and Resource Mapping Facilitator's Guide to encourage referrals to appropriate service providers					
	1.7 Promote Primary Prevention activities for long-range skills building for at risk	FVPSA				

	children and youth.				<p>completion in April 2022. Additional 10% increase between April 2022-October 2024</p> <p>2020 update See CFSR Statewide Assessment Section</p> <p>#’s of individuals accessing online training modules of the Virginia Heals Referral and Response Protocol and Resource Mapping</p>	
2. Advance the implementation and sustainability of evidence-based trauma informed services.	2.1 Create informed services that effectively improve child safety, ensure permanency and promote child and family wellbeing.	PIP 3.1 CAPTA I.C	<ul style="list-style-type: none"> • 2.1 - June 2020 • 2.2 - January 2020 • 2.3 - August 2021 	<ul style="list-style-type: none"> • Evidence-based practices identified for all areas and implemented • Identification of EBS 	<ul style="list-style-type: none"> • UPLC organizational improvements documented on post assessments 2020 update 	<ul style="list-style-type: none"> • This strategy not require specific training needs • The state will provide TA supports via project management, change management,

	2.2 Increase and/or enhance evidence-based services consistent w/FFPSA focus on trauma, mental health, Substance abuse, In-home parent skill programs.	EBS1; EBS2; EBS3		providers that receive Family First Funding · Expansion of EBS providers that receive Family First Funding as the Federal Clearinghouse are developed	<p>This has been delayed due to the COVID 19 pandemic</p> <ul style="list-style-type: none"> • % increase in services to underserved populations (VAdata) · Number of children and/or caregivers who receive EBS through Family First Funding <p>2020 update</p> <p>The implementation date of Family First has been extended to January 30, 2021. VDSS provided training to providers to become established in the following evidence based programs: five Multisystemic Therapy teams,</p>	financial support, community partner coordination, and communication supports with partners and LDSS. <ul style="list-style-type: none"> • The state has partnered with The University of Richmond to conduct and analyze survey results • Ongoing involvement of UPLC Workgroup and Virginia Underserved Population Advisory Committee
	2.3 Increase access to domestic violence services for underserved populations through the delivery and funding of the Underserved Population Learning Collaborative	FVPSA				

					<p>five Functional Family Therapy teams and 18 Parent Child Interaction Therapy clinicians. VDSS will continue to explore opportunities to provide EBS training with available funds.</p> <p>•% annual increase in children and/or caregivers who receive EBS through Family First Funding 2020 Update The implementation date of Family First has been extended to January 30, 2021.</p>	
3. Improve ease of access to prevention	3.1 Strengthen partnerships in order increase potential funding	PS2, R3 PIP 2.2 CAPTA III.B	June 2020	• Annual accounting of funding streams and resources	• # of active prevention contracts 2020 update	• Training will be developed and offered to local staff and community

services and funding.	streams to better meet the needs of children and families.			<ul style="list-style-type: none"> • Implementation of new prevention contracts • Use of LSC Grant Application Development Menu for Funders • DV Promising Practices Guide posted on a public website 	<p>130</p> <ul style="list-style-type: none"> • % of contracts using trauma informed practices 2020 update Not currently tracking • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 <p>2020 update See CFSR Statewide Assessment section</p> <ul style="list-style-type: none"> • # of PPG topics completed and posted 	<p>partners.</p> <ul style="list-style-type: none"> • The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS. • The state has partnered with The University of Richmond to conduct and analyze survey results. • The LSC-developed Va Heals menu for funders will be presented to all grant administrators • Involving the Domestic Violence Action Team, local DV programs and survivors to review and approve all PPG entries.
	3.2 Collaborate with partners to identify and decrease barriers to family engagement, current planning, service provision (including domestic violence services) and timely permanency.	PS2CAPTA I.E, CAPTA I.CChap H CW Manual				
	3.3 Collaborate with partners to develop and implement prevention contracts (CBCAP; HHF, VOCA, PSSF, DVPS).	PIP 3.1 CAPTA III.B				
	3.4 Clearly define Maintenance-of-Effort MOE as it relates to Family First.					
	3.5 Incorporate trauma informed practices into funding					

	solicitations (RFAs) intended for local stakeholders.					
4. Create a well-designed and rigorous evaluation system for Family First funded services.	4.1 Establish clear goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes.	PIP 2.1, JLARC 30	2020-2024	<ul style="list-style-type: none"> • Defined implementation plan for EBS • Established goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes • Monitoring plan developed • Monitoring plan implemented • Monitoring plan evaluated bi-annually 	<ul style="list-style-type: none"> • # of programs referred to federal clearinghouse 2020 Update The implementation date of Family First has been extended to January 30, 2021. • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 2020 update See CFSR Statewide Assessment Section 	VDSS will seek external evaluation supports to evaluate the implementation and effectiveness. The evaluation team will provide training and technical assistance. VDSS will incorporate the evaluation into our CQI processes as appropriate.
	4.2 Develop a monitoring plan to maintain fidelity of programs.					
	4.3 Identify policies and procedures that support Virginia-specific programs that demonstrate positive outcomes that can be referred for federal clearinghouse.					

5. Identify children and youth who have experienced crimes and connect them to needed services	5.1 Promote use of e-VVS the Survey for Experiences and Strengths (SEAS)	CAPTA	2020-2021	<ul style="list-style-type: none"> • Wave 3 Pilot agency usage of e-VVS • Post-pilot usage of e-VVS • Distribution of a final screening tool report • Statewide rollout and use of SEAS • Training development completed 	<ul style="list-style-type: none"> • # of e-VVS's SEAS screens administered • # of child/youth victims identified • # of online trainings completed • # of toolkit downloads from website <p>2020 update These have been delayed and will be reported on next year.</p>	Ongoing maintenance of and updates to e-VVS SEAS and online training courses
	5.2 Develop online trainings to ensure fidelity to the LSC guiding principles					
	5.3 Promote use of Linking Systems of Care Virginia Heals toolkit resources, including e-VVS Resource mapping guide, SEAS online training, Family Engagement Guide, LSC R&R Protocol, LSC Trauma-Informed Organizational Self-Assessment					



Permanency Objective; Virginia's children in foster care will have improved permanency outcomes.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Increase family engagement and placements based on individual needs for children/youth.	1.1 Enhance birth family engagement through involvement in planning and decision making whenever possible.	PIP 1.1, 1.2	<ul style="list-style-type: none"> • Target- 2024, yearly updates • 1.2 June 2020 2021 • 1.3 June 2020 2021 • 1.4 October 2021 	<ul style="list-style-type: none"> • Engagement plan developed based on identified engagement points • Monitoring plan for parent visits established • Notification system developed for cases with over 5 months between parent visits • Annual maintaining of progress towards PIP goals 	<ul style="list-style-type: none"> • % of cases using concurrent planning and decision making 2020 update 54% • % of cases with at least one caseworker visit every two months 2020 update 99% • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 	<ul style="list-style-type: none"> • Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles. • TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants. • CQI process will be utilized throughout the implementation process to monitor and evaluate.
	1.2 Identify and ensure engagement points with birth parents; relatives/foster parents; residential staff and other critical adults in youth's life, including the child/youth.	JLARC 6, 13, PIP 3.1, R3C; CC1 and CC2				
	1.3 Ensure caseworker visits	JLARC 13				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	with birth parents at least every two months.				2022-October 2024 2020 update See CFSR Statewide Assessment Section	
	1.4 Monitor the frequency of birth parent visits with caseworker.	JLARC 13				
2. Partner with the CIP to Identify and improve court processes to expedite permanency for children and youth in foster care.	2.1 Ensure timely court hearings and processing of court orders.	CIP Priority 4 Outcome, 1 PIP 3.3 JLARC 17, 18	Targets- July 2021	<ul style="list-style-type: none"> • Identification of all cases needing a review of TPR eligibility • Complete list of acceptable reasons for not filing TPR after 15 months of foster care • All localities submitting reasons for not initiating TPR in foster care cases open for 15+ months 	<ul style="list-style-type: none"> • 10% of timely TPR Petitions 2020 update 53% • % of cases with Permanency Planning hearings after 15 months of foster care if no termination occurs • % of timely permanency planning hearings 2020 update 91% 	<ul style="list-style-type: none"> • TA will be provided by state staff and CIP staff to regions and LDSS • Training will be jointly developed and delivered by VDSS and CIP to supervisors, workers, GAL, attorneys, judges, CASA etc. • VDSS and CIP CQI process will monitor and evaluate progress.
	2.2 Develop the focus on the post adoption cases and ensuring long-term permanency for adopted youth.					
	2.3 Continue concurrent planning options during contact points.	CIP Priority 4, Outcome 5 JLARC 19 JLARC 16 JLARC 17 PIP 3.3				
	2.4 Court orders to locate relatives and	CIP Priority 4, Outcome 4 CIP Priority 7				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	extended family members for placement.	JLARC 4 JLARC 5 PIP 3.3			<p>% of timely TPR petitions 53%</p> <ul style="list-style-type: none"> • 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 <p>2020 update See CFSR Statewide Assessment Section</p>	
3. Increase the number of children in family-based settings by Strengthening Diligent	3.1 Embed Family Recruitment and retention throughout the length of the case life.	CIP Area 7, Outcome 1 PIP 3.2 JLARC 4,5,6,10,15 FBP 1-4 Kingap	<ul style="list-style-type: none"> • 3.1, 3.2, 3.3, yearly updates • 3.4, 3.5, 3.6 September 2020 and yearly updates 	<ul style="list-style-type: none"> • Annual percent change of children in family-based settings • Family recruitment and retention 	<ul style="list-style-type: none"> • % increase in children in family-based settings <p>2020 update 72% foster children are in</p>	<ul style="list-style-type: none"> • The Center for states will provide TA support on recruitment efforts. The state staff will provide TA implementation

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
Recruitment of foster families.	3.2 Increase the number of children placed in the care of relatives when removal from the home is necessary.	PIP 3.2 JLARC 4,5,6,7,10,15 FBP 1-4 Kingap		implemented throughout entire length of the case • Completed resource parent recruiting and retention strategic plan • Implemented resource parent recruiting and retention strategic plan • Completed model licensing standards for foster care placements • Annual review of all children placed in residential care • Implemented qualified residential treatment program • Finalized	foster homes • % decrease in children placed in congregate care 2020 update 12.11% foster children place in congregate care • % of children in relative care 2020 update 6% • # of foster homes serving sibling groups 2020 update 1,172 • % of caregivers receiving new caregiver training # of families approved 2020 update	supports to LDSS and regional staff. • Training will be developed and delivered by VDSS training staff and incorporated into new worker training. • VDSS CQI process will monitor and evaluate progress. • Monthly case staffing (Permanency, Family Resource and Adoption programs)
	3.3 Develop and implement statewide strategic plan for recruiting and retaining foster parents. and kinship guardian assistance program	JLARC 8PIP 3.2				
	3.4 Increase the number of foster homes to serve sibling groups.	PIP 3.2				
	3.5 Design Virginia-specific model licensing standards for foster care placements.	FBP4				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	3.6 Increase family-based foster care placements and reduce the number of youth who are placed in congregate care while maintaining oversight.	JLARC 11, 12 Adoption Call to Action (ACTA)		<p>training improvements for caregivers</p> <p>•Children placed in congregate care with termination of parental rights will have an adoptive family identified with visitation ongoing and the family actively participating in the child's treatment plan.</p>	<p>1,825</p> <ul style="list-style-type: none"> • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 <p>2020 update See CFSR Statewide Assessment section</p> <ul style="list-style-type: none"> • % of children with TPR with identified adoptive family visitation and participation in planning 	
	3.7 Implement qualified residential treatment program (QRTP) requirements as it relates to Family First.	FBP3				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
4. Increase availability, accessibility and effectiveness of Independent Living (IL) services to support successful transition to adulthood.	4.1 Implement the Youth Exit Survey (YES) statewide.		<ul style="list-style-type: none"> • 4.1 June 2022 Completed • 4.2 ongoing yearly • 4.3 December 2021 • 4.4 June 2021 • 4.5, 4.6, 4.7, 4.8 ongoing yearly 	<ul style="list-style-type: none"> • Finalized and implemented YES • Data analysis and evaluation system in place for YES results • Defined feedback loop to provide NYTD data to youth and key stakeholders • Updated guidance on Fostering Futures • Annually analyzed credit check data shared with youth and stakeholders 	<ul style="list-style-type: none"> • # of Youth Exit Surveys taken 2020 update 40 • Annual % change in Youth Exit Surveys taken New in 2020 • Continued data analysis via NYTD See Page 226 • % of eligible youth participating in Fostering Futures 2020 update 37.7% (CY19) • # of months which Fostering Futures participants 	<ul style="list-style-type: none"> • Specific training will be developed and provided by VDSS staff (training unit and Foster Care unit), current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. Youth voice (panels, videos, written content) will be incorporated. • State staff will provide TA via change management staff, CQI staff, and IL/ETV/Chafee specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support. • VDSS will use our
	4.2 Continue to collect and analyze quality data through NYTD to indicate Virginia's trends, barriers, and gaps in IL services.					
	4.3 Update Fostering Futures guidance to address practice issues; promote quality engagement of older youth receiving services	JLARC 23				
	4.4 Incorporate principles of Positive Youth Development and Youth Engagement in	PIP 1.1				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	training and services for youth.				remain in the program 2020 update 5.6 (CY19)	CQI process to monitor and evaluate progress.
	4.5 Increase participation in the Education and Training Voucher (ETV).				• # of ETV participants 2020 update 258	
	4.6 Increase compliance with expectations around the use of skills assessments, transition plans, and team meetings to support youth transition to adulthood.	JLARC 22			• % of cases where identified credit check issues have been resolved 2020 update 25%	
	4.7 Compile and analyze annual credit check data to improve technical assistance and training for LDSS workers.				• 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April	

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	4.8 Continue commitment to soliciting youth voice and incorporating feedback into VDSS decisions.				2022-October 2024 2020 update See CFSR Statewide Assessment section	
5. Increase the well-being of children in foster care.	5.1 Create a Director of Health and Safety position and Recruit additional members for Health Planning Advisory Committee.	JLARC 3	<ul style="list-style-type: none"> • 5.1 October 2019 • 5.2 July 2021 • 5.3 July 2021 • 5.4 ongoing yearly 	<ul style="list-style-type: none"> • Hired Director of Health & Safety • Developed reporting and data sharing structure for Director of Health & Safety findings and recommendations • Completed development of Psychotropic Medication Protocol and Training • Implemented Psychotropic Medication Protocol and 	<ul style="list-style-type: none"> • # of mental health and trauma-focused services available • % # of workers trained in Psychotropic Medication Protocol 2020 update # of workers 39 • % of children in foster care prescribed psychotropic medications 2020 update 	<ul style="list-style-type: none"> • VDSS training staff will develop training for supervisors and workers • The Director of Health and Safety, Foster Care Program Manager and regional office staff will provide TA on implementation and policy guidance. • VDSS will use CQI processes to evaluate and monitor progress.
	5.2 Collaborate with partners to address service needs, gaps, and barriers.	CC1,CC2, PIP 3.1				
	5.3. Develop and implement Psychotropic Medication Protocol and Training per the					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	Health Oversight Policy.			Training <ul style="list-style-type: none"> • High-risk case review process established and implemented • Data sharing agreement with Department of Education to get complete information on school attendance for children in foster care • Annual maintaining of progress towards PIP goals 	27% <ul style="list-style-type: none"> • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 2020 update See CFSR Statewide Assessment section	
	5.4 Maintain successful strategies for school stability for youth in foster care.					
6. Collaborate with Leadership from Tribes to Ensure VDSS Support	6.1 Notification of Indian parents and Tribes of state proceedings involving Indian children and their right to intervene		2020-2024	<ul style="list-style-type: none"> • Formalized and regular roundtables established to share knowledge and ideas • Formalized methods for collaboration and 	<ul style="list-style-type: none"> • # of ICWA cases collaborated on between states 2020 update 0 # of potential ICWA cases	<ul style="list-style-type: none"> • TA implementation supports are provided by the Center for States and Tribal partners. TA will also be provided in identifying NICWA cases, and properly training Tribes in
	6.2 Placement preferences of					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	Indian children in foster care, pre-adoptive, and adoptive homes			shared knowledge of ICWA laws <ul style="list-style-type: none"> •Technical Assistance developed for how ICWA and Federal laws interact •Formal guidelines developed on ICWA and cultural competencies 	collaborated with Tribes 1 •% of LDSS trained in ICWA cases and the rights of parents # of FSS that complete ICWA training as part of new worker training 2020 update CPS: 333 FC: 273	responding to NICWA case claims <ul style="list-style-type: none"> •Annual attendance of the NICWA Conference
	6.3 Create guidelines to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption					
	6.4 Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe					



Workforce Objective To invest in and recruit and maintain a well-trained workforce that is prepared, knowledgeable and skilled to support the prevention, protection, and permanency outcomes for the children we serve.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Provide staff with innovative technology to assist with practice in the field and allow the workforce flexibility in how, when and where casework is completed.	1.1 Continue work with the Quality Improvement Center on Workforce Development.	PIP 4.2	<ul style="list-style-type: none"> • 1.1 July 2022 • 1.2 September 2021 • 1.3 June 2024 • 1.4 Ongoing 	<ul style="list-style-type: none"> • Full implementation of Compass Mobile • Full implementation of Compass CCWIS system 	<ul style="list-style-type: none"> • Annual % changes in staff retention rates 2020 update 2019 retention FSSI – 43% FSSII – 73% FSSIII – 77% FSSIV – 76% FS Sup – 88% Overall – 73% • # of Compass Mobile users 2020 update 1,574 • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in 	<ul style="list-style-type: none"> • TA implementation supports are provided by the QIC-WD and by private provider, Red Mane. Additional TA project management supports and change management are provided to LDSS by state staff. • Training is developed with the support of the QIC, and state staff develops and deliver training to
	1.2 Implement Compass Mobile application	PIP 4.2 CAPTA I.A				
	1.3 Implementation of Compass CCWIS system.	APD CAPTA I.A				
	1.4 Continue to update OASIS, the current child welfare system of record to meet federal and state requirements. Status updates	OADP CAPTA I.B				


Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	provided through the submission of yearly Operational Annual Planning Document (OAPD).				April 2022. Additional 10% increase between April 2022-October 2024 2020 update See CFSR Statewide Assessment section	supervisors and workers. Training is incorporated into new worker training. • The QIC-WD is providing evaluation TA on 1.1. • VDSS will also use our CQI process to monitor and evaluate.
2. Increase the retention and recruitment of a workforce that is aligned to both their role and the communities they serve.	2.1 Expand the Child Welfare Stipend Program.	JLARC 32,3,9,26, 27, 34, 24, 25 PIP 4.1 CAPTA I.J	<ul style="list-style-type: none"> • 2.1 Ongoing yearly updates • 2.2 June 2020 • 2.3 Ongoing yearly updates 	<ul style="list-style-type: none"> • Annual cohort update from Stipend Program • Annual worker retention/turnover update • Average caseload of 15 or below 	<ul style="list-style-type: none"> • # of participants in Child Welfare Stipend Program 2020 update 59 BSW and MSW students 38 graduated in 2019, 44% BSW, 56% MSW • Average caseload per locality 	<ul style="list-style-type: none"> • VDSS provides stipend program TA supports to LDSS and students; VDSS will also provide TA supports to LDSS to help maintain foster care caseloads of 15 or less. • VDSS offers new worker training to
	2.2 Reduce caseloads for those foster care workers carrying caseloads of more than 15 children.					
	2.3 Decrease turnover rate for					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	case workers and increase retention of two years or more.				<p>2020 update SFY20: Q 1 15 staff had case load over 15, Q 2 12 staff had case load over 15</p> <ul style="list-style-type: none"> • Turnover and retention rates 2020 update 2019 turnover rate FSSI – 35% FSSII – 19% FSSIII – 14% FSSIV – 9% FS Sup – 8% • Annual % change in turnover and retention rates • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP 	<p>stipend students.</p> <ul style="list-style-type: none"> • VDSS will use CQI processes to evaluate and monitor progress.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					completion in April 2022. Additional 10% increase between April 2022-October 2024 2020 update See CFSR Statewide Assessment Section	
3. Follow Butler Study recommendations by providing more advanced training supporting and enhancing supervisor skills and coaching.	3.1 Create Child Welfare Leadership Institute.	PIP 4.1	June 2021	<ul style="list-style-type: none"> Development of Leadership Institute curriculum Implementation of Leadership Institute 	<ul style="list-style-type: none"> # of participants in Family Services Leadership Institute 2020 update Central: 15 Eastern: 39 Northern: 44 Piedmont: 30 Western: 6 TOTAL: 134 Annual % increase in participants 	<ul style="list-style-type: none"> VDSS training team provides implementation TA, project management, change management, and communication support to LDSS. VDSS training team will provide training VDSS CQI process will
	3.2 Support cohort learning and peer-to-peer networking.					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					<ul style="list-style-type: none"> • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022- October 2024 2020 update See CFSR Statewide Assessment Section	evaluate and monitor progress.
4. Hire additional staff and provide workforce resources as suggested by JLARC report.	4.1 Increase workforce to support caseworkers special populations, and broader workforce.	JLARC 26-28 JLARC 34	June 2020	<ul style="list-style-type: none"> • Child Welfare Ombudsman office created • Ombudsman reports and recommendations regularly reviewed and implemented • Recruiting and retaining strategy 	<ul style="list-style-type: none"> • # of positions hired 2020 update 9 positions hired: 2 Permanency Consultants, 5 Diligent Recruitment Consultants, 1 Diligent Recruitment	<ul style="list-style-type: none"> • VDSS receives support from our Office of Development with recruitment and hiring. • Training will be provided to new staff. • VDSS will utilize CQI process to
	4.2 Create independent office of Child	JLARC 32				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	Welfare Ombudsman.			developed and implemented	Program Manager, 1 Data analyst	determine needs, and track outcomes.
	4.3 Identify LDSS assistance needs with recruiting and retaining case workers.	JLARC 9 JLARC 26; 28 CAPTA I.J				

 Continuous Quality Improvement (CQI) Objective Strengthen Virginia's CQI system by applying data to inform, manage and improve practices and outcomes for permanency, safety and well-being.						
Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.

1. Create foundational CQI system that is data driven and outcome focused to support overarching engagement strategy.	1.1 Create written policies, practices, and procedures describing foundational administrative CQI structure.		<ul style="list-style-type: none"> • Written policies and procedures by December 2020 • Training development completed by December 2019 	<ul style="list-style-type: none"> • Written CQI policies and procedures finalized and incorporated into programmatic operations • Reporting structure related to outcomes developed and used to inform management decisions • Training developed and incorporated into staff development plans • Administrative CQI system implemented and operationalized 	<ul style="list-style-type: none"> • % of staff at each level trained in CQI operations 2020 update 50 staff from DFS Home Office and Regional Offices participated in the CQI Training Academy Learning Collaborative that ran from June 2019-October 2019. 	<ul style="list-style-type: none"> • Assist leadership in CQI training via the CQI Training academy • Technical assistance provided by the Center for States for evaluation plan and CQI Training Academy implementation • Training on data-driven management decision making
	1.2 Develop reporting structure for communication, data, and program improvements that are connected to outcomes and inform service improvement.	PIP 1.1, 2.1, 2.2, 4.2	<ul style="list-style-type: none"> • Training and technical assistance provided through 2024 • Statewide implementation plan completed by June 2020 • Implementation of administrative CQI system across entire state through 2024 			
	1.3 Create training program for all staff levels with a focus on CQI operations and data consumption					

	1.4 Create a CQI implementation plan for a statewide administrative CQI system, and a system for tracking outcomes related to federal reporting requirements					
2. Develop a comprehensive data plan across all programmatic areas	2.1 Perform a review of data sources, methodologies, and storage in all programmatic areas.		<ul style="list-style-type: none"> • Complete Data Plan review – December 2020 • Implement recommendations from Data Plan – 2021-2022 • Develop and implement dashboards – 2020-2024 • Connect data to outcomes – 2020-2024 	<ul style="list-style-type: none"> • Data plan finalized and recommendations incorporated into daily operations • Completed plan for data analysis and dissemination 	<ul style="list-style-type: none"> • % of LDSS with a completed readiness assessment • Usage rate of reporting dashboards • % of LDSS and staff trained in data-driven management practices 2020 update Data-driven management training is in the Division's long-term future and will continue to be evaluated. 	<ul style="list-style-type: none"> • Training on new dashboards will be provided to VDSS, LDSS, and Regional Staff • Readiness assessments will be completed with technical assistance from the Center for States
	2.2 Develop tools to assess organizational data readiness and provide comprehensive data-informed management training.					
	2.3 Create functional dashboards to communicate data and progress towards outcomes for all levels of					

	organization and types of users.					
	2.4 Identify opportunities to coordinate and connect data entry, data sources, and databases within the Division of Family Services.					
	2.5 Connect DFS data to desired outcomes for the CFSP, PIP, IV-E, JLARC, and all other reporting requirements					
	2.6 Develop systemic capacity to analyze and disseminate data and outcomes	PIP 1.2, 2.1				
3. Integrate current QAA review process into CQI model.	3.1 Ensure CQI components are factored into case reviews in IV-E reviews, CFSR, QSR, and Sub-recipient monitoring, and identify		<ul style="list-style-type: none"> • Report findings of CANS Assessment in case planning (JLARC 2) to Virginia Board of Social Services by July 2020 • Develop plan to 	<ul style="list-style-type: none"> • All JLARC recommendations incorporated into CQI & QAA operations • All serious case-specific or systemic safety-related concerns 	<ul style="list-style-type: none"> • % decrease in children in foster care for more than 36 months 2020 update 1002 children (Dec. 2019) 	<ul style="list-style-type: none"> • QAA staff will provide technical assistance on opportunities to combine QAA reports into the CQI model

	opportunities to align the review processes.		phase in structured comprehensive annual quality assurance reviews to Virginia Board for Social Services (JLARC 30) by June 30, 2020	from 2017 and 2018 recommunicated	<ul style="list-style-type: none"> • % of children in each locality in Virginia in foster care for over 12 months, 24 months, and 36 months 2020 updates Over 12 months - 58.7%, Over 24 months - 31.9%, Over 36 months - 17.9% 	
	3.2 Incorporate JLARC recommendations into QAA process and align the OSRI tool with CQI process					
	3.3 Quarterly conduct structured reviews to ensure state and federal compliance, communicate areas for improvement to LDSS, work with LDSS to resolve identified opportunities for improvement, monitor performance and report to Virginia Board of Social Services.	JLARC 29				

	3.4 Develop a plan to phase in annual quality assurance reviews for a representative sample and report findings to the Virginia Board for Social Services.	JLARC 30				
	3.5 Continue conducting agency case reviews at all localities, examine the results of agency case reviews, work with localities on identified opportunities for improvement, and monitor progress.	JLARC 31				
	3.6 Develop a list of children in foster care for more than 36 months, review each case, and respond with required technical assistance or referrals to minimize unnecessarily	JLARC 20				

	lengthy stays in foster care.					
	3.7 Prepare reports each quarter to provide: <ul style="list-style-type: none"> • Percentage of children in each locality in foster care for over 12 months, 24 months, and 36 months. • Regional and state average lengths of stay in foster care. 	JLARC 21				
	3.8 Review all information collected via agency case reviews from 2017 and 2018, and re-communicate all serious case-specific or systemic safety-related concerns from the previous reviews. A letter from the commissioner should be submitted to the	JLARC 1				

	House Health, Welfare and Institutions Committee and the Senate Rehabilitation and Social Services Committee to certify all safety-related concerns identified have been resolved no later than November 1, 2019.					
4. Develop systemic capacity to analyze and disseminate data and outcomes	4.1 Create routine processes for collecting, organizing, and tracking data related to outcomes.		• 2020-2024	• Longitudinal data sets created and used to improve services and identify trends in services	• # of data trainings provided annually 2020 update Data-driven management training is in the Division's long-term future and will continue to be evaluated. •# of available reports 2020 update DFS has not had the	• Training will be developed and provided for VDSS staff on improving data consumption and use in daily operations
	4.2 Develop organizational capacity to store and analyze longitudinal case and cohort data					
	4.3 Define dedicated processes for data analysis and regularly available data-related					

	trainings for staff at all levels.				capacity to build out the reporting to be independent of existing Departmental data reporting structures at this time.	
	4.4 Develop a human-centered design process to translate data and outcomes for use by a broad range of stakeholders and disseminate reports to explain progress towards outcomes					

Collaborations

VDSS has collaborated 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 comprehensive, aligned efforts take place across the Commonwealth. 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. VDSS believes that strong partnerships lead to better outcomes, as our practice model states. We believe that how we do our work is as important as the work we do. This not only holds true for our direct service practice with children and families, but also with the work we do across agencies, stakeholder groups, and communities throughout the commonwealth. Collaboration is key to ensuring that all those across the Commonwealth dedicated to serving children and families share their passion and expertise to achieve the best possible outcomes. Continual collaborative communication loops are critical to provision of appropriate, targeted services and partnering effectively with all stakeholders. VDSS engages focus groups, designs and distributes surveys, utilizes interviews, collects and analyzes data, and, continually gains 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, our Tribal partners, LDSS, Three Branch Model participants, our Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program (CIP), and a host of additional collaborators.

Lived Experience

In 2019, birth parents, foster parents and youth were engaged through a variety of methods and venues to leverage their lived experience in guiding direction, 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, youth in and exiting foster engaged with VDSS to identify areas of focus and committee goals, informed by their experiences in Virginia's child welfare system, as well as each member's unique interests and skillsets. SPEAKOUT met four times with VDSS foster care program staff during 2019. During these meetings VDSS provided states updates, which allowed SPEAKOUT to decide what areas to work on in their strategic plan. Additionally, youth in foster care over the age of 14 created a top 10 list to ensure youth voice is present in the five year plan during a statewide youth conference offered through a partnership between VDSS and Project LIFE. This input was shared with the field in a LDSS-and stakeholder-oriented e-newsletter and used to inform practice guidelines, particularly in the context of implementing normalcy. VDSS designed and began distributing a Youth Exit Survey this year as well, enabling regular and ongoing collection of feedback from youth who were exiting the system. **(Permanency Strategy 4.1)**

VDSS designed and distributed a foster and adoptive parent survey, shared out to LDSS by VDSS and to LCPAs via LDSS and NewFound Families. The survey provided the opportunity to gain statewide quantitative data and qualitative feedback around lived experiences in providing foster/adoption care for children and youth, including experiences working with agencies. The online, self-administered survey was distributed in March 2019. Additionally, VDSS provided funding to continue the foster parent support warm line operated by NewFound Families. Additionally, a focus group and feedback session

involving birth parents was conducted by VDSS in March 2019 at United Methodist Family Services, a provider partner. The 90 minute session garnered feedback related to this stakeholder group's experiences with VDSS. The session was recorded and input from the birth parents integrated, considered, and incorporated into the development of the CFSP and this APSR. Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CBCAP, which includes foster parents from LDSS and LCPAs. Feedback gained from this multi-disciplinary grant project continues to facilitate the direction and support of networks of coordinated child abuse prevention resources, and activities that strengthen and support families. This collaboration connects to Prevention Strategy 3, providing a collaborative environment in which community partners can better understanding and addressing specific barriers around 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 imperative partners in a multitude of state-driven initiatives. VDSS utilizes numerous stakeholder meetings and gatherings to leverage feedback gained from LDSS directors, supervisors, and frontline workers. Local department staff directly provide input and collaborate with VDSS in regularly occurring contexts like quarterly directors' and supervisors' meetings held in each state region; the Virginia League of Social Services Executives (VLSSE) bi-annual conferences, quarterly Board meetings, and sub-committee meetings (which meet monthly); and three local advisory committees comprised of LDSS staff and advise child welfare programs across the continuum. The CFSR-PIP agencies come together with VDSS on a bimonthly basis to share progress, successes and barriers toward achieving PIP targets. PIP agency workgroups meet much more frequently in between the large group meetings, relaying progress, insight and barriers to VDSS. All of these stakeholder meetings and groups provided input from the field this year, which directly informed the APSR. The VLSSE Professional Development Committee advised VDSS attendees monthly on issues around workforce development, training, university partnerships and other related topics. The VLSSE Child and Family Services Committee was instrumental in communicating feedback on policy and practice issues within service areas.

VDSS partnered with the VLSSE on numerous endeavors, including responding to legislative mandates set forth by S.B. 1339, setting forth provisions for a corrective action process when foster care services are not provided by a local board of social services. The VLSSE's representation on the Virginia Services Training Model Implementation Team supported the collaborative work aimed toward an academy model training system. Additionally, LDSS representation on the Domestic Violence Action Team enabled VDSS to make changes within multiple areas of VDSS guidance and practice. VDSS held joint application requirement sessions in 2019, culminating in 32 meetings and totaling 252 attendees (including LDSS representation), with all sessions geared toward gaining stakeholder feedback to design the organizational requirements for updating CCWIS. The VDSS Adoption Program gained feedback from stakeholders, including LDSS, in part through the Tidewater Inter-Agency, a group of public and private child placing agencies advocating for improved adoption services. This group directly informed aspects of Adoption guidance. And, LDSS participation in the Three Branch Model efforts in 2019, informing all major aspects of Family First implementation, including via the in-home, evidence based services, appropriate placement, and prevention services workgroups.

Tribal Consultation

VDSS created a position for a Tribal Liaison in 2019. The Liaison worked with Virginia's tribes to create a proposal in regards to concerns identified by tribal members during the 2019 NICWA Conference. VDSS formalized methods for collaboration and shared knowledge of ICWA laws through the combination of Tribal Roundtable meetings and site visits with tribes. Roundtable meetings occurred in the communities where tribes are located and continue to provide the primary avenue for building relationships between VDSS and the tribes. 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 are the opportunity for tribes to share any experiences and processes experienced either at the local or state level that could inform practices, including education and training needs. Local departments located in a respective tribe's region are invited to attend the Roundtables. Roundtable agenda items have included discussions related to family violence, diligent recruitment, benefit programs and feedback about the jointly attended 2019 NICWA Conference. During a meeting, one tribal partners indicated she was going through the foster parenting training and approval process with the sole purpose of being available for any child in foster care identified as Native American, even if that child was not a member of her tribe. As a follow up to this meeting, foster care recruitment brochures were provided to the Nottaway and Mattaponi tribe. Roundtable meetings are scheduled to continue in 2020, with additional VDSS and VDSS-Children's Bureau site visits planned, beginning with the Monacan Indian Nation.

Tribal representatives were invited to the Child Welfare Advisory Committee (CWAC) meetings in 2019. The representatives learned more about the state's strategic plan and received updates on the plan and outcomes, as well as provided specific feedback as relevant. There was tribal representation at the CWAC meetings in June and September of 2019 and there are plans for tribe members to attend the meetings scheduled in 2020. (**Permanency Objective Strategy 6**)

Three Branch Model

VDSS acknowledges that, without the close partnership of other agencies, Virginia would not be able to offer a full continuum of care for children, parents, and caregivers who receive prevention services. VDSS continued to utilize the vast and diverse Three Branch model in order to plan for Family First implementation. This model ensures a collaborative and coordinated approach to implementation with other state groups and agencies, including DBHDS, DMAS, DJJ, VDH, OCS, and CIP, as well as public and private agencies providing and/or advocating for child and family services in Virginia (addressing **Prevention Strategy 1 and 3**). One hundred and ten members comprised Three Branch collaborations in 2019. The 2019 Three Branch team created four workgroups to support the implementation of Family First: Prevention, Evidenced-Based Services, Finance, and Appropriate Foster Care Placements. Each workgroup developed a vision, communication plan, and strategy for implementation/operation, as well as identifying data-sharing needs, system/IT needs, and legislative needs. In 2019, the following groups addressed the specific goals outlined below:

- Prevention Services Workgroups: Target resources and services that prevent foster care placements and help children remain safely in their homes (**Prevention Strategy 1**).

- **Appropriate Foster Care Placements Workgroup:** Ensure children maintain family connections needed for healthy development and emotional well-being while finding safe, permanent homes for children as quickly as possible. Safely reduce the inappropriate use of non-family based placements; when a non-family based placement is needed, ensure children are placed in the least restrictive, highest-quality setting appropriate to their individual needs (**Permanency Strategy 1, 3, and 5**).
- **Evidence-Based Services Workgroup:** Advance the implementation and sustainability of evidence-based, trauma-informed services that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being (**Prevention Strategy 2**).
- **Finance Workgroup:** Build capacity and leverage resources to provide effective services to prevent foster care placement while ensuring financial accountability (**Prevention Strategy 3**).

Court Improvement Program

VDSS Foster Care, Adoption, and QAA Program Managers are members of the CIP Advisory Board and regularly attend meetings. VDSS continued to work in partnership with the CIP on the CFSR-PIP in 2019, and developing the 2020-24 CFSP and APSR. VDSS and the CIP met several times in large stakeholder groups throughout the year but also collaborated in smaller workgroups and via additional feedback opportunities to inform, address and guide these particular efforts toward improved outcomes. The CIP and VDSS partnered in 2019, as in previous years, to ensure that title IV-E requirements are adequately documented in court proceedings; as collaborative partners in ongoing efforts of the CWAC and permanency sub-committee; to fully implement concurrent planning in foster care cases; to develop petition and court order forms necessary for full implementation of Fostering Futures; and, to provide training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. The CIP has also been actively involved in the implementation of the Memorandum of Agreement (MOA) between DJJ and DSS promoting the continued collaboration between LDSS foster care staff and DJJ Court Services and facility staff when a child in foster care has been committed to DJJ. CIP provided feedback around the various court proceedings which impact the child and suggested language to address best practice for the MOA. VDSS and CIP continue to work towards a data exchange between the court record system and OASIS which will permit the uploading of court findings and hearing outcomes directly into OASIS.

CIP has played an active role in the CFSR PIP court community workgroup. VDSS and CIP have been working together on strategic plan and PIP strategies (**Permanency 1, 2** and PIP 3.3.1, 3.3.2, 3.3.3) related to finding and engaging families and ensuring timely court hearings. One of the upcoming PIP meetings is dedicated to bringing together local juvenile and domestic relations courts judges, guardian ad litem, parents' attorneys, CASA representatives, and local department staff to work through more PIP strategies focused on engaging families and achieving timely permanency. This will be the second time that this groups has come together to focus on the PIP collaboration.

Child Welfare Advisory Committee

The Child Welfare Advisory Committee (CWAC) is the primary organization to advise the Director of the Division of Family Services on child welfare issues, including Adoption, Child Protective Services, Prevention Services, Foster Care, and Interstate Compact on the Placement of Children (ICPC). CWAC is comprised of a multitude of private, government, and non-profit organization representation, plus those

with lived experience, including foster and adoptive parents. CWAC stakeholder quarterly meetings occurred in February, June, September and October of 2019, allowing VDSS to receive feedback and guidance on numerous projects and initiatives from a diverse group of stakeholders. Topics which VDSS solicited input and guidance around included CFSR-PIP work, court processes, addressing sex trafficking legislation, Family First planning, In-Home work, kin-first culture, family engagement, and policy and practice around the use of Diversion. In 2019, birth parents and families of origin continued to be a focus of the engagement model through the Practice Profiles, as discussed with CWAC, exploring potential increased engagement through that formal group (**Permanency Strategy 1**).

The Permanency Subcommittee of CWAC produced feedback that was incorporated into the PIP and CFSP goals in 2019. Also, the Subcommittee advised on the implementation of the Kinship Guardianship Assistance Program and raised awareness of the need for foster families and the successful achievement of reunification in many cases. In March 2019, the CWAC Permanency Sub-committee hosted a psychotropic medication oversight policy workgroup, which included DMAS staff and additional LDSS representation. The group reviewed draft policies and made suggestions which were incorporated in to the final protocol. (**Permanency strategy 5.3**) The group also recommended additional resources to be made available to the LDSS including contact information for the Foster Care Case Managers for each MCO and suggested training content to accompany the protocol.

Practice Advisory Groups

During 2019, VDSS continued to participate in quarterly advisory meetings for child welfare program areas, including CPS and Foster Care/Adoption groups, to solicit input and feedback from LDSS and stakeholders. The Permanency Advisory Committee (PAC) informed VDSS in finalizing psychotropic medication protocol, reviewed draft materials, and recommended training and implementation content and processes, including identifying potential barriers. (**Permanency strategy 5.3**) Members were engaged in planning for the annual Adoption Conference, and provided input regarding state-offered trainings, including recommending Case Documentation, Trauma Informed Child Welfare Practice, Normalcy for Youth in Foster Care, and Psychotropic Medications in the Child Welfare System be added to the list of mandated trainings. PAC members reviewed and provided feedback on proposed job aides including a worker visit checklist, a visitation planning template, and a foster care case management activities checklist. Finally, PAC members provided LDSS stakeholder input into the CFSP development during a PAC meeting and through a survey provided to membership.

Beginning in 2019, the Prevention Advisory Committee played an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives when appropriate, as part of the Family First Prevention Services Plan. The Prevention Services program will continue to leverage collaboration with the Prevention Advisory Committee to develop a repertoire of prevention strategies and best practice guidelines that can be used by LDSS in their delivery of prevention services.

Lastly, the CPS Advisory Committee, comprised of local CPS Supervisors and workers plus VDSS program staff, met quarterly throughout 2019. The group provides input into the CAPTA plan, legislative proposals, regulatory review, policy and guidance, and overall program direction.

Additional Collaborations

Community Based Child Abuse Prevention Grant: As the Community Based Child Abuse Prevention (CBCAP) grant lead agency, VDSS is involved with all sectors engaged by CBCAP, the efforts of which address elements in **Prevention Strategy 1**. Funds awarded to Virginia through this grant are used to support the development, operation, and expansion of community-based, prevention-focused programs and activities with the goal of prevention of child abuse and neglect. During 2019, VDSS worked in collaboration with the interdisciplinary, collaborative, public-private structure, including representation from private and public sector parents and service providers, directing and supporting networks of coordinated child abuse prevention resources, and strengthening and supporting parents. CBCAP collaboration includes partnerships with the Virginia Family and Children's Trust Fund Board; the Virginia Partnership for People with Disabilities; the Department of Behavioral Health and Developmental Services; the Department of Health; the Department of Criminal Justice Services; the Department of Juvenile Justice; Early Impact Virginia (under the umbrella of Families Forward); and, other state and local public and private non-profit agencies and organizations.

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. In 2019, OCS continued as critical collaborative partner on the Three Branch leadership team, advancing policies that support the implementation of Family First. OCS also continues to collaborate with VDSS around the implementation of KinGAP for IV-E eligible and state funded children. Collaboration around complicated Fostering Futures case situations and issues related to educational stability continued to occur on a regular basis in 2019. OCS and VDSS worked together in 2019 to begin addressing reducing the use of congregate care for placements; and, met together during Human Trafficking Workgroup meetings, which also included stakeholders/community partners such as VDOE, Child Advocacy Centers, LDSS leadership, and many others.

Quality Improvement Center for Workforce Development: The Quality Improvement Center for Workforce Development (QIC-WD) partners with VDSS to conduct research examining the efficacy of technology interventions aimed at reducing child welfare staff turnover and improving child welfare outcomes, addressing Workforce Strategy 1. Throughout 2019, VDSS and QIC-WD partners met via teleconference or in person on a weekly basis to assess progress and work towards program evaluation goals. VDSS has elected to study the implementation of and outcomes from job modernization technology interventions in 18 localities. These 18 localities represent a workforce of approximately 450 of the state's 2,200 frontline staff.

Trauma-Informed Workgroups: VDSS aligned with the Children's Cabinet and the Governor's Trauma-Informed Care Working Group around their work on trauma-informed care in Virginia. In 2019, a working group established a trauma-informed framework based on the Substance Abuse and Mental Health Services Administration (SAMSHA) trauma-informed care to include the four R's: realizing the widespread impact of trauma and understands potential paths for recovery; recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responding by fully integrating knowledge about trauma into policies, procedures, and practices; and, seeking to actively resist re-traumatization. As VDSS continues to work towards the implementation and sustainability of Family First, we will continue to follow the Governor's Trauma-Informed Care Workgroup and

recommendations for trauma-informed work to ensure consistent delivery across all child-serving agencies in Virginia (**Prevention Strategy 2**).

In 2019, VDSS provided agency representation and participation at the Trauma Informed Community Network in the greater Richmond area, as well as LDSS and VDSS representation on other regions' TICNs throughout the state. Connection to the over 150 member group comprised of multi-disciplinary, cross-sector participants enables VDSS' connection to multiple areas of community work impacted by and affecting family services and child welfare services. VDSS representatives attended quarterly large group meetings and provided leadership on the Trauma Informed Workforce Development (TIWD) sub-committee, to gain and address feedback from academic, private and public partners in Central region on workforce and general child welfare topics. Linking Systems of Care toolkit resources, including e-VVS, online training, LSC R&R Protocol, and the LSC Trauma-Informed Organizational Self-Assessment were presented at TICNs for review, feedback and implementation guidance.

University Partners: Addressing **Workforce Strategy 2**, in partnership with five state universities, VDSS offered the Child Welfare Stipend Program (CWSP) and Child Welfare Employee Education Assistance Program (CWEEAP) throughout all regions of the Commonwealth. VDSS renewed with George Mason University, Radford University, Virginia Commonwealth University, Norfolk State University, and East Tennessee State University's Abingdon, Virginia campus in 2019. VDSS, university faculty, LDSS leadership, private child placing agencies, Child Welfare Stipend Program alumni and field instructors collaborated on Advisory Committees (CWSP Regional Committees) to gain feedback on public child welfare workforce training and preparation needs in each region. Quarterly Regional Committee meetings held at each university (reaching each state region), totaling 20 stakeholder feedback meetings in 2019. Additionally, VDSS, universities, LDSS and community organizations collaborated to provide an all-cohort wide full day training on Kinship Care. This event was broadcast to all student cohorts at the five participating universities, as well as LDSS CWSP stakeholders (field supervisors, Advisory Board members, and hosting agency staff); and, included in person options for those CWSP partners located in the northern region.

Virginia Department of Education: The majority of the collaboration between the Virginia Department of Education (VDOE) and VDSS is directed at improving the educational stability and attainment outcomes of children in foster care. VDSS has mandated the DOE State Testing Identification (STI) in OASIS. This allows VDSS and DOE to share foster children's aggregated educational data. With the enactment of Every Student Succeeds Act (ESSA) in December 2015 and joint publication of VDSS-VDOE guidance on ESSA in 2017, VDOE and VDSS collaboration in this realm has largely focused on providing technical assistance to local education agencies (LEAs/school divisions) and LDSS, ensuring school enrollment and stability issues are collaboratively resolved, looping in OCS as necessary. Similarly, VDSS, VDOE and OCS providing joint-trainings to LEAs, LDSS and community partners (including judges, attorneys and licensed child placing agencies) across the state. VDOE and VDSS continued to partner in 2019 on providing technical assistance, joint trainings, and collaborative problem solving on case by case bases in response to constituent contacts, and LEA/LDSS requests. A MOU is being finalized between DOE and DSS that will facilitate maximum cooperation between the two Departments, and encourage maximum cooperation between school divisions and LDSS, in ensuring the reporting, investigation, confidentiality and follow-up requirements of all suspected instances of child abuse and neglect that come to the attention of public school personnel are appropriately handled. VDOE and the VDSS, VDOE, the Virginia Employment Commission (VEC) and other state agencies collaborated in 2019 to submit a

grant proposal to partner on building out elements in the Virginia Longitudinal Data System (VLDS) to create ability to better compare data for increased educational stability and equitable service provision, among other cross-agency equity-oriented goals. Weekly meetings were held during the summer of 2019 between VDSS and VDOE project team members to gain feedback on how the Departments use the VLDS and plan for future partnership to enhance data sharing.

Virginia Department of Health: VDSS Office of Family Violence (OFV) and the Virginia Department of Health (VDH) collaborate to address prevention of sexual violence and domestic/intimate partner violence, partnering with prevention practitioners and agencies across the state. VDH works with VDSS to provide access to healthcare programs and providers and maintains records of birth certificates and acknowledgements of paternity; and, assists individuals who were adopted or seeking to establish paternity. VDSS/OFV and VDH staff co-hosted quarterly Prevention meetings in 2019 for many statewide prevention practitioners from domestic and sexual violence programs in the Commonwealth.

Virginia Department of Juvenile Justice: In addition to partnering together on the Community-Based Child Abuse Prevention (CBCAP) grant, VDSS and the Virginia Department of Juvenile Justice (DJJ) have also partnered on other initiatives including coordinating guidance around re-entry for youth in foster care, and implementation of Family First provisions, including use of evidence-based services. In 2019, VDSS worked closely with DJJ on planning for Family First implementation, as DJJ had previously rolled out evidence-based programming for youth served by the juvenile justice system. DJJ has systematically stood up functional family therapy and multi-systemic therapy throughout the commonwealth to serve youth. DJJ has been an asset to VDSS throughout the implementation process, sharing lessons learned and resources, which made the implementation successful.

Virginia Department of Medical Assistance Services: In 2019, VDSS worked closely with the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) on the Children's Behavioral Health redesign, which will promote a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community-based and clinic-based supports shifting from a crisis-oriented approach towards prevention and early intervention. VDSS' coordination with this redesign is integral to success in ensuring children, regardless of funding source, have access to high-quality, evidence-based, and trauma-informed services. DMAS has also been a partner in VDSS' planning for the roll out of Family First policy, protocol and practice, particularly around determining responsibility around use of congregate care and Qualified Residential Treatment Providers (QRTPs).

Virginia Sexual and Domestic Violence Action Alliance: The Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) and the VDSS OFV connected bi-monthly to discuss particular program needs and to brainstorm how to meet these needs through site visits, conference calls, and staff training. OFV staff also participate in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in trauma informed, domestic violence programming. In 2019, the OFV, in partnership with DCJS and the Virginia Sexual and Domestic Violence Action Alliance continued conducting the Underserved Populations Learning Collaborative (UPLC), which is open to all domestic and sexual violence (DV/SV) agencies in Virginia. The mission of the UPLC is to support local domestic and sexual violence programs to become strong allies to underserved populations and to promote access to culturally-responsive, trauma informed comprehensive services (**Prevention Strategy 2**).

LGBTQ+

In efforts to expand training and guidance for the field in their work with LGBTQ+ youth in foster care, Division of Family Services staff reached out to the Center for States for technical assistance. There is an interest and need to expand work outside of foster care with this community. The decision was made that creating an LGBTQ+ affirmative practice across the child welfare continuum is needed to ensure the well-being of all children that come into contact with DSS. In addition, creating an affirming practice will ensure proper engagement of families across the continuum, including foster parents. The goal of creating an LGBTQ+ affirming practice throughout child welfare is a significant project with a large scope. The Center for States has agreed to provide technical assistance through the change and implementation of this practice, and the work will start with problem exploration and root cause analysis.

Please see Appendix A for a full list and description of partner organizations.

COVID -19 Collaborations

COVID-related collaborations included the following:

VDSS-Advocate Partners Collaboration

At the start of the crisis, VDSS began meeting weekly with leadership from Virginia Kids Belong, Virginia Fosters, Voices for Virginia's Children, Families Forward, the Virginia Commission on Youth, and the Virginia League of Social Services Executives (VLSSE) to discuss and plan for what advocacy organizations and partners are doing to address supports needed for children, families and communities and how to best partner together during the crisis. Based on concerns around foster family retention during this time of high stress, families being isolated in their homes, and school closures, Virginia Kids Belong launched a Foster Care Survival Kit project to provide additional support to foster/kinship/adoptive families. VDSS and the Virginia Poverty Law Center (VLPCL) worked together to address concerns around reunification of children with their families during this time of crisis. Voices for Virginia's Children, VDSS and the Virginia Department of Health (VDH) met to determine what it would take to ensure that children entering foster care or placed in congregate care settings be considered as a priority population for COVID testing. Due to a variety of factors that states across the country have experienced including the effects of children and families being isolated in their homes and a decrease in school-based referrals to CPS hotlines due to school closures, VDSS had significant concerns about the safety and well-being of children and families who may be experiencing abuse and neglect, including domestic violence and interpersonal violence (IPV). VDSS engaged these partners and stakeholders to develop campaigns and resources geared toward specific audiences and the general population to address CPS and DV/IPV prevention and fill COVID-related service provision or referral gaps, including collaborating on social media campaigns supporting abuse and neglect and IPV prevention for older youth audiences.

VDSS-VDOE Collaboration

VDSS and VDOE have a longstanding, ongoing and positive relationship stemming from implementing various federal legislative mandates including provisions within the Every Student Succeeds Act (ESSA). Most recently, VDSS was able to quickly convene a workgroup with multiple Division of Family Services programs and VDOE to strategize on how to leverage existing relationship between child welfare and school division contacts; utilize virtual contacts between teachers, children and families for preventative efforts; and, provide the supports necessary to help children and families stay healthy and stable during this time of heightened stress. The COVID-specific partnership and collaboration between VDSS and VDOE has focused largely on providing prevention and reporting information to school personnel,

families and communities to address a reduction in hotline referrals from school sources and the general need for increased and alternative prevention efforts. Families Forward, in consultation with VDSS and VDOE, is currently working on producing a Caregivers' Guide and Educators' Guide as additional community and professional resources within the child welfare scope. VDOE and VDSS issued joint guidance about requirements within the Every Student Succeeds Act (ESSA) related to educational stability, including temporary forms to address the continued need to notify school divisions of children entering foster care and related immediate enrollment tasks. VDOE delivered VDSS messaging to homeless liaisons and foster care liaisons, both roles that play integral parts in maintaining connections for children and families between the child welfare and educational systems and ensuring complementary service provision in both realms.

VDSS-Provider/Families Forward/Early Impact Virginia/Home Visiting Providers - Ongoing collaboration between VDSS, our Healthy Families home visitor partners/sub-grantees, and Early Impact Virginia/Families Forward continues to address COVID-related barriers to service provision from grantee/sub-grantee perspectives, in terms of home visiting programs, abuse and neglect prevention, and domestic violence/interpersonal violence prevention. This discussion has been informed by results of the sub-grantee online survey sent to providers on 4/3/20, soliciting feedback on COVID-related impacts to service delivery in communities within domestic violence and abuse and neglect prevention scopes.

VDSS Resource Family Collaboration

The VDSS has collaborated with New Found Families and CRAFFT to address foster parent training responses to additional stress and the COVID crisis. One factor addressed through this collaboration was the need to coordinate trainings offered in each region or in each community that align with recruitment efforts and initiatives that our non-profit partners are spearheading.

VDSS-DMAS-DBHDS Collaboration

VDSS, the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Disability Services (DBHDS) partnered to find solutions regarding concerns over congregate care settings for children and youth who are ill or have been exposed to COVID-19. VDSS, DMAS and DBHDS issued joint agency letters to address various risk factors and implications of the COVID crisis pertaining to accepting placements and caring for children and youth in congregate care settings.

VDSS-VDH Collaboration

VDSS and VDH have maintained communication and collaborated to ensure that local agencies have access to personal protective equipment (PPE) and to facilitate better local connections for this purpose. Additionally, Voices for Virginia's Children, VDSS and VDH met to discuss prioritization of testing for children entering foster care and in congregate care settings.

VDSS-Court Improvement Program (CIP) Collaboration

VDSS collaborated with the CIP to ensure local departments received accurate jurisdiction-specific information regarding closures, partial closures, types of cases still being heard, and other crisis-impacted shifts in access to the public. Concerns about reunification, visitation, termination of parental rights, and other court-related processes in the crisis context, as voiced by partners, advocates and stakeholders, were able to be discussed and processed through this standing collaborative effort.

VDSS-VCU Pediatric Emergency Medical Department/Medical School

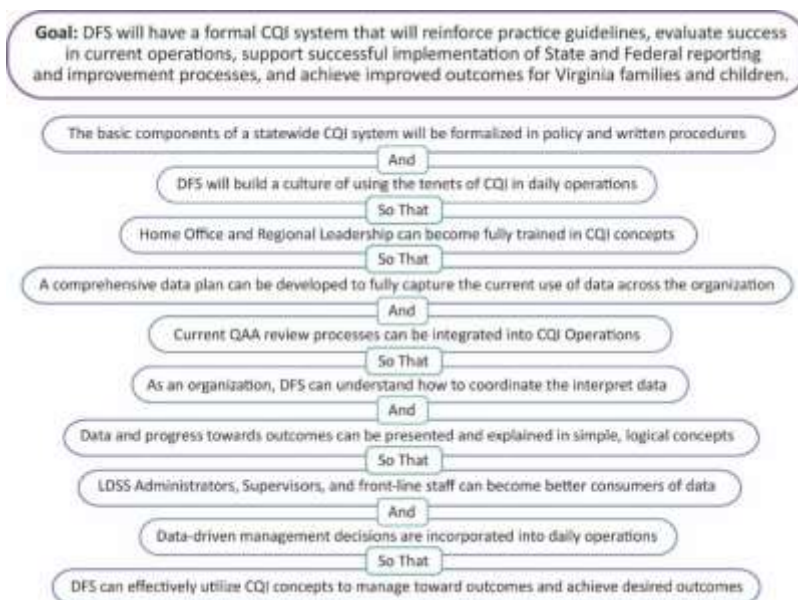
VCU and VDSS initiated preliminary meetings in May and June of 2020 to discuss the potential for not only research questions to be answered, particularly around CPS referrals during COVID-19 compared to historical averages, but also for ongoing collaboration on prevention efforts within the medical professional and medical student communities. Wrapped into this collaboration is also the potential to loop in domestic violence/interpersonal violence and adult abuse issues, through partnering with organizations such as the Action Alliance, and through support from the Office of Family Violence.

Continuous Quality Improvement (CQI)

CQI Vision

Virginia recognizes that a robust CQI system is vital to improve services and supports for children and families, ensure effective use of resources, and achieve targets and desired outcomes. An effective CQI system integrates quantitative and qualitative measures, thoroughly utilizing data processes to inform policy and service provision at all levels with accurate and actionable information. This involves the development of a comprehensive data plan for managing our many data sources, while also identifying the different qualitative and quantitative opportunities offered by the case review system, having written policies and procedures, and identifying opportunities to include stakeholders. Our approach is both data-driven and practice-informed.

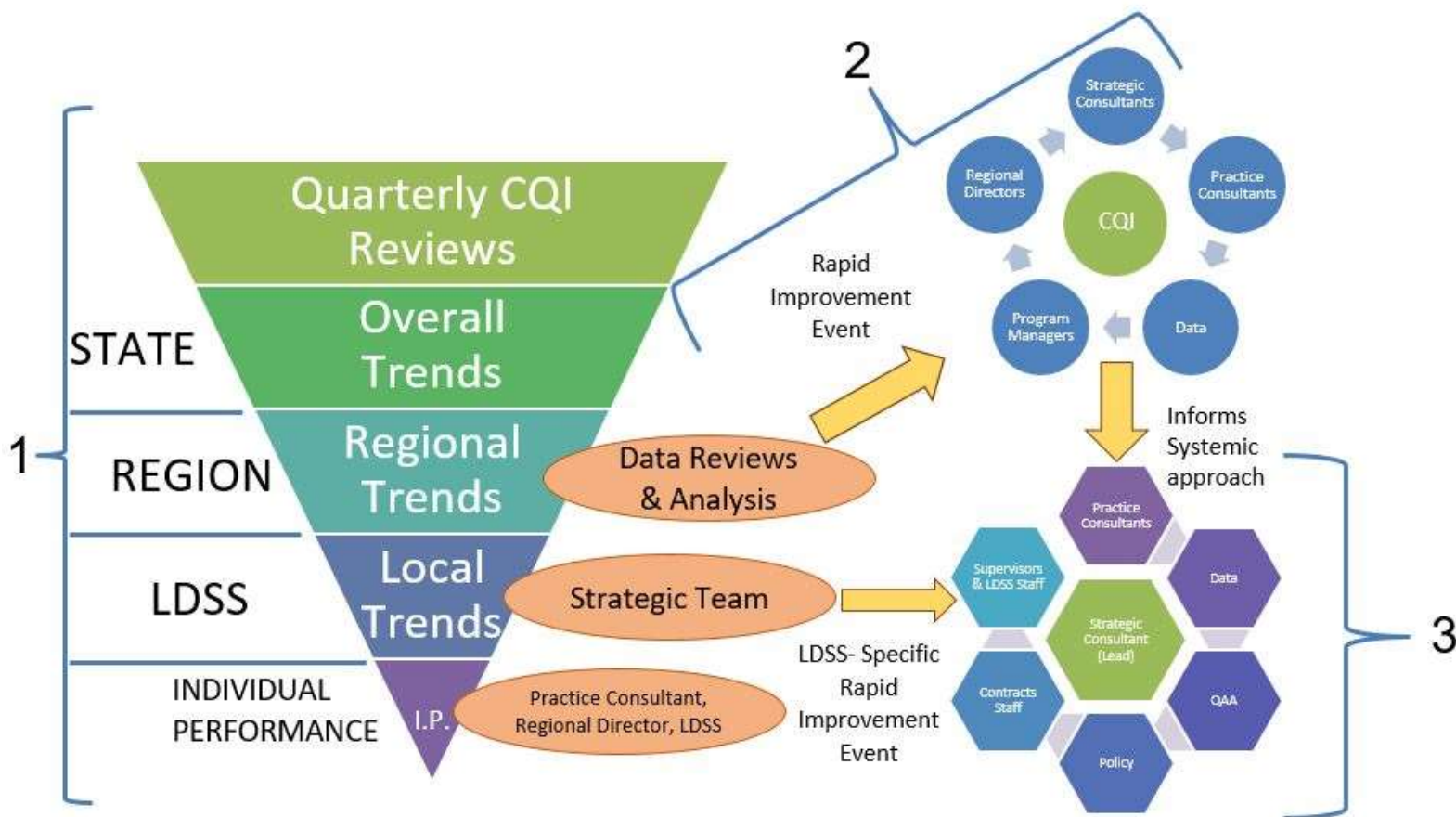
CQI Theory of Change



Data-driven

Virginia has developed an internal data review process that can be seen in the process diagram below. The goal of this process is to create a routinized system of data reporting that provides in-depth analysis to all levels of the child welfare field. This process is currently going through a pilot and review process

to determine the best application of data and analysis across Virginia's system. As this data review process is finalized, Virginia will continue to update its CQI written policies and procedures to reflect the system changes that are most ideal for using data throughout Virginia's child welfare operations. (**CQI Strategy 1.1**)



1 – Slices of Data Review (CQI Strategy 4.1)

The data review process will be broken down across levels within the system. Due to the response to COVID-19, the data review process has started on a smaller scale focusing on informing and improving practice related to referrals and permanency cases. Regular data review meetings and reports will be expanded after the response to the pandemic has stabilized.

- A Quarterly CQI Review process will look at specific topics and overall progress towards goals and will include a data report and meeting to discuss topics and trends (**CQI Strategy 3.3**)
- Overall Trend analyses at the State level will be performed to inform where Virginia is making progress and what areas still need increased focus and attention (**CQI Strategy 3.4**)
- Regional Trend analyses will help Strategic and Practice Consultants develop comprehensive capacity building plans

- Local Trends & Individual Performance data review will allow localities to understand patterns within their own jurisdictions and units

2 – Regional Data Review and Rapid Improvement Events (CQI Strategy 4.4)

Analysis of data at the Regional level will allow teams of Regional Directors, Home Office Program Managers, Strategic Consultants, Practice Consultant, and Data Analytics staff to understand trends within the data and develop strategies to enhance strengths and opportunities to improve practice in specific areas

- Looking at Regional data can identify strong practice models that can be shared, and identify collaborative opportunities between agencies on solutions and improvements

3 – LDSS-Specific Data Review and Rapid Improvement Events (CQI Strategy 1.4)

Analysis at the LDSS level allows Rapid Improvement Event teams to use data analysis to identify specific opportunities for improvement of services

- This process is informed by data and RIEs from the Regional level, and will allow LDSS RIE teams to identify best practices and apply what is learned statewide

CFSR PIP Data Efforts

The CQI unit has developed a comprehensive data plan for the CFSR PIP that connects real-time data reports via SafeMeasures® to CFSR Item progress. This data plan is incorporated into the regular CFSR PIP meetings that DFS holds with the identified PIP localities, and is regularly tracked by localities to inform practice and course-correct as needed throughout the PIP process. Since these reports do not generally have a one-to-one relationship with CFSR PIP Item outcomes, the CQI unit connected multiple reports and metrics to CFSR Items to show data on the multiple components of each CFSR Item. These data are currently used to demonstrate progress in specific Safety Strategies, and have identified the need for localities to revamp some of their implementation plans where progress fell short. The CQI unit continues to identify ways to incorporate data into the CFSR PIP process, and regularly works with local departments of social services to help explain what their data indicate, and whether practice changes are recommended based on performance. **(CQI Strategy 3.1)**

CQI & Data Training **(CQI Strategy 4.3)**

The CQI Project Manager, in conjunction with the Center for States technical assistance, led approximately 50 Home Office and Regional staff through the Child Welfare Capacity Building Collaborative's CQI Training Academy. **(CQI Strategy 2.2)** The CQI Training Academy was used to introduce and or reinforce the concepts of CQI into daily practice, and provide an opportunity for the cohort to come together to share ideas for using CQI concepts in building technical assistance at the regional and local level. The basic principles of the Training Academy were incorporated into the regular CFSR PIP meetings and implementation cycles. Regional Practice Consultants that participated in the Training Academy have consistently found ways to incorporate CQI concepts into their technical assistance and capacity building processes within localities. One example of how the CQI training became an integrated process was with the implementation of Strategy 2.1. Reviewing data on their timeliness of first contact with victims, one of the CFSR PIP localities identified low performance primarily with their Response Priority 3 referrals. To address the observed trend, the locality changed

their internal procedures and deadlines for Response Priority 3 referrals and saw an increase in timely contacts. Virginia is continuing to identify ways to bring enhanced training and CQI concepts into the daily operations of localities across the state. **(CQI Strategy 1.3)**

In collaboration with the Training Unit, the CQI unit developed a training module for supervisors entitled “Using Data to Improve Practice & Performance.” This module explains CQI processes, their application, and the use of data in regular supervision of staff and cases. The webinar covers: defining Continuous Quality Improvement (CQI), explaining the role of a supervisor in a CQI process, using data in decision-making processes, understanding how to 'dig deeper' with data to inform performance management, and how to develop usage plans to align practice changes with outcomes. This webinar provides basic foundations in CQI, provides specific examples of how Virginia's CQI system is being built, uses Virginia's data to show examples of using data to identify trends, and shows how data visualization can inform and improve practice.

This training will be used as a starting point for multiple data and CQI trainings that the CQI Unit are currently developing. These new trainings will be focused on improving data consumption at all levels of operations: incorporating data-driven decision-making, ongoing CQI training, and enhanced application into daily work.

CQI Data Plan

To ensure that the ongoing analyses conducted in the CQI system were practice-informed and grounded in data accuracy, the CQI Unit developed a data plan to align the analytical needs of DFS. The plan overlays existing reporting systems, case review processes, improvement initiatives and ongoing evaluation efforts in a strategic framework that comprehensively addresses the information needs of the State regarding child welfare performance and outcomes. The plan will be implemented in stages and refined over time, depending on the needs and arising priorities of the Division. Over the last year, the first phase of the data plan has successfully completed, and the CQI Unit is now in the process of supporting ongoing review of prioritized measures. **(CQI Strategy 2)**

Phase One (Baselining):

- Coordination with program SMEs to operationalize LDSS activities and outcomes
- Identification of key time frames for larger strategic planning efforts and the data needs for those efforts
- Development of a primary list of process and performance measures, and the initiation of comparison reports at the State, Region, and LDSS levels for those measures
- Select identification of these measures to represent “front-end” and “back-end” measures, to assist in projection needs, and to maintain knowledge on how performance in one program area affects performance in other program areas

Phase Two (Informed Response):

- Begin ongoing review of prioritized practice and outcome measures (i.e. JLARC foster care measures, congregate care review, PIP/CFSR) and disseminate trends to decision-makers, providing actionable, data-driven support **(CQI Strategy 2.3, 2.5, 3.6, 3.7)**
- Align disparate data sources and ensure that reporting needs are supported by available, accurate systems of information
- Revisit the work of the Data Governance group, and refresh its membership to support emerging

data needs of DFS. Monthly meetings will begin after the acceptance of the revised Charter, and new work efforts will include data cleanups, reports testing, dissemination of findings to field staff, and data collaboration between the State and LDSS. **(CQI Strategy 2.5)**

Phase Three (Automation):

- Upon completion of CCWIS updates and finalized report designs, begin the process of a centralized reporting system that visualizes trend performance at the State, Region and LDSS levels across program areas, highlighting initiatives, and integrating existing reports into a single source. **(CQI Strategy 4.2)**

Resources

The CQI unit hired a Permanency Data Analyst position to support permanency operations and assist in responding to JLARC requirements in Foster Care. The Permanency Data Analyst has assisted in identifying the baseline for congregate care placements and providing insights and opportunities to improve the reduction of the congregate care caseload, identified opportunities to improve practice at the local level using data, and built out the data plan for the Division as a whole. **(CQI Strategy 3.2)** The CQI Unit has identified the need for an increased number of data analysts to support operations in Protection, and Prevention too.

The CQI process is not independent of our established partners and collaborators. The CQI program's feedback model will gather input from the system's many stakeholders and incorporate that input and feedback into program analysis. **(CQI Strategy 1.2)** The previous diagram outlines the information-sharing process. A key point within DFS' communication strategy will be transparency in communications and around the data we use. DFS will use the same base dataset to communicate results and progress towards outcomes. By using one foundational data-reporting source, DFS will be able to gather input informed by the same underlying set of data points and system information.

Feedback Model



The difference in level of communication will be dependent on confidentiality and communication priorities. State and regional leadership will require detailed analyses of trends that cover entire regions and the State. LDSS directors will require data that pertain to their performance and the opportunities they have to improve outcomes for children and families. Partner organizations will need data related to specific programmatic and systemic progress. The general public will need data that explain the general health of our entire system. In order to effectively communicate outcomes and maintain trust across our

many partners, transparency is essential. (CQI Strategy 2.6)

Statewide Information Systems

Statewide information systems is represented in the CFSR/PIP as item 19 and is described here. VDSS relies heavily on the functionality of and information maintained in several in-house legacy systems: Online Automated Services Information System (OASIS); Comprehensive Permanency, Assessment and Safety System (COMPASS) mobile application; the Structured Decision Making (SDM) tool, the Adoption Resource and Research Information System (ARRIS); and the Virginia Enhanced Maintenance Assessment Tool (VEMAT).

System	Purpose	Interface
Online Automated Services System (OASIS)	Supports adoption, foster care, CPS intake, investigations, ongoing case management , independent living, foster/adoptive family provider management	SDM, ARRIS
COMPASS mobile application	Cloud-based mobile application that interfaces with OASIS to provide workers flexibility in when and where they complete their work. Application allows for information to be completed in the community working with children and families. This innovative technology maximizes frontline workers' time away from the office, which should accelerate service delivery and improve outcomes for children and families.	OASIS
Structured Decision Making Tool (SDM)	Web-based assessment instrument to formalize child protective services intake, safety, and risk business rules	OASIS
Adoption Resource and Research Information System (ARRIS)	Client-server application utilized by DFS staff to track finalized adoptions and interstate placements	OASIS
Virginia Enhanced Maintenance Assessment Tool (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

OASIS: Case Management

OASIS is the primary application and system of record. It was a transfer solution from Oklahoma. The transferred system, Oklahoma's KIDS, was customized to meet Virginia's needs and launched as OASIS in

1997. At the time of the transfer and initial implementation, OASIS supported only the adoption and foster care programs. Since 2000, OASIS has been used to support Child Protective Services (CPS) intake, investigations and ongoing case management along with independent living and prevention and foster/adoptive family provider management.

OASIS currently gives the department the ability to collect and maintain demographics, characteristics, placement location, and goals for every child in foster care. In preparation for migrating data to a new CCWIS-compliant system, VDSS has several committees to oversee implementation, training, and data governance related to data from this system. This stakeholder engagement is critical to the success of the migration to the CCWIS system.

OASIS interfaces with COMPASS|Mobile, the SDM tool and ARRIS, while VEMAT is utilized as a stand-alone application. COMPASS|Mobile is a cloud based application accessible on an iPad and through a Portal via desktop computer. OASIS and COMPASS|Mobile exchange information bi-directionally. However, forms and documents are unable to be transmitted to OASIS due to limitations of the OASIS platform. Forms and documents are secured on the application in the cloud. The web-based SDM Tool is used as an assessment instrument to formalize Child Protective Services Intake, Safety, and Risk business rules. ARRIS, a client-server application, is utilized by DFS staff to track finalized adoptions and interstate placements. The SDM Tools are currently being revised. Once that process is completed, the SDM safety assessment will be updated in OASIS, and all other tools will be available on COMPASS|Mobile. VEMAT, a web-based application, is used by both VDSS and LDSS staff to assess a child's level of need for additional daily support and supervision.

The existing legacy systems do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Proposed changes to Adoption Foster Care Analysis Reporting System (AFCARS) fields will require extensive changes to OASIS that could potentially take longer than allowed to implement. The deficiency in these existing legacy systems poses challenges to the efficiency of data collection and prevents the management of payments to foster care providers.

OASIS is currently supported in PowerBuilder 12.6 Classic. Since the initial deployment, the department has continued to enhance the system by adding new functionality to meet the changing needs of the programs and technological innovations. OASIS is built on obsolete technology and consequently it is rigid to modifications. The department currently employs two PowerBuilder developers to maintain and update OASIS and ARRIS. A third PowerBuilder developer handles production tickets. VEMAT and SDM are maintained and updated by an in-house Java developer. OASIS, SDM, ARRIS, and VEMAT use an enterprise-wide common authentication repository, Oracle LDAP (OUD_) to verify user's login credentials. Due to the limited number of staff with required PowerBuilder skills, OASIS has become difficult to support 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 costs of maintenance significantly outweigh the estimated cost of replacement.

Although OASIS provides the foundation for automation of child welfare services, it is incapable of meeting VDSS operational requirements. OASIS and the other in-house applications require duplicate entry of information, support cumbersome data-entry processes, and lack major capabilities required to effectively support our programs, including financial management, electronic document management, mobile utilization, and interoperable functions. OASIS will continue to be utilized as the legacy system until a new CCWIS can be implemented (**Workforce Strategy 1.4**).

COMPASS Program

The COMPASS Program is a multi-phased project that has started to integrate web-based tools that accelerate service delivery and improve outcomes for Virginia's children and families as a mobile solution (**Workforce Strategy 1.2**). Equipping our staff with industry-leading tools is a major step and core focus in advancing our mission to accelerate service delivery and improve outcomes for Virginians.

COMPASS|Mobile is connected to Virginia's current case management system (OASIS). When the case management system is replaced with a more modernized system, the application will be integrated into the new system. COMPASS|Mobile was implemented October 2019 to January 2020 to child welfare workers and supervisors. The mobile application is cloud based and is currently accessible via iPads for child welfare workers. In addition, for ease of usage while not in the community, the application can be accessed via a desktop portal. COMPASS|Mobile can be used both online and offline. Key features include:

- add new case contacts/I&Is;
- view and edit 90 days of contacts/I&Is from case management system;
- view and edit demographic information, distinguishing characteristics, medical and education screens;
- access to placement provider information;
- access to VDSS forms that can be completed, signed and emailed in real time;
- take pictures and upload other documents;
- turn by turn directions to addresses;
- reminders; and
- future enhancements will include Family Messaging, Check-in, and Audio recording.

As of the writing of this report, there are 1,574 COMPASS Mobile users.

In addition to the efficiency and effectiveness that COMPASS|Mobile has brought child welfare staff, it could potentially decrease front-line staff turnover due to frustrations with current technology and other job functions. The design, development and implementation of COMPASS|Mobile was human centered. This innovation solution was created for the local frontline workers with them being engaged throughout the process. The Quality Improvement Center on Workforce Development was consulted throughout implementation. The QIC-WD is utilizing diary studies to assess adoption of COMPASS|Mobile and its impact on workforce retention. Preliminary results are positive but it is too early in the process to share results.

SafeMeasures

VDSS entered into a contract with the National Council on Crime and Delinquency (NCCD) in December 2008 to provide SafeMeasures®, a web-based application that provides data analytics through reports and dashboards. SafeMeasures® currently features more than 150 reports, a critical outcomes scorecard, and features such as My Upcoming Work and My Calendar. SafeMeasures® receives nightly data extracts from OASIS.

The VDSS Office of Research and Planning, in collaboration with DFS, is in the process of developing an in-house reporting system that will provide data analytics to the DFS and LDSS. The ability to develop in-house reporting capabilities will allow for quicker and more agile development of reports (not relying on outside vendors) that are identified by VDSS and LDSS to assist with identifying areas needing

improvement and/or attention supporting the well-being, safety, and permanency needs of children.

Overview of CCWIS process

VDSS issued an RFP for case management on January 11, 2019, and subsequently cancelled the RFP on February 12, 2019 as further agency needs were identified. An enterprise platform assessment was conducted between May 6, 2019 and June 1, 2019. Since this time, VDSS has worked closely with ACF and our federal liaison to determine next steps to re-release the case management RFP which will now include requirements for title IV-E and identify a named platform.

VDSS's mission to design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being. Current in-house applications fall short of the department's vision of integrated and coordinated child welfare services. In addressing this limitation and the other challenges and shortcomings posed by the existing applications, the department is committed to acquiring a system(s) that will meet the ACF federally prescribed CCWIS requirements conforming to the Commonwealth of Virginia and the department's enterprise architecture standards, and effectively align with the Virginia Local Government and Commonwealth Child Welfare Program practice requirements.

As part of a multi-year plan, DFS requires a CCWIS-compliant system. Once implemented, CCWIS will be fully compliant with commonwealth and federal requirements (Workforce Strategy 1.4). It will also provide uniform and reliable information about children currently under the jurisdiction of VDSS, supporting the department's service delivery and all associated day-to-day case-management activities. VDSS has invested a significant amount of time and resources in the development of functional and non-functional requirements of a potential CCWIS system. 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. The VDSS CCWIS solution is currently in Program Phase 1, which includes procurement and project initiation along with the mobility solution. The CCWIS solution will replace the legacy systems hosted at VDSS (OASIS, SDM, ARRIS, and VEMAT) with a new system called COMPASS.

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In late 2020, VDSS will provide innovative technology to those who report abuse and neglect by creating, developing, and implementing a mandated-reporter online reporting system (**Protection Strategy 4.1**) called VaCPS. The system will allow mandated reporters to report allegations of child abuse/neglect through an online website. This secure website is an innovative way to minimize wait times for mandated reporters and decrease the number of reports the LDSS has to enter into the online case-management system. The goal is that, by reducing the number of reports and time to enter the reports currently required by LDSS, LDSS can redistribute staff to provide direct services to children and families. Upon statewide implementation, the goal is to increase the usage of VaCPS by all 120 localities and mandated reporters across Virginia. This technology will assist mandated reporters and LDSS in ensuring timely capturing of children who maybe be at risk of abuse and/or neglect, and increase validation of referrals that require action to be taken by LDSS (**Protection Strategy 4.2**).

VDSS continues to work to allow LDSS workers access to the CIP case-management system. Workers will

have the ability to access the system, allowing them to retrieve court orders in a timelier manner (**Permanency Strategy Plan 2**). This access will allow workers to utilize court orders to assist in locating relatives and extended family members for placement consideration (**Permanency Strategy 2.4**). This effort will result in engagement of more timely service referrals for those identified relatives, and maintain connections with families and communities for improved outcomes.

2020 COVID-19 response

The COVID-19 crisis prompted an immediate shift in child welfare practice. The Administration on Children and Families' (ACF) provision of allowing child welfare worker visits to be conducted virtually prompted VDSS to seek and secure a technological solution. Not only did the solution need to provide video capabilities, it needed to be secure since Personal Identifying Information (PII) is exchanged during worker visits and interactions. VDSS selected and purchased doxy.me for LDSS Family Services Specialist (FSS) so that during these unprecedented times, staff could have virtual access to meet the federal face-to-face visit requirements to ensure child safety and wellbeing, while also ensuring the safety of our workforce.

In addition to securing doxy.me, VDSS worked intensively to ensure access to this solution was provided to staff who were responsible for the safety and wellbeing of children in the 120 LDSS in Virginia. Through this process, VDSS utilized Virginia Information Technologies Agency ticket system to support staff who needed access to doxy.me approved. VDSS' COMPASS team provided additional support via email.

VDSS purchased the clinical version of doxy.me, which grants users access to premium features that support engagement with children and families. While completing a virtual visit, staff can capture photos, group call, screen-share, and live chat with participants. The website for doxy.me provides instructional user guides and videos to navigate these features. The clinical version of doxy.me provides immediate chat support. The guides and access to help are robust on this platform.

In order to promptly implement this innovative solution, staff were provided a detailed guide to activate their doxy.me clinic account and a guide to share with participants on how to join a secure video meeting. To provide support to doxy.me users, VDSS provided virtual guides for child protective services, prevention, and resource families.

To ensure virtual visits were properly documented, a new picklist option was created within OASIS to capture worker visits that took place virtually. Documentation and access to case information for LDSS FSS was at their fingertips as VDSS had launched COMPASS|Mobile on iPads prior to this crisis. COMPASS|Mobile provided FSS the ability to access doxy.me from their iPads. Documentation entered through COMPASS|Mobile syncs to OASIS.

Family First Prevention Plan

Introduction

Prevention services in Virginia are provided across the prevention continuum, which include primary, secondary, and tertiary activities. Virginia operates a state-supervised/county-administered social services system. Both local departments of social services (LDSS) and the Virginia Department of Social Services (VDSS) provide services across the continuum in the commonwealth. With the passing of the Family First Act, through the 2020-2024 CFSP and over the next five years, VDSS will be enhancing our prevention services and programs 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.

In Virginia's locally administered child welfare system, Virginia's LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for youth and families based on needs, local demographics, and available resources. LDSS are expected to coordinate services with local private agencies and community organizations engaged in activities relevant to the unique needs of children and families involved in each local child welfare system. Several localities in Virginia have maximized local funding opportunities, along with the Office of Children's Services (OCS), to provide prevention services for children and families to support prevention efforts.

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

VDSS launched a multi-system and community-based approach to the implementation of Family First in June 2018. VDSS is utilizing a Three Branch model, based on the National Governor's Association, National Conference of State Legislatures, and Casey Family Programs' Three Branch Institute, which began in 2009. Virginia has been a participant in three previous Three Branch Institutes, with significant success in improving the child welfare system. The Three Branch model is a collaborative team composed of multiple state and community-based agencies that respond to the needs of children and families, redefining the responsibility of child welfare to all agencies that serve children and families. The Three Branch model serves as a successful leadership group to enact legislative, financial, and policy changes to improve the child welfare system.

The Three Branch team is led by a leadership team consisting of two individuals from each branch of the government (judicial, executive, and legislative). The leadership team works with approximately 110 Three Branch team members who make recommendations on decisions related to the implementation of Family first in Virginia (See Appendix A for a list of specific Family First stakeholders.) The Three Branch team coordinates with other child welfare advisory groups including programmatic advisory groups (Prevention, Child Protective Services, and Foster Care), the Virginia League of Social Services Executives (VLSSE) and the Child Welfare Advisory Committee (CWAC) for the leadership team.

The Three Branch team is utilizing implementation science to guide the implementation of Family First. The Three Branch team created four workgroups to support the implementation of Family First: Prevention, Evidenced-Based Services, Finance, and Appropriate Foster Care Placements. Each workgroup has developed a vision, communication plan, and strategy for implementation/operation, as well as identifying data-sharing needs, system/IT needs, and legislative needs. Each workgroup has an extensive work plan, which groups have been working through since the workgroups started in June 2018.

Our primary goals for each workgroup are as follows:

- Prevention Services Workgroups: Target resources and services that prevent foster care placements and help children remain safely in their homes (Prevention Strategy 1).
- Appropriate Foster Care Placements Workgroup: Ensure children maintain family connections

needed for healthy development and emotional well-being while finding safe, permanent homes for children as quickly as possible. Safely reduce the inappropriate use of non-family based placements; when a non-family based placement is needed, ensure children are placed in the least restrictive, highest-quality setting appropriate to their individual needs (Permanency Strategy 1, 3, and 5).

- Evidence-Based Services Workgroup: Advance the implementation and sustainability of evidence-based, trauma-informed services that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being (Prevention Strategy 2).
- Finance Workgroup: Build capacity and leverage resources to provide effective services to prevent foster care placement while ensuring financial accountability (Prevention Strategy 3).

VDSSs goals for the Three Branch model include:

- Using data to improve decision-making and ensure services provided are informed by outcomes;
- Promote reliable, accurate, transparent and timely two-way communication among stakeholders throughout the implementation of Family First;
- Acknowledge that true transformation will take time, and implementation will continually be monitored and updated to meet emerging needs; and,
- Collaborating and partnering with systems across the state is the key to successful implementation of Family First.



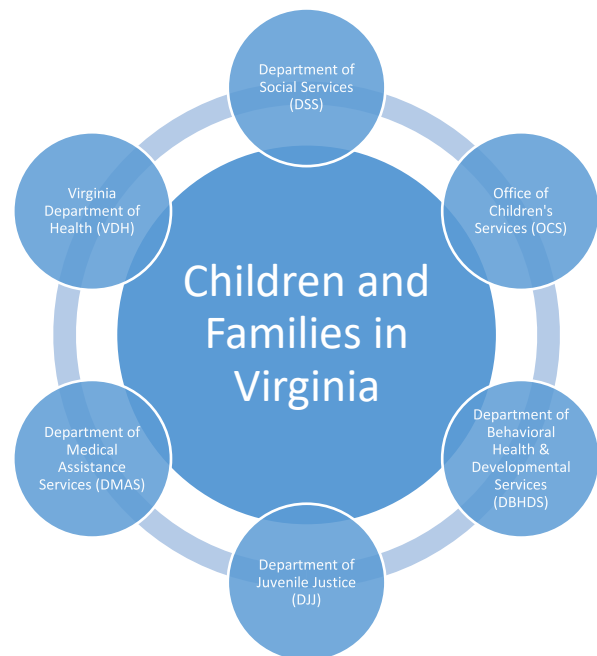
Over the next five years, VDSS will focus on enhancing our prevention program guided by the Family First legislation. The Prevention Services and Child Protective Services programs will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives when possible (CFSP Prevention Strategies).

Prevention Theory of Change



Consultation and Coordination

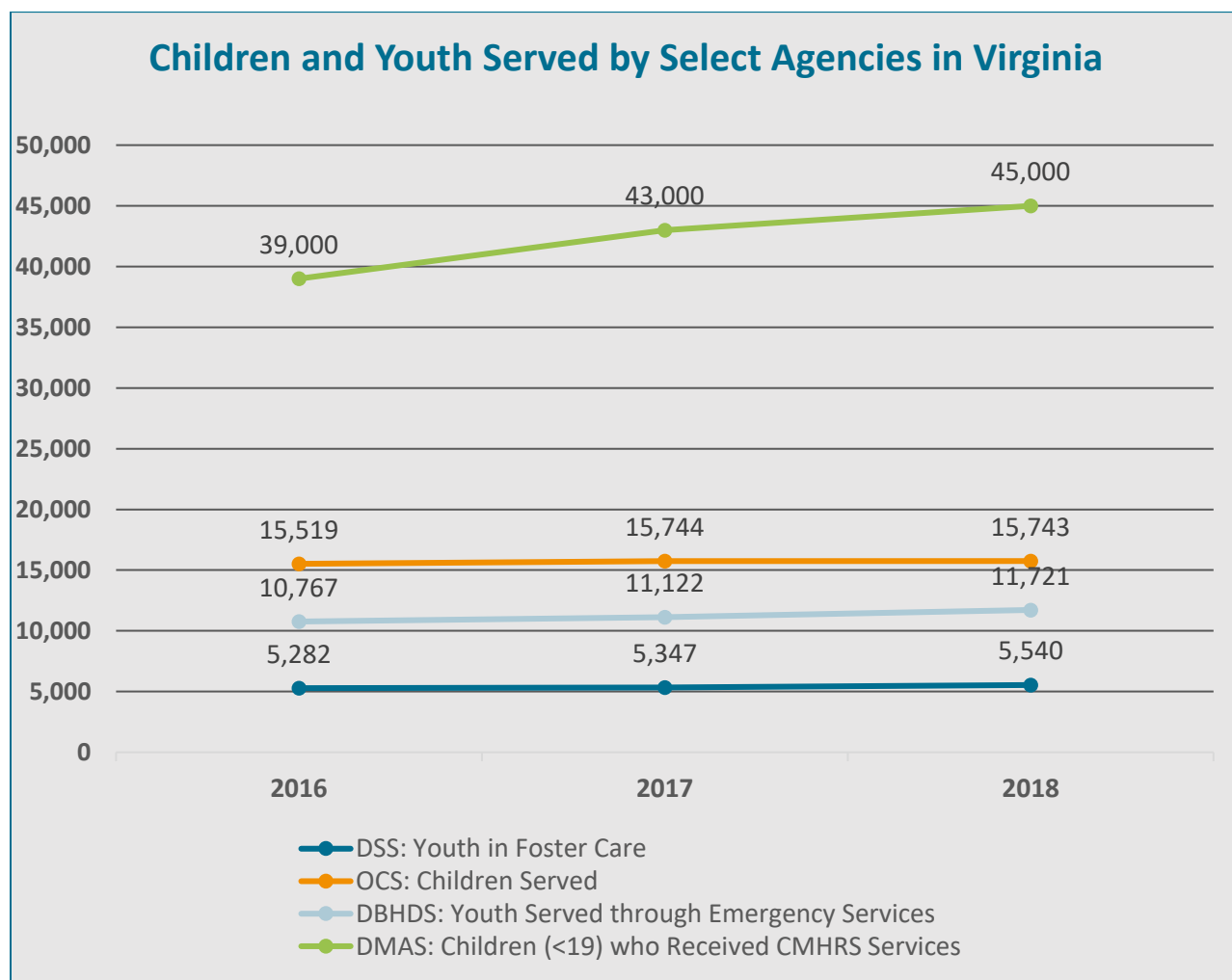
As described in detail above, VDSS is utilizing the Three Branch model in order to implement Family First. This model ensures a collaborative and coordinated approach to implementation with other state agencies, including the Department of Behavioral Health and Developmental Services (DBHDS), Department of Medical Assistance Services (DMAS), Department of Juvenile Justice (DJJ), Virginia Department of Health (VDH), Office of Children's Services (OCS), and the Court Improvement Program (CIP), as well as public and private agencies providing and/or advocating for child and family services in Virginia (Prevention Strategy 1.1, 3.1, 3.2, and 3.3). Children and families involved in the child welfare system are served by a variety of state agencies. VDSS acknowledges that, without the close partnership of other agencies, Virginia will not be able to offer a full continuum of care for children, parents, and caregivers who receive prevention services.



The shift to a prevention-based system will require significant system transformation. This is needed, because despite the hard work and dedication of state agencies and significant progress in some areas, a number of key indicators of child and family well-being in Virginia are not improving in a significant way.

Child and family-serving agencies in Virginia, which can individually serve up to 45,000 children in a given year, are not seeing sustained progress.

- The number of youth in foster care for VDSS has remained relatively flat over the last three years at approximately 4,900 children in the foster care system at any given time.
- The number of children served by OCS has remained relatively flat over the last three years.
- Youth served through DBHDS emergency services increased over the last three years, and Commonwealth Center for Children and Adolescents (CCCA) inpatient admissions increased 32% from 2017 to 2018.
- The number of children receiving at least one community mental health rehabilitation service (CMHRS) has increased over the last three years.



Six child and family-serving agencies across two secretariats (DBHDS, DMAS, VDSS, OCS, VDH, DJJ) are united in a common vision to provide holistic support to the children and families of Virginia. This is important, as we often serve the same children and families and/or children and families with similar needs. Our mission statements demonstrate our unique capabilities to provide critical services and reflect a common vision of supporting the physical, mental and behavioral health, safety, well-being, and success of all children and families in Virginia.

Our Unique Capabilities	Our Common Vision
<ul style="list-style-type: none"> ❖ Promote recovery, self-determination, and wellness ❖ Provide a system of high quality and cost-effective health care services ❖ Help people triumph over poverty, abuse and neglect ❖ Create a collaborative system of services and funding ❖ Prepare court-involved youth for success 	<ul style="list-style-type: none"> ❖ Wellness in all aspects of life ❖ Health and well-being of all people in Virginia ❖ Strong futures for people, families, and communities ❖ Child-centered, family-focused and community-based system of services ❖ Successful citizens

The six agencies share a set of values that guide our work as teams within agencies, as partners with other organizations and the community, and as a vital support network for children and families.

- **Prevention Focused:** We promote services that keep children safe, strengthen families and support long-term well-being, reducing the likelihood that children and families will need to access more costly crisis or intensive services.
- **Evidence Based:** We invest in programs and services that are proven to work, improving child safety and promoting child and family well-being through tested strategies with measurable outcomes.
- **Trauma Informed:** We take into account past trauma when serving children and families, providing programs and services that appropriately and holistically address the needs of children and families while striving to reduce additional trauma.
- **Efficient:** We strive to avoid unnecessary cost and duplication of effort, creating an efficient system that minimizes the difficulty of accessing and delay in receiving services for children and families.

While these six agencies are driven to continue to make improvements to our child welfare system, regular consultation and coordination in the day-to-day business of serving children and families will continue.

Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS is working closely with DBHDS and DMAS on the Children’s Behavioral Health redesign, which will promote a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community-based and clinic-based supports shifting from a crisis-oriented approach towards prevention and early intervention. VDSS’ coordination with this redesign is integral to success in ensuring children, regardless of funding source, have access to high-quality, evidence-based, and trauma-informed services.

VDSS is also working closely with DJJ, which previously implemented evidence-based programming for youth served by the juvenile justice system. DJJ has systematically stood up Functional Family Therapy (FFT) and Multisystemic Therapy (MST) throughout the Commonwealth to serve youth. DJJ has been an

asset to VDSS throughout the implementation process, sharing lessons learned and resources, which made the implementation successful. LDSS will be able to use DJJ providers of FFT and MST for children who are candidates of foster care by purchasing services from DJJ's existing contracts.

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 is a collaborative partner who serves on the Three Branch leadership team and is advancing policies that support the implementation of Family First, as well as a broad continuum of care to meet the holistic needs of children and families. OCS will be critical to ensuring children and families receiving Title IV-E funded services also receive supports that may not be funded with Title IV-E funding (transportation, homemaker services etc.)

Additionally, VDSS is aligning with the Children's Cabinet and the Governor's Trauma-Informed Care Working Group around their work on trauma-informed care in Virginia. Virginia Executive Order 11 requires a coordinated effort across state agencies, with external stakeholders and local communities, to foster systems that provide a consistent, trauma-informed response to children with adverse childhood experiences and build resiliency of individuals and communities. The 2018 Appropriation Act included the language "develop strategies to build trauma-informed systems of care." The working group established a trauma-informed framework based on the Substance Abuse and Mental Health Services Administration (SAMSHA) trauma-informed care to include the four R's:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.

As VDSS continues to work towards the implementation and sustainability of Family First, we will continue to follow the Governor's Trauma-Informed Care Workgroup and recommendations for trauma-informed work to ensure consistent delivery across all child-serving agencies in Virginia.

Implementing Family First in Virginia will enhance the current public child welfare system, which is administered through 120 LDSS and funded primarily through Title IV-B funding. LDSS provide services that protect and promote the welfare of children through the provision of child protective services, foster care and adoption services across the Commonwealth. VDSS' current Child Protective Services and Prevention guidance manuals provide clear guidance to LDSS in the provision of services to children and families to include:

- Prevent further future and abuse and neglect to the child,
- Assure child safety, and
- Maintain the child in their family.

Title IV-E Prevention Services will be integrated seamlessly into our public child welfare system, ensuring that children and their families are provided a full array of services to meet their individual needs. Children and families eligible for Title IV-E Prevention Services will also be eligible for existing funding streams such as, OCS (state and local funding), PSSF, and other funding sources. This will ensure that children and families have a wide array of funding and services to meet their unique needs.

Assessment and Eligibility of Children and Families

VDSS intends to serve all three target populations for Family First funding, as defined within the law. A

“candidate for foster care” in Virginia is a child identified in a prevention 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 listed in Virginia’s Title IV-E Clearinghouse that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement. “Imminent risk” means a child and family’s circumstances demand that a defined case plan is put into place within 30 days; the plan must identify interventions, services, and/or supports, and absent these interventions, services, and/or supports, foster care placement is the planned arrangement for the child. “Candidates for foster care” are children who are known to the child welfare system through a referral to the local agency via the child abuse and neglect hotline or other referral process.

In SFY 2018, VDSS served 28,173 children in CPS ongoing and prevention cases. These children received ongoing, in-home services to prevent removal from the home. 61% of CPS ongoing and prevention cases received a referral for mental health, substance abuse, or parent skill-based training – all services eligible for reimbursement under Family First. The second target population is youth who have been adopted and are at risk of an adoption disruption/dissolution. From October 2017 through March 2019, 165 youth were identified as experiencing an adoption disruption, which put them at risk for entering foster care. This number includes children adopted internationally, domestic, in and out of state. The third target population is pregnant or parenting youth who are in foster care. At this time, VDSS does not track in our child welfare case management system, pregnant and/or parenting foster youth. In a representative sample from the National Youth In Transition Database (NYTD) for Virginia, 9% of 19 year olds and 30% of 21 year olds surveyed reported that they had a child in the past two years.¹

Multiple sections of the Code of Virginia provide statutory authority for the delivery of prevention services.

- § 63.2-319 provides a statutory requirement for each local board to provide services which are directed toward “...Preventing or remedying, or assisting in the solution of problems that may result in the neglect, exploitation or delinquency of children and Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving these problems and preventing the break up of the family where preventing the removal of a child is desirable and possible.”
- §§ 63.2-1505 and 63.2-1506 provide statutory authority *“to provide or arrange for services to families at the conclusion of a family assessment or an investigation.”*
- § 63.2-1501 defines “Prevention” as *“the efforts that (i) promote health and competence in people and (ii) create, promote and strengthen environments that nurture people in their development.”*
- § 63.2-905 provides the statutory authority to provide foster care services which includes a child who has been identified as needing services to prevent the need for foster care placements. *“Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and*

¹ National Youth in Transition Database <https://datacenter.kidscount.org/data/tables/10217-youth-transitioning-out-of-foster-care-had-a-child-in-the-past-two-years?loc=48&loct=2#detailed/2/48/false/1698,1697/6259,6260,6261,6262/19768,19769>

management team and the parents or guardians where legal custody remains with the parents or guardians, or (iii) has been committed or entrusted to a local board or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with § 63.2-905.1.”

Additionally, 22 VAC 40-705-150 A provides the following direction: *“At the completion of a family assessment or investigation, the local department shall consult with the family to provide or arrange for necessary protective and rehabilitative services to be provided to the child and his family to the extent funding is available pursuant to § 63.2-1505 or 63.2-1506 of the Code of Virginia.”*

LDSS will identify children and their parents or kin caregivers to determine their eligibility for Title IV-E Prevention Services through multiple strategies:

- At the conclusion of a CPS family assessment or investigation and services are identified that will reduce the risk for future abuse or neglect or entry into foster care (CPS Policy 6.2.1), and through
- Parent or caregiver self-referrals (Prevention Policy 2.4.1)
- Referrals to the LDSS from courts, schools, or other community-based organizations because of a specific concern that has or may impact the family’s daily functioning (Prevention Policy 2.4.1)

After the identification of a child and their parents or kin caregivers as referenced above, the CANS must be completed to determine the family’s strengths and needs and help identify contributing factors and underlying conditions that may influence child maltreatment and risk for entry into foster care. The CANS is a structured assessment instrument developed by John S. Lyons, Ph.D. with the University of Chicago (Chapin Hall) to assist in the planning and management of services to children and adolescents and their families. The CANS provides numerical ratings of various items, organized in a set of dimensions, or domains. These ratings are indicators of the presence and urgency/prominence of specific needs and strengths. Current certification on the CANS is required for all raters who administer the assessment. Certification must be renewed annually. Domains assessed through the CANS include life functioning, child strengths/resiliency, child behavioral/emotional needs, child risk factors, child and family functioning modules and parent/guardian strengths and needs. LDSS will identify which needs can be addressed through the provision of Title IV-E Prevention Services (described below) and which services can be addressed through other funding streams such as Promoting Safe and Stable Families (PSSF), local and state funding streams.

Monitoring Child Safety

The Prevention Services and Child Protective Services (CPS) programs provide current guidance for LDSS to support prevention services casework. When a candidate for foster care has been identified, the worker must open a child welfare case in the child welfare information system. With the information documented in the CANS, a service plan must be put in place within 30 days identifying the child as a candidate for foster care, identifying the foster care prevention strategy and the list of services or programs provided to or on behalf of the child (CPS Guidance 6.9, Prevention Guidance 2.7 and 2.10).

Monitoring child safety involves multiple strategies. Primarily, monitoring child safety is through contact with the child and family. The frequency of contacts with the child and family should be determined from the safety, risk, and needs that have been assessed, and at a minimum should occur once a month in the home. Monitoring child safety should also be assessed through contacts with collaterals which may include: police, attorneys, teachers, neighbors, relatives and service providers (CPS Guidance 6.3).

The Family Services Specialist maintains a focus on child safety at all points of the case including reassessing child safety, developing plans to control threats to child safety and ensuring safety plan participants understand and fulfill their roles. The Family Services Specialist documents efforts to monitor child safety by ensuring the case record in the child welfare information system is accurate and current, that all decisions and the basis for those decisions are well documented, and maintains copies of all court documents and other vital reports in the hard case file or in the child information system (CPS Guidance 6.4).

The process of assessing child safety is ongoing throughout the life of the case (CPS Guidance 6.12). Safety is assessed, both initially and ongoing, through the Structured Decision Making Safety Assessment Tool. The following circumstances must be documented on a new Safety Assessment Tool within three business days:

- A change in family circumstances such that one (1) or more safety factors previously present are no longer present;
- A change in information known about the family in that one (1) or more safety factors not present before are present now;
- A change in ability of safety interventions to mitigate safety factors and require changes to the safety plan; or
- A case is recommended for closure.

When safety is reassessed, the safety plan (if applicable) and service plan should be reviewed and revised accordingly. A family partnership meeting may be considered if safety concerns escalate.

The service plan must be re-evaluated every 90 days or sooner if safety, risk, or family circumstances change (CPS Policy 6.9, 6.13 Prevention Guidance 2.12). The purpose of the service plan review is to:

- Assess and manage child safety;
- Assess objectives to ensure they are helping attain goals;
- Assess family progress toward establishing and maintaining a safe environment;
- Keep all parties involved with the case plan informed and focused on common goals;
- Review performance and appropriateness of services and service providers;
- Determine the need to revise the case plan;
- Determine whether case closure is appropriate; and
- Consider issues related to permanency and well-being as applicable.

In conjunction with the service plan review, the Structured Decision Making Risk Reassessment Tool must be utilized to assess the risk of future maltreatment. The Risk Reassessment Tool informs whether the future likelihood of maltreatment has been reduced, increased or remained the same following the provision of services or changing circumstances within the family. Reassessing risk in a prevention case measures the progress of the family towards meeting the goals and objectives of the service plan. Reassessing risk guides decisions about case closure. The risk reassessment must be completed every 90 days until the case is closed (CPS Guidance 6.13).

If it is determined that a child's risk of entering foster care remains high despite the provision of programs and services, the Family Services Specialists and Supervisor will examine the reason(s) the risk remains high. The examination will include a review of the results of the Structured Decision Making Risk Reassessment Tool, the results of the CANS, the service plan, and feedback from the family and collateral contacts. As long as the child can remain safely in the home, the Family Services Specialists

may need to reassess the services in place and modify the service plan to include different services and/or providers. In addition, the Family Services Specialists will collaborate with the family and community supports to continue to build upon and create protective factors which serve to mitigate the risk to the child.

Child Welfare Workforce Support

In Virginia, local agencies make referrals to community-based providers who are skilled in providing evidence-based services for children and families. The local agency child welfare workforce utilizes a multidisciplinary approach, the Family Assessment and Planning Team (FAPT), to identify services that are needed for children and their families. Specifically for Title IV-E Prevention Services, VDSS will manage state-level contracts of service providers for programs listed on the Title IV-E Prevention Services Clearinghouse. VDSS will do this through a Request for Applications, where service providers will have to demonstrate their experience in providing evidence based services and their license and approvals required by local, state and federal laws and regulations to deliver clinical services to children and families. Through the state contract, VDSS will ensure that community based providers maintain the appropriate education, licenses, and training to deliver services. Additionally, as referenced below, VDSS will do this through regular monitoring and a CQI cycle to ensure children and families are receiving the highest quality of services.

As described in detail in the Monitoring Child Safety section of this plan, Family Services Specialists will develop appropriate prevention plans through the development of a service plan within 30 days of the identification of a candidate for foster care. Family Services Specialists will continuously monitor the plan as well as conduct periodic risk assessments for children receiving prevention services. Family Services Specialists will partner with community based providers who deliver the prevention services in monitoring the service plan and assessing risk.

VDSS will provide an array of ongoing support to LDSS as well as community-based providers. VDSS is partnering with other state agencies to offer training and support focusing on the implementation, selection and sustainability of evidence based programming for local communities in spring 2020. VDSS will utilize Title IV-E funding to support ongoing training for LDSS in the delivery of prevention services and to enhance the provision of evidence based programming. VDSS intends to support providers being trained in specific evidence-based services as it relates to the federal clearinghouse (Prevention Strategy 2). Additionally, through collaboration with DBHDS, training for providers was offered for trauma-focused cognitive behavioral therapy (TFCBT) and parent-child interaction therapy (PCIT), to ensure that the larger child welfare provider community is skilled in the delivery of these evidence-based programs.

Practice Consultants will assist LDSS with building capacity around efficient, accountable service provisions. They will provide programmatic supervision, consultation, and support to LDSS related to In-home and analyze current practice to ensure it meets VDSS standards. The Consultants will also provide coaching using Practice Profiles. The coaching will consist of policy, procedure and casework review. Practice Consultants will provide LDSS with ongoing support to enhance competencies and skills to meet the diverse needs of children and families throughout the Commonwealth.

Child Welfare Workforce Training

As referenced throughout the CFSP strategic plan, VDSS intends to enhance our entire child welfare workforce training program (CFSP Workforce Strategy 3). Additional information related to VDSS's training program can be found in the 2020-2024 Training Plan Attachment. Specifically related to Family First, VDSS has hired a curriculum developer to work closely with the prevention services team to enhance our existing training curriculum for child welfare workers to ensure that staff:

- Are qualified to identify and make referrals for trauma-informed and evidence-based services;
- Can develop appropriate child- and family-specific prevention plans;
- Can conduct risk assessments; and
- Assess children and their families' needs.

There are several training programs currently provided for child welfare workers that will support the delivery of prevention services:

- CWSE4015 Trauma-informed Practice in Child Welfare and Trauma-informed Child Welfare Practice: Identification and Intervention
- CWS1071 Family-Centered Case Planning
- CWS4020 Engaging Families and Building Trust-Based Relationships
- CWS5307 Assessing Safety, Risk, and Protective Capacity
- CWSE6010 Working with Families of Substance-Exposed Infants
- CWSE5501 Substance Abuse
- SUP5710 Foundations of Coaching
- SUP5701 Principles of Leadership
- SUP5704 Critical Issues in Family Services Supervision
- SUP5705 Trauma-Informed Leadership

The required training for Family Services Specialists is tracked through the VDSS Learning Management System (COVLC). COVLC tracks a worker's required training timeframes based on the worker's and supervisor's job functions. COVLC generates emails to both the worker and the supervisor regarding the required trainings to be completed by a designated time. All overdue training requirements are sent to the worker's supervisor, or in the case of the supervisor to the LDSS Director. The Family Services Training Manager maintains a dashboard regarding these required trainings.

As the Child Protective Services and Prevention Programs enhance guidance for VDSS's prevention program, we will identify a series of training courses for child welfare workers who will deliver prevention services (CFSP Prevention Strategies 1.3 and 1.4).

Prevention Caseloads

VDSS will follow recommended caseload guidelines from the Child Welfare League of America (CWLA). VDSS will pull prevention caseloads annually and for those LDSS who appear to exceed the CWLA caseload standards, VDSS will provide technical assistance to develop a plan to address exceeding the caseload.

Service Description and Oversight

Beginning in 2019, the Prevention Services and Child Protective Services (CPS) programs will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives when appropriate. Specifically, programmatic efforts have and will continue to focus on enhancing the following:

- Developing the prevention services workflow, including prevention services planning, case management process, and practice guidance and training; improving ease of access to prevention services; and
- Ensuring quality of programs and services through implementation of a quality assurance and continuous quality improvement process (CFSP Prevention Strategies 1, 2, 3).

This approach aligns with the concept that prevention services are an integral part of the continuum of all child welfare services. The Prevention Services and CPS programs will leverage collaboration with the Prevention Advisory Committee, CPS Advisory Committee, CWAC and internal Family Services programs, to develop a repertoire of prevention strategies and best practice guidelines that can be used by LDSS in their delivery of prevention services.

Health and Human Services-Approved Prevention Services

VDSS plans to utilize the following evidence-based practices currently rated in the Title IV-E Prevention Services Clearinghouse, which currently exist in Virginia. VDSS intends to expand the offering of evidence-based practices as the federal clearinghouse continues to approve programs.

Service	Functional Family Therapy
Service Category	Mental Health Prevention or Treatment Services
Rating	Well-Supported
Target Population	FFT is intended for 11 to 18 year old youth who have been referred for behavioral or emotional problems by juvenile justice, mental health, school, or child welfare systems. Family discord is also a target factor for this program.
Program Documentation	Functional Family Therapy for Adolescent Behavioral Problems (2013) https://preventionservices.abtsites.com/programs/153/show
Specific Outcomes	<ul style="list-style-type: none"> • Child well-being: Behavioral and emotional functioning • Child well-being: Substance use • Child well-being: Delinquent behavior • Adult well-being: Positive parenting practices • Adult well-being: Family functioning
Monitoring Process	<ul style="list-style-type: none"> • VDSS will require FFT providers to report and adhere to their continuous quality improvement (CQI) process and fidelity monitoring process. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved. From these reviews the results are provided to practice consultants for practice improvement, and provides data in key performance areas to inform performance management.

	<ul style="list-style-type: none"> • VDSS will regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider). • VDSS team who may include evaluation specialists, researchers, fidelity-monitoring specialists, and data visualization specialists will continuously work with the contracted providers through regular contact and monthly reporting requirements. • VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training • VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing our outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the outcomes are not met through the program improvement plan, the service provider contract will be dissolved. • Reviews will be performed to ensure compliance in accordance to the sub-recipient monitoring requirements.
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Service	Multisystemic Therapy**
Service Category	Mental Health Prevention or Treatment Services, Substance Use Disorder Prevention or Treatment Services
Rating	Well-Supported
Target Population	This program provides services to youth between the ages of 12 and 17 and their families. Target populations include youth who are at risk for or are engaging in delinquent activity or substance misuse, experience mental health issues, and are at-risk for out-of-home placement.
Program Documentation	Multisystemic Therapy for Antisocial Behavior in Children and Adolescents, Second Edition https://preventionservices.abtsites.com/programs/121/show
Specific Outcomes	<ul style="list-style-type: none"> • Child permanency • Child well-being: Behavioral and emotional functioning • Child well-being: Social functioning • Child well-being: Cognitive functions and abilities • Child well-being: Substance use • Child well-being: Delinquent behavior

	<ul style="list-style-type: none"> • Child well-being: Educational Achievement and Attainment • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Family functioning
Monitoring Process	<ul style="list-style-type: none"> • VDSS will require MST providers to report and adhere to their continuous quality improvement (CQI) process and fidelity monitoring process. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved. From these reviews the results are provided to practice consultants for practice improvement, and provides data in key performance areas to inform performance management. • VDSS will regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider). • VDSS team who may include evaluation specialists, researchers, fidelity-monitoring specialists, and data visualization specialists will continuously work with the contracted providers through regular contact and monthly reporting requirements. • VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training. • VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing our outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the outcomes are not met through the program improvement plan, the service provider contract will be dissolved. • Reviews will be performed to ensure compliance in accordance to the sub-recipient monitoring requirements.

***VDSS does not intend to utilize the Multisystemic Therapy for Child Abuse and Neglect*

Service	Parent-Child Interaction Therapy
Service Category	Mental Health Prevention or Treatment Services
Rating	Well-Supported

Target Population	PCIT is typically appropriate for families with children who are between two and seven years old and experience emotional and behavioral problems that are frequent and intense.
Program Documentation	Parent-Child Interaction Therapy Protocol (2011) https://preventionservices.abtsites.com/programs/105/show
Specific Outcomes	<ul style="list-style-type: none"> • Child well-being: Behavioral and emotional functioning • Child well-being: Social functioning • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Family functioning
Monitoring Process	<ul style="list-style-type: none"> • VDSS will require PCIT providers to report and adhere to their continuous quality improvement (CQI) process and fidelity monitoring process. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved. From these reviews the results are provided to practice consultants for practice improvement, and provides data in key performance areas to inform performance management. • VDSS will regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider). • VDSS team who may include staff hired by VDSS, including evaluation specialists, researchers, fidelity monitoring specialists, and data visualization specialists will continuously work with the contracted providers through regular contact and monthly reporting requirements. • VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training. • VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing our outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the outcomes are not met through the program improvement plan, the service provider contract will be dissolved. • Reviews will be performed to ensure compliance in accordance to the sub-recipient monitoring requirements.

Service	Trauma-Focused Cognitive Behavioral Therapy
Service Category	Mental Health Prevention or Treatment Services
Rating	Promising
Target Population	TF-CBT serves children and adolescents who have experienced trauma. This program targets children/adolescents who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems. Caregivers are included in treatment as long as they did not perpetrate the trauma and child safety is maintained.
Program Documentation	Treating Trauma and Traumatic Grief in Children and Adolescents (2006) https://preventionservices.abtsites.com/programs/119/show
Specific Outcomes	<ul style="list-style-type: none"> • Child well-being: Behavioral and emotional functioning • Child well-being: Social functioning • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health
Monitoring Process	<ul style="list-style-type: none"> • VDSS will require TF-CBT providers to report and adhere to their continuous quality improvement (CQI) process and fidelity monitoring process. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved. From these reviews the results are provided to practice consultants for practice improvement, and provides data in key performance areas to inform performance management. • VDSS will regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider). • VDSS team who may include evaluation specialists, researchers, fidelity-monitoring specialists, and data visualization specialists will continuously work with the contracted providers through regular contact and monthly reporting requirements. • VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training. • VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing our outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the

	<p>outcomes are not met through the program improvement plan, the service provider contract will be dissolved.</p> <ul style="list-style-type: none"> • Reviews will be performed to ensure compliance in accordance to the sub-recipient monitoring requirements.
Evaluation	<ul style="list-style-type: none"> • The evaluation plan can be found in Appendix A.

Service	Healthy Families America
Service Category	In-Home Parent Skill Based Training
Rating	Well-Supported
Target Population	Families are eligible to receive HFA services beginning prenatally or within three months of birth. This program is designed to serve the families of children who have increased risk for maltreatment or other adverse childhood experiences. Each HFA site is able to determine which family and parent characteristics it targets.
Program Documentation	<p>Signature HFA manuals</p> <p>https://preventionservices.abtsites.com/programs/152/show</p>
Specific Outcomes	<ul style="list-style-type: none"> • Child safety • Child permanency • Child well-being: Behavioral and emotional functioning • Child well-being: Social functioning • Child well-being: Cognitive functions and abilities • Child well-being: Physical development and health • Child well-being: Delinquent behavior • Child well-being: Educational Achievement and Attainment • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Parent/caregiver substance use • Adult well-being: Family functioning • Adult well-being: Economic and housing stability
Monitoring Process	<ul style="list-style-type: none"> • VDSS will require HFA providers to report and adhere to their continuous quality improvement (CQI) process and fidelity monitoring process. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved. From these reviews the results are provided to practice consultants for practice improvement, and provides data in key performance areas to inform performance management.

	<ul style="list-style-type: none"> • VDSS will regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider). • VDSS team who may include evaluation specialists, researchers, fidelity-monitoring specialists, and data visualization specialists will continuously work with the contracted providers through regular contact and monthly reporting requirements. • VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training. • VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing our outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the outcomes are not met through the program improvement plan, the service provider contract will be dissolved. • Reviews will be performed to ensure compliance in accordance to the sub-recipient monitoring requirements.
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Service	Nurse-Family Partnership
Service Category	In-Home Parent Skill Based Training
Rating	Well-Supported
Target Population	NFP is intended to serve young, first-time, low-income mothers from early pregnancy through their child's first two years. Though the program primarily focuses on mothers and children, NFP also encourages the participation of fathers and other family members.
Program Documentation	Visit-to-visit guidelines NFP trainings https://preventionservices.abtsites.com/programs/120/show
Specific Outcomes	<ul style="list-style-type: none"> • Child safety • Child well-being: Behavioral and emotional functioning • Child well-being: Cognitive functions and abilities • Child well-being: Physical development and health • Child well-being: Educational Achievement and Attainment • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health

	<ul style="list-style-type: none"> • Adult well-being: Parent/caregiver substance use • Adult well-being: Family functioning • Adult well-being: Parent/caregiver physical health • Adult well-being: Economic and housing stability
Monitoring Process	<ul style="list-style-type: none"> • VDSS will require NFP providers to report and adhere to their continuous quality improvement (CQI) process and fidelity monitoring process. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved. From these reviews the results are provided to practice consultants for practice improvement, and provides data in key performance areas to inform performance management. • VDSS will regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider). • VDSS team who may include staff hired by VDSS, including evaluation specialists, researchers, fidelity monitoring specialists, and data visualization specialists will continuously work with the contracted providers through regular contact and monthly reporting requirements. • VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training. • VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing our outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the outcomes are not met through the program improvement plan, the service provider contract will be dissolved. • Reviews will be performed to ensure compliance in accordance to the sub-recipient monitoring requirements.

Service	Parents as Teachers
Service Category	In-Home Parent Skill Based Training
Rating	Well-Supported

Target Population	PAT offers services to new and expectant parents, starting prenatally and continuing until their child reaches kindergarten. PAT is a home visiting model that is designed to be used in any community and with any family during early childhood. However, many PAT programs target families in possible high risk environments such as teen parents, low income, parental low educational attainment, history of substance abuse in the family, and chronic health conditions.
Program Documentation	PAT Foundational Curriculum and PAT Foundational 2 Curriculum https://preventionservices.abtsites.com/programs/111/show
Specific Outcomes	<ul style="list-style-type: none"> • Child safety • Child permanency • Child well-being: Social functioning • Child well-being: Cognitive functions and abilities • Child well-being: Physical development and health • Adult well-being: Positive parenting practices • Adult well-being: Family functioning • Adult well-being: Economic and housing stability
Monitoring Process	<ul style="list-style-type: none"> • VDSS will require PAT providers to report and adhere to their continuous quality improvement (CQI) process and fidelity monitoring process. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved. From these reviews the results are provided to practice consultants for practice improvement, and provides data in key performance areas to inform performance management. • VDSS will regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider). • VDSS team who may include evaluation specialists, researchers, fidelity-monitoring specialists, and data visualization specialists will continuously work with the contracted providers through regular contact and monthly reporting requirements. • VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training. • VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing our outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are

	<p>not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the outcomes are not met through the program improvement plan, the service provider contract will be dissolved.</p> <ul style="list-style-type: none"> • Reviews will be performed to ensure compliance in accordance to the sub-recipient monitoring requirements.
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In order to inform our service selection, implementation, and evaluation process, the Evidence-Based Services workgroup designed a stakeholder survey and distributed it electronically via an internet link. The survey was designed to gather stakeholder perceptions regarding evidence-based practices (EBPs), current gaps in Virginia child welfare service offerings, availability of specific EBPs across the commonwealth, and additional insights and comments regarding the implementation of evidence-based services.

A total of 657 child welfare stakeholders participated in the survey. Of these, 16.6% of respondents were clinicians ($n = 109$), 34.6% were brokers ($n = 227$) (those who refer for services), and 48.9% were senior leaders ($n = 321$). Most participants had their master's (60.9%) or bachelor's (29.4%) degrees. Employment settings included public child welfare (28.4%), child/family mental health (12.7%), educational settings (8.9%), juvenile justice (6.4%), and others. Respondents reported an average of 15.5 years in child welfare (range: 1-27 years). Across Virginia, 22.5% ($n=139$) of respondents were located in the northern region, 23.8% ($n=147$) in the central region, 20.4% ($n=126$) in the eastern region, 22.0% ($n=136$) in the Piedmont region, 8.6% ($n=53$) in the western region, and 2.6% ($n=17$) working statewide or across two or more regions.

All stakeholders (clinicians, brokers, and senior leaders) were asked to respond to a core set of questions regarding attitudes and perceptions toward EBPs, EBPs offered by their agency, perceived gaps in services in child welfare-related services in their community, and additional comments and insights regarding Family First. Each survey also had one supplemental area of inquiry: clinicians offered more detailed information about aspects of their perceptions and attitudes toward EBPs, brokers were asked to provide specific information regarding the availability and accessibility of Family First-related services in their community, and senior leaders were asked to describe their familiarity with 30 (10 adult, 20 child/family) specific EBPs considered "well-supported" by the California Clearinghouse of Evidence-Based Practices in Child Welfare (at the time of survey design, 9/2018). For all qualitative items (gaps, additional comments), a codebook was created to collate all responses. Then responses were coded by two coders (research assistants) to create quantitative indicators for each identified code. In this report, results are provided across respondents, and a regional perspective based on VDSS' five regions is provided when appropriate.

In regard to the services supported for reimbursement under Family First, respondents of the survey provided the following results. A total of 75 individuals described at least one parenting-related need and gaps. A total of 110 parenting-related needs and gaps were provided by respondents. Nearly a quarter—24.7%—of respondents who provided us with a response described something in the area of parenting, and 23.6% of the total gaps described involved parenting. Most described a specific need or gap within parenting, and these are detailed in the subsequent table. As can be seen, almost half of parenting-related gaps identified related to tangible supports for caregivers. Fifty-one respondents described gaps related to substance use. A total of 62 gaps were described. This represents 16.8% of respondents and 13.3% of all gaps described. Many respondents described more specifically caregiver or

youth substance use service needs and gaps. Sixty-eight individuals described a gap or need related to mental or behavioral health, with a total of 83 gaps described. This represents 22.4% of respondents and 16.9% of all gaps described. Many respondents described more specific areas of mental/behavioral health.

All respondents were asked to list programs and treatments provided by their agencies that they believed were evidence-based, or that they thought were working well and were unsure whether they were considered evidence-based. Across respondents, more than 200 programs, treatments, and models were listed. Regarding the programs currently supported under Family First, the following results were obtained:

EBP Name	Number of Senior Leaders	Never Heard of It	Heard of It Only	We Don't Offer It, But It's Available In Our Community	We Have Some Training In This Or Use It Rarely	This Is Regularly Used At Our Agency
Multi-systemic Therapy	96	15 (15.6%)	20 (20.8%)	31 (32.3%)	9 (9.4%)	21 (21.9%)
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	96	1 (1.0%)	8 (8.3%)	13 (13.5%)	14 (14.6%)	60 (62.5%)
Healthy Families America	95	41 (4%)	20 (21.1%)	20 (21.1%)	6 (6.3%)	8 (8.4%)
Nurse-Family Partnership	95	64 (67.4%)	17 (17.9%)	10 (10.5%)	3 (3.2%)	1 (1.1%)
Parent-Child Interaction Therapy	92	31 (33.7%)	31 (33.7%)	10 (10.9%)	13 (14.1%)	7 (7.6%)

In addition to the evidence-based services previously referenced on page 14-21, VDSS plans to offer Kinship Navigator services throughout the Commonwealth (**Prevention Strategy 1.5**). VDSS received a grant from the Children's Bureau for \$379,246 for use from October 1, 2018-September 30, 2019. With the grant, VDSS developed six regionally located Kinship Navigator programs involving 40 localities (33%

of the state) and partnered with 2-1-1 VIRGINIA to provide a dedicated, toll-free number specifically for kinship families to receive 24-hour information and referral services across the state. Our programs are diversified and were created to meet the needs of their particular communities; however, all of the programs provide information, referral, outreach, and advocacy. Many of our programs use creative strategies, such as strategically placed electronic kiosks, to assist families with applying 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 technical assistance to each program on a quarterly basis by hosting conference calls that allow programs to communicate with one another and problem-solve, as well as talk on an ad hoc basis in between conference calls.

During the first year of Kinship Navigator funding, we served 207 youth and 188 kinship caregivers. One hundred and sixty eight (168) 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. The highest number of services for kinship families was the provision of outreach, training and/or supportive activities, including case management, support groups, and social support activities (229 individuals).

All local departments of social services provide benefit and support services to families. The following local departments and surrounding localities offer Kinship Navigator programs:

- Arlington Department of Social Services (Partnering with Alexandria, Fairfax, Prince William, and Loudoun Departments of Social Services)
- Bedford Department of Social Services (Partnering with Amherst, Appomattox, Campbell, Lynchburg, and Nelson Departments of Social Services)
- Dickenson Department of Social Services (Partnering with Buchanan, Russell, Tazewell, Lee, Wise, Scott, and Norton Departments of Social Services)
- James City County Department of Social Services (Partnering with Williamsburg and York-Poquoson Department of Social Services)
- Virginia Department of Human Services (partnering with Chesapeake, Portsmouth, Suffolk, and Norfolk Departments of Social Services)
- Smyth Department of Social Services (partnering with Wythe, Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford and Washington Departments of Social Services)

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

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

VDSS anticipates receiving second-year funding in the same amount of the first year funding. This second year of funding will allow VDSS to continue the work with the six regionally supported programs to align services with evidence-based Kinship Navigator programs, as defined in the Title IV-E Prevention Services Clearinghouse.

Implementation Services and Fidelity Monitoring

Virginia is a state-supervised and locally-administered child welfare system and each locality is responsible for the service provision in their community depending on various funding streams. Family First presents an opportunity to utilize federal funds to more equitably provide services across the Commonwealth rather than being dependent on each localities resources. Therefore, Virginia intends to provide the Title IV-E Prevention Services Clearinghouse for LDSS through a state contract system. VDSS will issue a Request for Application (RFA) in early 2020 to solicit providers of the evidence-based programs. VDSS will provide a list of all service providers, to include the localities served, to LDSS through our intranet, Fusion. VDSS will manage all contractual and financial obligations with service providers to ensure that LDSS are able to focus their efforts on working with children and families.

While the programs are available in Virginia, they may not be readily available to every locality at the time of Family First implementation; however, this does not preclude an agency from utilizing the service. In preparation for implementation of Family First, through the Three Branch team, VDSS requested and ultimately received \$851,000 from the Virginia General Assembly to support providers in enhancing their evidence-based service delivery, specifically for services listed in the Title IV-E Prevention Services Clearinghouse. VDSS plans to utilize these funds to offer statewide training for providers, in order to enhance service delivery throughout the state (Prevention Strategy 2). Virginia is offering training opportunities, at no cost to providers, for Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent-Child Interaction Therapy (PCIT) to increase availability across the Commonwealth. Provider selection for these services will occur through an application process in collaboration with MST Services, FFT Site Certification Training Services, and The Center for Child and Family Health (CCFH) respective to their program expertise.

VDSS is partnering with MST Services to provide additional implementation, sustainability and fidelity supports to new Multisystemic Therapy programs in Virginia. MST Services will provide MST model implementation support, training and Quality Assurance oversight and support as outlined in their standard MST Program Support and Training Licensing Agreement, both to VDSS and to provider organizations. MST Services will support program development and start up services by:

- Conducting a needs assessment with each provider agency to discuss the need for MST and the feasibility of building a sustainable program,
- Conducting a critical issues review session to discuss the key elements of a successful MST program including Stakeholder relationships, defining target populations, developing referral processes, program finance, and program evaluation. Participants will gain information necessary to develop a comprehensive program description,
- Conducting a Readiness Review meeting to provide an overview of MST to the community, and to meet with key stakeholders to refine the final implementation plan,
- Providing staff recruitment assistance by providing sample advertisements, job descriptions, interview protocols and selection criteria, and
- A 5-day Orientation Training for each new program start-up. The training provides the foundation for on-going implementation and program support and includes program managers, supervisors and therapists.

Once MST program operations has been initiated, MST Services will provide MST program support and training services tailored to the needs of the agency's program. MST Services will provide annual support and training services by:

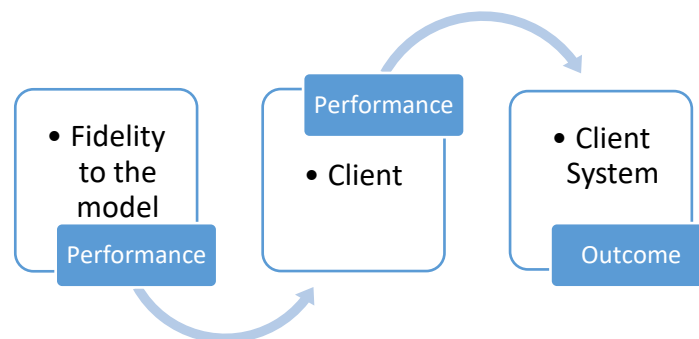
- Weekly MST telephone consultation for the MST Clinical Team(s). This weekly telephone

consultation will average one hour per MST Clinical Team per week for up to 45 weeks during the year,

- Unlimited consultation regarding the following: program quality assurance and improvement; organizational/systems consulting addressing issues related to the program's adherence to MST protocols or those that impact the quality of the MST program's outcomes; program development assistance related to program expansion,
- Up to four (4) Booster Training sessions in each year of operation, and
- All required training materials and manuals.

VDSS is partnering with The Center for Child and Family Health (CCFH) to offer PCIT/CARE Training to support new Parent Child Interaction Therapy (PCIT) programs. CCFH will provide two in-person training sessions including all training materials, including treatment protocols, training manuals, training binders, a set of required ECBI assessments, preparation and post-cohort reporting. CCFH staff will coordinate and schedule all consultation components and provide technological supports (conference call lines, video upload services, and data collection tools) as required. CCFH will support PCIT treatment through weekly data submission, bi-weekly phone-based clinical consultation, and review of selected session video recordings. CCFH will provide updates on clinician achievement of skills mastery and case experience requirements on a monthly basis through the completion of twelve months of training, and a final report of the training course including participant evaluation of all in-person training events, participant evaluation of the clinical consultation process, and a clinician-level report showing achievement of all national certification requirements.

VDSS will also partner with FFT Site Certification Training Services to provide implementation supports and technical assistance for new Functional Family Therapy (FFT) programs. Functional Family Therapy will provide support through a 3-phase process. During the first phase, FFT Site Certification Training Services will provide clinical training to providers. In the second phase, FFT Site Certification Training Services will provide supervision training to support greater self-sufficiency in the delivery of FFT while maintaining and enhancing site adherence and competence in the FFT model. In the third phase, FFT Site Certification Training Services, Est. will assure ongoing fidelity, support issues of staff development, interagency linking, and program expansion. FFT Site Certification Training Services will review the database for site/therapist adherence, service delivery trends, and client outcomes as well as providing a one day on-site training for continuing education in FFT. VDSS is committed to performance monitoring and outcomes to ensure the best service delivery system for clients of the child welfare system. Ensuring positive outcomes is a process that includes monitoring the fidelity of the EBP model, achieving client goals and monitoring the outcomes of the entire client system (as illustrated in the graphic below).



VDSS assures that each Health and Human Services-approved Title IV-E Prevention Service provided as outlined in this state plan meets the trauma informed service delivery as outlined in section 471(e)(4)(B) of the Act (See Attachment III) VDSS will monitor this through the state contract process.

Improving Outcomes for Children and Families

By providing Title IV-E Prevention Services and Kinship Navigator Services, VDSS expects to see the following outcomes identified in our 2020-2024 Child and Services Plan (CFSP) strategic plan and annually reported in Annual Progress and Services Report (APSR).

- Annual increase in the percentage of families served through Kinship Navigator Programs
- Annual increase in the number of KinGap cases
- Identification and annual increase of evidence-based service providers providing services in the Title IV-E Prevention Services Clearinghouse
- Annual increase in number of children and/or caregivers who receive evidence based services through Family First funding
- Annual decrease in the number of children who enter foster care

Strategic Plan updates

Prevention Strategic Plan: 1.5 Monitor and Maintain a kinship navigator program

VDSS supports six locally-established Kinship Navigator Programs throughout the Commonwealth. The local programs serve 40 localities (33% of the Commonwealth). Programs are diversified and were created to meet the needs of their particular communities; however, all of the programs provide information, referral, outreach, and advocacy. 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. VDSS provides oversight and support for these programs. The programs provide quarterly reports to highlight the accomplishments in their communities. The chart below shows how many youth and kinship caregivers were served in 2019.

Locality	Youth Served	Kinship Caregivers Served
Arlington	18	22
Bedford	116	115
Dickenson	128	104
James City County	61	61
Smyth	7	4
Virginia Beach	127	108
Total	457	414

Each of the six programs are supported by a kinship navigator, who serves as a single point of contact for their program. Each kinship navigator program assists with referring kinship caregivers to an abundance of resources to include local, state and/ or federal benefits; mental health services; supports and resources such as legal assistance, faith based-organizations, financial and medical. Five out of the six programs currently offer support groups. The sixth program is relatively new and is working towards expanding their services. The programs continue to enhance their programs by conducting outreach with their community partners to provide education regarding their program and the assistance they

can offer kinship caregivers. Three of the Kinship Navigator programs meet bi-monthly to collaborate and provide ongoing support.

As each program is unique to meet the needs of their community, the following programs have focused on strengthening the following partnerships:

- **Smyth County** has community partnerships and outreach to law enforcement, court services unit, mental health care providers and school officials.
- **James City County** has formed partnerships with the Salvation Army, United Way, Grove Christian Outreach Center, St. Olaf Church, school referral sources to include local schools, court services and Child Development Resources.
- **Virginia Beach** outreaches to the following community providers to assist in identifying services for kinship families, Connect With a Wish, Virginia Beach GrowSmart, Interfaith Coalition, Family-to-Family Navigator Services, Urban League of Hampton Roads, Parents-In-Need Hampton Roads and the Salvation Army mental health support, food banks and pantries.
- **Dickenson** has collaborated with Behavioral Health, local churches and businesses, mental health services for counseling, Health Department, Food Bank, and Feeding, courts, police, fire as well as community colleges in their area.
- **Bedford** formulated partnerships with schools, Children Services Act, Truancy Review Teams, Community Services, and Court Services. They also forged a collaboration with Patrick Henry Safe Families program.
- **Arlington** forged partnerships with Arlington Partnership for Children, Youth and families, Arlington County School Liaison, Arlington County Community Services Board and Court Intake office. In addition the program provides case consultation or family finding services to youth who may receive mental health services, but may not be involved with child family services.

To support the Kinship Navigator Programs, VDSS created and distributed informational cards to highlight the Kinship Navigator programs available throughout Virginia. The cards include our statewide, unique 2-1-1 phone number which is available 24-hours a day, contact information each of the Kinship Navigator programs and encourages kinship caregivers to reach out to their LDSS, even if there is not a formal Kinship Navigator program in their community for information and referrals.

VDSS is working with Clarus Consulting Group, with support from Casey Family Programs, to document the model of our six Kinship Navigator programs to clearly articulate the value and impact of the program with an eye towards sustainability. This work began in February 2020 and is expected to continue through September 2020. Clarus conducted in-person individual interviews with each of the six Kinship Navigator programs in February 2020 and will continue to periodically contact each of the programs in order to document the activities of the program including strengths and challenges for each locality. VDSS hopes to make this report available to all LDSS and on our public website in order to continue to enhance our program availability throughout the Commonwealth.

Virginia's kinship navigator website is located at
http://familyfirstvirginia.com/prevserv/kinship_nav.html.

2. Advance the implementation and sustainability of evidence-based trauma informed services.

2.2 Increase and/or enhance evidence-based services consistent w/FFPSA focus on trauma, mental health, Substance abuse, In-home parent skill programs.

VDSS collaborated with the following agencies: Children's Services Act, Department of Education, Juvenile Justice, Behavioral Health and Developmental Services and Medical Assistance to offer a free regional Evidence-Based Practice Collaborative facilitated by the National Implementation Research Network; however, due to Covid-19, this event had to be cancelled. The purpose of the event was to bring together local teams in the children's services system(s) to build leadership capacity, learn about evidence-based practices (EBP), current Virginia EBP initiatives, and to begin/continue local level planning for successful EBP implementation and sustainability.

VDSS offered training opportunities, at no cost to providers, in May and June 2020 for five Multisystemic Therapy (MST) teams, five Functional Family Therapy (FFT) teams and eighteen Parent-Child Interaction Therapy (PCIT) clinicians to increase availability of these evidence based programs across the Commonwealth. Provider selection for these services occurred through an application process in collaboration with MST Services, FFT Site Certification Training Services, and The Center for Child and Family Health (CCFH) respective to their program expertise. Unfortunately, these events had to be postponed and offered virtually due to Covid-19. The PCIT clinicians will receive the second part of their training in fall of 2020. All of the trainees can begin delivering services after their training, including PCIT clinicians after their first training. VDSS will collaborate with LDSS and their local CSA's to promote the use of evidence based programming utilizing CSA funds for eligible children and their families.

VDSS will require providers to complete an application to become an approved provider for evidence-based services/programs utilizing Title IV-E Prevention Services funding. The approved providers will be listed on the Family First Virginia website. Only providers that are approved by VDSS will be eligible for Family First Title IV-E funding. VDSS will continue to explore expanding the evidence-based services/programs as the Federal Clearinghouse rates additional programs.

VDSS has not implemented Family First and therefore at this time there is no update regarding the number of children and/or caregivers that have been served through Family First Title IV-E funds. Once Family First is implemented we will continue to monitor the usage of these funds.

3. Improve ease of access to prevention services and funding.

3.4 Clearly define Maintenance-of-Effort MOE as it relates to Family First.

VDSS continues to ensure annual maintenance of effort for expenditures of the baseline year of 2014 in the amount of \$3,730,489. The FFY 2019 total expenditures was \$9,015,680. The MOE has been defined and was submitted in the initial draft of the Prevention Plan; however; it may be revised based on new information in light of the extended implementation date of Family First.

3.5 Incorporate trauma informed practices into funding solicitations (RFAs) intended for local stakeholders.

VDSS continues to navigate the contractual process on how to provide prevention services under Family First with extension to January 2021. VDSS goal is to have multiple providers to offer approved services to ensure as much access as possible throughout the Commonwealth. VDSS will also ensure federal requirements for service providers are met and maintained in order to offer these services. If a service

provider does not maintain fidelity to the Approved Service's model, the service provider will not be allowed to offer the service until the problem is resolved. The providers will be required to submit information to VDSS in order for VDSS to ensure the provider is maintaining fidelity to its model and the outcomes of families are improving.

At this time there are no approved service providers as VDSS continues to work with procurement to obtain providers.

4. Create a well-designed and rigorous evaluation system for Family First funded services.

4.1 Establish clear goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes.

VDSS is in the process of formulating the monitoring plan with our CQI team for the evidence-based services/programs. Information from the providers and the current fidelity monitoring process will be utilized. An analysis will be performed on uniformed provider reports on systematic outcomes. These tools will assist in monitoring whether the outcomes are achieved.

VDSS is in the process of establishing the review methodologies for the QA process. This will continue to evolve as we use our CQI data to assist in what area needs to be focused upon.

4.2 Develop a monitoring plan to maintain fidelity of programs.

VDSS will conduct an annual review of each contracted service provider to review their practice, guidelines and training. VDSS will conduct the review by utilizing data reported monthly by each contracted service provider and examining and analyzing outcomes to see if there is a reduction in children entering the foster care system. If outcomes are not being met (by the program and/or VDSS' outcomes), VDSS will meet with the service provider to conduct a root cause analysis to determine why outcomes are not being met. VDSS will develop a program improvement plan in consultation with the service provider to improve outcomes. If the outcomes are not met through the program improvement plan, the service provider contract will be dissolved.

4.3 Identify policies and procedures that support Virginia-specific programs that demonstrate positive outcomes that can be referred for federal clearinghouse.

VDSS' goal is to establish a statewide collaborative Center for Excellence that will provide the necessary framework to support evaluation of services/programs established in Virginia that could be submitted to the federal Clearinghouse. The Center of Excellence will serve many child and family serving state agencies in the Commonwealth. Once the Center for Excellence has been established, policy and procedures will be formulated, which will allow Virginia specific programs to be evaluated. The General Assembly had provided funding to support this; however, due to COVID-19 these funds have been unallotted.

Evaluation Strategy

VDSS intends to utilize Title IV-E administrative funds to hire an evaluation team to administer the evaluation plan. The General Assembly had provided funding to establish the required evaluation team for Family First. However, due to COVID-19 this funding has been unallotted. The evaluation team may include staff hired by VDSS, including evaluation specialists, researchers, fidelity monitoring specialists, and data visualization specialists who will work closely with VDSS' CQI team or a contract with University

Partners to provide evaluation support (Prevention Strategy 4). The evaluation team will evaluate Trauma-Focused Cognitive Behavioral Therapy by including items listed below.

Child Safety

Measures of child safety will come from OASIS records and SDM tools. Measures include substantiated and unsubstantiated reports and referral recidivism during the two-year reporting time-frame. The SDM safety tool includes items regarding a number of aspects of safety consistent with the Federal Clearinghouse Handbook description of measures that assess neglectful, aggressive, or abusive parenting behavior, as well as global determinations of safe, provisionally safe, and unsafe.

Child Safety Measure	Data Source	Time Frame	Feasibility/Supports Needed to Report
Substantiated Reports	OASIS record	Every 12 months	Flag in OASIS regarding FF eligibility
Unsubstantiated Reports	OASIS record	Every 6 months	
Referral Recidivism	OASIS record	Every 6 months	
Caretaker caused serious physical harm or plausible threat to cause harm	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker fails to protect child from serious physical harm or threatened harm by others	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker's explanation for the injury is questionable or inconsistent with the type of injury and the nature of the injury suggests safety might be of concern	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Family is refusing access to the child	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Child is fearful of caretaker, other family members, or others in the home	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker fails to provide supervision necessary to	Safety assessment-safety factors	Baseline (initial), 6 months, 12	

protect child from potentially serious harm	safety factors	months, 24 months	
Caretaker fails to meet the child's immediate needs for food, clothing, shelter, or medical/mental health care	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Physical living conditions are hazardous and immediately threatening	Safety assessment-Safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker's substance use is currently and seriously affecting their ability to supervise, protect, or care for child	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker's behavior towards the child is violent or out of control	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker describes or acts towards the child in predominately negative terms or has unrealistic expectations	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Child sexual abuse is suspected and child safety is an immediate concern	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	
Caretaker's physical, intellectual, or mental health seriously affects their ability to supervise, protect, or care for child	Safety assessment-safety factors	Baseline (initial), 6 months, 12 months, 24 months	

Child Permanency

Measures of child permanency will come from OASIS records. Measures include length of placement if child is placed out of the home, placement disruption (number of moves within period of evaluation), stability of placement, reunification, and whether the child was placed with family (for children who enter foster care).

Child permanency measure	Data Source	Time Frame	Feasibility/Supports Needed to Report
Y/N child placed outside of home	OASIS record	Every 12 months	Flag in OASIS regarding FF eligibility
Length of placements (if any)	OASIS record	Every 12 months	
Placement disruption & stability of placement	OASIS record	Every 12 months	
Reunification	OASIS record	Every 12 months	
Kinship placement	OASIS record	Every 12 months	

Child Well-Being

Child well-being will be assessed in two ways. First, general measures of child well-being will be gathered from SDM measures, which are reliably reported by family-services specialists. Second, specific measures of child well-being will be reported by providers (contractual obligation).

General child well-being can be reliably reported by case workers. The table below outlines aspects of general child well-being that will be analyzed and reported utilizing the Family Strengths and Needs Assessment. The domains assessed are consistent with the domains in the Federal Clearinghouse Handbook regarding behavioral and emotional functioning, social functioning, cognitive functions and abilities, educational achievement and attainment, physical development and health, substance use, and delinquent behavior.

Child Well-Being Measure	Data Source	Time Frame	Feasibility/Supports Needed to Report
Life Functioning	CANS	Baseline, 6 months, 12 months, 24 months	Ensure item-level information can be exported, ensure training is provided regarding time frame of reporting, ensure child-level information can be exported reliably
Child Strengths/Resiliency	CANS	Baseline, 6 months, 12 months, 24 months	

Child Behavioral/Emotional Needs	CANS	Baseline, 6 months, 12 months, 24 months	
Child Risk Factors	CANS	Baseline, 6 months, 12 months, 24 months	

To balance these evaluation needs with confidentiality rights of clients, as well as differences between reliable and valid measures of child well-being across the developmental span and across evidence-based services, providers will be contractually obligated to report on where clients fall among the validated ranges of clinical measures. This will vary by service. For example, for youth receiving TF-CBT, an appropriate outcome would be whether they fell into the clinical, subclinical, or normal range on the UCLA-PTSD Index. For PCIT, an appropriate measure would be the BASC-2 (externalizing subscale). The contractual obligation will require that providers report whether the client falls in the clinical, subclinical, or normal range of functioning, using the validated language of the specific tool. Providers will report at the beginning of treatment and every six months or when treatment concludes, whichever comes first.

As VDSS works to implement Family First and evidence-based services, we will need to address the feasibility/supports needed to report on the EBP outcome-specific measures. Although it is incredibly important to understand the outcomes of not only the EBP, but also of overall child wellbeing, the commonwealth currently does not support a centralized reporting data system across agencies that would allow for the collection of this type of data with ease.

Adult Well-Being

Adult well-being will be assessed similar to child well-being, and in two ways. First, general measures of adult well-being will be gathered from SDM measures, which are reliably reported by family services specialists. Second, specific measures of adult well-being will be reported by providers (contractual obligation).

General adult well-being can be reliably reported by family services specialists. The table below outlines aspects of general adult well-being that will be analyzed and reported utilizing the Family Strengths and Needs Assessment. The domains assessed are consistent with the domains in the Federal Clearinghouse Handbook regarding parenting, parent/caregiver mental or emotional health, parental substance use, criminal behavior, family functioning, physical health, and economic stability.

Adult Well-Being Measure	Data Source	Time Frame	Feasibility/Supports Needed to Report
Parent/Guardian Strengths/Needs	CANS	Baseline, 6 months, 12 months, 24 months	Ensure item-level information can be exported, ensure training is provided regarding time frame of reporting, consider

			processes to identify primary/secondary caregiver by identity (e.g., parent, kinship caregiver)
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To balance these evaluation needs with the confidentiality rights of clients, as well as differences between reliable and valid measures of adult well-being across evidence-based services, providers will be contractually obligated to report on where clients fall among the validated ranges of clinical measures. This will vary by service. For example, urine drug screens will be expected for substance use treatment. Validated parenting measures will be expected for parenting interventions. And measures of mental health symptoms or functional impairment will be expected for behavioral health interventions. The contractual obligation will require that providers report whether the client falls in the clinical, subclinical, or normal range of functioning, using the validated language of the specific tool, for example, positive or negative urine drug screen. Providers will report at the beginning of treatment and every six months or when treatment concludes, whichever comes first.

As VDSS works to implement Family First and evidence-based services, we will need to address the feasibility/supports needed to report on the EBP outcome-specific measures. Although it is incredibly important to understand the outcomes of not only the EBP, but also of overall child well-being, the commonwealth currently does not support a centralized reporting data system across agencies that would allow for the collection of this type of data with ease.

Demographics

VDSS plans to investigate the demographics of individuals served under Family First. This will include information collected in the OASIS system on clients within a Family First case to include parents, caregivers, and children. We plan to report on age, race/ethnicity of child, gender, and relationship to the child.

Comparison to Treatment Prior to Family First

In addition to collecting baseline data for each family served under Family First, VDSS will also conduct an investigation to gather a general snapshot of all families served prior to Family First. In other words, by understanding the general rates of these domains, using the agreed-upon definitions in this evaluation plan, we will be able to compare our Family First population and answer questions about how Family First may be increasing child well-being, permanency, reunification, and safety. This will utilize data from 2018.

Understanding the Family First Population and EBP Selection

The ongoing results of this evaluation plan will inform us about the Family First service population in Virginia. As we bolster and expand prevention efforts, it is expected that the Family First service population will draw from youth currently in foster care, as well as families who are at risk but are not currently identified. Thus, utilizing this data to better understand the families who comprise this population will inform future work. For example, what proportion of services are ultimately responding to a caregiver's individual need (e.g., substance use), a family system need (e.g., parenting intervention), or a child need (e.g., child behavior problem)? By understanding the profiles of the Family First population across the areas of child well-being, safety, and permanency, we will be able to inform future initiatives (e.g., the selection of appropriate EBPs based on fit and need).

Increase and Better Understand Kinship Care in Virginia

The ongoing results of this evaluation plan will inform Virginia's broader effort to increase kinship care. By evaluating kinship caregivers' well-being, services can be further targeted to support kinship caregivers as well as improve our Kinship Navigator programs.

Improving Fidelity and EBP Usage

Based on the measures we receive from providers, we will consider whether VDSS support is needed regarding measurement. For example, are clinicians reliably accessing the appropriate measures, or are there barriers to accessing these measures, even when oversight by EBP staff is provided? Is there variation across different EBPs? A regional view will be utilized for program improvement. Outside evaluators providing reporting on fidelity will be asked to also take this regional view in the reporting of their results.

Inform Implementation Procedures

For each EBP, model of implementation will be tracked (e.g., trainings/consultation calls, site visits, and community-based learning collaboratives). This will allow us to compare usage and outcomes across services, then consider implementation procedures that work and don't work in Virginia. This information will be provided to VDSS as part of the contractual process and will be monitored according to our standard sub-recipient monitoring plan.

Improve Evaluation Efforts

During the course of this evaluation, we will engage in ongoing discussions with stakeholders regarding improvements to the evaluation process. Key issues include ensuring that data capture systems are improved in a manner consistent with Family First: in other words, more flexible data capture approaches that can gather and collate well-being measures for multiple caregivers (e.g., parents, kinship caregivers, foster parents).

Improve Cross-System Coordination

Family First provides an opportunity to continue to improve cross-system coordination, particularly as services span child, family, and adult interventions across parenting, substance use, and mental health domains. As other statewide initiatives are concurrently in development (e.g., substance use treatment, behavioral health redesign), we will utilize the results and process of this evaluation to consider efficiencies in evaluation and coordination across sectors through the Three Branch team.

Evaluation Waiver Request

VDSS intends to request evaluation waivers for all programs in the federal clearinghouse that are well supported. VDSS is requesting evaluation waivers for the following programs (See Attachment II for the *State Request for Waiver of Evaluation Requirement for a Well-Supported Practice*).

Program	Rating
Functional Family Therapy	Well-Supported
Healthy Families America	Well-Supported
Multisystemic Therapy	Well-Supported
Parent-Child Interaction Therapy	Well-Supported

Nurse-Family Partnership	Well-Supported
Parents as Teachers	Well-Supported

“Virginia recognizes that a robust CQI system is vital to improve services and supports for children and families, ensure effective use of resources, and achieve targets and desired outcomes. An effective system integrates the quantitative and qualitative measures toward an integrated system that thoroughly captures data processes to properly inform policy and service provision at all levels. This is inclusive of building out a comprehensive data plan allowing examination of the many data sources, while also identifying opportunities to incorporate the different qualitative and quantitative aspects of the case review system. Our approach is both data-driven and practice-informed.”²

VDSS plans to utilize similar methodology of CQI models currently used in other child welfare programming and monitoring (VDSS CFSP Items 20, 21 and 25 Case Review and QAA System). VDSS intends to utilize Title IV-E administrative funds to hire an evaluation team as referenced in the Evaluation Strategy Section. The evaluation team will work closely with VDSS’ CQI team to ensure a comprehensive CQI system for the provision of Title IV-E Prevention Services.

Assurance on Prevention Program Reporting

VDSS will report to the secretary such information and data as the secretary requires with respect to the Title IV-E prevention program, including information and data necessary to determine the performance measures.

See Appendix C for the Family First Stakeholder list.

2020 COVID 19 update

The implementation of Family First was extended to January 30, 2021, due to several major implementation activities scheduled for spring 2020 being cancelled and/or postponed due to COVID-19. These activities include training providers in evidence based practices and assisting localities in determining the needs of their communities (EBS learning collaboratives) which are critical to support the implementation of Family First. The COVID-19 pandemic has also required LDSS to assess and meet the critical needs of their communities while adjusting to new work environments. In order to ensure LDSS were able to focus on the immediate needs in their communities, and ensure all implementation activities can be completed; VDSS extended the implementation of Family First.

The fiscal demands from COVID-19 has negatively affected the State Budget for Family First. The \$50,428,405, which was allocated for the implementation of Family First over the next two years, has been unallotted. The proposed budget would have provided:

- 424 Family Services Specialist positions and 28 Administrative Program Assistance
- Provision of Prevention Services for children and families
- Sustainability of evidence based programs to include: program development, curriculum and implementation supports

² Virginia Department of Social Services 2020-2024 Child and Family Services Plan (CFSP)

- Evaluation team to ensure provision of services is producing desired outcomes

With the unexpected changes in the current budget, VDSS is currently assessing how to best utilize the Family First Transition Act funding to support implementation of Family First.

Implementing Family First remains a high priority for the Division of Family Services, as we know the positive impact this program will have on children and families throughout Virginia. Implementation activities will continue with our state and community partners to ensure this valuable legislation is implemented in Virginia.

On April 9, 2020, the Three Branch Team convened to discuss the extension of the Family First implementation date. The Family First Team provided updates on the implementation status, the efforts to address the ongoing complexities of Family First and an updated timeline. Three Branch Team members actively participated in the meeting and service providers offered valuable input.

Assessment of Current Performance in Improving Outcomes (CFSR/PIP)

The strategies and key activities listed in the VDSS Program Improvement Plan (PIP) identify new strategies and build on existing improvement activities currently in implementation by the Virginia Department of Social Services (VDSS) to positively influence safety, permanency, and child well-being outcomes. These strategies have been integrated throughout the CFSP strategic plan. Stakeholder involvement follows our continual collaborative-communication loop model, where input, guidance, and solutions are provided in a variety of ways to include surveys, interviews, feedback from meetings, etc. Updates on progress to date to achieve or maintain substantial conformity are based on the quarterly review data analysis.

The third round of Virginia's Child and Family Services Review (CFSR), conducted between April 1, 2017, and June 1, 2017 indicated that, although progress was made towards improving our child welfare system, there are still areas needing improvement. Specifically, VDSS is not in substantial conformity with seven out of seven CFSR outcome areas and three out of seven systemic factors.

Key areas for concern include the following:

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

Additional themes for improvement include:

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

The PIP created to address areas needing improvement focuses on four goals:

- **Engagement:** Ensure youth and families are involved in all aspects of decision making across the child welfare continuum to achieve safety, permanency, and overall well-being.
- **Safety:** Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible.
- **Permanency Practices:** Improve permanency outcomes for children in foster care through concurrent planning, birth parent engagement and service provision, timely and quality court hearings, placement of children with relatives, improved recruitment, and engagement of service provision to foster and adoptive families.
- **Workforce:** Improve the consistency in practice to ensure safety, permanency, and well-being outcomes by investing in a well-trained workforce that is prepared, knowledgeable, and skilled.

Outcome measures: CY19 reviews

Safety outcome 1: Children are, first and foremost, protected from abuse and neglect.		
Substantially achieved 73%	Partially achieved 0%	Not achieved 27%
Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		
Substantially achieved 52%	Partially achieved 14%	Not achieved 33%
Permanency outcome 1: Children have permanency and stability in their living situations.		
Substantially achieved 24%	Partially achieved 65%	Not achieved 11%
Permanency outcome 2: The continuity of family relationships and connections is preserved for children.		
Substantially achieved 48%	Partially achieved 44%	Not achieved 8%
Well-being outcome 1: Families have enhanced capacity to provide for their children's needs.		
Substantially achieved 28%	Partially achieved 40%	Not achieved 31%
Well-being outcome 2: Children receive appropriate services to meet their educational needs.		
Substantially achieved 80%	Partially achieved 11%	Not achieved 9%
Well-being outcome 3: Children receive adequate services to meet their physical and mental health needs.		
Substantially achieved 55%	Partially achieved 23%	Not achieved 21%

The items below were selected to be monitored through the PIP. Items 3, 4, 5, 13, 14, 15 have met the established PIP goal.

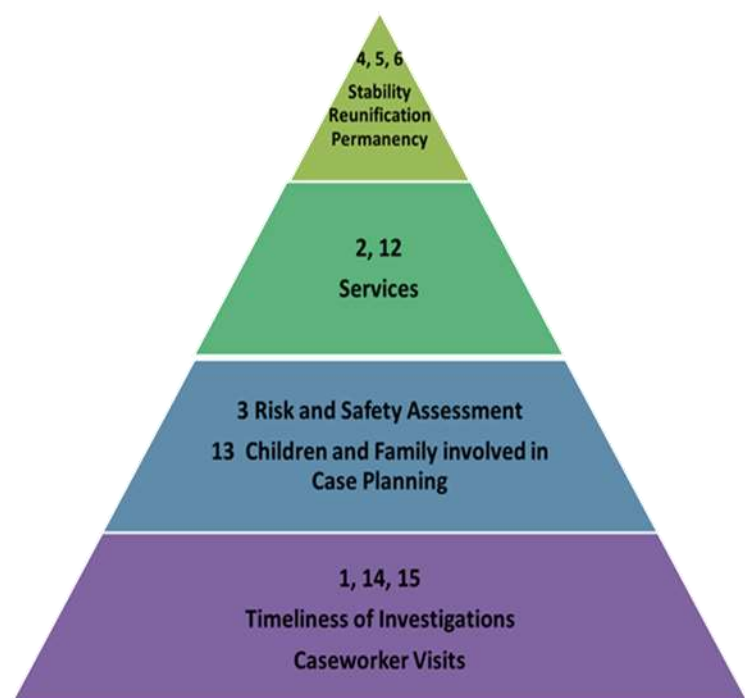
CFSR Items Requiring Measurement	PIP Baseline ³	PIP Goal ⁵	Measurement Period 1 ⁸ Performance	Measurement Period 2 ⁸ Performance	Measurement Period 3 ⁹ Performance	Measurement Period 4 ⁹ Performance	Measurement Period 5 ⁹ Performance	Measurement Period 6 ⁹ Performance	Measurement Period 7 ⁹ Performance
Item 1	76.90%	88%	68%	70%	74%	71%	72%	70%	76%
Item 2	67.60%	78%	61%	60%	74%	71%	62%	49%	58%
Item 3	48.60%	56%	50%	59%	59%	59%	60%	54%	51%
Item 4	70.50%	79%	61%	73%	86%	70%	71%	77%	80%
Item 5	65.90%	75%	73%	73%	65%	74%	77%	55%	58%
Item 6	38.60%	48%	39%	34%	30%	27%	30%	36%	45%
Item 12	38.60%	46%	27%	30%	43%	33%	31%	29%	26%
Item 13	35.30%	43%	30%	41%	44%	35%	41%	45%	43%
Item 14	57.10%	65%	56%	66%	64%	61%	70%	76%	76%
Item 15	34.40%	42%	19%	22%	42%	42%	36%	33%	34%

Goal 1: Engagement. Ensure youth and families are involved in all aspects of decision-making across the child welfare continuum to achieve safety, permanency, and overall well-being.

Items 1-18 and systemic factors 20, 23, 24, 26, 27, 29, 30, 31 are addressed in the engagement goal.

Update on Current Performance:

Virginia developed a PIP taxonomy that shows the approach taken to achieve compliance with the CFSR outcomes. At the foundation of the taxonomy, there is Engagement. Engaging involves all aspects of connecting with youth and families in a deliberate manner to make well-informed decisions about safety, achieving permanency, lifelong connections, and well-being. Family engagement is an intentional practice with utilization of particular skill sets to ensure partnership. Family Engagement is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences. Engagement goes beyond mere involvement; it is about motivating and empowering



families to recognize their own underlying needs, protective capacities, and supports. True engagement supports families in taking an active role in working toward change. If investigations are conducted in a timely manner and case workers complete meaningful and regular visits with the child, the parents, and foster parents then risk and safety assessment will occur. When workers engage children and families during case worker visits, the children and families will naturally be involved in case planning. Engagement can occur during monthly worker visits, visits with families receiving services, and through more formal processes such as family partnership meetings. Engaged families will lead to selecting appropriate services that will lead to safety, stability, reunification, and permanency.

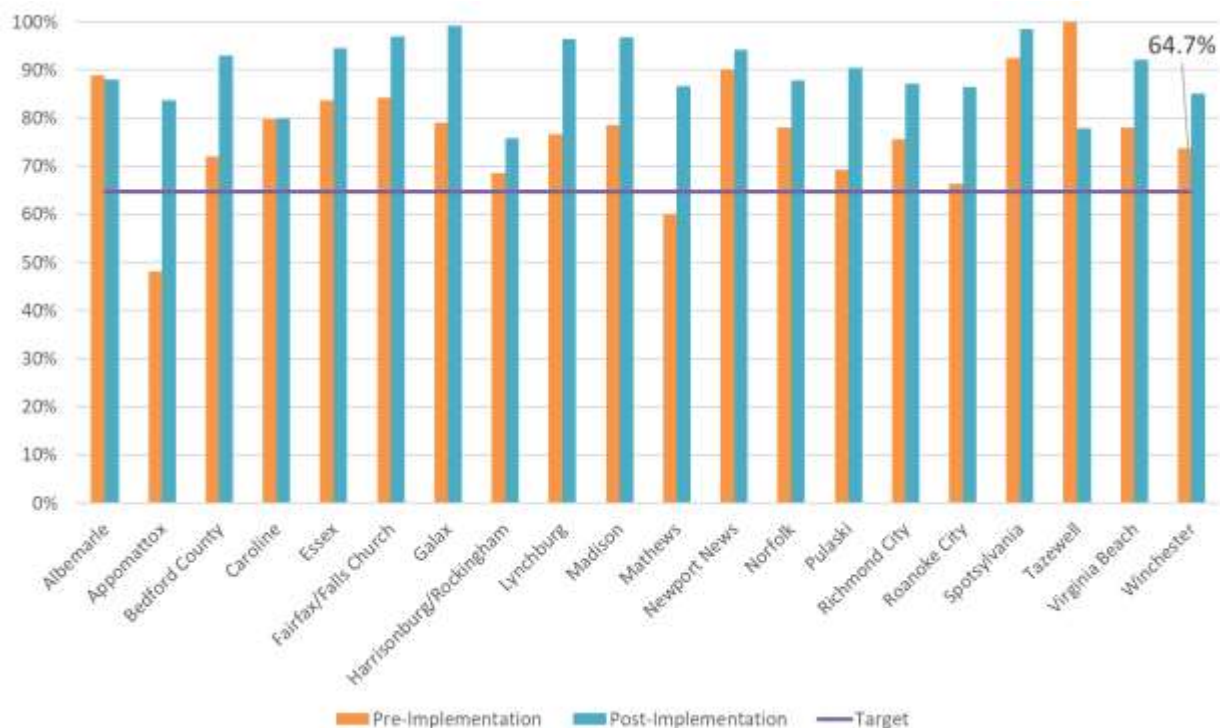
PIP Strategy 1 is to install the Engagement Profile of Virginia's Practice Profiles Model. (**Protection Strategy 1.2, 1.3**) When the PIP was created, several of the tasks related to this strategy were going to be completed with the assistance of Capacity Building Specialists. For several reasons, the decision was made to not move forward with hiring Capacity Building Specialists. VDSS has regionally based permanency consultants that have been working with PIP localities on implementing the strategies in the PIP and will do the work intended for the Capacity Building Specialists. PIP agencies were sent a readiness assessment survey in December 2019 to help prepare for the installation of the engagement profile. As part of that survey, localities were asked to identify individuals who could become coaches. Once coaches are identified, additional coaching trainings will be offered and coaching roundtable(s) will be formed to support staff addressing adaptive practices.

A training on the engagement profile is scheduled for mid-2020. The training will cover: Youth, Family and Caregiver Voice, Respect, Authority, Information and Roles, and Relationships. Supervisors will be tasked with infusing the Engagement Profile into supervisory strategies to support the development of workers' knowledge, skills, and ability related to engagement. To further the work began through training, the regional consultants are planning to establish regional Communities of Practice meetings. These meetings will facilitate the Engagement Profile integration processes, sharing of ideas, and successes and challenges relative to integrating the Engagement Profile into workforce operational procedures.

Well-being Outcome 1

Virginia was not in substantial conformity with well-being outcome 1; families have enhanced capacity to provide for their children's needs. Well-being outcome 1 was substantially achieved in 28% of cases. During CY19, **item 12**; assess the needs of and provide services to children, parents, and foster parents, is an ANI 31% substantially achieved. **Item 13**; involve parents and children in case planning, is an ANI with 39% substantially achieved. **Item 14**; visits with children is an ANI with 65% substantially achieved. **Item 15**; visits with parents, is an ANI with 37% substantially achieved. Items 13, 14, and 15 were selected for review during the PIP. Item 13 achieved the PIP goal in measurement period 6. Item 14 achieved the PIP goal in measurement period 5. Item 15 achieved the PIP goal in measurement period 4.

PIP Localities CPS Ongoing Case Contacts Item 14- (PIP Goal 64.7%) Visits with Child



PIP meetings have focused on the importance of engagement across the life of a case. PIP strategy 1.3 focused on combining and centralizing Family Engagement Practice Guidance from all program areas (Prevention, CPS, Foster Care and Adoption) to emphasize the importance of optimal practice in achieving safety and permanency. Now called Chapter A, the Family Engagement Guidance became effective in March 2020. The guidance focuses on conducting and documenting quality, timely, and regular contacts with parents and children throughout all points in the case. There is an emphasis on involving family, birth parent, relatives, youth, and foster parents in case planning. PIP strategies 1.1 and 1.2 focus on creating a culture of engagement by creating communities of practice and providing training on the Engagement Profiles. These strategies are in the planning stages. The Engagement Profile training is scheduled for June 2020. The regional consultants are making plans to hold communities of practice focused on continued engagement. **(Protection Strategies 1.2, 1.3)** These engagement focused activities will provide workers will skills needed to improve case practices.

Goal 2: Safety. Ensure safety for children through timely response to reports of child maltreatment and by thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible.

Items 1, 2, 3, 12, 13 and systemic factors 20, 26, 27, 29, 30, are addressed in the safety goal.

Update on Current Performance:

The measure “No Recurrence of Maltreatment” investigates the recurrence of maltreatment within two years of a referral (founded disposition). The state goal is to increase the percentage of children without recurrence to 94.6%. During CY19, Virginia consistently performed above the state goal of 94.6% and achieved no recurrence of maltreatment 99% of the time. The measure “No Abuse While in Foster

Care” shows whether a child was the victim of a founded disposition in the past 12 months while in care. The state goal is 99.68%. During CY19, Virginia consistently performed above the state goal of 99.68% and achieved no abuse while in foster care 99.9% of the time. The measure “Reentry into Foster Care” shows whether the agency’s programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care. National performance is at 8.1%. Virginia’s performance is at 7.1%

Virginia is not in substantial conformity with safety outcome 1 or safety outcome 2. During CY19, **Item 1;** agency response and face to face contact made within established timeframes, was rated as an area needing improvement (ANI) and was only substantially achieved in 73% of the cases reviewed. Of the cases reviewed, only 10% found the reason for the delay in initiation of the investigation or family assessment and face-to-face contact were due to circumstances beyond the agency’s control. **Item 2;** services to prevent entry or re-entry into foster care, is an ANI with 61% substantially achieved. **Item 3;** assess and address the risk and safety concerns, is an ANI with 55% substantially achieved. Item 3 is one of the items selected for PIP improvement. The PIP goal for Item 3 was met in Measurement Period 2.

As part of Virginia’s PIP, a workgroup was formed in November of 2018 focused on Goal 2: Safety. The workgroup was comprised of LDSS and other key stakeholders. Twelve of the 19 PIP Implementation Agencies (2 Central Region, 2 Eastern Region, 3 Northern Region, 4 Piedmont Region, and 1 Western Region) were represented on the workgroup. One additional non-PIP Northern Region LDSS, CSA and CSB representation from the Western Region, one CAC representation from the Central Region, and one representative from the Office of Chief Medical Examiners.

Initially, the workgroup reviewed the results of the root cause analysis and state-wide data on the status (attempted or completed) of initial contacts on reports of child maltreatment within the required response priority. The workgroup initially hypothesized that attempted contacts were contributing significantly to Virginia’s poor performance in this area; however, data did not support this hypothesis. Our data showed:

- Statewide the average of missed contacts on First Meaningful Contacts is 7%.
- Statewide the average of attempted contacts on First Meaningful Contacts is 4%.
- Statewide the average of missed contacts for Face-to-Face with the alleged victim is 30%.
- Statewide the average of attempted contacts for Face-to-Face with the alleged victim is 8%.

The workgroup decided they wanted to learn more from local departments about their current practices and protocols for ensuring the timeliness of first contact. The workgroup developed a survey for distribution to the RRT to assess and review current LDSS practices that are used to ensure initial contact is made on reports of child maltreatment within the required response priority. Additionally, they assessed and reviewed current LDSS practices regarding the: (1) most commonly utilized safety-services; (2) funding services utilized to purchase safety-services; (3) timeframes to put safety-services in place; and (4) barriers to utilization of safety-services by LDSS.

The survey was distributed as Rapid Response Survey to Child Protective Services workers and supervisors across the state. There were 126 survey participants. Survey participants were predominately from the Piedmont region and identified their primary job duty as a Child Protective Services workers.

Highlights of survey results:

- Majority of agencies have an informal process to ensure initial face-to-face contact with the

alleged victim is made within the determined response priority.

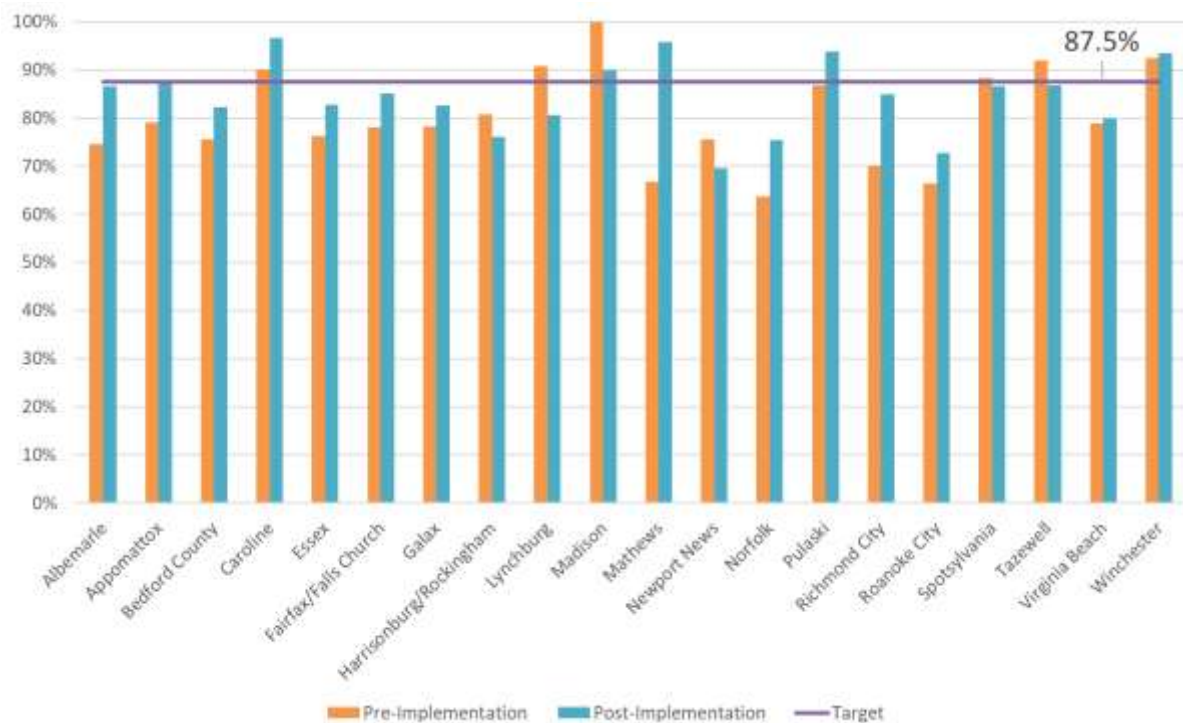
- Supervisory consultation and online searches were the most commonly used strategies/tools used to ensure face-to-face contact is completed within the determined response priority.
- Geographical zones, designated R1 responders, written protocols, and diligent efforts checklists were the least commonly used strategies/tools to ensure completion of the face-to-face contact within the determined response priority.
- The top three steps used by agencies to ensure the completion of the face-to-face contact when contact is attempted but not successful were: consultation with supervisor, online searches, and coordination with schools.
- There was general agreement on the purpose and who are providers of safety services.
- There was less agreement on how to document safety services and the time frames for providing them.
- Most commonly used safety services:
 - Parent agrees to refrain from abuse or neglect while in a caretaking role of the child.
 - Caretaker agrees to refrain from the use of substances while in a caretaking role of the child.
 - Supervised Contact between child and abuser by protective caretaker.
- Least used safety services:
 - Respite Care/Short-term care provided by agency resource families (not FC).
- PSSF was the most commonly available funding source for safety services.
- Grant funding was the least available funding source for safety services.
- The top three barriers or reasons why safety services are not utilized on a case with safety concerns:
 - Availability of community resources
 - Parents' resistance
 - Locating or contacting a protective caretaker

Based on the root cause analysis and the survey results, the workgroup developed enhanced practice guidance related to improving the timeliness of initial response and the provision of safety services. Guidance enhancements include: required supervisory consultation prior to the expiration of the response priority, creation of a reasonable diligence checklist, changing Response 3 priority from five working days to 40 work hours, universal definition of "safety services," and documentation of safety services. VDSS's PIP Agencies installed these proposed practice changes in July 2019 and statewide implementation is expected to occur in July 2020. Preliminary data from installation with PIP Agencies suggest the proposed practice changes will improve Virginia's performance in these areas. (**Protection Strategy 2.1, 2.3**)

PIP agencies reported several strategies to help with timeliness of first contact with victims. Several localities adapted a referral cover sheet to include an outline of critical and time sensitive referral information. Other localities assigned workers as back up to ensure contacts were made during the response priority time. Localities provided dedicated work hours that were set aside just for case management entry into OASIS, with some localities taking advantage of Flex Dictate. Several localities began supervisory consultations to talk through the information and process how to meet with the families in a timely manner.

The chart below was created for a PIP meeting in February 2020. It shows that while there is still improvement needed to get to the target goal, most of the PIP agencies have improved since installation of the PIP strategy 2.

PIP Localities: Timeliness of First Contact with Victim Item 1- (PIP Goal 87.5)



PIP Strategy 2.2 is to revise and enhance In-home training specifically tailored for ongoing case workers and supervisors to highlight the importance of timely and frequent quality contacts with families, using SDM tools and safety plans, family involvement in making safety decisions, and immediately addressing conditions to remediate safety concerns identified during investigations and family assessments and ongoing work with youth and families. VDSS developed an in-home workgroup that has focused on developing a prevention workflow that includes prevention services, case management processes, practice guidance, and training. The workgroup has identified in-home workforce development needs and the training team is currently working on developing in-home training. (**Prevention Strategy 1.3, 1.4**). The training will include the expectations of the role of an in-home worker and casework procedures such as the number of visits, use of SDM tools, documentation, quality visits, etc. The frequency of visits will be defined by the SDM risk re-assessment tool. The quality of visits will be determined by using the OSRI and QAA definitions. The Family Strengths and Needs Assessment tool will be used to drive service planning. The training will include how to manage, monitor, and close in-home cases as well. The training is currently under development and will be delivered in accordance with PIP timelines.

PIP Strategy 2.3 is to provide SDM specific practice guidance via a series of peer-to-peer interactive practice webinars. Topics for the webinars will:

- Include strategies used to meet timeframes when initiating investigations and family assessments and the impact on safety to the children;
- Use screening and assessment tools in decision making;
- Provide examples on how to complete accurate SDM assessments that are driven by youth and family involvement;
- Provide opportunities to discuss how SDM tools connect case practices in identifying safety needs, strengths, services, etc.; and
- Offer a supervisor-specific session focused on using SDM tools in decision making regarding safety, services, and quality visits.

These webinars are being developed and should be presented in accordance with PIP timelines.

In addition to engagement activities, PIP Strategies 2.3. and 3.1 are focused on LDSS and community partnerships to address the array of services and funding for services. Strategy 3.1 focuses specifically on services for reunification. Funding sources that are being considered include Medicaid, PSSF, and CSA funds. Two PIP meetings have focused on installing these strategies with PIP localities. The first meeting was held in December 2019 and included CSA partners for a day of exploration and planning. Localities were asked to examine their CPMT rules and priorities and begin the conversations about how to increase access to safety services, visitation services, and services that support reunification. The conversations continued after the meeting and localities reported utilization of emergency funding more effectively as well as partnering with agencies in their community to provide services such as visitation. Sources of data such as the CSA Gap Survey report, SafeMeasures® Reports, VDSS locality profile reports, and PSSF Community Assessment report were used to identify safety service needs at the community level and develop strategies to address them. At the second PIP meeting, localities reviewed PSSF funding as well as their current spending levels to determine if the funds are being used to support safety and visitation services. **(Prevention Strategy 3.1, 3.3)**

PIP localities were presented information about Medicaid expansion at the second meeting as well including information on the enhancement of behavioral health services. There is a planned implementation of six high quality, high intensity and evidence-based services that have demonstrated impact and value to patients and are currently not covered by Medicaid funding. The six services are: Partial Hospitalization Program, Program of Assertive Community Treatment (PACT), Multi-Systemic Therapy (MST), Intensive Outpatient Program, Comprehensive Crisis Services (Mobile Crisis, Intervention, Residential, 23Hr Observation), and Functional Family Therapy (FFT). The Medicaid expansion also includes the Family First Prevention Act; focusing on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles.

Work continues around these PIP strategies with another PIP meeting slated to finish installation of strategies 2.3 and 3.1 in August 2020.

Goal 3: Permanency Practices. Improve permanency outcomes for children in foster care through concurrent planning, birth parent engagement and service provision, timely and quality court hearings, placement of children with relatives, improved recruitment, and engagement of service provision to foster and adoptive families.

Items 4, 5, 6, 8, 10 11, 12, 13, 14, 15 and systemic factors 20, 22, 23, 24, 26, 29, 30, 33, 35, 36 are addressed in the permanency goal.

Update on Current Performance: Virginia is not in substantial conformity with permanency outcome 1; Children have permanency and stability in their living situations or permanency outcome 2; the continuity of family relationships and connections is preserved for children.

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, at 30.5%, is below the national performance of 42.7%. Permanency in 12 month 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 at 40.3% 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 at 33.8%.

PIP Activity 3.2.1 calls for the implementation of a clear foster, adoptive, and kin family recruitment plan with technical assistance supports. **(Permanency Objective 3.3)** A Diligent Recruitment Advisory Committee was formed to oversee the development and implementation of a Diligent Recruitment Plan. The committee membership included representatives from PIP implementation LDSS, representatives from foster parent stakeholder groups, the VA Fosters Campaign Director, ICPC/ICAMA staff, the Diligent Recruitment Program Manager, Regional Consultants, and the Engagement/Diligent Recruitment Policy Specialist. A Diligent Recruitment Executive Committee was established to provide oversight of the recruitment plan. This team is comprised of: VDSS Deputy Commissioner for Human Services, Director of Family Services, Assistant Director of Family Services, Diligent Recruitment Program Manager, Director of the Virginia Fosters Campaign, President of Virginia's Kids Belong, and the Deputy Secretary of Health and Human Resources. The Diligent Recruitment plan, attached to the APSR, emphasizes a data driven approach to recruiting families who match the racial and ethnic characteristics of children in care along with the development of a Kin First Culture. The plan looks to increase the pool of foster homes, particularly kinship homes, that will allow children to remain connected to their families and home communities; retain foster parents to allow them to be developed as resources for children in Virginia and maintain a well-trained and well supported workforce who has the knowledge, skills and ability to make appropriate placement decisions for children in foster care.

In addition to hiring a diligent family recruitment program manager in 2019, five regional resource family practice consultants have been hired and are working with local department staff help embed family recruitment and retention throughout the life of the case life. **(Permanency Strategy 3.1)** There is a focus on understand the data that is specific to the child welfare populations of each locality. Practice Consultants along with local department staff are beginning to create recruitment plans that are specific to the needs of each agency and are focused on the right families, in the right locations to keep children in and connected to their home communities. Work is being done to identify active foster families who may be willing to expand their profiles to serve sibling groups. **(Permanency Strategy 3.4)** Local departments will use data specific to their agencies to understand the scope of need related to families willing to service sibling groups and will engage active foster families in exploring what each may need in order to expand their profile. VDSS will look to utilize the CRAFT contract to provide training necessary to improve the competence of families willing to serve sibling groups. Regional coalitions created by Virginia's Kids belong will also be utilized to provide additional material support to families accepting placement of sibling groups along with respite care when necessary.

VDSS has developed trainings and assessment tools to increase the number of children placed in the care of relatives when removal from the home is necessary. **(Permanency Strategy 3.2)** The VDSS Training Unit has developed CWSE 4060 Family Search and Engagement that serves as a prerequisite for the classroom course CWS4080 Kinship Care: Assessing Caretakers in Permanency. Both courses will be available to local department workers and supervisors in June 2020. CWSE4060 Family Search and Engagement is an online course that refers to a collection of strategies that help locate and engage family members and fictive kin for children. These strategies aim to find relatives and other important adults who can provide permanent homes for children and youth, or caring, lifelong support networks that can provide relational permanence if relatives are unable to care for children in their homes. CWS4080 Kinship Care: Assessing Caretakers in Permanency is a two-day classroom training to provide workers and supervisors with the family-centered and culturally responsive knowledge and skills necessary for making assessments and decisions regarding the appropriateness of relatives as placement and permanency planning resources for children requiring out-of-home care.

VDSS, through the work of the Diligent Recruitment workgroup, (PIP activity 3.2.2 b) has developed a Permanency Assessment tool that local department staff may use as a guide when assessing relatives. The tool comprehensively outlines permanency options that local department staff may explore with relatives as they work together to develop a plan that is most appropriate for the child and their family. To further assist local department staff to initiate a child specific approval of a relative, the Diligent Recruitment Workgroup has also created a Kinship Approval form that local department staff may use to ensure that all necessary steps of approval are complete. The Kinship Approval form will provide clarity to local department staff related to the process of initiating and completing approval of a relative in accordance with Virginia's home approval standards along with Federal requirements.

PIP activity 3.2.2 c is to implement a check list for supervisors to ensure searches for family and kin are completed, documented and reported in a consistent manner. Foster care guidance, Section 2.5 includes language about documentation of the search for relatives and the specific times the searches must search. "At a minimum, the service worker shall search for relatives at the time the child enters foster care, annually, and prior to any subsequent placement changes for the child (§ 63.2-901.1). These ongoing efforts shall be documented in OASIS using the diligent search screen and the paper case file. Additionally, these efforts shall be documented in the foster care plans and court reviews submitted to the court for all foster care hearings throughout the life of the case." To imbed the concept of continual search for relatives, the COMPASS mobile app displays reminders for diligent searches based on case types and recurring searches. The initial diligent relative search needed prompt is displayed in a protective or prevention case whenever a child is found to be unsafe. It is assigned to the primary Family Services Specialist on the case with the expectation that a Diligent Relative Search is performed. This reminder will automatically be marked as "complete" once a search has been performed and documented for the child. If there are multiple children on the case, a reminder will be created for each child. The reminder is to complete the relative search within five days of the SDM Safety Assessment indicating that the child is unsafe. The initial diligent relative search needed prompt is displayed in a permanency case when legal custody is recorded for a child. The family services specialist assigned to the case should perform the search within five days of the legal custody date. The recurring diligent relative search needed prompt is created annually. Additionally, there are reminders to "Send Relative Letters" once a Search is completed resulted in finding/identifying a relative.

Practice guidance has been revised to include relative searches and documentation efforts at the following points: prior to the Child and Family Team Meeting, prior to removal, and on a regular

quarterly basis. Quarterly reminders are generated via the COMPASS Mobil App where workers will complete a relative search and then mark it off in the “to do” list. The list is available to supervisors who can use the tool in supervision to ensure the search is done in advance of the due date which is one search per quarter.

VDSS continues to partner with CIP to improve permanency outcomes through concurrent planning, birth parent engagement and service provision, timely and quality court hearings, placement of children with relatives, improved recruitment, and engagement of service provision to foster and adoptive families. VDSS and the Court Improvement Program have developed a relative identification tool for review in court hearings upon submission by the LDSS. (PIP activity 3.3.1) As VDSS works towards implementing a genogram tool to be used with the COMPASS mobile application, a relative identification form has been developed to guide discussions between parents’ counsel and guardians ad litem and their clients to facilitate the identification of potential family members and fictive kin resources and supports for a child who is in foster care and the child’s family. A Diligent Search Checklist Guide for documenting search efforts; an Initial Relative Safety Screening tool to ensure relatives who are located can meet a child’s needs; and a Diligent Search Check list that can be used to report findings to the court have also been developed. It is anticipated these tools will be introduced in the J&DR courts in summer 2020. Another tool that has been developed is a bench card for use at all court hearings that offers a series of questions to assess agency efforts to move a child to permanency. Judges will be prompted to raise practice expectations among the LDSS, agency counsel, parents’ counsel, and guardians ad litem for children through the focused questions. (PIP 3.3.2) The *Handbook for Parents and Guardians in Child Dependency Cases* has been revised to add a section on relative identification and the importance of parents cooperating in efforts to identify relatives who may be placement options for their child. This Handbook is designed to help parents understand what will happen throughout the course of a child dependency court case. (PIP 3.3.3) VDSS has drafted updated foster care guidance to reinforce documentation of compelling reasons not to file TPR on the foster care service plan Part B. (PIP 3.4.1) This guidance is expected to be released in July 2020. The remaining PIP goals are focused on updating the Permanency Planning Petition and Permanency Planning Order. This work is scheduled to take place in the fall of 2020.

Goal 4: Workforce. Improve the consistency in practice to ensure safety, permanency, and well-being outcomes by investing in a well-trained workforce that is prepared, knowledgeable, and skilled. Systemic factors 26, 27, 32, 33 are addressed in the workforce goal.

Update on Current Performance:

The Division of Family Services’ (DFS) workforce objective speaks to investing in, recruiting and maintaining a well-trained workforce that is prepared, knowledgeable and skilled to support the prevention, protection and permanency outcomes for the children we serve. DFS has identified specific strategies and key activities related to this objective, including strategies to provide staff with innovative technology; increase recruitment and retention of the workforce; follow the Butler Institute recommendations for training enhancements and supervisor skills; and, hire additional staff and provide workforce resources as suggested by the Joint Legislative Audit and Review Commission (JLARC).

Workforce Strategic Plan Objective 1 and PIP Strategy 4.2 is to provide staff with innovative technology to assist with practice in the field and allow the workforce flexibility in how, when, and where casework

is completed. VDSS obtained a statewide contract to provide transcription services to all family services specialists in the Commonwealth to support quality and timely case documentation. In September 2019, the training team developed a new MICROLearning200 “Making Dictation Work for You!” and put on the FUSION Training website for easy access. This user friendly Micro Learning demonstrates how to use the transcription services and make needed changes to provide professional behaviorally-based documentation that is free of jargon, bias, and is goal oriented. Additionally, this new micro-learning has a new Transcription Services Job Aid to assist workers to plan what to do before dictation to collect their thoughts, during the dictation to make sure they capture everything in a planned and purposeful manner, and what to do following the dictation to make sure their documentation is complete and timely. Usage of the dictation system is being monitored by VDSS staff. PIP localities report using the system and finding it helpful.

PIP Strategy 4.2.2 is to acquire mobility technology to allow efficiency and accuracy when completing case documentation, so that staff report job satisfaction and intent to stay in the workforce, and continually improve their casework practice thereby reducing turnover ultimately leading to better outcomes for the children and families we serve. VDSS mobility technology is named COMPASS|Mobile. COMPASS|Mobile is connected to Virginia’s current case management system (OASIS). When the case management system is replaced with a more modernized system, the application will be integrated into the new system. COMPASS|Mobile was introduced to child welfare worker and supervisors October 2019 to January 2020 to. The mobile application is cloud based and is currently accessible via iPads for child welfare workers. For ease of usage while not in the community, the application can be accessed via a desktop portal. COMPASS|Mobile can be used both online and offline. Key features include:

- add new case contacts/I&Is;
- view and edit 90 days of contacts/I&Is from case management system;
- view and edit demographic information, distinguishing characteristics, medical and education screens;
- access to placement provider information;
- access to VDSS forms that can be completed, signed and emailed in real time;
- take pictures and upload other documents;
- turn by turn directions to addresses;
- reminders; and
- future enhancements will include Family Messaging, Check-in, and Audio recording.

As of the writing of this report, there are 1,574 COMPASS Mobile users.

In addition to the efficiency and effectiveness that COMPASS|Mobile has brought child welfare staff, it could potentially decrease front-line staff turnover due to frustrations with current technology and other job functions. The design, development and implementation of COMPASS|Mobile was human centered. This innovation solution was created for the local frontline workers with them being engaged throughout the process. The Quality Improvement Center on Workforce Development was consulted throughout implementation. The QIC-WD is utilizing diary studies to assess adoption of COMPASS|Mobile and its impact on workforce retention. Preliminary results are positive but it is too early in the process to share results.

Workforce Strategic Plan Objective 1.3

VDSS issued an RFP for case management on January 11, 2019, and subsequently cancelled the RFP on February 12, 2019 as further agency needs were identified. An enterprise platform assessment was conducted between May 6, 2019 and June 1, 2019. Since this time, VDSS has worked closely with ACF and our federal liaison to determine next steps to re-release the case management RFP which will now include requirements for title IV-E and identify a named platform.

VDSS's mission to design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being. Current in-house applications fall short of the department's vision of integrated and coordinated child welfare services. In addressing this limitation and the other challenges and shortcomings posed by the existing applications, the department is committed to acquiring a system(s) that will meet the ACF federally prescribed CCWIS requirements conforming to the Commonwealth of Virginia and the department's enterprise architecture standards, and effectively align with the Virginia Local Government and Commonwealth Child Welfare Program practice requirements.

As part of a multi-year plan, DFS requires a CCWIS-compliant system. Once implemented, CCWIS will be fully compliant with commonwealth and federal requirements (Workforce Strategy 1.4). It will also provide uniform and reliable information about children currently under the jurisdiction of VDSS, supporting the department's service delivery and all associated day-to-day case-management activities. VDSS has invested a significant amount of time and resources in the development of functional and non-functional requirements of a potential CCWIS system. 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. The VDSS CCWIS solution is currently in Program Phase 1, which includes procurement and project initiation along with the mobility solution. The CCWIS solution will replace the legacy systems hosted at VDSS (OASIS, SDM, ARRIS, and VEMAT) with a new system called COMPASS.

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Workforce Strategic Plan Strategy 2 Increasing recruitment and retention of the workforce wraps in numerous activities, including efforts to expand the Child Welfare Stipend Program (CWSP), reduce caseloads for foster care workers, and decrease worker turnover rates. Turnover data for 2019 is broken down by Occupational Title Description (OTD), which includes Family Services Specialists (FSS) levels I, II, III and IV, and Family Services Supervisors. The highest turnover rate on average across the state occurs within the FSSI designation, at 35%. The lowest turnover rate is seen at the Family Services Supervisor level, at only 8%.

	FSSI	FSSII	FSSIII	FSSIV	FS Supervisor
Statewide Average Turnover Rate	35%	19%	14%	9%	8%

Turnover rates for 2019 by agency class size (ranging in size from Class I, II or III) for specific roles, are as follows:

Level I	FSSI	32%
	FSSII	21%
	FSSIII	5%
	FSSIV	1%
	FS Sup	16%
Level II	FSSI	26%
	FSSII	24%
	FSSIII	12%
	FSSIV	10%
	FS Sup	12%
Level III	FSSI	37%
	FSSII	38%
	FSSIII	20%
	FSSIV	3%
	FS Sup	10%

Retention data for 2019 is also broken down by OTD, ranging from FSS I to Family Services Supervisor. Retention rates increase with each increase in FSS level. For example, the lowest retention rate is found within the FSSI designation, at 43%; and, the highest rate, at 88%, is exhibited at the Family Services Supervisor level.

For 2019, the following 2019 retention rates are illustrated for each Family Services role:

CY 2019 Retention Rates by OTD (Statewide)			
Occupational Title Description	Original Head Count	Employees that Stayed	Retention Rate
Family Services Specialist I	331	141	43%
Family Services Specialist II	1117	811	73%
Family Services Specialist III	672	515	77%
Family Services Specialist IV	239	181	76%
Family Services Supervisor	441	389	88%
Grand Total	2800	2037	73%

Workforce Strategy 2.1 One identified key activity to address recruitment and retention is the expansion of the CWSP, including the associated program geared toward LDSS employees, the Child Welfare Employee Education Assistance Program (CWEEAP). The CWSP provides exceptional Master of Social Work (MSW) and Bachelor of Social Work (BSW) students with an opportunity to prepare for a career in public child welfare. CWSP students receive financial support in return for a legally binding commitment to work in a public child welfare position in foster care or adoption in Virginia immediately following the completion of their Social Work degree program. The CWEEAP addresses the need to professionalize the public child welfare workforce, designating funding to workers already committed to the field and currently working in a local department of social services (LDSS). The CWEEAP also ensures

retention of those workers throughout their academic program, extending to a post-graduation work term as well.

For most CWEEAP participants, the commitment to working in their agency is three to four years for the duration of the program plus an additional one to two years following graduation, depending on the length of their Social Work degree program. CWEEAP participants receive educational assistance in the form of tuition reimbursement following each successfully completed semester, up to a maximum of \$5,000 per student per academic year. In return, students enter into a legally binding commitment for continued employment (during the program and following graduation) at their LDSS agency, either continuing in or transferring to a foster care or adoption role. Offering the CWEEAP in no way replaces or restricts the ability of any LDSS agency to offer an Employee Educational Award Program (EEAP). While an employee cannot receive both CWEEAP and LDSS EEAP funding simultaneously, those LDSS with an existing EEAP program can encourage additional employees to apply for funding through the CWEEAP. This additional funding option for those agencies with an EEAP already in place serves to increase the number of employees in the agency who are being supported toward Social Work degree attainment. And, for the many LDSS unable to secure the local match required in offering an agency-based EEAP, the CWEEAP provides an otherwise unavailable opportunity for employees to attain a MSW degree.

CWSP: In 2019, 59 BSW and MSW students were enrolled in the CWSP across the five partner universities. Recruitment for the 2018-19 academic year was robust, with 149 applications received and 52 accepted, for an overall acceptance rate of 35%. A total of 38 CWSP students graduated in academic year 2019, of which 44% graduated with a BSW degree and 56% graduated with an MSW degree. These graduates have gained full-time, qualifying foster care and/or adoption employment throughout the five regions of the Commonwealth. Thirty-percent of 2019 graduates are working in LDSS in the northern region; 22% in the eastern region; 22% in the central region; 15% in the piedmont region; and, 11% in the western region of the state. Exit survey results from this graduating class (response rate of 66%) indicate that 76% of graduates now working in the field self-reported as “likely” or “very likely” to stay in public child welfare after their work repayment term is fulfilled. In 2019, universities recruited for the 2019-20 academic year as well, receiving 143 applications and accepting 58 new students for a cross-cohort acceptance rate of 40%. The new 58 students joined returning students to equal 67 total for academic year 2019-20. Forty-four CWSP students will graduate in 2020.

Two CWEEAP students (full-time LDSS employees) graduated in 2019, continuing to work in foster care/adoption at their LDSS to begin fulfilling the work repayment requirements. The CWEEAP has enrolled 10 students each year from LDSS across the state, since the beginning of the program in 2018. Until increased state funds are available to facilitate more CWEEAP slots, the program will continue to run 10 slots each year, anticipated to be fully filled and comprised of new and returning students/employees.

Regional Committees are advisory and steering groups comprised of LDSS leadership, university child welfare faculty, state CWSP leadership, and community partners, designed to support the CWSP and offer ongoing feedback and guidance on workforce needs and desired training topics. Each university partner hosts quarterly Regional Committee meetings to learn about child welfare workforce needs, gain feedback on how their 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. In 2019, 30 LDSS and five child serving agencies across the state actively participated on a Regional Committee in their respective regions. Regional Committees are instrumental in connecting CWSP graduates with LDSS child welfare vacancies, supporting interns in LDSS, and ensuring the academic and training program is recruiting strategically and responsive to agency needs.

VDSS made further progress toward the expanded use of technology for CWSP students in 2019, particularly utilizing virtual meeting and webinar platforms to share seminars, events, trainings and other resources between university partners and across cohorts, statewide. Also, COMPASS and the CWSP partnered worked to create mechanisms through which iPads and related mobility technology training can be provided to second year, case carrying MSW stipend students in LDSS field placements.

In 2019, all university cohorts, field instructors, and Regional Committee members were provided with numerous opportunities for joint trainings, virtual event attendance, and other collaborative learning opportunities. Central regional LDSS involved in supporting the CWSP (field instructors, host agency staff, Regional Committee members) participated in a VCU-CWSP-hosted Level I Trauma-Informed Certification training, provided by Central LDSS staff certified by the Community Resilience Initiative out of Walla Walla, Washington. A similar, all-cohort, half-day training on Kinship Care was provided for Northern LDSS involved in the CWSP and the statewide student cohort, in partnership with George Mason's CWSP and the Fairfax Institute on Kinship Care. VCU and DFS offered a joint statewide cohort orientation in 2019, offering in-persona and virtual attendance, further bolstering statewide cohort cohesion and enhancing provision of shared resources to all participants.

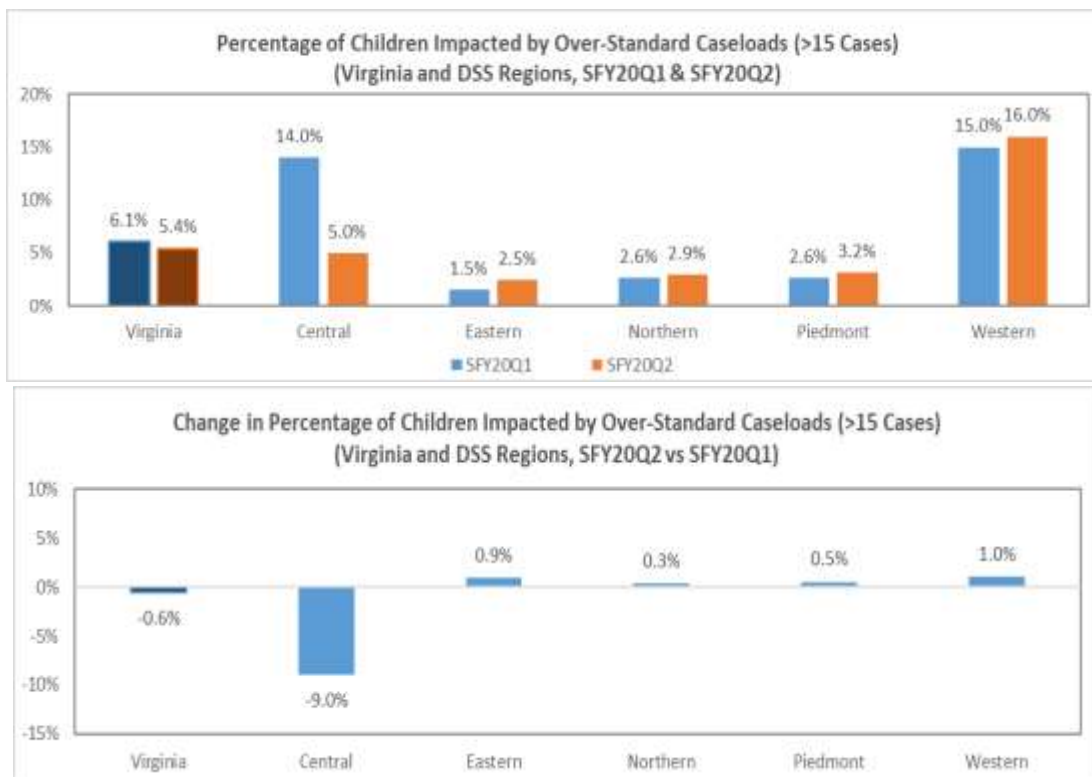
Two CWSP University partners offered new worker/CWSP alum Peer Support Networks in the northern, western and piedmont regions of the state, aimed at supporting new workers in the consistently challenging first year of agency work and preparing students for what to realistically expect. These groups were piloted in 2018 and installed in 2019 to provide face-to-face and virtual informal options for CWSP students in LDSS field placements, new graduates and new workers to receive auxiliary, independent and peer-oriented support to successfully navigate the challenges of that first year or two of LDSS child welfare work. The programs are being evaluated continually to assess efficacy; and retention rates of group participants will be evaluated in 2020. DFS will also explore ways to expand the reach and breadth of these enhancements to other workers and areas of the state, potentially in partnership with existing stipend university partners.

VDSS continually explores ways to secure funding to expand the CWSP/CWEEAP, which requires a state match to pull down federal IV-E dollars. VDSS has engaged over the past year with four prospective new university partners, selected on the basis of all offering the characteristics of being public state universities with accredited Social Work programs. These prospective partners are poised and ready to engage in a Memorandum of Agreement with VDSS when funding allows for such expansion; however, due to the unanticipated budgetary restrictions and re-prioritization that accompanied the COVID-19 crisis, there are no immediately foreseeable plans for expansion in this realm. In the meantime, VDSS has assessed and reallocated stipend slots among existing partner universities based on capacity, recruitment history, student/graduate success rates, and other criteria based on contract deliverables and program outcomes.

Caseload Standards: Caseloads have provided a consistent barrier to effective service provision as well as worker retention. DFS anticipates a reduction of average caseloads to 15 or less among Family

Services Specialists (FSS) will bolster the ability to retain the workers and improve the quality of services provided by those FSS.

Looking at 2019 data, significant difference can be seen when comparing Quarter One and Two. The percentage of children in care on caseloads where the worker was managing more than 15 cases during a month decreased in Q2. In Q1, 15 staff across the state had caseloads over 15; in Q2, 12 staff held over-standard caseloads.



The data can be explained further through regional narrative, as follows:

Central	Largest regional reduction: in Q1, 5 staff were managing a total of 111 children while carrying over-standard caseloads, while during Q2 this decreased to 2 staff and 40 affected children.
Eastern	The number of staff was consistent between quarters – 1 worker. However, during this time the number of children affected by this worker’s caseload increased from 16 to 26, and represented a larger percentage of total children in care.
Northern	The number of staff did not change while the number of affected children increased by 4.
Piedmont	The number of staff with over-standard caseloads decreased by 1, but the number of children on the remaining 2 staff members’ caseloads increased overall (from 42 children to 51 children).

Western	One out of every six children in care in this region are on a caseload where a worker is carrying at least 16 cases. This is the only region where the number of workers carrying over-standard caseloads increased in Q2. The number of children affected also increased, from 153 children to 166 children.
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Workforce Strategy 2.2 Based on provisions within S.B. 1339 specifically aimed at foster care caseload maximums, DFS continues to work with localities to ensure that, on average, caseloads do not exceed 15. DFS will provide technical assistance and capacity building support to agencies through an ongoing CQI process, Practice Consultants (existing staff members, with subject matter expertise in each program area), and Strategic Consultants (new, JLARC-driven staff members) to address barriers to this caseload standard. VDSS and LDSS will work toward collectively problem-solving, creatively designing approaches that will enable this standard, and matching agencies that struggle in this realm with analogous agencies who have been successful in committing to caseload standards. In 2020, VDSS will also be exploring feasibility and costs of establishing a standard for supervisory spans of control that would limit the number of caseworkers that a foster care supervisor may oversee, per requirements of S.B.472. This task will be done through collaborative workgroup comprised of Organizational Development, Virginia League of Social Services Executives, and VDSS/LDSS representation.

Workforce Strategy Objective 3 and PIP strategy 4.1 are to provide advanced training to support and enhance supervision skills to include coaching. The Child Welfare Leadership Institute for supervisors has been created to develop foundational and advanced training for all supervisors. **(Workforce 3.1)** Phase 1: Foundational Supervisor Series; now five two-day training classes include these course:

- SUP5701 Principles of Leadership;
- SUP5702 Management of Communication, Conflict & Change;
- SUP5703 Enhancing Staff Performance & Growing a Team;
- SUP5704 Critical Issues in Family Services Supervision; and
- SUP5705 Trauma Informed Leadership and Developing Organization Resilience Culture.

Planning for the “Leadership Institute Phase II: Specific Support Skills” has been completed. A collaboration between training and the CQI team led to the creation of online modules “Using Data to Improve Practice & Performance”. There is a collaboration with the QAA team around planning and conducting an online webinar for “Understanding the Case Review Process”. Both of these online webinars will be converted to eLearning training modules and loaded on our Learning Management System.

The training team has developed new online recorded webinars. “Welcome to the Leadership Institute” was delivered in December 2019. This webinar covers the importance of developing adaptive skills in supervision and highlights key principles and training available in the Leadership Institute. Other online courses include “Supporting Transfer of Learning” and “Reasonable Efforts: What Supervisors Need to Know”. “Case Documentation” is currently being trained throughout the state. This new blended course has many resources included and has a transfer of learning document which is started in the online section and brought to the one day classroom training session. In addition to recorded webinars, supervisor competencies have been reviewed and there are several new best practices that will need to

be added to the list of competencies. A small workgroup will be developed to review and provide additional competencies needed to direct and assist workers in providing effective child welfare practice.

The 2019 Best Practice Training series offered virtual events on Kinship, Family Partnership Meetings and Trauma, Safety, Visitation, and Supervising Trauma. These events were hosted via webinar and archived for future access. The events were open and offered to all supervisors throughout the state rather than limiting access by region. Curriculum for regional mini workshops or roundtables are underdevelopment with the first training on Enhancing Critical Thinking Skills. The plan is to follow up with Regional Roundtable discussions using the workshop outline provided by the Training unit. Additional topics for these regional events will be planned and set up using the mini-workshop format we developed.

The training team began to track course completion to ensure workers were participating in training. The Required Training Console in the LMS has been set to track all of the training requirements in the Leadership Institute. All training modules have a certificate made available upon completion of the training and after completing an evaluation survey. Data cleanup was necessary to set up the Required Training Console in the VLC which is now tracking and monitoring completion of the various training modules in the Leadership Institute. Each of the PIP agencies were given a report on the completion of the current supervisory series. The regional consultants and designated PIP agency staff were tasked with making sure the VLC Profiles were accurate so the supervisor was listed with correct workers on their profiles. The training supervisor is able to pull information on course completion and provides weekly updates to the division director.

A training needs assessment was used to plan and develop the supervisor institute and a new bi-annual needs assessment survey will be developed for delivery in 2020. Research was conducted on other state's evaluations and surveys and recommendations were made for the new training academy model to include behaviorally based competency portfolios for each of the core course. These will continue to be built out as part of training academy development and is included in the academy implementation work plan.

Workforce Strategic Plan Strategy 4: The 2018 JLARC report on Virginia's foster care system and recommendations for improvement called for new positions dedicated to increasing positive foster care outcomes, for the goal of improving the services provided for children and families in the Commonwealth. Staffing recommendations included positions for a director of health and safety for foster care; an independent Child Welfare Ombudsman; and, regional positions dedicated to improving foster care outcomes (Permanency Consultants) and regional positions that will facilitate meaningful bridges between LDSS, regional data trends and state initiatives wrapped into our strategic plan (Strategic Consultants). The additional Consultants will work toward addressing special populations, including children placed in congregate care, the general child welfare population, and support the child welfare workforce through targeted and therefore more efficient interventions to improve outcomes, and capacity building to address workforce gaps and needs. The extra staff support made possible through JLARC and resulting legislation should make a positive impact in relieving some of the stressors that the workforce has experienced. Through bolstered support around capacity building to achieve outcomes, via VDSS-LDSS partnerships, a revamped case review system, extra focus and support around

recruitment of foster families, and full integration of a human services-wide CQI process, retention of staff should increase due to focused energy and effort toward priority areas.

Workforce Strategy 4.1 There were 18 positions stemming from the JLARC recommendations and resultant Foster Care Omnibus, authorized and funded in 2019. The positions are as follows: five Permanency Consultants (one based in each state region); five Strategic Consultants (one based in each state region); five Diligent Recruitment Consultants (one based in each state region); one Diligent Recruitment Program Manager; one Foster Care Data Analyst; and one Director of Health and Safety for Foster Care. Recruitment for all positions began in 2019, resulting in two out of five Permanency Consultants hired; five out of five Diligent Recruitment Consultants hired; one Diligent Recruitment Program Manager hired; and one Foster Care Data Analyst hired. Recruitment processes continued into 2020 for the five Strategic Consultants, Director of Health and Safety for Foster Care, and remaining Permanency Consultants needed. At the time of this report, it is unclear if and when the unfilled positions will be filled, due to unanticipated budgetary restrictions due to the COVID-19 crisis. Unfilled positions are currently in review at the state Secretariat level.

Workforce Strategy 4.2 The legislation intended to establish the Office of the Ombudsman for Child Welfare under the Governor's office was not funded in 2019. Per legislative language, "the provisions of [the] act shall not become effective unless an appropriation effectuating the purposes of this act is included in a general appropriation act passed in 2020 by the General Assembly that becomes law." While the position was funded in the 2020 General Assembly session, the funding became un-allotted later in the year due to COVID-19 fiscal impacts and budgetary constrictions. DFS currently provides analogous services for constituent concerns or complains, via the Constituent Services Unit. These staff are dedicated to specific programs, i.e., Foster Care, CPS, to field and respond timely to all inquiries, requests for information, complaints, or other outreach from the general population, legislators, families, and the like. While DFS further explores ability and options to create an independent office of Child Welfare Ombudsman, the Constituent Services Unit is able to fill that role while DFS gains procedural details and is able to solidify the decision to move forward with this task.

Workforce Strategy 4.3 DFS collaborated with VDSS Division of Organizational Development (OD) during 2019 to integrate feedback from LDSS, gained through formal and informal OD outreach and feedback solicitation, and prioritize specific interventions and approaches to bolster Family Services Specialist (FSS) recruitment and retention. Results indicated that five priority areas should be further explored, including a robust college recruiting program/system; career path/web; cluster recruiting; addressing trauma; and bolstering supervisory support. OD is pursuing career path/web options; Training has developed supervisory training courses to address one aspect of supervisory support, and DFS, via Capacity Building staff and Regional Office and LDSS collaboration, is working toward addressing trauma in select capacities. DFS also developed preliminary questions in 2019 to include in a 2020 statewide worker/supervisor/Director survey to gain insight into what supports are currently being provided to address secondary trauma in LDSS. DFS will then analyze results and use to further hone in on the most effective interventions, targeted initial pilot agencies, and prospective partners with whom to collaborate on replicating effective supports throughout the state.

College recruiting, career path/web, cluster recruiting: In 2019, DFS periodically advised OD as the Division designed more robust avenues through which college students committed to or interested in child welfare positions will be identified and matched with internships and/or job openings. Current

CWSP partner universities provided natural bridges for initial efforts as well as models for sharing child welfare information, connecting with relevant faculty, and utilizing online platforms (i.e. Handshake) to recruit efficiently and effectively. DFS and university CWSP partners worked collaboratively in 2019 to provide technical assistance to LDSS interested in hosting BSW and MSW students for field placements, including supporting prospective and current field instructors, providing assistance for navigating technology policies to facilitate intern exposure to data information systems, and providing expectations for relevant agency tasks and learning experiences. DFS also worked in an advisory role as other Divisions developed an agency wide internship program, based in part on the longstanding BSW/MSW hosting program within DFS. DFS periodically advised OD in 2019 on the development of more formalized, retention-facilitating career pathing/webbing based on professional development and advancement opportunities, and will continue to do so in 2020. OD is currently exploring the merits and capabilities of facilitating cluster recruiting to address vacancies across the state.

Addressing trauma: In 2019, DFS explored ways to address trauma, specifically through identifying potential peer-to-peer hotline models in other states, facilitated by contractors, for frontline workers to be able to access free, confidential, readily available support to process stress, trauma, and other factors that play into decreased retention. DFS has begun exploratory efforts to explore the potential replication of an existing First Responder event held in one locality that integrates trauma support across multiple disciplines (child welfare, police departments, fire departments, and other community responders). DFS will also work with university partners to assess ability to replicate or expand the currently provided CWSP worker/alumni/student peer networks (support groups) in a few regions (northern, piedmont and western areas of the state, based on the facilitating universities, George Mason and Radford Universities. These network groups offer professional development opportunities, social support, and mentor/mentee connections to assist particularly in those first years in the field. Facilitated by university coordinators initially, these groups will move toward a peer-facilitated model when natural leaders who are more seasoned emerge. Also, CWSP/CWEEAP coursework and supplemental training systems, as well as overarching program emphases, integrate trauma informed and trauma focused subject matter, relevant in capturing the new generation of workers – BSW and MSW students who anticipate fulfilling the work requirements in public child welfare agencies as stipend program participants.

Supervisory skills and support: the DFS Training Unit has worked on developing a Leadership Institute and supervisory training courses to address this aspect of retention. DFS will also explore potential to designate peer support networks in the future toward supervisors, rather than solely new workers or recent graduates.

DFS surveyed LDSS frontline workers, supervisors and administrators to solicit stakeholder input on a wide variety of topics. Respondents included Family Services Specialists (60%), Family Services Supervisors (29%), and local agency administrators (Directors or other leadership positions) (11%), totaling a response rate of 64% (n=522). Regional participation was as follows: Northern-13%; Piedmont-17%; Central-18; Western-23%; and Eastern-29%. Fifty-seven percent of respondents represented PIP agencies (43% did not).

Two specific workforce questions were asked pertaining specifically to how to best address secondary trauma. This input will help to guide and inform approaches in the future to best support our workforce around this issue, as we know that vicarious trauma impacts not only health, wellbeing and efficacy of

workers, but worker retention as well. Results indicate that most agencies are addressing secondary trauma in some form, with the majority of respondents noting that they have opportunities to process trauma through some avenue. Supervisor check-in's were the most selected method (66%, n=219) or debriefing events held after a traumatic occurrence (43% n=143). Other methods through which agencies are addressing secondary trauma include referrals to Employee Assistance Programs, processing in supervision, and regularly occurring debriefing sessions. A minority of respondents noted that their agency does not address trauma in any form (24% n=81).

Respondents were asked what would be most helpful in addressing secondary trauma. The responses are as follows:

Supervisors trained to assist in effective processing of exposure to trauma	54%	(n=178)
Inclusion in First Responder events	50%	(n=167)
Onsite debriefing sessions	43%	(n=142)
Rotating periodically from frontline work to behind the scenes work (i.e. QA, promotion to supervisory roles, policy work)	34%	(n=114)
Peer-to-peer 24/7 anonymous hotline, accessible processing with a retired Child Welfare worker	31%	(n=104)
Increased training opportunities (please specify topics)	26%	(n=85)
Other (please specify)	7%	(n=24)

CFSR items Requiring Measurement	Item Description	PIP Baseline	Baseline Sampling Error	PIP Goal	MP 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7
Item 1	Timeliness of initiating investigations of reports of child maltreatment	76.9%	0.105764658	87.5%	68%	69.6%	73.9%	71.4%	71.7%	69.7%	75.6%
Item 2	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	67.6%	0.102695604	77.9%	60.6%	60%	74.2%	71.4%	62.2%	48.8%	58.8%
Item 3	Risk and safety assessment and management	48.6%	0.076463402	56.2%	50%	58.6%	58.6%	58.5%	60%	54.2%	51.4%
Item 4	Stability of foster care placement	70.5%	0.088040698	79.3%	61.4%	72.7%	86.4%	70.4%	70.4%	77.2%	79.6%
Item 5	Permanency goal for child	65.9%	0.091469348	75.1%	72.7%	72.7%	65.1%	74.4%	76.7%	54.7%	58.1%
Item 6	Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	38.6%	0.093958765	48.0%	38.6%	34.1%	30.2%	27.2%	29.5%	36.3%	45.5%
Item 7	Placement with siblings	63.2%	0.141650859	77.3%	55%	87.5%	92.6%	81.4%	79.3%	77.4%	76.9%

Item 8	Visiting with parents and siblings in foster care	33.3%	0.096620974	43%	46.2%	51.6%	51.7%	51.2%	51.2%	48.7%	43.1%
Item 9	Preserving connections	62.8%	0.094351576	72.2%	52.3%	52.3%	58.1%	60.4%	64.2%	76.1%	77.3%
Item 10	Relative placement	46.5%	0.097361264	56.2%	52.4%	59.5%	58.5%	58.5%	60.4%	54.5%	58.1%
Item 11	Relationship of child in care with parents	34.2%	0.098509078	44.1%	48.4%	47.6%	52%	50%	48.6%	43.2%	35.7%
Item 12	Needs and services of child, parents, and foster parents	38.6%	0.074469600	46.0%	27.1%	30.0%	42.9%	32.8%	31.4%	28.5%	25.7%
Item 13	Child and family involvement in case planning	35.3%	0.074178588	42.7%	29.9%	41.3%	43.8%	34.7%	40.5%	44.9%	42.9%
Item 14	Caseworker visits with child	57.1%	0.075710050	64.7%	55.7%	65.7%	64.3%	61.4%	70%	75.7%	75.7%
Item 15	Caseworker visits with parents	34.4%	0.075993421	42%	19.0%	22.4%	41.5%	41.5%	36.3%	33.3%	34.2%
Item 16	Educational needs of the child	83.7%	0.072062207	90.9%	85.7%	87.8%	86.4%	82.6%	80.9%	80.9%	82.9%
Item 17	Physical health of the child	72.2%	0.078018440	80%	72.7%	81.8%	90.4%	84%	72.5%	74%	75.4%
Item 18	Mental/behavioral health of child	39.1%	0.092106121	48.3%	58%	76.6%	59.5%	52.1%	59%	55.3%	51.1%

Item 19: Information Systems

The Information Systems systemic factor was found to be in substantial conformity. VDSS relies heavily on the functionality of and information maintained in several in-house legacy systems: Online Automated Services Information System (OASIS) (workforce objective strategy 1); Comprehensive Permanency, Assessment and Safety System (COMPASS) mobile application; the Structured Decision Making (SDM) tool, the Adoption Resource and Research Information System (ARRIS); and the Virginia Enhanced Maintenance Assessment Tool (VEMAT).

System	Purpose	Interface
Online Automated Services System (OASIS)	Supports adoption, foster care, CPS intake, investigations, ongoing case management , independent living, foster/adoptive family provider management	SDM, ARRIS
COMPASS mobile application	Cloud-based mobile application that interfaces with OASIS to provide workers flexibility in when and where they complete their work. Application allows for information to be completed in the community working with children and families. This innovative technology maximizes frontline workers' time away from the office, which should accelerate service delivery and improve outcomes for children and families.	OASIS
Structured Decision Making Tool (SDM)	Web-based assessment instrument to formalize child protective services intake, safety, and risk business rules	OASIS
Adoption Resource and Research Information System (ARRIS)	Client-server application utilized by DFS staff to track finalized adoptions and interstate placements	OASIS
Virginia Enhanced Maintenance Assessment Tool (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

OASIS: Case Management

OASIS is the primary application and system of record. It was a transfer solution from Oklahoma. The transferred system, Oklahoma's KIDS, was customized to meet Virginia's needs and launched as OASIS in 1997. At the time of the transfer and initial implementation, OASIS supported only the adoption and foster care programs. Since 2000, OASIS has been used to support Child Protective Services (CPS) intake, investigations and ongoing case management along with independent living and prevention and

foster/adoptive family provider management.

OASIS interfaces with COMPASS|Mobile, the SDM tool and ARRIS, while VEMAT is utilized as a stand-alone application. COMPASS|Mobile is a cloud based application accessible on an iPad and through a Portal via desktop computer. OASIS and COMPASS|Mobile exchange information bi-directionally. However, forms and documents are unable to be transmitted to OASIS due to limitations of the OASIS platform. Forms and documents are secured on the application in the cloud. The web-based SDM Tool is used as an assessment instrument to formalize Child Protective Services Intake, Safety, and Risk business rules. ARRIS, a client-server application, is utilized by DFS staff to track finalized adoptions and interstate placements. The SDM Tools are currently being revised. Once that process is completed, the SDM safety assessment will be updated in OASIS, and all other tools will be available on COMPASS|Mobile. VEMAT, a web-based application, is used by both VDSS and LDSS staff to assess a child's level of need for additional daily support and supervision.

The existing legacy systems do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Proposed changes to Adoption Foster Care Analysis Reporting System (AFCARS) fields will require extensive changes to OASIS that could potentially take longer than allowed to implement. The deficiency in these existing legacy systems poses challenges to the efficiency of data collection and prevents the management of payments to foster care providers.

Although OASIS provides the foundation for automation of child welfare services, it is incapable of meeting VDFS operational requirements. OASIS and the other in-house applications require duplicate entry of information, support cumbersome data-entry processes, and lack major capabilities required to effectively support our programs, including financial management, electronic document management, mobile utilization, and interoperable functions. OASIS will continue to be utilized as the legacy system until a new CCWIScan be implemented (**Workforce Strategy 1.4**).

COMPASS Program

The COMPASS Program is a multi-phased project that has started to integrate web-based tools that accelerate service delivery and improve outcomes for Virginia's children and families as a mobile solution (**Workforce Strategy 1.2 and PIP Activity 4.2.2**). Equipping our staff with industry-leading tools is a major step and core focus in advancing our mission to accelerate service delivery and improve outcomes for Virginians.

COMPASS|Mobile is connected to Virginia's current case management system (OASIS). When the case management system is replaced with a more modernized system, the application will be integrated into the new system. COMPASS|Mobile was implemented October 2019 to January 2020 to child welfare workers and supervisors. The mobile application is cloud based and is currently accessible via iPads for child welfare workers. In addition, for ease of usage while not in the community, the application can be accessed via a desktop portal. COMPASS|Mobile can be used both online and offline. Key features include:

- add new case contacts/I&Is;
- view and edit 90 days of contacts/I&Is from case management system;
- view and edit demographic information, distinguishing characteristics, medical and education screens;
- access to placement provider information;

- access to VDSS forms that can be completed, signed and emailed in real time;
- take pictures and upload other documents;
- turn by turn directions to addresses;
- reminders; and
- future enhancements will include Family Messaging, Check-in, and Audio recording.

As of the writing of this report, there are 1,574 COMPASS Mobile users.

In addition to the efficiency and effectiveness that COMPASS|Mobile has brought child welfare staff, it could potentially decrease front-line staff turnover due to frustrations with current technology and other job functions. The design, development and implementation of COMPASS|Mobile was human centered. This innovation solution was created for the local frontline workers with them being engaged throughout the process. The Quality Improvement Center on Workforce Development was consulted throughout implementation. The QIC-WD is utilizing diary studies to assess adoption of COMPASS|Mobile and its impact on workforce retention. Preliminary results are positive but it is too early in the process to share results.

Overview of CCWIS process

VDSS's mission to design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being. Current in-house applications fall short of the department's vision of integrated and coordinated child welfare services. In addressing this limitation and the other challenges and shortcomings posed by the existing applications, the department is committed to acquiring a system(s) that will meet the ACF federally prescribed CCWIS requirements conforming to the Commonwealth of Virginia and the department's enterprise architecture standards, and effectively align with the Virginia Local Government and Commonwealth Child Welfare Program practice requirements.

As part of a multi-year plan, DFS requires a CCWIS-compliant system. Once implemented, CCWIS will be fully compliant with commonwealth and federal requirements (Workforce Strategy 1.4). It will also provide uniform and reliable information about children currently under the jurisdiction of VDSS, supporting the department's service delivery and all associated day-to-day case-management activities. VDSS has invested a significant amount of time and resources in the development of functional and non-functional requirements of a potential CCWIS system. 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. The VDSS CCWIS solution is currently in Program Phase 1, which includes procurement and project initiation along with the mobility solution. The CCWIS solution will replace the legacy systems hosted at VDSS (OASIS, SDM, ARRIS, and VEMAT) with a new system called COMPASS.

In late 2020, VDSS will provide innovative technology to those who report abuse and neglect by creating, developing, and implementing a mandated-reporter online reporting system (**Protection Strategy 4.1**) called VaCPS. The system will allow mandated reporters to report allegations of child abuse/neglect through an online website. This secure website is an innovative way to minimize wait times for mandated reporters and decrease the number of reports the LDSS has to enter into the online case-management system. The goal is that, by reducing the number of reports and time to enter the reports currently required by LDSS, LDSS can redistribute staff to provide direct services to children and families. Upon statewide implementation, the goal is to increase the usage of VaCPS by all 120 localities and mandated reporters across Virginia. This technology will assist mandated reporters and LDSS in ensuring

timely capturing of children who maybe be at risk of abuse and/or neglect, and increase validation of referrals that require action to be taken by LDSS (**Protection Strategy 4.2**).

VDSS continues to work to allow LDSS workers access to the CIP case-management system. Workers will have the ability to access the system, allowing them to retrieve court orders in a timelier manner (**Permanency Strategy Plan 2**). This access will allow workers to utilize court orders to assist in locating relatives and extended family members for placement consideration (**Permanency Strategy 2.4**). This effort will result in engagement of more timely service referrals for those identified relatives, and maintain connections with families and communities for improved outcomes.

Capacity and Data Entry Requirements

OASIS currently gives the department the ability to collect and maintain demographics, characteristics, placement location, and goals for every child in foster care. OASIS, as the system of record, is used to meet other federal reporting requirements for NCANDS, NYTD, monthly foster care contact, and AFCARS.

Child welfare policy mandates timeframes 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 calendar days after the child's custody is transferred to a LDSS or he is placed in foster care. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 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 4.8.1 Visitation plans shall be documented in OASIS and it should be documented within five days of the child's entry into foster care.

Section 5.6 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 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.

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 family services worker is required to gather necessary information and enter that information into OASIS in a timely manner.

Item 20- 21: Case Review

The Code of Virginia § 16.1- 281 and Section 15 of Chapter E, Foster Care of the Child and Family Services Manual include requirements for development of a foster care plan. Sub-section 6.9 of Chapter C, Child Protective Services includes requirements for service planning. VDSS requires that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan. For CPS, plans must be created within 30 days of opening a case. For foster care, a full-service plan on all children must be completed within 60 days of custody or placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement, or within 30 days of signing a temporary entrustment for a placement of 90 days or more. Part of the requirements is that the agency involve parents and children in the development of the plan.

Timeliness of foster care service plans are monitored through a proxy measurement of the timeliness of court hearings. The court must receive the plan prior to the hearing, which is generally 30 days in advance or 14 days prior for the dispositional hearing. A court hearing would not ever be held without a plan. (**Permanency Objective 2.1**)

Percent of Cases with Case Plans Completed within 30/60 Timeframe CY19

	#	%
Total Cases with Children Entering Care During Timeframe	1,834	100%
Cases with Goal Approved: Within 60 Days of Removal	926	50%
Cases with Goal Approved: More than 60 Days After Removal	551	30%
Cases with No Goal Approval within CY2019 Hearing Timeframe	357	19%
For Goal Approval/Hearings Occurring After 60 Days:		
Average Number of Days after Removal	76 days	
Hearings 61-70 Days after Removal (% among hearings more than 60 days after removal)	413	75%

Source: ROASIS, Active Foster Care Report - children entering care between Nov-2018 and Oct-2019, where 60 days available for dispositional hearing and goal approval during CY2019

A total of 1,834 cases had children that entered foster care where case planning should have occurred during CY2019. Half of these cases had hearings where a qualified goal was approved within 60 days of child removal. One-third of these cases had a hearing where a qualified goal was approved after 60 days of child removal. One-fifth of these cases should have had a hearing where a qualified goal was approved during CY2019, but one did not occur in this timeframe. Among cases where hearings with a goal approval occurred more than 60 days from removal, the average number of days between removal and hearing was 76. Three-quarters of cases where the hearing with goal approval occurred more than 60 days after removal had the hearing conducted within 70 days after removal.

VDSS continues to ensure that all parties have input into the development of case plans through the use

of family partnership meetings or child and family team meetings. OASIS has the ability to document that youth were provided the opportunity to invite up to two people to team meetings, as well as the names of the individuals the youth chose. VDSS uses systems to monitor the use of family partnership meetings, as foster care guidance requires that a family partnership meeting be held prior to the filing of court documents in preparation for each hearing.

FPM/CFTM Meeting Occurrence, by Purpose of Meeting CY19

Meeting Purpose	CY2019 Totals	% of Total
Grand Total	10,861	100%
Concurrent Planning	2,414	22%
Concurrent Planning/Change of Goal	614	6%
Emergency Removal	790	7%
High Risk / Very High Risk Assessment Planning	3,768	35%
Permanency Planning / Change of Goal	2,385	22%
Placement Change	890	8%

Periodic Reviews

VDSS requires that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child (§§ 63.2-907 and 16.1-282 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 review, considerations include the child's safety, the continuing necessity for foster care placement, compliance, and progress with the case plan for both child and family, transition planning for youth 14 or older, and whether an out-of-state placement is viable. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

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

At the dispositional hearing, the judge decides who should have custody of the child. The court may return custody to the parent or guardian from whom the child was removed with certain conditions and requirements, place the child with a relative, or keep the child in foster care with the LDSS. If the child stays in foster care, the judge will review the foster care plan prepared by the LDSS. The plan will

identify a goal for timely reunification or other permanent placement. The judge reviews the foster care plan to ensure the goals for the child and family are clear and achievable. At the foster care review hearing, the judge reviews progress made towards reunification as well as services provided, including medical, educational, and mental/behavioral health services provided to the child and services provided to the family. At the permanency planning hearing, the judge will determine if the child can be returned safely home or if the permanency goal needs to be changed from reunification to another permanency or alternative goal.

Once the case is at initial foster care review, the 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 initial permanency planning. The annual foster care review hearing is scheduled at the conclusion of initial permanency planning hearing, or at the time of the current annual review hearing.

Percent Children with Current Court Hearing Statuses, CY2019

	CY19 Monthly Average % Current
60 Day Dispositional	96%
Administrative Panel Review	97%
Court Review	92%
Permanency Planning	91%
Supervisory Review	100%

Source: SafeMeasures, AFCARS-Approved Court Hearing Status report

Items 22, 23, 24: Permanency Hearings, TPR, and Notifications

Permanency Hearings

In Virginia, a LDSS may, under identified circumstances, petition the court for approval of an interim foster care plan at the time of the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). An interim plan may be approved by the court for a maximum period of six months, if the court finds that marked progress is being made towards reunification or is being made to achieve the permanency goal identified. (VA Code § 16.1-282.1.) Almost 80% of court community survey respondents indicated that the LDSS always or often requests approval of an interim plan. This response rate suggests that interim plans are being routinely requested and approved, at least in part to give parents additional time to complete services. Survey respondents were also asked to indicate the extent to which they agree with the following statement: The child's length of stay in foster care, as it relates to the requirement that a termination of parental rights petition be filed for a child in foster care 15 of the last 22 months, is addressed in foster care hearings. Sixty percent moderately agreed (31%), slightly agreed (21%), or did not at all agree (9%) with this statement. When interim plans are approved, the LDSS and court community must be mindful of the approaching timeframe for filing proceedings for termination of parental rights.

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 is reviewed...” In the cases identified at (1) above, the initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed at the disposition hearing, which is held within 60 days of the child’s placement in foster care in cases of abuse or neglect and at-risk of abuse or neglect, or within 45 to 75 days of filing a petition for approval of an entrustment agreement. In the cases identified at (2) above, the initial foster care plan is generally reviewed within 60 days from the date of placement in foster care. Therefore, the measures set out subsequently include an additional 60 days in the category of “other cases” (those involving a child in need of services, child in need of supervision, delinquency, or status offenses), when compared to the measures for abuse or neglect, at risk of abuse or neglect, and entrustments. These timeline requirements support a permanency hearing being held within 12 months of a child entering foster care.

Percent of Hearings that are Continued

Hearing Type	CY19 Monthly Average % Current
All Hearings	2%
Permanency Planning Hearings	2%

Source: ROASIS, child welfare information system, monthly totals based on hearing date occurring in that month

The final report for VDSS primary review of Title IV-E Foster Care Eligibility, October 1, 2018 – March 31, 2019, highlighted the frequency of permanency hearings as a strength. Reviewers 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. The report noted that VDSS continues to work with the CIP to monitor timeliness of hearings and ensure that DFS is obtaining timely and accurate findings that the agency is making reasonable efforts to finalize a permanency plan for a child.

Termination of Parental Rights

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 and concurrently identify, recruit, process, and approve a qualified family for adoption of 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 (CY2019)

TPR Status	Unduplicated child count	% of CY19 population
Not Filed	366	14%

Ordered- With Appeal	134	5%
Ordered- Not in Adoptive Placement	906	33%
Ordered- Pre-Adoptive	295	11%
Adoption Non-Finalized	861	32%
Parent Missing TPR	121	4%
Filed- Not Ordered	17	1%
Denied	10	0%
Timely: filed within 15 months in care	1,422	52%
Total count: goal of adoption in CY2019	2,710	100%

Source: SafeMeasures TPR Status report, 12 months combined, 1/15/20 extract

Timely TPR and Timely Permanency Planning Hearings

	CY19 Monthly Average
% children with Timely TPR Petitions	53%
% children with Timely Permanency Planning Hearings	91%
% cases with Timely Permanency Planning Hearings	91%

Timely TPR Source: SafeMeasures®, TPR Status

Timely Permanency Planning Source: SafeMeasures®, AFCARS Approved Court Hearing Status

CFSR PIP Activity 3.4.1: VDSS will assess the foster care service plan and foster care service plan review templates to identify where the local agency documents a compelling reason not to file a petition for termination of parental rights (TPR); make changes, as necessary and appropriate. The Court Community workgroup reviewed the foster care service plan and made the decision that the current plan does not need to be changed in order to accurately capture compelling reasons not to file a TPR. The workgroup has proposed updating language in subsection 16.2.6.4 of the Foster Care chapter of the Child and Family Services manual. This language will clarify how to document the decision not to file for TPR by requiring the LDSS to document in both the foster care plan and the permanency plan (Part B) compelling reason. The new language includes examples of appropriate reasons not to file. In addition to updating guidance, the Court Community workgroup created a guide on how to complete Part B of the foster care plan so that the reasons not to file are completely documented.

Notice and 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. Service workers should also discuss upcoming hearings with the parents and foster and pre-adoptive parents and encourage their attendance. The service worker should provide and discuss with the foster parent, pre-adoptive parent,

or relative caregiver a copy of the brochure Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts. http://www.courts.state.va.us/courtadmin/aoc/cip/resources/asfa_brochure_web.pdf This brochure explains the requirements that they must be provided with timely notice of and an opportunity to be heard in six month review hearings and permanency hearings held with respect to the child in their care. It explains they do not have the right to standing as a party to the case. It also describes the participants in the case and what they may expect by way of notice and “a right to be heard.” The foster parent, pre-adoptive parent, or relative caregiver should be encouraged to attend and speak at the hearing, when recognized by the judge, with respect to the child during the time the child is in their care.

CFSR PIP Activity 3.3.2 is to develop a bench card for judges to use at all court hearings that offer a series of questions to assess agency efforts to move a child to permanency. Because it is important that discussions about child permanency take place throughout the life of a case, a separate bench card has been developed for each of the following hearings:

- Abuse or Neglect - Ex Parte Emergency Removal Hearing
- Abuse or Neglect - Preliminary Removal (5-Day) & Adjudicatory Hearing
- Abuse or Neglect - Dispositional Hearing
- Initial Foster Care Review Hearing
- Foster Care Review Hearing
- Permanency Planning Hearing
- Annual Foster Care Review Hearing

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 was not included in the hearing, there is a prompt to ask why that has not occurred.

Item 25: QAA System

VDSS Quality Assurance (QAA) systemic factor was found to be in substantial conformity. VDSS's QAA case review philosophy is shared accountability and collaboration between the state, local agencies, and collaborative partners. The case review process is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. The review does not address all guidance and practice expectations in any of the child welfare programs.

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

Virginia has continued to build on the existing case review/QA system to include a more formalized

process of supporting VDSS with the use of data to inform management, improve practice, measure effectiveness, and assist with guidance development. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Following the federal CFSR review, Virginia has been able to build its CFSR review process to the level of only requiring 25% secondary oversight of CFRS cases, which demonstrates federal confidence in the process and skill of reviewers. The results of the CFSR reviews will be used in the aforementioned CQI process.

Ultimately, the goal of the case review system is to help VDSS improve child welfare services and achieve outcomes for families and children who receive services: safety, permanency, and family and child well-being. Virginia continues to improve the case review system and ensure that the data and performance measures collected during the review process will be used to build a strong CQI system. As a part of the VDSS CQI process work is being done to create written policies, practices, and procedures describing foundational administrative CQI structure.

Introduction of the VCFSR

VDSS recognizes the relevance of data in driving outcomes, and implementing practice. Through a review of the CFSR process, a need to focus on ways Virginia could use case reviews to gather state, regional and local trends was identified. The case review process needed to provide general qualitative data on LDSS performance in a direct and sustainable way while building a more data driven culture. Several types of case reviews were being conducted at local departments. The agency case review (ACR) was a qualitative approach to gathering practice specific information in the local department as the LDSS staff were engaged in communication about case work practice. VDSS was also completing the child welfare case review (CWCR) process that was designed to retrieve the outcomes of the practice at the local department. This effort was quantitative in nature, concentrating mainly on items in OASIS and focused on compliance. VDSS learned that approximately 95% of the information gained in the CWCR is now accessible through data pulls.

VDSS recognized an increased capacity of practice and casework from the agencies receiving a PIP CFSR, identifying that all agencies would benefit from receiving the same level of knowledge, and feedback while teaching the LDSS outcome focused accountability. Due to the random selection sampling process almost half of the local agencies have not experienced a PIP CFSR, leading the QAA team to create a process that gives all localities the full benefit of the CFSR. The new process, Virginia Child and Family Services Review (VCFSR), is the combined practice of ACR and CWCR.

The VCFSR ensures that VDSS is reaching all agencies in Virginia and giving them valuable feedback about their practice with regard to safety, permanency, and well-being. During the course of a VCFSR, the local department will have one foster care case and one CPS Ongoing case randomly selected to review. The VCFSR will introduce all localities who have not experienced a PIP CFSR to the uniform practice required in the performance improvement plan and give each agency the opportunity to know how well they are functioning with regard to their child welfare case practices. The VCFSR will utilize the federal CFSR Online Monitoring System (OMS) and Online System Review Instrument (OSRI) which will allow us to run detailed reports, to better capture trends resulting from agency practice. The local department will then receive a complete OSRI report detailing the findings of the review. The LDSS will receive valuable, and relevant feedback on current practice that is aligned with best practice. This will lead to increased positive outcomes and the goal of achieving safety, permanency, and wellbeing for the families that are served.

As the QA team implemented the VCFSR process, a statewide webinar was conducted that explained the new process and the reasoning behind discontinuing the ACR and CWCR. The QA leadership team has traveled to each region meeting with directors and supervisors in efforts to transition the change effectively. Throughout the year and prior to the new process, the QA team provided regional training and technical assistance in the areas of Title IV-E, Child Welfare Case Review and the CFSR. The QA Unit provided training to regions upon request for staff development, data-driven case management and supportive case practice decision making

IV-E review

In September of 2019, the Commonwealth of Virginia underwent its federal Title IV-E foster care review. As a result of the federal review the Commonwealth was found to be in substantial compliance with the findings of two federal case errors of the allowable four. After the review was completed, the federal review team identified areas of strength within the State title IV-E practices and the QAA system. The federal review team indicated that Virginia's court system is efficient and working well as there were no identified issues with the timeliness of court hearings and making the required judicial findings. The federal review team also indicated that our affidavits were well written and accurate when it came to meeting certain judicial requirements. The QAA review team was identified as not only having extensive knowledge in title IV-E but also for their overall knowledge of child welfare and their capacity in which they conduct reviews throughout the Commonwealth. As a result of the IV-E review, the Commonwealth had minimal ineligible IV-E expenditures identified due to the thoroughness of the local departments and the QAA review system.

To prepare for the review, in addition to the extensive review process already in place, the QAA unit implemented a certification process to ensure IV-E compliance for cases eligible to be pulled for the federal review. QAA provided a list of eligible cases to all 120 local departments along with a review tool and a certification form. The departments utilized the review tool to complete title IV-E reviews on their cases and provided the certification form back to QAA to ensure that all cases have been reviewed. This process allowed the Commonwealth to review all cases eligible to be selected for the IV-E review and identify any ineligible IV-E expenditures prior to the review taking place. This certification process played a major role in the Commonwealth being found in substantial compliance. Once that was completed and the sample was provided the QAA team went out and assisted the departments in preparing the cases and identifying any possible issues. This process and overall success of the review highlighted the effectiveness of the QAA system and relationship with local departments.

As VDSS incorporates QA and monitoring across the state of Virginia into a CQI system, the case review system will identify alternatives and validity in meeting performance outcomes. An integrated system highlights Virginia's commitment to the philosophy of shared accountability. This is already seen in VDSS's transparency in outcomes and performance data. Title IV-E quarterly reporting has changed to include local and regional outcomes, which has led to stronger engagement from localities to reduce their error rate and to find new ways to improve their own outcomes. The IV-E outcomes and performance data has also been added to the local agency dashboard. This allows for another source for the local agencies to receive and review their performance data. In addition, the QAA team has presented these outcomes and performance data in a variety of stakeholder meetings to include Virginia Benefit Program Organization (BPRO) meetings, regional director meetings, and regional supervisor meetings. These presentations allow for an open discussion around improving outcomes on a local and regional level and gives a platform for QAA to receive feedback on our review practice and data collection. This feedback directly impacts the way we have collected, organized, and shared data derived from the QAA review process and has impacted the way QAA has implemented and conducted

training throughout the Commonwealth.

As part of the QAA review system, the QAA team reviews and validates the eligibility determination made for every youth that enters foster care. The QAA team conducts an onsite visit to each LDSS agency quarterly to review every new foster care funding determination made in the previous three months. The findings are reported to the local departments quarterly providing the number of cases reviews, number of IV-E errors found, and an error percentage. The data is provided by region and by LDSS. Comparing the quarter that ended in December 2018 to the quarter that ended in December 2019, QAA reported significant improvement in the accuracy of title IV-E eligibility decisions across the Commonwealth. The total error percentage of cases that had an error found during the review fell from 11.66% of cases to 8.86%. The total number of errors found during the reviews fell from 82 to 67. The percentage of cases that had an AFDC error found during the reviews fell from 7.03% to 4.73%. Another strategy to increase locality accountability that is currently a work in progress involves the QAA team collaborating with the Capacity Building program to create a Memorandum of Understanding (MOU) that each agency will enter into agreement with. These MOUs will detail the shared fiscal accountability of the agency based on the errors found during the title IV-E reviews conducted by the QAA unit. This process will allow for more locality accountability in title IV-E determinations by creating an understanding between the local departments and the Commonwealth of Virginia when ineligible IV-E expenditures are identified. Title IV-E will be a component of the MOUs which will be a general LDSS/VDSS partnership agreement for services specific across human services. The MOUs will create opportunities of enhancing the outcomes of the local departments and aid in the enhancement of the QAA review system.

2020 updated process

The QAA unit in order to further integrate the current QAA review process into the CQI model (**CQI strategy 3.3**) has reorganized and implemented a new Quarterly QA Review system starting in 2020. The Quarterly QA Review process combines the new foster care funding case validations previously conducted in the CWCR, title IV-E ongoing reviews and the new VCFSR into a quarterly visit to the agency. The QAA team will continue to conduct new foster care funding validations of 100% for each child that comes into care to ensure IV-E determination compliance that were previously conducted during the CWCRs. The number of cases reviewed for the title IV-E ongoing review portion of the Quarterly QA Review has changed. The number of cases reviewed during the IV-E ongoing review portion of the Quarterly QA Review will be determined at a percentage rate based on the prior fiscal year error rate of the agency's previous CWCR and IV-E ongoing reviews. This new process for ongoing reviews allows for an incentive driven system to the agencies based on their performance in previous reviews. The third portion of the Quarterly QA Review is the VCFSR. By combining all three review types into a quarterly review system we are able to consolidate the data gathered and streamline the reporting to the agencies on findings of the reviews. This new process will allow for Quarterly conduct structured reviews to ensure state and federal compliance, communicate areas for improvement to LDSS, and work with LDSS to resolve identified opportunities for improvement, monitor performance and report to the Virginia Board of Social Services.

Use of Data

DFS' CQI system is designed to use all available data sources to inform improvements. A specific focal point is identifying opportunities for including CFSR reviews and case review data into the statewide CQI system. The statewide CQI system will use data from reporting databases and case reviews to identify trends regionally and begin developing improvement-planning processes for each region with input

from LDSS in each region. **(CQI Strategy 3.1)**

The Child and Family Services review team devotes time within agencies during the CFSR, reviewing automated data, hard file documents, and conducting interviews with case participants to secure the most accurate and up to date information. QAA continues to review 140 CFSR cases each year on all 18 items. The results play a large role in the implementation of the PIP but also in general practice and program decisions. For example, VDSS monitors items 13-15 of the CFSR to ensure that children and families are engaged during visits with workers. The QA team has constructed a document that if used ensures the LDSS has a clear understanding of what a qualitative visit is, how to engage case participants, and how to ensure all visits are qualitative in nature. In addition, VDSS monitors the quantity of visits based on the identified youths needs and level of risk. In items 1, 3, 13, 14 and 15 quantity is measured by ensuring the case worker is engaging with the child and family as much as necessary to ensure safety and wellbeing. This information is captured through the review of hard copy documentation and interviews conducted with case participants.

Some of the specific data tools that DFS will use to analyze and disseminate data include VCWOR, SafeMeasures®, case review themes and data, and the Chapin Hall Data Center. VCWOR is maintained by the VDSS ORP and provides reports directly from the state electronic case-management system OASIS. It is the report of record and includes measures of CPS, foster care, well-being, and adoption. Safe Measures, from the National Council on Crime and Delinquency (NCCD), lets state and local agencies obtain data and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. The Chapin Hall Data Center will obtain longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. CQI is in the process of sharing these data with localities on request, and identifying specific analytic reports to share with small to mid-size agencies that lack staff to perform research or analysis **(CQI strategies 1, 2, 3 and 4)**.

The CQI Unit collaborated with two different localities to create focus groups to improve services and identify opportunities for programmatic changes. The two focus groups involved the CQI unit analyzing data from the “front-end” to the “back-end” of services to identify trends, strengths, and opportunities for improvement. The case level data was combined with outcomes in reviews to determine what areas needed improvement, and a path forward was developed collaboratively. An example of an outcome of one of these focus groups was an identified need to assess screen out rates for Very High and High risk cases. Combining referral screen out rates with performance on Item 3 in the CFSR, the group identified the opportunity to put more resources towards opening and addressing underlying concerns of Very High and High referrals. The progress of this intervention will be monitored on an ongoing basis. This focus group has led data staff at the State Home Office to increased analysis on screen out rates for different risk levels and identify opportunities across the state to improve safety services and referral recidivism rates. The CQI unit is also identifying localities of promising practice for several prevention and safety services to create job aides and opportunities for process sharing across Virginia.

Items 26, 27: Staff and Provider Training

In May 2018, DFS training implemented the use of the required training console on its statewide learning management system (LMS), which is the COVLC, so all new workers are automatically informed of their training requirements and training is tracked within set time periods for completion. Supervisors are also sent automated emails with training requirements. The use of the LMS required training

console has greatly improved the tracking of completion of required training for new FSS workers within designated mandated time frames.

During FY20, DFS Training provided 9008 training completions by providing 703 training events statewide. DFS training offered over 54 online training opportunities including multi-module courses and recorded webinars. These online courses had 15,532 training completions.

Virginia Code and Virginia Administrative Code requires VDSS to establish minimum training requirements and provide educational programs for foster care and adoption service workers, child protective services workers, and supervisors, employed by LDSS. Subsection 17.3 of Chapter E, Foster Care, and subsection 1.5 of Chapter C, Child Protective Services, of the Child and Family Services Manual outlines training requirements. These section cover required initial training for workers, completion of the Family Services CORE Supervisor Training for supervisors, and requires 24 hours of continuing education/training each year. Supervisors are required to assure that the workers who report to them complete the required training within the given timeframes.

Below are the initial training requirements for both foster care and adoption workers and child protective services workers along with completion rates for these courses.

NEW PRE-SERVICE TRAINING REQUIREMENTS FOR PERMANENCY (Effective July 1, 2019):

First Three Weeks

- 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

First Six Months

- CWSE3030: Normalcy for Youth in Foster Care – **NEW REQUIREMENT**
- CWSE4050: Psychotropic Medications and the Child Welfare System – **NEW REQUIREMENT**

First Twelve Months

- CWS1021 The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1031 Separation and Loss Issues in Human Services Practice
- CWS1041 Legal Principles in Child Welfare Practice
- CWS1061 Family Centered Assessment
- CWS1071 Family Centered Case Planning
- CWS1305 The Helping Interview
- CWS3041 Working with Children in Placement
- CWS3081 Promoting Family Reunification
- CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention –**NEW REQUIREMENT**

- CWS4020 Engaging Families and Building Trust-Based Relationships
- CWS5307 Assessing Safety Risk and Protective Capacity

First 24 Months

- CWS5305: Advanced Interviewing: Motivating Families for Change
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and its Impact on Children
- CWS2020: CPS On Call for Non-CPS Workers
- CWS3021: Promoting Birth and Foster Parent Partnerships
- CWS3061: Permanency Planning for Teens-Creating Lifelong Connections
- CWS3071: Concurrent Permanency Planning

NEW PRE-SERVICE TRAINING REQUIREMENTS FOR CHILD PROTECTION SERVICES (Effective July 1, 2019):

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

- CWS2000.1: CPS New Worker Policy Guidance With OASIS
- CWS2010: CPS On-Going
- CWSE1510: Structured Decision Making (SDM) in Virginia
- CWSE5011: Case Documentation – **NEW REQUIREMENT**

First Twelve Months

- CWS1021 The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1041 Legal Principles in Child Welfare Practice
- CWS1061 Family Centered Assessment
- CWS1071 Family Centered Case Planning
- CWS1305 The Helping Interview
- CWS2011 Intake, Assessment, & Investigation in CPS
- CWS2021 Sexual Abuse
- CWS2031.1 Sexual Abuse Investigation
- CWS2141: Out of Family Investigations
- CWSE4000: Identifying Sex Trafficking in Child Welfare – **NEW REQUIREMENT**
- CWS4020 Engaging Families and Building Trust-Based Relationships
- CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention –**NEW REQUIREMENT**
- CWS5011: Case Documentation - **NEW REQUIREMENT**

- CWS5307 Assessing Safety, Risk & Protective Capacity
- CWSE6010: Working with Families of Substance Exposed Infants – **NEW REQUIREMENT**

First 24 Months

- CWS1031: Separation and Loss Issues in Human Services Practice
- CWS2141: Out of Family Investigations
- CWSE4015: Introduction to Trauma-Informed Child Welfare Practice – **NEW REQUIREMENT**
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention – **NEW REQUIREMENT**
- CWS5305: Advanced Interviewing: Motivating Families for Change
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and its Impact on Children
- CWS2020: CPS On Call for Non-CPS Workers

Listed below are the completions for FY20 for the preservice trainings for permanency and CPS workers.

FAMILY SERVICES ONLINE COURSES	Total Completions
VDSS - CWSE1002: Exploring Child Welfare (Module 1) - 1 hour*	535
VDSS - CWSE1002: Exploring Child Welfare (Module 2) - 1 hour*	520
VDSS - CWSE1002: Exploring Child Welfare (Module 3) - 1 hour*	513
VDSS - CWSE1002: Exploring Child Welfare (Module 4) - 1 hour*	512
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 1: Introduction) - .5 hours*	385
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 2: Intake) - .5 hours*	380
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 3: Search and Merge) - .5 hours*	382
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 4: Family Assessments) - .5 hours*	366
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 5: Investigations) - .5 hours*	370
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 6: CPS Ongoing) - .5 hours*	368
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 1: Introduction) - .5 hours*	289
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 2: Opening Cases and Recording Pertinent Information) - .5 hours*	269
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 3: Search and Merge) - .5 hours*	271
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 4: Documenting Placements and Funding) - .5 hours*	265

FAMILY SERVICES ONLINE COURSES	Total Completions
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 1: Introduction and Intake) - 1.5 hour*	345
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 2: Safety Assessment) - 1.5 hour*	330
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 3: Risk Assessment) - 1.5 hour*	323
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 4: Family Strengths and Needs Assessment) - 1.5 hour*	312
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 5: Risk Re-assessment) - 1.5 hour*	309
VDSS - CWSE3030: Normalcy for Youth in Foster Care - 1.5 hour*	107
VDSS - CWSE4000: Identifying Sex Trafficking in Child Welfare - 1.5 hour	100
VDSS - CWSE4015: Introduction to Trauma-Informed Child Welfare Practice - 1.5 hour	375
VDSS - CWSE4050: Psychotropic Medications and the Child Welfare System - 1.5 hour*	498
VDSS - CWSE5011: Case Documentation NEW*	422
VDSS - CWSE5692: Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect - 1.5 hour*	693

FAMILY SERVICES INSTRUCTOR LED COURSE LIST	Total Completion
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development - 2 days*	412
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice - 2 days*	329
VDSS - CWS1041: Legal Principles in Child Welfare Practice - 1 day*	381
VDSS - CWS1061.1: Family Centered Assessment in Child Welfare - 2 days*	320
VDSS - CWS1071: Family Centered Case Planning - 2 days*	304
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving - 2 days*	333
VDSS - CWS2000.1: Child Protective Services New Worker Training with OASIS - Blended 4 days*	333
VDSS - CWS2010: CPS Ongoing Services - 2 days*	192
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services - 3 days*	283
VDSS - CWS2020: On Call for Non-CPS Workers - 1 day*	132
VDSS - CWS2021: Sexual Abuse - 2 days*	264
VDSS - CWS2031.1: Sexual Abuse Investigations - 3 days*	265
VDSS - CWS2141: Out of Family Investigations - 2 days*	218
VDSS - CWS3000: Foster Care New Worker Training With OASIS - 4 days*	273
VDSS - CWS3010: Adoption New Worker Training With OASIS - 2 days*	180

FAMILY SERVICES INSTRUCTOR LED COURSE LIST	Total Completion
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships - 2 days*	147
VDSS - CWS3041: Working With Children in Placement - 2 days*	154
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections - 2 days*	153
VDSS - CWS3071: Concurrent Permanency Planning - 1 day*	155
VDSS - CWS3081: Promoting Family Reunification - 1 day*	189
VDSS - CWS4015: Trauma-Informed Child Welfare Practice:: Identification and Intervention - Blended 2 day*	267
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships - 2 day*	339
VDSS - CWS5011: Case Documentation - Blended 1 day NEW*	207
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change*	244
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare - 2 days*	366
VDSS - DVS1001: Understanding Domestic Violence - 2 days*	360
VDSS - DVS1031: Domestic Violence and its Impact on Children - 2 days*	299

Because Virginia is state supervised but locally administered, the division does not keep track of hiring at local departments. VDSS Organizational Development was able to provide the number of individuals hired into a family services worker position for the past two years. For 2018, 279 individuals were hired and for 2019, 357 individuals were hired. Virginia has tiered levels for family services positions, from FSS I – FSS IV. The information provided is not broken down into those tiers.

Family Services Training conducted an annual evaluation survey analysis where learners reported a significant training satisfaction and impact on classroom surveys. Macro-level descriptive statistics by course have helped inform the project to this point. Important findings include:

- Overall survey response rate of 52% from 1/1/19 to 12/31/19.
- Overall effectiveness of courses is 4.2 on 5.0 scale.
- “Before this training, my understanding of the topic was:” averaged 3.2 on a 5 point scale, while ‘After this training, my understanding of the topic was:” averaged 4.1, justifying training impact.
- Participants with less reported knowledge before the course also showed the greatest gain in reported understanding after the course,
- All learners reported improvement of understanding of the topic.
- Highest attendance for CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development with 420 learners for Calendar Year 2019.
- Second highest attendance was for CWS1031: The Helping Interview: Engaging Adults for Assessment and Problem-Solving with 354 learners for Calendar Year 2019.

- “The course content will improve my ability to perform my responsibilities” were most influenced by course materials, job aids, classroom training tools (videos, handouts), and stated learning objectives.

Summary of Classroom Survey Responses (n=4,463)

Measure	Average
Response rate	52%
Overall effectiveness of course	4.2
Understanding before course	3.2
Understanding after course	4.1
Will improve my ability to perform	4.2
Stated learning objectives achieved	4.2
Job aids effectiveness	4.2
Classroom training tools effectiveness	4.2

Scored on a Likert Scale of 1-5 where 1=lowest and 5= highest

Training requirements for Licensed Child Placing Agency Staff

Standards for Licensed Child Placing Agencies, 22VAC40-131, includes section 50 Staff Development. The regulation requires any staff person who has responsibility to work with children and their families or to supervise staff persons who work with children and their families to participate in orientation, initial training, and on-going training. There are specific requirements, in addition to the basic requirement, for child placing agencies who are licensed for treatment foster care or adoption.

Ongoing training is conducted annually for staff and is based on the needs of the population served. Professional staff shall participate in the child-placing agency's pre-service training for adoptive and foster parents. Each professional staff person shall complete this training within one year of the date of his employment with the child-placing agency.

VDSS Division of Licensing Programs reviews training documentation when inspections occur. VDSS does not have the number of LCPA staff that have completed training.

Training requirements for Children’s Residential Facilities

Standards for Licensed Children’s Residential Facilities, 22VAC40-151, includes section 250 Staff Development. The regulation requires staff member responsible for supervision of children and who will be alone supervising children to complete orientation, emergency preparedness and response, first aid and CPR, medication management, good neighbor policies, policy and procedures, and quality improvement. The regulation details requirement for annual retraining and requires an addition 15 hours of training annually.

VDSS Division of Licensing Programs reviews training documentation when inspections occur. VDSS does not have the number of CRF staff that have completed training.

DFS Training does not view training as a stand-alone event. Training sessions are viewed as a collaborative effort with the local agency to meet the emerging needs of the workforce. Family Services Training includes a supervisory tool as a way to facilitate discussion on the content of each course including specific topics covered, a description of transfer of learning from the classroom back to the local agency, and suggestions for continuing the learning process in the local department to increase the knowledge, skills and abilities of caseworkers. This transfer of learning activity is supported by the LDSS supervisor to provide adaptive leadership skills to support new workers while completing the required training and learning new skills in order to reduce the high turnover in the local agencies.

The following three types of transfer of learning activities have been implemented into all child welfare training:

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

PIP strategy 4.1 is to provide advanced training to support and enhance supervision skills to include coaching. The Child Welfare Leadership Institute for supervisors (**Workforce Strategy 3.1**) has been created to develop foundational and advanced training for all supervisors. Phase 1: Foundational Supervisor Series; now five two-day training classes include these courses:

- SUP5701 Principles of Leadership;
- SUP5702 Management of Communication, Conflict & Change;
- SUP5703 Enhancing Staff Performance & Growing a Team;
- SUP5704 Critical Issues in Family Services Supervision; and
- SUP5705 Trauma Informed Leadership and Developing Organization Resilience Culture.

Planning for the "Leadership Institute Phase II: Specific Support Skills" has been completed. A collaboration between training and the CQI team led to the creation of online modules "Using Data to Improve Practice & Performance". There is a collaboration with the QAA team around planning and conducting an online webinar for "Understanding the Case Review Process". Both of these online webinars will be converted to eLearning training modules and loaded on our Learning Management System.

A training needs assessment was used to plan and develop the supervisor institute and a new bi-annual needs assessment survey will be developed for delivery in 2020. Research was conducted on other state's evaluations and surveys and recommendations were made for the new training academy model to include behaviorally based competency portfolios for each of the core course. These will continue to be built out as part of training academy development and is included in the academy implementation work plan.

Item 28: Foster and Adoptive-Parent Training

The purpose of foster and adoptive-family training is to enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families in order for them to meet the needs of children receiving services funded by Title IV-E and/or the commonwealth. Training is composed of two major components: pre-service training and in-service training. Providers are required to complete preservice and annual in-service trainings 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. The Foster and Adoptive Parent Home Approval Standards (22VAC40-211) require both pre-service and ongoing training. The pre-service training includes specific core competencies consistent with the parent resource for information, development and education (PRIDE) pre-service curriculum. PRIDE is made available to LDSS who wish to use this as their training curriculum. LDSS that do not use PRIDE are able to purchase or develop an alternative curriculum and submit a copy to VDSS for approval.

In-service training is for current foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. Families are surveyed no less than annually to determine training needs; the determination is practiced uniformly and fairly across families and involves the family in determining training needs. Although a specific number of hours is not specified, ten hours of in-service annually (per parent) should be considered the minimum acceptable amount, with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.). The in-service training hours are provided as a guideline to allow providers opportunities for discussions and review related to the child's well-being, safety, and permanency. A guideline for in-service training is provided, rather than a mandate, so that a family in progress towards fulfilling the ten hours does not have a child unnecessarily removed from their home.

Section 210 of the LCPA regulation (22VAC40-131) requires the licensee ensure that pre-service training is provided for resource, foster, treatment foster, and adoptive family home providers. The core competencies are outlined in the regulation, are the same as what is found in the LDSS Foster and Adoption Parent regulation (22VAC40-211), and is left up to the LCPA to decide which program to use to cover those competencies. As a condition of initial approval and renewals of approvals each home provider is mandated to complete all required training. Training is relevant to the needs of children and families and offered by the provider throughout the year.

As of February 2020, five Regional Diligent Recruitment Consultants have been hired to provide practice assistance to LDSS related to diligent search, family engagement, working with relatives, adoption matching, support of foster and adoptive families, and other topics on an as-needed basis. Using the PRIDE curriculum, the Community Resource, Adoption and Foster Family Training (CRAFTT) program promotes the well-being, safety, and permanency of children through the training of LDSS foster and

adoptive parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of foster and adoptive parents through the development and delivery of standardized, competency-based, pre-and in-service training, as required by VDSS. The standardized curriculum used are the PRIDE training curriculum and *A Tradition of Caring* (Kinship PRIDE).

CRAFFT delivers commonwealth-wide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each LDSS. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or *A Tradition of Caring* training. CRAFFT staff have served 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:

- Development and delivery of additional in-service training for foster and adoptive families, based on input from families as well as local agencies and VDSS;
- Development and maintenance of a regional training plan, updated as needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
- Close work with the regional adoption and foster recruitment consultants and training, meetings, conference calls, and activities related to the implementation of a family engagement model, permanency roundtable process, and LDSS recruitment needs, as available;
- Collaboration with the regional adoption and foster recruitment consultants around the delivery of the newly revised mutual family assessment course (CWS 3103), which covers both assessment skills and a review of foster and adoptive family approval policy and is team taught;
- Collaboration with LDSS and Virginia's adoption, foster, and kinship association, NewFound Families, to promote membership, participation in the annual NewFound Families conference/training, and development of relationships with regional NewFound Families board members and NewFound Families staff; and
- Conducting regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding foster and adoptive parent development and support, informing agencies of current commonwealth or program initiatives related to foster and adoptive-parent training, and allowing agencies to collaborate, exchange resources, and share challenges and solutions.

The focus of CRAFFT remains to ensure that LDSS families receive adequate training, centered on core competencies identified in the current local department resource, foster, and adoptive family home approval guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs. Intentional and timely support continues to be a focal point to meet the training demands throughout the state. Notably, for some LDSS, there is evidence of collaborative efforts, as reflected through regional trainings or training offered to multiple agencies. CRAFFT is working towards being more innovative and creative in how training is offered (e.g., more flexibility, assisting LDSS with building collaborative training opportunities, pooling resources).

CRAFFT has maintained the facilitation of scheduled roundtables, which is another opportunity to bridge communication between CRAFFT, LDSS, and community partners. The meetings highlight positive

training experiences and provide an environment to dialogue regarding needs. Additionally, the discussions support sharing information that is pertinent to enhancing training efforts and what is working well within respective LDSS. There is also attention given to including CRAFFT in the child welfare continuum, as there is emphasis on the importance of providing adequate training via pre-service and in-service requirements.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to LDSS to help increase their capacity for offering training more frequently. The table below describes the training for fiscal year 2019 for foster and adoptive families.

Region	PRIDE/Traditions of Caring hybrid pre-service training sessions	Foster/adoptive in-service training sessions	1-on-1 pre-service training sessions	Number of participants
Central	54 sessions	7 sessions	52 sessions	220 participants
Piedmont	80 sessions	21 sessions	5 sessions	632 participants
Northern	103 sessions	28 sessions	11 sessions	360 participants
Western (Position vacant during Quarter 4)	28 sessions	5 sessions	54 sessions	157 participants
Eastern (Position vacant for Quarters 1, 2 and 4)	5 sessions	1 sessions	0 sessions	31 participants
Total	270 sessions	62 sessions	119 sessions	1,400 participants

In the spring of 2019, a survey was distributed to Virginia’s foster, adoptive and kinship parents. Individuals who participated in the survey are approved through local departments of social services, private child placing agencies, or both. When asked “The pre-service training I received helped to generally prepare me for the first child I fostered in my home”, 92% responded agree or strongly agree. Seventy nine percent responded “yes” when asked if the individual had attended any in-service training related to being a foster, adoptive, or kinship parent. When responding to “how satisfied are you with the in-service training you have attended in the most recent 12 months?” 93% responded satisfied or generally satisfied. Ninety one percent responded agree or strongly agree that the in-service training I received helps me to meet the needs of the child/children most recently place in my home.

In March 2020, as the Covid-19 pandemic impacted Virginia, CRAFFT coordinators proceeded with pre-service that had already begun by moving them to virtual platforms. Following the Governor’s Executive Order 51- State of Emergency, Virginia waived the requirement that a mutual family assessment be completed prior of approval of a foster family to allow local departments to approve families who had completed PRIDE training and were determined to be capable of meeting the five competency areas

outlined in training. When the State of Emergency is lifted, local departments will have 90 days to complete any outstanding mutual family assessments.

As Virginia moves through the phases of reopening outlined by the Governor, pre-service and in-service training will continue to be conducted virtually until it is determined appropriate to resume in person trainings. CRAFFT currently has preservice and in-service trainings scheduled in each of the five regions beginning in June.

Items 29 and 30: Service Array and Resource Development

Child welfare programs in Virginia are state supervised and locally administered by 120 LDSS. This system allows for VDSS to manage the LDSS through policy and support promoting well-being, safety, and permanency for children, families, and individuals in Virginia. LDSS then work with federal, state, and local community programs to provide services to children and families. Each locality uses Title IV-B, subpart I funding, as distributed for the service coordination of child welfare services in each locality. Virginia's LDSS have the flexibility to access and design services to meet a wide range of individual needs and circumstances for youth who are in foster care or at risk of entering foster care, based on needs, local demographics, and available resources. LDSS are expected to coordinate services with federal, state, and local private agencies and community organizations engaged in activities relevant to the needs of children and families involved in each local child-welfare system.

Unique to Virginia, the Children's Services Act (CSA) is a single state pool of funds to support services for eligible youth and their families. The Virginia General Assembly enacted the CSA in 1993, and combined eight funding sources from four different state agencies into a single pool of funds administered at the local level. The general assembly identifies two categories of child welfare system-involved children who are eligible for funds: children who are "abused or neglected" and "children in need of services". CSA services for this population include foster care prevention, a full range of community-based and residential services to children in custody (including non-Title IV-E maintenance funds) and independent living supports. VDSS maintains responsibility for the management and distribution of Title IV-E Funds.

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

Since 2006, the General Assembly requires local CPMTs to report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in their local community. The SFY 2019 OCS service gap survey indicated services for high school aged children (22.6%) and youth with multiple mental health diagnoses (14.6%) were identified as the populations with the most gaps in services. The survey also indicated that trauma focused or trauma informed services were not readily available in three of the five regions in the state. The gaps in services are grouped by type of service and include: community based behavioral health services (20.4%), foster care services (19%), family support services (15%), educational services (14%), other services (11.6%), Crisis Services (11.2%), and Residential Services (8.8%).

The OCS survey found the top five barriers to obtaining services 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. Eighty four percent of localities initiated action over the past year to address these perceived barriers. The full report can be found on the OCS website (https://www.csa.virginia.gov/content/doc/FY_2019_CSA_Service_Gap_Survey.pdf).

In addition to state and local funds through the CSA, PSSF funds are provided specifically for services and programs that are child-centered, family-focused, and community-based. The program's funding is flexible and services may be provided through local public or private agencies, individuals, or any combination of resources. These PSSF funds are used for direct and/or purchased services to preserve and strengthen families, avoiding unnecessary out-of-home or out-of-community placements, reunification of children and their families, or finding and achieving new permanent families for those children who cannot return home. For PSSF funds, each locality conducts a Community Needs Assessment which collects information about its needs, resources, and the multiple systems serving children and families, and then prioritizes the needs and assigns resources available to meet those needs.

Services available in Virginia include the following:

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

According to the LDSS that completed the 2019 PSSF Inventory, over half report that their local organizations and agencies are meeting the community's service needs with existing providers for the ten services listed below. Local departments of social services and other local government human services agencies (e.g., public health, public schools) provide many of these services.

Rank	Service Type	Percentage reporting "Met"
1.	Early Intervention	71.4%
2.	Case Management	70.7%
3.	Information and Referral	69.7%
4.	Adoption Promotion/Support Services	69.5%
5.	Adoption Services for birth/adoptive parents	63.2%
6.	Health-Related Services	60.6%
7.	Assessment	58.6%
8.	Educational/School-Related Services	55.6%
9.	Educational Services	54.6%
10.	Intensive In-Home Services	54.1%

Between 32% and 55% of the LDSS report that their community's population needs the services listed below but there are no providers. Fatherhood programs lead the list, with nearly 55% of localities reporting a need in this area. Services for the homeless population (both families and youth) fall within the top ten services needed. Transportation ranks 6th among the top most needed services.

Rank	Service Type	Percentage reporting "Need"
1.	Programs for Fathers ("Fatherhood")	54.6%
2.	Unaccompanied Homeless Youth	53.2%
3.	Peer Counseling	51.5%
4.	Parent-Family Resource Center	48.5%
5.	Mutual Support/Self-Help Groups	44.4%
6.	Transportation	43.4%
7.	Non-English Speaking Parents	42.3%
8.	Parent Leadership	39.8%

9.	Outreach Services	38.5%
10.	Homeless Families with Children	32.0%

Some services do not quite rise to the level of being non-existent; however, there is a gap in service delivery. At least 53% of the LDSS say that existing services do not meet the needs of the target population due to an insufficient number of providers or other barriers. This applies to services for people with disabilities, particularly families that have either children or parents who have a disability. Other at-risk populations (e.g., homeless families, teen parents) fall within this category. There are gaps in services related to mental health services (i.e., individual and group counseling).

Rank	Service Type	Percentage reporting "Gap"
1.	Families with Children with Disabilities	62.9%
2.	Families with Parents with Disabilities	61.9%
3.	Day Care Assistance	61.4%
4.	Housing and Other Material Assistance	60.6%
5.	Counseling and Treatment (Individual)	57.6%
6.	Counseling: Therapy Groups	56.7%
7.	Homeless Families with Children	56.7%
8.	Substance Abuse Services	56.1%
9.	Teenage Parents	54.2%
10.	Follow-Up Services	53.5%
11.	Respite Care	53.5%

According to the 2019 PSSF Inventory of Community Services, Needs and Gaps, there are regional differences in the services, needs, and gaps. Major findings from the Inventory include:

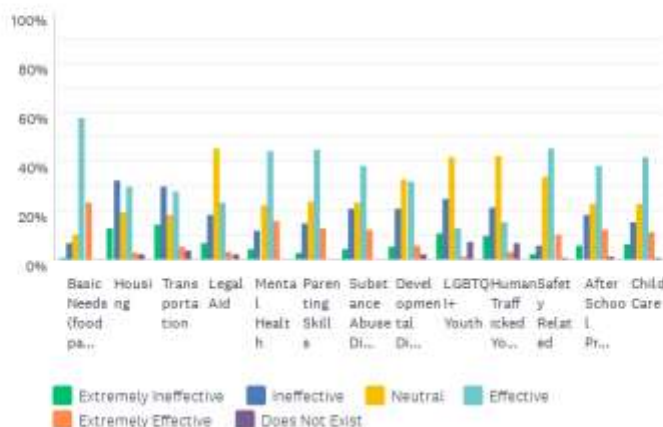
- All five regions reported either a gap in service delivery or no providers for peer counseling, transportation, and services for families with parents with disabilities and services for homeless families with children. This is indicative that state-provided services may benefit all five regions.
- Regional differences occurred when identifying top needed services and service gaps (for example, substance abuse services needed in the Piedmont and Western regions). Awareness of regional needs and gaps is useful to both localities, especially those agencies that want to develop regional-based partnerships, and to VDSS Regional Offices when developing resources and supports for local communities.

The majority of agencies that applied for PSSF funds are located in rural counties. There were commonalities and differences in reported needs and gaps between rural and urban communities. Both rural and urban communities are experiencing gaps and/or needs in regards to transportation, peer counseling, and services for homeless families with children. Rural communities need services for non-English speaking parents and teen parents, while urban communities need fatherhood programs and outreach services. Since there were localities that identified themselves as cities, urban counties and towns, further analysis with a larger sample is warranted before we draw any conclusions about the needs of small and large communities.

In the spring of 2019, a survey was distributed to Virginia’s foster, adoptive and kinship parents. Individuals who participated in the survey are approved through local departments of social services, private child placing agencies, or both. When asked how the parent would rate the worker on assisting with service needs of children, the response was 59% excellent or very good and 22% good. When asked how the parent would rate the worker on assisting with service needs of the foster parent, the response was 54% excellent or very good and 25% good. When asked if the parent was aware of post adoption services, the response was 56% yes. When asked if the foster parent participated in post adoption services, the response was 44% yes. Overall satisfaction with post adoptive services was 54% satisfied or generally satisfied. When asked if the foster child has been provided with services they need, the response was 58% agree or strongly agree. When asked if the agency helped the parent meet the needs of the child, the response was 89% agree or strongly agree. The survey did not go into detail about services provided or the availability of services.

In the spring of 2020, a survey was sent to LDSS staff including Family Services Specialists, Family Services Supervisors, and local agency administrators (Directors or other leadership positions). Respondents were asked to rate the effectiveness of an array of services in their communities. The more significant categories of services that emerged as either significantly “effective” and “ineffective” (all regions combined)

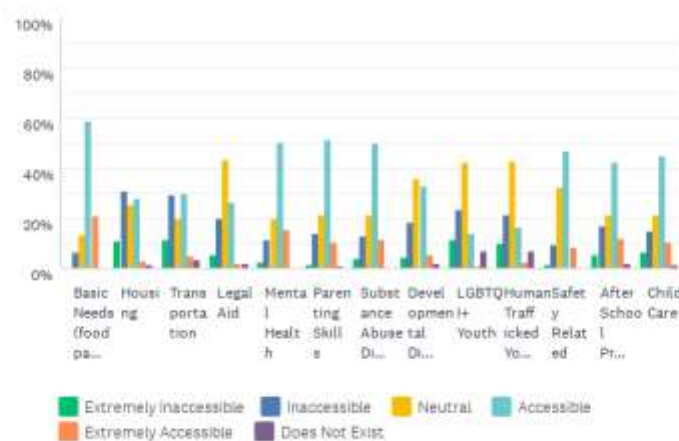
Q13 How do you rate the effectiveness of services in your county/city that address these needs for children and their families? 'Effectiveness' can be understood as the client/individual/family is able to access services that directly target and assist in resolving the identified need or problem



Effective Services include: after school services (51% n=172); child care (54% n=181); safety (56% n=190); parenting skills (58% n=194); mental health (61% n=204); basic needs (82% n=276). Ineffective Services: human trafficked youth (31% n=106); LGBTQ+ youth (36% n=121); transportation (44% n=150); and housing (45% n=153).

In rating the accessibility of services in their communities, respondents rated the following as significantly accessible or inaccessible:

Q14 How do you rate the accessibility of services in your county/city that addresses these needs for children and their families? 'Accessibility' can be understood as easy to access through typical means of transportation and welcoming to customers/clients



Accessible: basic needs (80% n=268); mental health (66% n=223); parenting skills (62% n=210); and, substance use disorder (61% n=206).

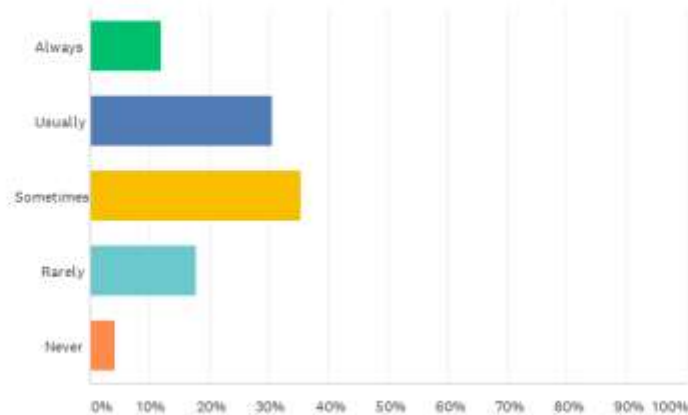
Inaccessible: human trafficked youth (31% n=105); LGBTQ+ youth (35% n=68); transportation (41% n=139); and housing (42% n=142).

The most noted barriers to efficacy and accessibility were noted within categories of Housing, Substance Use Disorder services, and LGBTQ+ services for youth. For Housing, long wait lists were cited as the most significant barrier; and lack of providers cited as the most significant barriers to the latter two service areas.

The majority of respondents answered that, based on the demographic makeup of their communities, the available services were culturally appropriate (74% n=248) and representative of community needs (56% n=190).

Respondents were asked if their agency has a formal mechanism for soliciting feedback for family services clients about the functions or practices for the agency. Just over half responded that their agency did not have such a mechanism (57% n=191). Additionally, when asked a question about the degree to which parents, caregivers, or stakeholders participate in community workgroups or decision-making meetings, the majority responded “usually” (32% n=107) or “sometimes” (32% n=108); with 12% (n=41) reporting “always”, 20% (n=68) reporting “rarely”, and 3% (n=9) reporting “never”.

Q23 How often are family service clients asked about their satisfaction with the services that are available to them?



Several PIP strategies are working to address issues relating to services. PIP strategy 2.3.1 is focuses on providing safety services and initiating longer term services before the investigation or family assessment closes. The PIP Safety Workgroup developed a universal definition of safety services that was shared with PIP localities and will be shared statewide with the release of guidance in 2020. The definition of safety services is “Formal or informal services provided to or arranged for the family with the explicit goal of ensuring the child’s safety. These services must be immediately available and accessible and may be provided by professionals, family members or other willing parties as long as each involved individual understands their role and responsibility. The safety services must be clearly documented (i.e. safety plan, service plan, court order, SDM plan etc.) for the involved parties and in the case record.” Examples include: child care, home maker services, or safety equipment.

The workgroup also surveyed local department CPS workers to identify the most commonly utilized safety services, funding sources used to purchase safety services, the timeframes for putting safety services in place and barriers to utilization of safety services. The survey revealed that the two most common barriers or reasons why a safety service was not utilized in a case with assessed safety concerns was the availability of community resources (45%) and parent’s resistance to services (38%). Other barriers to providing safety services involve locating protective caretakers (33%) and lack of availability of respite placements (30%). PIP Localities created implementation plans that will support policy changes around initiating immediate protective interventions and safety services. The practice changes include reviewing data related to CFSR item 3, clearly documenting in OASIS who actions taken provide immediate protection, and viewing safety assessments as both a process and a product.

PIP Strategies 2.3.3 and 3.1.1 collaborate with partners to address service needs, gaps, barriers and maximize the use of complementary funding sources such as Medicaid and PSSF as well as develop community based strategies to overcome barriers to providing reunification services and visits between the child and parents. PIP localities met in December 2019 along with each locality’s CSA counterparts. The locality teams were tasked with identifying how safety services are accessed, identifying existing assessments and data that can be used to identify safety needs at the community level, identifying visitation and reunification services and how to access those services, and work through perceived

barriers related to funding. Localities left this meeting with a self-generated list of services needed, ideas from other localities on creative ways to access services, and an understanding of state level CSA rules on what can be paid for with CSA funds. Examples of practice changes include: development of an emergency fund procedure, development of an initiative to expedite services through CSA by tackling paperwork and training staff on CSA processes, utilizing 14 day emergency funding more effectively to include all community based services, and changing local practice regarding utilizing providers to help with visitation.

At another PIP meeting, localities heard presentation about PSSF fund and Medicaid funding. PSSF state staff provided each locality with their current spending around PSSF and localities were asked to analyze this information in regards to funding needed services. Representatives from the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services presented information to the group about the children's behavioral health redesign Enhanced Behavioral Health Services for Virginia. Medicaid is the largest payer of behavioral health services for children in Virginia and this redesign will improve access and quality of services through Medicaid programs. They discussed STEP-VA which is implemented across Virginia's 40 public behavioral health Community Services Boards. The redesign will focus on six services that currently exist and are licensed in Virginia but are not covered by Medicaid or the service is not adequately funded through Medicaid. Those services are Partial Hospitalization Program (PHP), Program of Assertive Community Treatment (PACT), Multi-Systemic Therapy (MST), Intensive Outpatient Program (IOP), Comprehensive Crisis Services, and Functional Family Therapy (FFT). The plan is to implement MST, FFT, and PACT January 2021 and Comprehensive Crisis Services, PHP, and IOP in July 2021. Localities created implementation plans for strategies 2.3.3 and 3.1.1 that include ways to access services through funding from multiple sources.

VDSS continues to work towards implementation of Family First. VDSS will offer training opportunities, at no cost to providers, in 2020 for five Multisystemic Therapy (MST) teams, five Functional Family Therapy (FFT) teams and eighteen Parent-Child Interaction Therapy (PCIT) clinicians to increase availability across the Commonwealth. Provider selection for these services occurred through an application process in collaboration with MST Services, FFT Site Certification Training Services, and The Center for Child and Family Health (CCFH) respective to their program expertise.

VDSS supports six locally-established Kinship Navigator Programs throughout the Commonwealth. The local programs serve 40 localities (33% of the Commonwealth). All local departments of social services provide benefit and support services to families.

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

- Arlington Department of Social Services (Partnering with Alexandria, Fairfax, Prince William, and Loudoun Departments of Social Services)
- Bedford Department of Social Services (Partnering with Amherst, Appomattox, Campbell, Lynchburg, and Nelson Departments of Social Services)
- Dickenson Department of Social Services (Partnering with Buchanan, Russell, Tazewell, Lee, Wise, Scott, and Norton Departments of Social Services)
- James City County Department of Social Services (Partnering with Williamsburg and York-Poquoson Department of Social Services)
- Virginia Department of Human Services (partnering with Chesapeake, Portsmouth, Suffolk, and Norfolk Departments of Social Services)
- Smyth Department of Social Services (partnering with Wythe, Bland, Bristol, Carroll, Galax, Giles,

Grayson, Montgomery, Pulaski, Radford and Washington Departments of Social Services)

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. VDSS provide oversight and support for these programs. The programs provide quarterly reports to highlight the accomplishments in their communities. During the first year of Kinship Navigator funding, 207 youth and 188 kinship caregivers were served. One hundred and sixty eight 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. The highest number of services for kinship families was the provision of outreach, training and/or supportive activities, including case management, support groups, and social support activities (229 individuals).

The chart below shows how many youth and kinship caregivers were served in 2019.

Locality	Youth Served	Kinship Caregivers Served
Arlington	18	22
Bedford	116	115
Dickenson	128	104
James City County	61	61
Smyth	239	220
Virginia Beach	93	69
Total	655	591

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

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

In preparation for implementation of Family First, through the Three Branch team, VDSS requested and ultimately received \$851,000 from the Virginia General Assembly to support providers in enhancing their evidence-based service delivery, specifically for services listed in the Title IV-E prevention services clearinghouse. VDSS plans to utilize these funds to develop a request for proposal (RFP) and/or offer statewide training for providers, to enhance service delivery throughout the state (**prevention strategy 2**).

Agency responsiveness to the Community Items 32 and 33

VDSS collaborates with myriad 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 comprehensive, aligned efforts take place across the Commonwealth. 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 provision of appropriate,

targeted services and partnering effectively with all stakeholders. VDSS engages focus groups, designs and distributes surveys, utilizes interviews, collects and analyzes data, and, continually gains 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, our Tribal partners, LDSS, Three Branch Model participants, our Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program (CIP), and a host of additional collaborators. The feedback and input gained from these groups have guided the development of the CFSP and this APSR.

Foster and Adoptive Parents, Birth Parents, and Youth

Through SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth), the state youth advisory board, youth in and exiting foster engaged with VDSS to identify areas of focus and committee goals, informed by their experiences in Virginia's child welfare system, as well as each member's unique interests and skillsets. SPEAKOUT met four times with VDSS foster care program staff during 2019. During these meetings VDSS provided states updates, which allowed SPEAKOUT to decide what areas to work on in their strategic plan. Additionally, youth in foster care over the age of 14 created a top 10 list to ensure youth voice is present in the five year plan during a statewide youth conference offered through a partnership between VDSS and Project LIFE. This input was shared with the field in a LDSS-and stakeholder-oriented e-newsletter and used to inform practice guidelines, particularly in the context of implementing normalcy. VDSS designed and began distributing a Youth Exit Survey this year as well, enabling regular and ongoing collection of feedback from youth who were exiting the system.

VDSS designed and distributed a foster and adoptive parent survey, shared out to LDSS by VDSS and to licensed child placing agencies (LCPA) via LDSS and NewFound Families. The survey provided the opportunity to gain statewide quantitative data and qualitative feedback around lived experiences in providing foster/adoption care for children and youth, including experiences working with agencies. Additionally, a focus group and feedback session involving birth parents was conducted by VDSS at United Methodist Family Services, a provider partner. The 90 minute session garnered feedback related to this stakeholder group's experiences with VDSS. The session was recorded and input from the birth parents integrated, considered, and incorporated into the development of the CFSP and this APSR. Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CBCAP, which includes foster parents from LDSS and LCPA. Feedback gained from this multi-disciplinary grant project continues to facilitate the direction and support of networks of coordinated child abuse prevention resources, and activities that strengthen and support families.

Local Departments of Social Services

As part of the VDSS system and functioning within the locally administered-state supervised structure, LDSS stakeholders are imperative partners in a multitude of state-driven initiatives. VDSS utilizes numerous stakeholder meetings and gatherings to leverage feedback gained from LDSS directors, supervisors, and frontline workers. Local department staff directly provide input and collaborate with VDSS in regularly occurring contexts like quarterly directors' and supervisors' meetings held in each state region; the Virginia League of Social Services Executives (VLSSE) bi-annual conferences, quarterly Board meetings, and sub-committee meetings (which meet monthly); and three local advisory committees comprised of LDSS staff and advise child welfare programs across the continuum. The CFSR-PIP agencies come together with VDSS on a bimonthly basis to share progress, successes and barriers toward achieving PIP targets. PIP agency workgroups meet much more frequently in between the large

group meetings, relaying progress, insight and barriers to VDSS. All of these stakeholder meetings and groups provided input from the field this year, which directly informed the APSR. The VLSSE Professional Development Committee advised VDSS attendees monthly on issues around workforce development, training, university partnerships and other related topics. The VLSSE Child and Family Services Committee was instrumental in communicating feedback on policy and practice issues within service areas.

Three Branch and other State Agencies

VDSS has utilized the Three Branch model for several major child welfare initiatives in recent years, as well as, most recently, to implement Family First. This Three Branch model is used as a best practice in the state for the implementation of statewide projects/needs. This model ensures a collaborative and coordinated approach to implementation with other state agencies, including DBHDS, DMAS, DJJ, VDH, OCS, and CIP, as well as public and private agencies providing and/or advocating for child and family services in Virginia. Children and families involved in the child welfare system are served by a variety of state agencies, and VDSS acknowledges that without the close partnership of other agencies, Virginia would not be able to offer a full continuum of care for children, parents, and caregivers who receive prevention services. This model allows for a statewide, coordinated approach to child-welfare projects and needs, to support LDSS and the local agencies of each of the state branches.

VDSS acknowledges that, without the close partnership of other agencies, Virginia would not be able to offer a full continuum of care for children, parents, and caregivers who receive prevention services. VDSS continued to utilize the vast and diverse Three Branch model in order to plan for Family First implementation. This model ensures a collaborative and coordinated approach to implementation with other state groups and agencies, including DBHDS, DMAS, DJJ, VDH, OCS, and CIP, as well as public and private agencies providing and/or advocating for child and family services in Virginia.

The **Department of Medical Assistance Services (DMAS)** provides a system of cost-effective health care services to qualified individuals and families. It provides medical services through Medicaid providers for adopted children with adoption-assistance agreements that require medical or rehabilitative needs or who qualified for Title IV-E. Medicaid is the largest payer of behavioral health services for children in Virginia. VDSS is working closely with DBHDS and DMAS on the Children's Behavioral Health redesign, which will promote a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community-based and clinic-based supports shifting from a crisis-oriented approach towards prevention and early intervention. VDSS' coordination with this redesign is integral to success in ensuring children, regardless of funding source, have access to high-quality, evidence-based, and trauma-informed services.

Office of Children's Services (OCS) administers the CSA, which provides child-centered, family-focused, cost-effective, and community-based services to high-risk youth and their families. OCS is the primary funding source of services for children, parents, and caregivers who are involved in the child welfare system. The general assembly identifies two categories of child welfare system-involved children who are eligible for funds: children who are abused or neglected and children in need of services. CSA services for this population include foster care prevention, a full range of community-based and residential services to children in custody (including non-Title IV-E maintenance funds), and independent living supports. VDSS maintains responsibility for the management and distribution of Title IV-E funds. OCS continues to collaborate with VDSS around the implementation of KinGAP for IV-E eligible and state funded children. Collaboration around complicated Fostering Futures case situations and issues related to educational stability continued to occur on a regular basis in 2019. OCS and VDSS worked together in

2019 to begin addressing reducing the use of congregate care for placements; and, met together during Human Trafficking Workgroup meetings, which also included stakeholders/community partners such as VDOE, Child Advocacy Centers, LDSS leadership, and many others.

Virginia Department of Education (DOE) works with DFS around the best interest determination process allowing children to remain in their school of origin when entering foster care or when there is a change in foster care placement. DOE assists individuals who have been adopted to meet their educational needs and coordinates services and assistance for individuals who have adoption assistance agreements. An MOU is being finalized between DOE and DSS that will facilitate maximum cooperation between the two Departments, and encourage maximum cooperation between school divisions and LDSS, in ensuring the reporting, investigation, confidentiality and follow-up requirements of all suspected instances of child abuse and neglect that come to the attention of public school personnel are appropriately handled.

Court Improvement Program

VDSS Foster Care, Adoption, and QAA Program Managers are members of the CIP Advisory Board and regularly attend meetings. VDSS continued to work in partnership with the CIP on the CFSR-PIP in 2019, and developing the 2020-24 CFSP and APSR. VDSS and the CIP met several times in large stakeholder groups throughout the year but also collaborated in smaller workgroups and via additional feedback opportunities to inform, address and guide these particular efforts toward improved outcomes. The CIP and VDSS partnered in 2019, as in previous years, to ensure that title IV-E requirements are adequately documented in court proceedings; as collaborative partners in ongoing efforts of the CWAC and permanency sub-committee; to fully implement concurrent planning in foster care cases; to develop petition and court order forms necessary for full implementation of Fostering Futures; and, to provide training to the Juvenile and Domestic Relations Court Judge and Guardians ad Litem regarding the program. The CIP has also been actively involved in the implementation of the Memorandum of Agreement (MOA) between DJJ and DSS promoting the continued collaboration between LDSS foster care staff and DJJ Court Services and facility staff when a child in foster care has been committed to DJJ. CIP provided feedback around the various court proceedings which impact the child and suggested language to address best practice for the MOA. VDSS and CIP continue to work towards a data exchange between the court record system and OASIS which will permit the uploading of court findings and hearing outcomes directly into OASIS.

Child Welfare Advisory Committee

The Child Welfare Advisory Committee (CWAC) is the primary organization to advise the Director of the Division of Family Services on child welfare issues, including Adoption, Child Protective Services, Prevention Services, Foster Care, and Interstate Compact on the Placement of Children (ICPC). CWAC is comprised of a multitude of private, government, and non-profit organization representation, plus those with lived experience, including foster and adoptive parents. CWAC stakeholder quarterly meetings support VDSS by helping to receive feedback and guidance on numerous projects and initiatives from a diverse group of stakeholders. Topics which VDSS solicited input and guidance around included CFSR-PIP work, court processes, addressing sex trafficking legislation, Family First planning, In-Home work, kin-first culture, family engagement, and policy and practice around the use of Diversion. In 2019, birth parents and families of origin continued to be a focus of the engagement model through the Practice Profiles, as discussed with CWAC, exploring potential increased engagement through that formal group.

Tribal Connections

VDSS created a position for a Tribal Liaison in 2019. The Liaison worked with Virginia's tribes to create a proposal in regards to concerns identified by tribal members during the 2019 NICWA Conference. VDSS formalized methods for collaboration and shared knowledge of ICWA laws through the combination of Tribal Roundtable meetings and site visits with tribes. Roundtable meetings occurred in the communities where tribes are located and continue to provide the primary avenue for building relationships between VDSS and the tribes. 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 are the opportunity for tribes to share any experiences and processes experienced either at the local or state level that could inform practices, including education and training needs. Local departments located in a respective tribe's region are invited to attend the Roundtables. Roundtable agenda items have included discussions related to family violence, diligent recruitment, benefit programs and feedback about the jointly attended 2019 NICWA Conference. During a meeting, one tribal partners indicated she was going through the foster parenting training and approval process with the sole purpose of being available for any child in foster care identified as Native American, even if that child was not a member of her tribe. As a follow up to this meeting, foster care recruitment brochures were provided to the Nottaway and Mattaponi tribe. Roundtable meetings are scheduled to continue in 2020, with additional VDSS and VDSS-Children's Bureau site visits planned, beginning with the Monacan Indian Nation.

Tribal representatives were invited to the Child Welfare Advisory Committee (CWAC) meetings in 2019. The representatives learned more about the state's strategic plan and received updates on the plan and outcomes, as well as provided specific feedback as relevant. There was tribal representation at the CWAC meetings in June and September of 2019 and there are plans for tribe members to attend the meetings scheduled in 2020.

Coordination of Services with Other Federal Programs

Virginia's state supervised and locally administered system allows for the state agency to manage the LDSS through policy and support. LDSS then work with the specific state and federally funded programs to provide services to children and families in their communities. Each locality utilizes Title IV-B subpart I funding, as distributed for the service coordination of child-welfare services in each locality.

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 to meet their needs. Virginia's LDSS have the flexibility to 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.

Due to this unique approach, the Commonwealth does not directly involve many federal programs or Children's Bureau grants, as funding is instead done at the local level, as needed in each locality. VDSS provides technical support to each locality as needed, to ensure federal programs and funding are maximized with state and local resources. There are specific areas detailed in this report that 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 within the state DFS partners with the following state groups:

Division of Benefit Programs - DFS staff members have worked with Division of Benefit Programs staff members to provide guidance on when a relative can receive Temporary Assistance for Needy Families (TANF) for a child.

Division of Child Support Enforcement - Division staff members have worked with staff in the Division of Child Support Enforcement to ensure proper and effective establishment and collection of child support for children receiving foster care services.

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

Division of Early Childhood Development - Collaboration with the Division of Early Childhood Development staff ensures that day care referrals for foster children and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay.

Division of Licensing Programs - Staff has worked with Licensing Programs to ensure guidance and regulations are consistent between licensed child placing agencies and locally approved foster homes.

Input from each division is used in determining guidance in Family Services. Information is shared between divisions through a collaborative process and on an as needed basis. Due to a recent reorganization, the Divisions of Benefit Programs and Early Childhood Development are now under the same Deputy Commissioner. The Deputy Commissioner has begun a more formal alignment of all three divisions.

Foster and Adoptive Parent Licensing, Recruitment, and Retention Items 33, 34, 35, 36

Item 33: Standards Applied Equally

There has been intentional collaboration between program areas, including family recruitment, quality assurance and accountability, and the VDSS Division of Licensing (DOLP) to discuss strengths and areas needing improvement as it relates to the foster and adoptive-parent licensing, recruitment, and retention statewide to ensure state standards are applied to all licensed or approved foster family homes or child-care institutions receiving Title IV-B or IV-E funds.

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 and foster and adoptive parents approved by a licensed child placing agency (LCPA) in Virginia follow Standards for Licensed Child Placing Agencies 22VAC40-131. There is coordination between the Division of Family Services and the DOLP around these regulations to ensure they include the same requirements. Foster and adoptive parents, along with all adult members of the household, must complete background checks including; sworn statement or affirmation, criminal history record check and search of the child abuse and neglect registry in Virginia. Also, for any foster or adoptive parent, a search of the child abuse and neglect registry in any other state a person has lived in the past five years. Pre-service training is required prior to approval or licensure along with training related to mandated reporting of suspicion of child abuse and or neglect. A mutual family assessment or home study must be completed by LDSS or LCPA staff and indicate that the parent demonstrates competency in the areas of protection of children, meeting developmental needs, permanency, supporting biological family relationships and acting as a member of

a child welfare team. The physical environment of the parents' home is evaluated 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 "Standards of Care for Continued Approval" are first discussed during the assessment in order to ensure providers are knowledgeable of what is expected of them once a child is placed in their home. The "Standards" are part of the ongoing dialogue with providers. The local worker visits the home of the approved provider as often as necessary, but at least quarterly, to provide support to and monitor the performance of the provider and document these visits in the provider record. When a child is placed in the home, these visits may coincide with the monthly visits to the child and be completed by the same LDSS worker. If there is no child placed in the home, the quarterly visit may be replaced by telephone contact. If monitoring efforts indicate that significant changes in the household composition or circumstances of the provider have occurred and would impact the conditions of approval, an addendum shall be completed and included with the Mutual Family Assessment Report and appropriate action taken. Such action may include a plan to correct any deficits noted, suspension of the provider's approval, or revocation of the provider's approval.

According to 22VAC40-211-90A, the local department may request and the provider may receive a waiver for a relative foster home from the Department on a standard if the waiver does not jeopardize the safety and proper care of the child, or violate federal or state law or local ordinances. From January to December 2019, 63 waivers were requested and 62 were granted. Of those 63 waivers, 58 allowed for completion of preservice training for a relative, three were granted in situations where the provider was experiencing unusual difficulty obtaining a divorce decree but their current marriage was verified and one waiver was granted related to sleeping space in the home environment. In one instance, a waiver was requested when background checks were completed and indicated the presence of a barrier crime, the LDSS was informed that waivers related to barrier crimes may not be granted.

LCPA cannot approved homes that do not meet licensing standards unless the LCPA is granted an allowable variance. The Division Director has the authority to grant an allowable variance to a standard. 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 90 days prior to the date of approval, and 2) to allow medication, epi-pen, to be unlocked so that it is available in an emergency.

DOLP is the licensing authority for child-placing agencies not operated by a LDSS and children's residential facilities (CRF). The LCPA is responsible for approving, training, monitoring, and supervising the homes that the LCPA has approved. The LCPA visits the foster or adoptive home as often as necessary but at least every 90 days to monitor the performance of the provider. These visits may coincide with the monthly visits to the child. If not children are placed in the home, the LCPA may monitor the home by visiting or calling the provider at least once every 90 day.

Licensed child-placing agencies are inspected by DOLP at least twice annually. Inspections are unannounced. From January to December 2019, 351 inspections of LCPA were conducted. 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. During the inspection, compliance is verified with the laws and regulations applicable to LCPA. During each inspection, background checks for all employees hired and provider

homes approved (including 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 provider homes approved. The inspection protocol requires that at a minimum the inspection include 1) review of the background checks for all provider homes approved since the last inspection and 2) 10% of the records for all approved providers. 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 home approval is revoked.

For Children's Residential Facilities (CRF), inspection protocol requires that a minimum the inspection include 1) review of the background checks for all staff hired since the last inspection and 2) review of two to four personnel records in their entirety depending on the capacity of the facility. Satisfactory background checks are required as a condition of employment and must be in place before an individual begins working. From January to December 2019, 63 inspections of CRF were conducted.

Item 34: Requirements for Criminal Background Checks

The Code of Virginia §63.2-901.1 requires criminal history record checks from the central criminal records exchange and the FBI, and a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child on a temporary, or permanent basis. The Code of Virginia also requires background checks to be performed on all adult members of the 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. During the period of January 1, 2019 to December 31, 2019, the Office of Background Information (OBI) completed 9,288 criminal history record checks, 5,604 for LDSS and 3,684 for LCPA. OBI determined that 259 applicants were not eligible while 175 criminal history record checks were found unable to determine. Unable to determine means there is not enough information to determine if a barrier crime conviction has occurred.

LDSS or LCPAs cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia §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.

Residential facilities for children and group homes are required to have national criminal background checks and checks of the child abuse and neglect central registry on employees, potential employees, volunteers, or persons providing services on a regular basis. Virginia Code §§37.2-408.1 and 63.2-1726 were amended on February 21, 2019 through Virginia Senate Bill 1678, to align with the new requirements for criminal record and central registry checks for all adults working in children's residential facilities. Satisfactory background checks must be received prior to beginning employment or volunteer service.

Employees of LCPA must have background checks, in accordance with §63.2-1720 of the Code of Virginia, which also prohibits hiring an individual who has committed a barrier crime. In a relative or kinship placement, LDSS may obtain criminal history information from a criminal justice agency. However, within three days, the relative or kinship provider must submit fingerprints to the central criminal records exchange. A central registry check is required prior to placing a child in the relative or kinship provider's home.

Below are the 14 LCPA inspections that resulted in background check violations for LCPA foster homes from January 1, 2019 to December 31, 2019:

Standard:	Violation description:
22 VAC 40-191-40-C-1-d Sworn statement, central registry search, and criminal history record check required prior to approval of foster home	6 violations – These include incomplete sworn statements, failure to obtain a search of another state of residence, central registry obtained by LCPA unable to show verification, and a central registry obtained late.
22 VAC 40-191-40-C-1-f Sworn statement, central registry search, and criminal history record check required for other adult household members prior to approval of foster home	2 violations – (1) sworn statement and (1) central registry search obtained late for adult household members.
22 VAC 40-191-40-D-1-f Sworn statement, central registry search, and criminal history record check required for foster parent within 3 years of the date of the last checks.	1 violation – The agency obtained the search but used the wrong process.
22 VAC 40-191-40-D-4-b Sworn statement, central registry search, and criminal history record check required for adult household members within 30 days of turning 18 or beginning to reside in the home.	4 violations – (1) Agency failed to obtain a sworn statement; (1) agency obtained criminal history check late; (2) agencies failed to obtain checks on an 18 year olds in Fostering Futures.
22 VAC 40-191-40-D-5-a Central registry search required for household members age 14 and older	An agency failed to obtain the central registry for a 14-year-old household member.

Background check violations for CRF staff from January 1, 2019 to December 31, 2019:

Standard:	Violation description:
22 VAC 40-151-240-B-7 Documentation of background checks in compliance with the Virginia Code must be included in the employee personnel record.	<p>Four violations were due to non-compliance regarding the sworn statement. One was an incomplete sworn statement and three violations were sworn statement completed after employment.</p> <p>One violation was for failure to conduct a search of the Virginia central registry prior to employment. The facility had conducted a search of the central registry search, but it was of the state where the applicant resided prior to employment (not Virginia).</p>

If a violation is cited due to an applicant, agent, employee or volunteer not having any part of the required background checks and a request 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 10 business days following notification ; and the applicant must upon receipt of the background checks, send documentation to the LS of 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, agent are in compliance with all applicable background check laws and regulations. If the applicant does not send documentation to the LS that the background check(s) have been requested within the 10 day timeframe, the department may consider further action to be taken, including denial of the application. Before issuance of an initial license, all required background check results must be received and reviewed for any applicant or agent, listed on the application. Before issuance of a renewal license, all required background check results must be received and reviewed for any new applicant or agent listed on the application.

For Providers, if there is a background check violation the facility must not allow the employee to work with children and provide the LS with documentary proof that the request has been submitted, as soon as possible but no later than 10 business days from following notification. Upon receipt of notification, the provider must send documentation to the LS of the date that the background checks were received.

In 2019, VDSS implemented new timeline requirements when conducting background checks on new and reapproved providers who are approved through a LDSS. In previous years background checks for LDSS approved home differed from that of an LCPA approved homes. LDSS were allowed to approve foster and adoptive providers based on the positive results of background checks regardless of when the background checks were verified. The new timeframes for when background checks must be completed allows consistency with LCPA guidance and supports best practices for approving and reapproving foster and adoptive providers.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Virginia has a continued need to recruit and approve foster and adoptive parents for teenagers, sibling groups, and those who reflect the ethnic and racial diversity of children in care. A Diligent Recruitment Program Manager and five Regional Practice Consultants have been hired and will oversee the implementation of a statewide diligent recruitment strategic plan designed to create a kin first culture in Virginia. Increasing the capacity of LDSS to approve relatives as foster parents will be critical to ensuring that every child who enters foster care in Virginia is cared for in a family setting. Children remaining connected to their communities, their schools and most importantly their families will improve permanency outcomes for Virginia's children and decrease the length of time that those children remain in foster care. Over the course of the next four years, VDSS will provide LDSS with training, tools and practice assistance to improve the ability of LDSS to engage, assess and quickly initiate approval of relatives when children enter foster care. Virginia will move to a data driven approach to recruitment and approval of non-relative foster and adoptive parents to ensure that the pool of families matches the racial and ethnic characteristics of children in foster care and that families are available in the child's home community.

As a result of the PIP, a diligent recruitment workgroup was formed. Some of the group's work focuses on identifying LDSS that have strong recruitment processes and practices and encourage peer-to-peer sharing of ideas and resources. VDSS will continue to support LDSS in providing opportunities to share information and resources as it relates to diligent recruitment. The exploration of further training and

community-based events will be a priority, to build more capacity and provide supports to our foster and adoptive families.

Demographics of children in care as of December, 2019 (VCWOR)

Race	Count	Percentage
White	3,312	59.7%
Black	1,626	29.3%
Multi-Race	479	8.6%
Other	42	2.4%
None Listed	0	0

Age	Count	Percent
<1	263	4.7%
1-5 years	1,296	23.3%
6-9 years	845	15.2%
10-12 years	647	11.7%
13-15 years	866	15.6%
16-18 years	1,146	20.7%
19+	487	8.8%
Total	5,549	100%

In the last two years, during foster care month (May) the division funded foster care recruitment campaigns that included promotional recruitment methods through social media, commercials, and billboards of diverse family compositions, in an effort to promote foster and adoptive parent diversity. Virginia continues to review foster and adoptive recruitment contracts and foster parent training, collaborate with NewFound Families, Virginia's foster, adoptive, and kinship parent association, Virginia's Kids Belong and Virginia Fosters to implement strategies to prioritize recruitment and support of foster and adoptive families who reflect the diverse backgrounds of the children in foster care.

Collaborative efforts are in underway between VDSS, the Virginia Fosters Campaign and Virginia's Kids Belong (VKB). Together, VDSS, the Virginia Fosters Campaign, and VKB will align resources and supports to ensure that foster families are recruited, approved, supported and retained in order to increase the number of families available to children who enter foster care. Utilizing a data driven approach, VDSS will assist Virginia Fosters and VKB in developing recruitment strategies that target families in communities from which children are removed as well as families who reflect the racial and ethnic makeup of children in foster care. Increasing the number of families who can care for sibling groups will also be a priority of the collaborative relationship between VDSS, Virginia Fosters and VKB. Recruitment of families to serve sibling group will be intentional and those families will be reserved for placement of sibling groups.

Virginia will prioritize retention of foster families through training and support of LDSS to increase understanding across the state of the importance of well-trained and well supported foster families in achieving timely permanence for Virginia's children. VKB has created six coalitions across the state, with at least one coalition in each of the five regions. These coalitions will focus on supporting foster

parents, supporting child-welfare workers and partnering with LDSS to recruit families in communities from which children are removed. Currently, the collaborative partnership between VDSS, Virginia Fosters and VKB has launched a Foster Friendly Business Program offering all foster parents across Virginia discounts to participating business including half priced memberships to all YMCAs across the state. This program serves as a resource to foster families and promotes statewide awareness, appreciation and commitment to support foster families.

The VDSS public website provides an opportunity for prospective parents to learn more about fostering in Virginia and also request information about becoming a foster parent. Foster Parent inquiries submitted through this website are monitored closely to ensure a timely response to each inquiry. Inquires retrieved from the public website are then forwarded to NewFound Families who then follows up with the inquiry and forwards the foster parent information to the appropriate LDSS. The VDSS website also provides a phone number to NewFound Families warm-line that offers current or prospect providers' information on additional resources and support that are available to them. Through these collaborative efforts Virginia can expand opportunities that provides support to foster parents outside of what DSS can offer.

Foster and Adoptive Family Recruitment RFP

The purpose of the foster and adoptive family recruitment (FAFR) request for proposal was to develop and implement innovative service-delivery approaches for foster and adoption recruitment statewide, and to recruit families for the purpose of adoption of children from foster care. The four contractors selected are: Connecting Hearts in Virginia, DePaul Community Resources, Lutheran Family Services of Virginia, and Virginia One Church One Child. In fiscal year 2019, VDSS renewed foster and adoptive family recruitment contracts with the four original contractors. A total of \$273,196 was spent by the four contractors.

The following table is an aggregative report of their results in fiscal 2019:

Family Data	Total
Number of family inquiries this year (i.e. phone calls, online, FITT)	406
Number of families recruited through events this year.	258
Number of families that were in the approval matching process at the end of the contract period.	40
Number of children served that were waiting permanency during the contract period.	63

Accomplishments reported by contractors in FY 2019:

- Connecting Hearts:** Connecting Hearts hosted its first ever match event with eight children attending. Families expressed interest in seven of the eight children the end of the event. Connecting Hearts provided family support to 326 new families, referring each to both private and public agencies. Sixteen of the 109 children that were adopted in Central Virginia were featured through Connecting Hearts programming. They hosted multiple information sessions, attended over 150 general recruitment events not including individualized family support activities, and developed relationships with countless community partners to support our efforts. The 30 Kids in 30 days campaign was hugely successful, generating almost 100 new or existing family inquiries, tens of thousands of Facebook engagements with child features, and over 30 of those families were interested in learning more about specific children.

- *DePaul Community Resources:* As a result of FAFR general recruitment activities and the Heart Gallery display, foster care and adoption awareness has increased significantly. Many of the Heart Gallery locations had a viewership of over 1,000 individuals. The Smyth County News and Messenger has a circulation of just over 4,000. Additionally, WSLs's 30 Days of Hope campaign had viewership both on television and on their website.
- *Lutheran Family Services:* The program has been more successful at larger community outreach events and reached 48 families through a carnival in May. Of the families who have participated in after-event surveys for both fiscal years, 77% indicate that they plan to pursue approval with an agency. One youth from our Heart Gallery has been placed in a pre-adoptive placement through LFS. Two other youth from the Eastern Region Heart Gallery have been placed in pre-adoptive placements with other agencies.
- *Virginia One Church, One Child:* In FY19, VOCOC had 32 showings of the NOVA/Piedmont Heart Gallery; 54 adoption information presentations in churches and community settings with 37 of them in Piedmont and Northern VA; and a three-part info session and one additional guest appearance Adoption Presentation on Comcast Cablevision. They launched "Stories Worth Telling" featuring authors of Adoption and Foster-care related books which also engaged a Northern VA Library and Bookstore. They offered "Empowered to Connect" trauma-informed training for families and workers in Piedmont, VA. VOCOC hosted two Regional Adoption Agency Vendor Fairs in Piedmont-- South Boston, VA (Halifax) and Boones Mill, VA (Franklin); two match events in NOVA--Vienna/Nov., 2018 and Dumfries, May, 2019 serving 20 families and 13 families respectively and presenting 15 children and 24 children respectively.

Adoption Share

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

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

In SFY 2019, Adoption-Share and Family-Match reported the following results of their self-funded pilot project:

- Number of LDSS and CPAs that have accounts with Family Match: 114 (+93) agencies. 71 agencies (+55) are local DSS and 43 (+38) agencies are CPA in the Commonwealth of Virginia.

- Number of workers that have an active account on Family Match: 242 (+161) workers. (The self-funded alpha phase of this pilot launched June 1, 2017.)
- Number of prospective adoptive families with profiles in Family Match in FY: 175 families. (The self-funded alpha phase of this pilot launched June 1, 2017.)
- Number of completed and approved active profiles (able to match): 109 profiles. (The self-funded alpha phase of this pilot launched June 1, 2017. 12 out of 109 cases in this reporting window do not have a completed profile, for a total of 11% incomplete.)
- Number of completed family profiles, all-time: 320 profiles. (The self-funded alpha phase of this pilot launched June 1, 2017.)
- Number of family placements: eight (+4) total placements.
- Number of adoptions: three (+2) adoptions.

Adoption Share reported the following successes and challenges experienced in fiscal 2019:

Adoption-Share and Family-Match worked closely with VDSS in establishing the initial pilot partners in eastern and central Virginia in 2017. Word of mouth about the program ignited across the commonwealth with Adoption-Share collaborating with DSS and CPA agencies and families in every DSS region in 2019. Family-Match quickly became a tool beyond its purpose for case workers, continuing to serve as a centralized repository for home-study-approved families, cases, and siblings, and coordinating details across an agency. To continue its support of the goals of workers in the field and at the state-level, Family-Match updated its software to create new activity options for workers. This included incorporating new case tracking tools, such as a featured dismissed family report, to allow caseworkers to share why the match was not recommended and a path for Family-Match to give that feedback to families. To strengthen the results for matching workers, clarifying questions regarding the severity of a child's mental, physical, behavioral and medical needs were added for both the case and the family preferences and an advanced medical needs icon on the match report dashboard was crafted.

Adoption-Share continues to support collaboration on inter-agency agreements for the sending and receiving of families with the goal of crafting healthy families for youth in care through Virginia DSS through data-driven matching. Further, work with some agencies identified an unmet need for family training opportunities. Behavioural health, health insurance, and community support pathways were a few of these topics which Adoption-Share added to its monthly family and agencies meetings and featured national experts and local representatives so families always accessed sophisticated expertise and applied local resources to enhance their preparedness for family growth.

Adoption-Share received several regional and agency level requests in 2019 for new pathways to ease the case upload process for new or re-establishing agencies. A refined process was created and tested to allow for a rapid case upload and is now available to all Family-Match agencies.

To address the issue of home study sharing and timely family worker response to matching workers raised in 2018, Adoption-Share created a tool to upload the family's home study and establish worker privacy preferences and study expiration dates for tracking. Since launching this tool, 85% of families have a home study uploaded to Family-Match by their worker, the remaining 15% are verified through phone calls and emails with the agency worker regularly throughout the year.

Family-Match continues to work on recruiting the families' workers desire for matching. In 2019, Family-Match had more than 100 home-study-approved, active families. 78% of families with active profiles on Family-Match are interested in sibling sets, with 15 families able to accommodate sibling sets of 4-7

youth. 69% are interested in older youth, 65% have no preference regarding race and 69% have no preference regarding gender.

Extreme Recruitment

There are three contractors (and four contracts) providing child-specific adoption recruitment services. Extreme Recruitment® is a race to permanency for youth who have parental rights terminated and have been waiting the longest for an adoptive family, or those who have characteristics that put them at risk of aging out of the foster care system without permanency. The contractors are working in partnership with the youth's permanency team to find persons related by blood or fictive kin (i.e., former foster families, teachers, coaches) who may be prospective permanency resources for the youth or a significant reconnection for the youth to ensure support after foster care. The contractors are C2Adopt, United Methodist Family Services (UMFS) Tidewater and Northern Virginia, and Radford Department of Social Services.

- C2Adopt is providing services to all of the localities in the central region.
- UMFS Tidewater is contracted to provide services in the eastern region (e.g., Accomack, Brunswick, Dinwiddie, Franklin, Gloucester, Greenville-Emporia, Isle of Wight, James City, Mathews, Northampton, Prince George, Southampton, Surry, Sussex, and York-Poquoson counties, and the cities of Chesapeake, Hampton, Newport News, Norfolk, Virginia Beach, and Williamsburg).
- UMFS Northern VA is contracted to provide services in the northern region (e.g., cities of Alexandria, Arlington, Fredericksburg, Manassas, Manassas Park, as well as Clarke, Culpepper, Fairfax, Fauquier, Frederick, Greene, Harrisonburg-Rockingham, King George, Loudon, Louisa, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah, Spotsylvania, Stafford, Warren, and Winchester counties).
- Radford DSS is contracted to provide services in the western region (e.g., city of Radford plus Montgomery, Floyd, Grayson, Giles, and Washington counties).

VDSS entered into a sole-source agreement with Foster and Adoptive Care Coalition, the creator and owner of the Extreme Recruitment® intervention. The Foster and Adoptive Care Coalition provided training and ongoing technical assistance to contracted agencies that were replicating the Extreme Recruitment® intervention. The coalition provided the following:

- An overview of the Extreme Recruitment® philosophy, goals, strategies, and standard forms
- Diligent searching
- Technical assistance and outcomes tracking
- Case example
- Overcoming barriers and biases
- Extreme Recruitment® program goals
- Reconnect 85% of youth with a network of safe, appropriate adults
- Match 70% of youth with an adoptive family

Virginia has three adoption contracts specific to foster and adoptive family recruitment. The Adoption Through Collaborative Partnerships (ATCP) contract specifically focuses on recruitment and supports to LDSS for children in care who are legally free for adoption. The contract specifically focuses on recruitment for children who are special needs and have such significant behavioral needs that they are identified as hard to place. Eight private, nonprofit agencies provided ATCP services during fiscal 2019. The collective goal was to finalize 211 adoptions by June 30, 2019. The number of children adopted as of April 30 was 212. UMFS and DePaul received additional funds to increase the number of finalized

adoptions by the end of the grant period. Fiscal 2020 is the last year of ATPC under RFP #FAM-18-011.

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

In fiscal 2019, \$360,086 was spent on Extreme Recruitment activities. Client activity reported by contractors in fiscal 2019:

Outcome	Total
Number of Foster Care Youth Served	96
Number of relatives identified during the search process	2,906
Number of youth matched with an adoptive family	38
Number of finalized adoptions	12

The intervention has two measurable outcome goals. Goal 1: 85% of youth will be reconnected with a network of safe, appropriate adults. UMFS Tidewater, UMFS Northern VA, and C2 Adopt either met or exceeded this goal. Goal 2: 70% of youth will be matched with an adoptive family. UMFS Tidewater and UMFS Northern VA exceeded this goal.

Virginia also has the Foster and Adoptive Family Recruitment (Heart Gallery) contract, which focuses on promotion of children in care who are legally free for adoption, using the Heart Gallery format. There are four contractors who provide statewide coverage. They primarily provide interested families with LDSS contact information for children in foster care who are legally free for adoption via match events and Heart Gallery events. The contracts may partner with faith-based organizations and other community partners to promote children in care available for adoption. Four private, nonprofit agencies provided foster and adoptive family recruitment services in fiscal 2019. An estimated 223 family inquiries were made and contractors reported 16 matches with adoptive children. Fiscal 2020 is the final year for contracts under RFP #FAM-17-042. Virginia plans to implement other modalities to recruit and retain foster parents while working with Virginia's Kids Belong and the VA Fosters Campaign.

Six private, nonprofit agencies and two LDSS provided ATPC pre-adoption services during fiscal 2019, spending a total of \$1,608,835. The collective goal was to finalize 211 adoptions by June 30, 2019. The number of children adopted by the end of the contract period was 273, exceeding the goal by 29.4%. UMFS and DePaul received additional funds to increase the number of finalized adoptions by the end of the grant period. Fiscal 2020 is the last year of ATPC under RFP #FAM-18-011.

An analysis of fiscal 2019 ATPC adoption data indicated that youth in the ATPC group were 39% more likely to be adopted than youth in the Control group. The ATPC achieved a higher rate of adoption this past year than in 2018 (47.4%). Looking back to 2015, the adoption rate for ATPC participants exceeded the rate for the Control group in every year but 2015. In FY 2019, youth receiving ATPC pre-adoption services through a private provider had a 39% greater likelihood of being adopted than a comparable

group of foster youth not receiving services (53.3% versus 38.3%). This is a continuation of a trend observed in fiscal years 2016 through 2018. (In FY 2015, the adoption rates were similar.) Findings suggest that the ATCP program has achieved positive adoption outcomes for Virginia (i.e., more adoptions of at-risk children).

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

Children placed out of the state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original jurisdictions, should placements prove not to be in their best interests or should the need for out-of-state services cease. Both the great variety of circumstances which makes interstate placements of children necessary and the types of protections needed offer compelling reasons for a mechanism which regulates those placements and ensures the safety of children as they move across state lines.

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

The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides the administrative structure by which states adhere to the Consolidated Omnibus Budget Reconciliation Act (COBRA). ICAMA also is the mechanism by which the provision of Medicaid is provided to children with state-funded adoption assistance when 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 and the District of Columbia are members of ICAMA, including Virginia. Non-member states include New York, Vermont, and Wyoming.

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

ICPC completed 952 home studies from 1/1/2019-12/31/2019. Of those home studies, 81 were pending with no outcome and 265 home studies were reported being overdue meaning not completed within 60 days. The ICPC unit closed 334 cases coming into Virginia. Closure reasons include children returning to the sending state; treatment completed within a residential; adoption; or children reaching majority. The ICPC unit closed 254 cases after Virginia children were sent to other states for proposed placements or residential placements. A total of 250 children were placed in Virginia through relative/parental/non-relative placements and residential placements. A total of 98 children were placed outside of Virginia through relative/parental/non-relative and residential placements.

Virginia on-boarded the NEICE system on April 16, 2016 and became one of the first states to activate the system after the pilot was completed. As of May 2020 the following local agencies are currently on the NEICE system: Accomack, Albemarle, Alexandria, Arlington, Bedford, Bristol, Caroline, Chesapeake, Charlottesville, Chesterfield, Culpepper, Dinwiddie, Fairfax, Fredericksburg, Gloucester, Grayson, Hampton, Hanover, Harrisonburg/Rockingham, Henrico County, Hopewell, King William, Lee County, Loudon County, Lynchburg, Madison, Montgomery, Newport News, Norfolk, Petersburg, Prince William,

Richmond City, Roanoke County, Roanoke City, Smyth County, Spotsylvania, Stafford, Suffolk, Tazewell, Virginia Beach, Washington County, Winchester, Wythe and York/Poquoson.

During the COVID-19 pandemic, the ICPC Unit continued to process all requests through NEICE and electronically through emails. From March 16, 2020 thru April 30, 2020 the ICPC Unit processed 252 referrals electronically.

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. In addition to the primary teams, there are supportive teams, such as QAA, CQI, Special Project Managers, Contracts, Training, Compass and Family Violence Team. All teams are under the leadership of the Director and two Assistant Directors (DFS organizational chart can be found on page 8).

The objective of the state teams are to:

- Develop regulations, policies, procedures, and guidance;
- Implement statewide public awareness campaigns;
- Explain programs, policies, and services to mandated reporters and general public;
- Coordinate and provide training;
- Fund special grant programs; and
- Maintain and disseminate data from the child welfare information system.

The Protection Team is led by a Program Manager and supported by a Policy Specialist. There are five regional consultants that provide protective technical assistance, case consultation, training, and monitoring to LDSS. The Protection Team also operates a statewide 24-hour Child Abuse and Neglect and Adult Protective Services Hotline. A constituent program consultant responds to citizen concerns and a child fatality consultant reviews all child deaths.

The Prevention Team is led by a Program Manager and supported by a Policy Specialist. The Prevention Team is supported by the Family First Team comprised of two special project managers, an IV-E Financial consultant and a change management specialist. A constituent program consultant responds to citizen concerns.

The Permanency team is divided into four teams: Foster Care, Adoption, Diligent Recruitment and ICPC/ICAMA. 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, and ETV Program Specialist. There are five regional consultants that provide foster care technical assistance, case consultation, training, and monitoring to LDSS. A constituent program consultant responds to citizen concerns. Over the next five years, there will be additional staff hired to support the foster care program to include a Director of Health and Safety and additional staff to support regional operations (Permanency Strategy 5.1 and Workforce Strategy 4).

The Adoption Program is led by a Manager and supported by a Policy Specialist. The team also include an Adoption Supervisor who is responsible for direct supervision of Adoption Resource Exchange of Virginia 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 the database of search requests, responding to inquiries and promotion of the registry. There are five regional adoption negotiators who are responsible for negotiating all new and amended adoption assistance and KinGap agreements. One member of the Constituent Services Unit is assigned to the adoption program consultant responds to citizen concerns.

The Diligent Recruitment Team is led by a Program Manager supported by a Policy Consultant. There are five regional consultants supporting Diligent Recruitment. The diligent recruitment team use a data-driven approach to target families based on the needs of the children in foster care. Recruitment efforts include a focus on older youth, children with special needs, and sibling sets. The Diligent Recruitment team are responsible for the Contingency Program, Respite Care, and the KinGap program.

The ICPC/ICAMA Team is responsible for processing foster care and adoption cases for children who are leaving the state of Virginia. The team is led by the Program Manager/Deputy Contract Administrator and supported by three full time and three part time ICPC Program Consultants.

The QAA Team is led by a Program Manager and two QAA Supervisors. The team is supported by one sub-recipient monitoring coordinator, 18 full-time program consultants, five part-time consultants, two full-time data analysts, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other. The Family Services Quality Assurance and Accountability Unit conducts title IV-E Ongoing, Virginia Child and Family Services Reviews (VCFSR), and Child and Family Services Reviews (CFSR) to assess compliance, identify and enhance best practices, and ensure the accuracy of data in the child welfare information system.

The Contracts Team is managed by a supervisor and supported by five contract program consultants and one procurement officer. The Contracts Team manages all federal grants, such as CBCAP, PSSF, and VOCA funds. Additionally the team manages state contracts to include adoption grants, and Healthy Families, and Child Advocacy Centers (CAC program).

The Training Team is led by a Program Manager and supported by a Supervisor who manages the VLC, three full-time curriculum developers, one full-time e-learning content developer, and 17 part-time trainers.

The COMPASS team is led by a Program Manager and supported by two change management specialists, two business analysts, two program consultants, a technical training supervisor and two technical trainers.

The Domestic Violence Program within DFS identifies, mobilizes and monitors resources for victims of domestic violence. Domestic violence programs are federal- and state-funded public or private, non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs provide for the safety of survivors and their children through the provision of emergency housing and transportation, crisis intervention, peer counseling, support, advocacy and information and referral. Funding also supports primary preventions initiatives and promotes meaningful services to underserved populations. The Domestic Violence Team is led by a program manager and supported by three program specialists.

The Virginia Heals team, formally known as Linking Systems of Care, promotes healing for victims of crime by developing and coordinating trauma-informed prevention and intervention services for these

children and youth and their families. The team developed a comprehensive toolkit of resources and a model for service delivery which will soon be rolled out to service providers statewide. The Virginia Heals team is led by a project director and project manager and is supported by two project specialists.

Additional state coordination team supports include a CQI Project Manager, a Federal Liaison Program Lead and a Legislation and Regulation Program Manager. There are also four special project managers who are assigned specific projects to support various implementation efforts, support pilot programs, and assist the advancement of policies, procedures and best practices.

Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

PSSF services reflect the Virginia Children's Services Practice Model concept that "Children are best served when we provide their families with the supports necessary to safely raise them. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based. PSSF services may be provided through local public or private agencies, individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home (**Prevention Strategy 4.3**). The program funding is flexible and a local planning body determines what community services on behalf of the children and families in their respective communities will be funded or reimbursed for services. The PSSF Program provides services to children who are at risk of out-of-home placement or who are in Foster Care.

Estimated Children and Families Served by Service Type For the most recent 12-Month Period 125 Agencies reporting January 2019 to December 2019		
Service Type	Total Children	Total Families
Preservation	6,064	4,871
Support	24,161	23,495
Reunification	1,875	1,337
*Adoption	126	101
Total	32,226**	29,804**
*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.		

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

Service Array	
Adoption Promotion/Support Services	Leadership & Social Skills Training
Adoption Services for Birth/Adoptive Parents	Parent Leadership
Assessment	Mentoring

Case Management	Peer Counseling
Community Education & Information	Nutrition-Related Services
Counseling & Treatment: Individual	Parent-Family Resource Center
Counseling: Therapy Groups	Parenting Education
Day Care Assistance	Programs for Fathers (Fatherhood)
Developmental/Child Enrichment Day Care	Parenting Skills Training
Domestic Violence Prevention	Respite Care
Early Intervention (Developmental Assessments and/or Interventions)	Self-Help Groups (Anger Control, Substance Abuse, Domestic Violence)
Educational/School-Related Services	Mutual Support/Self-Help Group
Financial Management Services	Substance Abuse Services
Self-Sufficiency/Life Management Skills Training	Socialization and Recreation
Job Readiness Services	Teen Pregnancy Prevention
Educational Services	Transportation
English as a Second Language (ESL) Services	Outreach Services
Health-Related Services (excludes dental and client-specific procedures)	Unaccompanied Homeless Youth
Housing or Other Material Assistance	Families with Children with Disabilities
Information and Referral	Families with Parents with Disabilities
Follow-Up Services	Non-English Speaking Parents
Intensive In-Home Services	Homeless Families with Children
Voluntary Home Visiting	Teenage Parents
Juvenile Delinquency/Violence Prevention Services	

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

Local receipt of funding is based on VDSS approval of individual community plans developed from comprehensive community-based needs assessments. The PSSF Program is not an entitlement program and localities must meet program requirements. A minimum of 20% of each locality's total annual PSSF allocation must be spent under each of the four program components. Localities may be eligible for a waiver of these percentages with adequate justification. Localities are not required to spend a minimum of 20% for adoption promotion and support since the Commonwealth applies more than 25% of title IV-B Subpart 2 funds to adoption service contracts approved by the Commonwealth. According to the Division of Family Services Sub-Recipient Monitoring Plan, PSSF staff is required to complete 24 programmatic and financial monitoring reviews per year. Monitoring may be conducted on-site or through desk reviews.

In 2019, the Community Needs Assessment and Funding Applications were completed by 125 localities across the state for the current five year period; 2020-2024. As a part of the Community Needs Assessment, localities were provided with a survey instrument (Inventory of Community Services, Gaps

and Needs; referred to as “Inventory”) to complete in order to identify current services, gaps and needs in the community. In addition to local agencies, input was received from community partners and stakeholders. The Inventory included an assessment scale to allow localities to rate the need, gap and availability of services in their area based on an array of 47 types of family and child welfare prevention services pre-determined by VDSS. The data from the survey was compiled into a report that was based on a descriptive analysis (i.e. counts, percentages) of the service ratings. The current PSSF service array have been expanded to include CBCAP (Community-Based Child Abuse Prevention) services.

The top ten service needs and gaps were identified across regions. Fatherhood programs was identified as the top need. Other service needs include homeless youth, peer counseling, family resource center, self-help groups, transportation, non-English speaking parents, parent leadership, outreach services and homeless families.

The top service gap across regions was families with children with disabilities. Other service gaps includes families with parents with disabilities, day care assistance, housing, individual counseling, therapy groups, homeless families with children, substance abuse services, teenage parents, follow-up services and respite care.

The data obtained from the assessment provided the foundation for localities to develop their five year PSSF plan and to strategically maximize the use of the funding. VDSS continued to provide training and technical assistance to localities around PSSF. In addition, VDSS PSSF staff participated in the PIP meeting in February, 2020 to provide local agencies with basic information regarding PSSF and discuss how agencies could more strategically use PSSF funding to support PIP outcomes.

In 2019, guidance for the Promoting Safe and Stable Family Guidance was completed and approved. The guidance was submitted to the town hall forum for public comment and posted on the VDSS internal website in February 2020. The public comment closed on March 18, 2020 and the guidance became official on that date. The guidance provides localities with a tool to support and strengthen prevention efforts and to achieve permanency for children and families.

The PSSF Commonwealth staff conducts training to assure local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Ongoing monitoring through review of quarterly reports and targeted on-site technical assistance as necessary is conducted to ensure the appropriate use of funds.

Protection

Child Protective Services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children. CPS is child-centered, family-focused, and based on the belief that the primary responsibility for the care of children rests within their families. CPS encompasses the identification, assessment, investigation, and treatment of abused or neglected children. Virginia’s specialized services are designed to:

- 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 will respond to valid child abuse or neglect reports by conducting a family assessment response or

an investigation response, also known as Differential response. The goals of both responses are to: assess child safety, strengthen and support families, and to prevent future child maltreatment. The track decisions are guided by state statute and local policy. In SFY 2019, there were 58,234 children reported as possible victims of child abuse or neglect in 37,359 completed reports of suspected child abuse or neglect. Of those children, 6,413 were involved in founded investigations, 8,874 were involved in unfounded investigations, and 42,947 in family assessments (differential response). In SFY 2019, family assessments accounted for nearly 71% of all CPS reports accepted by local departments of social services, and 37 children died as a result of abuse or neglect.

Over the last year, there has been a slight (1%) increase in the number of completed reports accepted by local departments of social services and a 5% increase in the number of child victims. Founded dispositions continue to decrease slightly (1%). The number of completed family assessments continues to increase slightly (1%). Child deaths increased 32% over the last year.

The Practice Model focus on engagement is necessary for successful child protection services to be implemented, particularly as the initial contact with the family. **Protection Strategy 1 and 2** are focused on this area of improvement. More information about these strategies can be found on pages 13 – 17 and 28 of the CAPTA plan.

The child protective services hotline is also a key priority for VDSS. As outlined in strategic plan protection strategy 4, there are multiple areas of focus on the hotline itself. These include technological supports, training, and overall enhancement of the quality of the hotline, as well as timeliness of responses. **Protection Strategic Plan Strategy 4** is focused on supporting the hotline. Information related to the hotline can be found on page 21-22 of the CAPTA plan.

There are five additional areas discussed further in the protection section. These are services funded primarily by Title IV-B funds, utilized to fund child protection in LDSS. They detail some of the service array offered under protection by VDSS (protection strategy 2).

- Populations at greatest risk of maltreatment
- Services for children under five
- Preventing Sex Trafficking and Strengthening Families Act (HR4980)
- Efforts to track and prevent child maltreatment deaths
- Healthy families
- Children’s Justice Act

Populations at Greatest Risk of Maltreatment

VDSS continues to advance policies, programs, and practices to enhance the safety and well-being of our youngest and most vulnerable child population involved in the public child welfare system: the population of children age birth to four. This is also the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment. VDSS has focused on substance-exposed infants and safe sleep practices for Virginia’s youngest children.

Legislative clarifications and overt efforts by public and private agencies to properly identify substance-exposed infants across the Commonwealth resulted in the first annual decrease in the number of substance-exposed infants reported to local departments of social services since 2013.

Year	2013	2014	2015	2016	2017	2018	2019
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Number of SEI Reported	985	1071	1099	1334	1543	1957	1577
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Of the 80 unfounded child death investigations, 61 of the reports (76%) involved a child less than one year of age; 26 of the 80 reports (33%) were sleep-related.

Safe Sleep Campaign

The commonwealth child fatality review team has provided valuable information and assisted in developing recommendations for the commonwealth to address child deaths involving children who die as the result of unsafe sleep environments. In addition to the work with the commonwealth child-fatality review team, VDSS (in partnership with Virginia's Children's Cabinet) received a briefing from the alliance regarding the Commission To Eliminate Abuse And Neglect Fatalities and used this information to inform policies and practices. VDSS was selected to participate in the 2017 Three Branch Institute, sponsored by the National Governor's Association, to address the recommendations from the Commission to Eliminate Abuse and Neglect Fatalities. Most significantly, the commonwealth started the first statewide safe-sleep campaign in August 2017. The safe sleep campaign was part of Virginia's Three Branch efforts to address the fact that 65% 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 practices focus on the core principles of alone, apart, and always. The website includes educational resources, tips, and support. To date, there have been multiple hits to the website.

VDSS collaborated with its public affairs department and developed a Safe Sleep 365 video ad and advertorial. The video was played in 92 doctors' offices and four hospitals throughout the commonwealth, and the advertorial was featured in four parent and family magazines. They have also been distributed to the regional consultants as resources for their teams. The advertorial remains available on the Safe Sleep 365 microsite and along with the safe sleep video ad, was placed on the FUSION page. Since January 2019, the Safe Sleep 365 microsite has had over 5,000 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. VDSS continues to receive inquiries and positive feedback on the rack cards and advertorial, which were also placed on the FUSION page.

Safe-sleep door knockers and magnets were created and made available free to LDSS. They were so popular that VDSS ordered additional door knockers for LDSS to use. Safe-sleep door knockers remain available for distribution by the LDSS.

Substance-Exposed Infants

VDSS continues its collaboration across systems to improve the response and services for substance-exposed infants. VDSS is an active participant in a large workgroup whose purpose is the development, coordination and implementation of a plan of services for substance-exposed infants in the Commonwealth. The workgroup identified five re-occurring themes related to services: screening; data; coordination; education and communication. Additional efforts focused on the identification of objectives related to each of the five themes; the large workgroup will continue analysis and discussion

of these objectives when meetings resume later this spring. The workgroup has a diverse representation of key public and private stakeholders.

The Children's Justice Act hired a third party vendor to create a child death investigation protocol for law enforcement. VDSS has been an active stakeholder in this process and provided insight and feedback into the protocol; it includes sections regarding substance-exposed infants as well as child asphyxia, suffocation and sudden unexplained infant death.

VDSS's efforts will continue, as the population of young children at greatest risk of maltreatment, remains a top priority for VDSS (protection strategy 2).

Services for Children Under the Age of Five

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia has had response times spelled out through regulations in the past, this is the first time the Commonwealth has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one, but was expanded to cover our most vulnerable populations. For fiscal 2018, 32.8% of all victims of all founded CPS cases involved children under the age of four. Furthermore, 83% of abuse and neglect fatalities involve children under the age of three.

On January 1, 2020, there were 1,325 children under the age of five in foster care. The number of children in this age range in foster care has remained stable over the last five years, ranging between 1,340 in 2017 and 1,288 in 2019. Of the children in care in 2019, 44% were female and 56% percent were male.

The majority of the children (57%) were white. Twenty-eight percent were black and 12% were of mixed race. For these children, 85 (6%) were in pre-adoptive homes, and 38 (3%) were placed with parents on trial home visits. This represents a slight increase in placement in permanent homes for this age-group. The remaining 1,105 were in placements that were not permanent, although 111 (8.4%) of all children under the age of five were placed in relative foster homes. This represents a nearly double use of relative foster homes, in comparison with the overall foster care population and 14 of the pre-adoptive homes were with relatives.

For children in foster care under the age of five, services include the following:

- Children with the goal of adoption and where termination of parental rights (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., a family that will take the child and support both reunification and adoption); and,
- Placement with siblings.

All of these services respond to the need to keep the family together as much as possible, to build on the attachment needs of the young child to the parent (when reunification is likely), and to identify and place the child in an adoptive home (or make the home an adoptive home) as quickly as possible when reunification has been ruled out.

Children in foster care under the age of five are more likely to have parental substance abuse as a condition of removal than children over the age of five. The July 2019 foster care guidance release included a new subsection on supporting visitation with parents struggling with substance abuse, including encouraging regular visitation and that a positive drug screen should not be the sole basis for suspending a visit.

VDSS offers several trainings that deal with children's issues from a developmental perspective and discuss this age group specifically. Those classes are: CWS1021 Effects of Abuse & Neglect on Child & Adolescent Development; CWS1031 Separation and Loss Issues in Human Services Practice; CWS3041 Working with Children in Placement; DVS1031 Domestic Violence and Its Impact on Children; CWS5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training – eLearning. There are two courses offered to foster parents, Nurturing Parents and PRIDE, which provide training specific to this age group.

Additionally, DMAS is tracking this group specifically to ensure that screening for developmental delays and other health or behavioral needs are addressed as soon as possible. Individualized services for children in this age group are determined at the local level through the FAPT, which are 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)
- Head Start and Early Head Start

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. VDSS has developed an online training course on the identification of children and youth who are at risk of being victims of child trafficking or at risk of being victimized. This training is available in the public domain.

Since 2011, 106 child victims of sex trafficking have been identified in Virginia's automated data system. In CY19, 25 victims were identified. The victims were predominantly female (88%), white (52%), and in their teens (84%) at the time of identification. In regard to race, 52% were white, 24% African American, 4% multi-racial, and 20% did not have race identified. In regard to age, 84% were between the age of 12 and 17 years, 4% were over the age of 18, and 12% did not have an age identified. Based on the most recent case type recorded for each child victim, 36% were involved in foster care, 8% in CPS ongoing, 8% in Human Trafficking Assessment, 4% Post Prevention, Pre-CPS Ongoing, 4% Post-FC

Involvement, 4% Pre-and Post-FC, and 36% had no case type reported, which may indicate that these youth were still involved in a CPS investigation or family assessment.

The Code of Virginia was updated in July of 2019 and LDSS are now required to respond to all complaints or reports of child sex trafficking. The Code of Virginia now 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 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. VDSS provided five virtual training sessions on the new legislation and program guidance in June of 2019 to approximately 500 participants. Training was provided to ensure LDSS were prepared for implementation on July 1, 2019. 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 Commonwealth. VDSS also made a number of system enhancements to the child welfare information system, OASIS, in order to improve the system's ability to capture data on the prevalence of child trafficking. VDSS is participating in the Child Welfare Capacity Building Collaborative Continuous Quality Improvement Academy to improve our ability to provide regional technical assistance to local departments and support the integration of the CQI process and data-driven management concepts into their daily operations. In June of 2019, VDSS convened a child trafficking workgroup comprised of stakeholders from the public and private sectors to improve Virginia's response to the human trafficking of children and to expand the availability of services. The workgroup is now a subcommittee of the Anti-Human Trafficking Coordinating Committee and co-facilitated by the Virginia Department of Juvenile Justice. The workgroup has been meeting bi-monthly.

Since implementation in July of 2019, Virginia completed 18 human trafficking assessments involving 22 children. The children involved in the human trafficking assessments were predominately female (86%), Caucasian (52%), and between 12-17 years of age (84%). In CY19, local departments conducted 14 Child Protective Service investigations on allegations involving the human trafficking of a child. This was a significant (600%) increase in the number of investigations compared to CY18 when only two investigations were conducted statewide. In regard to disposition, one investigation was determined to be founded, eight investigations were determined to be unfounded, and five investigations where disposition was not available.

VDSS intends to deliver and strengthen the LDSS response to child trafficking through the following efforts over the next five years, as reflected in the strategic plan. Strategic plan protection strategy 3 represents the implementation and monitoring of a statewide response to all reports involving child victims of child trafficking through the following activities:

- Protection strategy 3.1: Engage with stakeholders to receive input on Virginia's response to victims of child trafficking.
- Protection strategy 3.2: Identify and utilize technical assistance from subject-matter experts to help support the development, implementation, and evaluation of Virginia's response to victims of child trafficking.
- Protection strategy 3.3: Provide technical assistance through initial implementation of policy guidance on the completion of child-trafficking assessments.

VDSS' case management system is able to identify and document children and youth who have been victims of child trafficking prior to entering, while in, or while on the run from foster care. Additional information can be found in the CAPTA plan on pages 8-10 and 24. **(Protection Strategic Objective 3)**

Another critical component of preventing child trafficking and strengthening families includes addressing requirements for when a youth runs away from foster care, eliminating non-permanency foster care goals, and establishing the reasonable and prudent parent standards. Foster care guidance was revised in 2015 and 2017 to support LDSS around expectations and requirements when a youth runs away from foster care. Foster care job aids have been updated to include reminders and prompts regarding those expectations and requirements. The VDSS training unit developed on-line training to educate LDSS family service workers; private-provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private-provider foster parents; and other community partner agency staff on 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 has also developed training and resources to support LDSS in implementing normalcy for youth in foster care. Work towards improving youth's experiences in foster care through continuing efforts to ensure full implementation of normalcy will continue. SPEAKOUT, Virginia's Youth Advisory Board, and the NewFound Families Foster, Adoptive and Kinship Advisory Board will continue to be key partners in this effort.

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 the National Child Abuse and Neglect Data System (NCANDS). This data comes from information reported and documented into OASIS by local CPS workers. The reported death must first meet the criteria to be determined valid.

The validity criteria are specified in regulation 22 VAC 40-705-50 B:

- The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;
- The alleged abuser is the alleged victim child's parent or other caretaker;
- The local department receiving the complaint or report is a local department of jurisdiction; and,
- The circumstances described allege suspected child abuse and/or neglect as defined in §63.2-100 of the Code of Virginia.

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

VDSS is continuing to explore the extent to which the numbers of child deaths reported and investigated by other sources agree, considering our various roles and tasks. The Code of Virginia, §63.2-1503 D requires that LDSS, upon receipt of a complaint regarding the death of a child, report immediately to the attorney for the commonwealth and the local law enforcement agency and make 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 are investigated by the OCME are made available to the Office of Vital Records.

The state child-fatality review team and Virginia's five regional child-fatality review teams continue to review child-death cases by a multidisciplinary group including social services, law enforcement, and the medical examiner. Over the past several years and since the establishment of the regional teams, the number of cases reported to and investigated by LDSS has increased significantly.

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Child-death investigations	124	131	129	124	118	143
Founded disposition*	47	52	46	46	40	47
Unfounded disposition*	73	72	80	69	71	80

As of February 28, 2020, there were 143 child-death investigations. There were 47 deaths found to be the result of abuse or neglect and 80 deaths were unfounded. There are 16 pending investigations, which is consistent with data from previous years at this time.

Of the 80 unfounded reports in the previous chart, 61 of the reports (76%) involved a child less than one year of age; 26 of the 80 reports (33%) were sleep-related. This means the actual surface the child slept on, with whom the child was sleeping, how the child was sleeping or the items in the sleeping environment caused the child's death. As of February 28, 2020, the preliminary aggregate number of child deaths that occurred in state fiscal 2019 are as follows: 143 child-death investigations, 47 founded dispositions and 80 unfounded dispositions.

On July 1, 2017, Virginia implemented a 24-hour response time to a valid Child Protective Services complaint for children under the age of two. While Virginia has had response times spelled out through regulations in the past, this is the first time the commonwealth has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one, but was expanded to cover our most vulnerable populations. We know that for fiscal 2018, 32.8% of all victims of all founded CPS cases involved children under the age of four. Furthermore, we know that for abuse and neglect fatalities, 83% of these involve children under the age of three. Many of the other strategies focused on this population are detailed in the strategic plan given the high likelihood of child deaths occurring in young children (strategy 4.2) Furthermore, we know that for abuse and neglect fatalities, 74% of these involve children under the age of three.

Prevention

Prevention services are an extension of VDSS's continued 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 in the commonwealth. VDSS does not presently have a mandated requirement to provide prevention services. However, many localities provide prevention services across the continuum with local funding sources. With the passing of the Family First Act, over the next five years, VDSS will be enhancing prevention services and programs 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.

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

- Child abuse prevention play
- Victim of Crimes Services Act (VOCA)
- Child advocacy centers (CACs)
- Child abuse prevention month/conference
- Community-based child abuse prevention grants (CBCAP)
- Family Violence Prevention and Services Act (FVPSA)
- Healthy Families

The prevention services plan (beginning on page 68) is also a key part of the prevention services section. This plan is an overarching guide for the implementation of the Family First legislation and therefore of this section. There are two other projects that have been occurring since 2016 that will drive the work in our prevention program over the next several years:

- Diversion data pilot project
- Safe families project

In addition, these primarily grant-funded services and supports are included throughout the strategic plan in prevention objective 4. The objective focuses on workflow improvements; evidence-based, trauma-informed services; ease of access for localities and communities to secure funding and services; and well-designed systems around Family First.

The workflow focus will identify and organize these various grants and services, as well as funding streams, to determine service availability and identify gaps (prevention strategy 4.1). These partnerships

will not only be streamlined, but also will focus on decreasing barriers to family engagement (prevention strategy 4.3). Through this, informed services will be created to fill these gaps and increase partnership effectiveness (prevention strategy 4.2).

In Virginia, all child welfare funds align and support the overall goals for the delivery and improvement of child welfare services, including CAPTA, PSSF, CBCAP, VOCA, child care, and domestic violence.

(Prevention Object 1.1)

Child Abuse Prevention Play

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual-abuse prevention play “Hugs and Kisses” for children ages K-5 in elementary schools across Virginia. The play introduces the concepts of good touch, bad touch and secret touch to elementary school students in a sensitive and an age appropriate manner through an enjoyable, award-winning musical play. It is a partnership between Virginia Repertory Theatre, Families Forward, and VDSS. Families Forward receives funding from a Virginia Repertory Theatre technical assistance subcontract. Virginia Repertory Theatre also subcontracts with two evaluation consultants to review, analyze, and recommend changes to improve how the prevention messages are received by the target audience of the play. VDSS and Families Forward jointly provide training on child sexual abuse to each touring cast.

In SFY fiscal 2019, Virginia Repertory Theatre booked 169 performances and delivered 142 across the commonwealth. Approximately 44,328 Virginia elementary school children attended the performances. Data revealed that 877 children had individual questions about the theme of the play and 143 children were referred to CPS. Families Forward continued to provide technical assistance and training to cast members and Theatre staff. Evaluation consultants provided recommendations to improve post-performance survey collection methods for SFY 2020.

Victim of Crime Services Act (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 the Department of Criminal Justice Services (DCJS). The source of these funds is fines levied for conviction of federal crimes, and the level varies from year to year. The goal of the program is to provide direct services to victims of child abuse and neglect. The intention of the VOCA grant program is to support and enhance the crime-victim services provided by community agencies facilitated through Child Advocacy Centers (CAC).

Child Advocacy Centers 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 a multidisciplinary team (MDT). Currently funded CAC programs also offer direct services that include shelter programs for children, counseling/therapy services, sexual assault programs, and court/victim advocacy and other support services for the victim and non-offending parent or guardian. CACs are incorporated, private, non-profit organizations or government-based agencies, or components of such organizations or agencies. CACs provide collaborative efforts of multiple agencies and are located across Virginia, including rural areas where services are limited.

Eighteen 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 program 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) continues to provide training, support, technical assistance and leadership on a statewide level to the CACs and to communities in Virginia 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 to CACs. Criteria for funding includes CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

In SFY 2020, VDSS received state funds (\$1,136,500.00 TANF; \$405,500.00 GF); additional and a significant increase in VOCA funds (\$4,500,000) from DCJS for the 18 CACs and the CACVA. The total awarded to CACs for the current fiscal year (SFY2020) is \$6,042,000.00 (**prevention strategy 2.1**). This increase for the current fiscal year enables CACs across the Virginia to expand as necessary to serve additional numbers of child abuse victims and to expand geographic coverage. This increase will not be sustained and CACs were encouraged to designate funds toward sustainability efforts as subsequent annual awards are expected to be significantly lower. In April 2020, VDSS submitted an application to DCJS for the continuation of funding.

In SFY 19, \$1,125,000 was allocated to support the 18 local CACs and the CACVA. In addition, CAC programs received a total of \$1,482,000 in VOCA funds from DCJS. CAPTA funds were also used to support a part-time staff person to administer the funding for the CACs, as well as provide technical assistance and consultation to grantees.

2019 Child Abuse & Neglect Prevention Conference:

Virginia's statewide Child Abuse and Neglect Prevention Conference was held April 8-9, 2019. This was a collaborative effort in partnership with Families Forward Virginia. The conference theme was, "Power of Prevent: Teaming Up for Virginia Families," centered on community-based programs aimed to keep families together, highlighted practice advancements in the field, and emphasized best practices related to prevention of child maltreatment and assessment of children and families. The conference was held at The Short Pump Hilton Hotel in Richmond, VA. Attendees came from all areas of the state and

represented a variety of agencies and organizations such as local departments of social services, local community services boards, CASA programs, and home visiting programs such as Healthy Families, family services agencies, and other non-profits.

Keynote speakers were as follows:

- Preventing Early Adversity to Achieve Multiple Health and Wellbeing Outcomes
Melissa T. Merrick, PhD - CDC's National Center for Injury Prevention and Control
- An Overview of Family First Prevention Services: Shifting our Child Welfare System to Focus on Prevention
S. Duke Storen - Commissioner Virginia Department of Social Services
Carl E. Ayers, MSW - Director Virginia Department of Social Services Family Services Division
- The Neurobiology of Stress and Brain-Mind-Body Practices
Linda Chamberlain, PhD MPH - Consultant and University of Alaska Adjunct Faculty
- Change in Mind: Applying Neurosciences to Revitalize Communities
Jennifer A. Jones, MSW - Change in Mind Institute at the Alliance of Strong Families and Communities
Gabriel McGaughey, MSW - Children's Hospital of Wisconsin
- The Surprising and Dangerous Science of Laughter
Slash Coleman, MAed - RVA Laugh Club

Child Abuse Prevention Month Proclamation:

Since 1983, the VDSS has provided leadership in the Commonwealth'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. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month.

VDSS and Families Forward Virginia develop and distribute a public awareness packet to individuals, agencies, and organizations throughout the state each year. The theme was "Power of Prevention: Teaming Up For Virginia Families." Development of the 2019 Child Abuse Prevention Toolkit was funded in part through the CBCAP/VFVPP grant received by Families Forward Virginia. More than 2,500 postcards and 14 Spanish tip sheets were distributed via web link to LDSS, other public agencies, and local nonprofits. There were several thousand hits to the online toolkit. The packet's downloadable flyers were posted on the VDSS and Families Forward Virginia websites and also distributed at the statewide Child Abuse Prevention Conference in April 2019.

Families Forward Virginia's partnership with Lewis Ginter Botanical Gardens in Richmond continued in 2019, helping them to engage garden clubs and visitors through their public education Pinwheel Garden display in April 2019. Approximately 3,600 blue pinwheels were "planted" as a symbol of this nationwide effort. A total of 37,886 pinwheels and 593 lapel pins were distributed. The pinwheel continues to gain recognition as the symbol of happy, healthier childhoods. The VDSS Commissioner also delivered the state proclamation in recognition of April as National Child Abuse Prevention Month.

Community-Based Child Abuse Prevention Grants (CBCAP)

The child abuse and neglect prevention grants have served a critical need by providing community organizations with an opportunity to develop and expand services for the prevention of child abuse and neglect and to serve families at risk for child maltreatment, that otherwise may not be reached. This funding provides for a range of primary and secondary child abuse and neglect prevention services and

activities, both statewide and locally based, such as parent education and support, public education and awareness, and home visiting. Public and private non-profit, incorporated agencies and organizations in Virginia are eligible to apply.

CBCAP grantees are required to provide financial, statistical, and outcome information on a quarterly basis regarding the types of services that were offered (e.g., home visiting, parent education, parent support, etc.). In addition, programs are asked to report the number of participants that utilized each type of service. A review and compilation of quarterly statistical reports submitted by CBCAP grantees were used to determine the number of clients who received direct services during FFY 2019.

	# served
Number of families with children with disabilities	92
Number of parents with disabilities	168
Total number of children who received preventative direct services	1,248
Total number of parents/caregivers who received preventative direct services	1,878
Total number families who received preventative direct services	1,389

For SFY 2020, a total of 19 programs supporting child abuse and neglect prevention were funded with federal CBCAP (\$678,780.52), and state funds from the Virginia Family Violence Prevention Program (VFPVP) (\$500,000), totaling \$1,178,780.52 in combined funding to support evidenced-based and evidenced-informed programs and practices. Funded programs provide statewide or locally based primary and/or secondary prevention services targeting families and children who are at risk for child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts.

Nineteen contracts were renewed from the initial award issued in SFY2020 that supports the following geographic areas (two programs serve more than one region):

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

In FY 2021, VDSS will use CBCAP funds to support the development, operation, and expansion of community-based, prevention-focused programs and activities with the goal of prevention of child abuse and neglect. The Prevention and Child Protective Services (CPS) programs, within the Division of

Family Services, will provide management and oversight for the CBCAP grant, the VFVPP Child Abuse and Neglect Prevention state appropriation, the state appropriation for 32 Healthy Families home visiting grants, and other child abuse and neglect prevention initiatives.

The Prevention Program Manager, who will oversee the CBCAP funds, will be the State Lead Contact. The State Lead Contact attended the 2020 CBCAP Annual Grantee Meeting held on March 11-12, 2020 in Washington, D.C. The meeting and its mandatory participants experienced unprecedented challenges in the current climate of COVID-19. The State Lead will collaborate with Families Forward Virginia on such prevention initiatives as the annual Virginia Child Abuse and Neglect Prevention Conference, the Child Abuse Prevention Toolkit, Early Impact Virginia (EIV) – formally The Home Visiting Consortium, the child sexual abuse prevention play “Hugs and Kisses,” and the Virginia Child Protection Newsletter (VCPN).

The CBCAP Contract Program Consultant will facilitate the Annual Child Abuse and Neglect Prevention Meeting for grantees. This one-day training serves as a platform to share information from the CBCAP Annual Grantee Meeting and to provide programmatic and fiscal training and guidance for the administration of the prevention grants. The meeting also provides an opportunity for community programs to: engage around topics of interests; share the work of other prevention sub-grantees; learn more about the efforts of community partners engaging in the work of prevention; learn more about the importance of parents as leaders; and partner to improve the outcomes for children and families.

VDSS participated in the State Team Planning meeting held in March 2020. Virginia’s team included representation from VDSS Family Services Leadership including the Family Services Director and CBCAP State Lead. Virginia also participated in the joint planning time with Virginia’s CIP. While the focus of these joint efforts have been primarily dedicated to moving children through the foster care system to permanency more quickly, joint collaborative work has been focused on the continuum of child welfare services and to better partner to improve the outcomes for children and families involved jointly with child welfare and the courts. This includes preventing children from entering the foster care system by ensuring quality representation for children and families, integrating trauma informed care, quality court hearings, and expanding the Best Practice Courts teams throughout the state.

Additionally, as related to implementation of Family First, Virginia is examining all prevention activities including those funded by the CBCAP, TANF, and Virginia’s CSA. Virginia’s state planning efforts will continue to ensue alignment between those programs funded through CBCAP efforts and the overall movement in Virginia toward evidence-based practice and programming.

Diversion Data Pilot Project

The findings presented in the 2019 Child Trends research brief highlights the variability of kinship diversion (diversion) practice in Virginia, as well as the diversity of the children, parents, and kin caregivers involved. To better understand how children are faring in these arrangements, and how outcomes compare to children in formal kinship arrangements, VDSS will work to establish a mechanism to collect child- and family-level data in the statewide child welfare information system. Detailed services data would offer insight into the circumstances leading to the use of diversion arrangements and the types of services and supports provided during the arrangement. This data will also enable VDSS to answer important questions about diversion, including the consideration of whether disparities exist in diversion practice statewide. Furthermore, information regarding practices and outcomes must be captured to better determine how kinship diversion impacts the well-being of children and families over time.

In response, VDSS will utilize these findings to inform the process of developing a framework for in-home practice (CPS ongoing and tertiary prevention - to include the practice of diversion). VDSS recognizes that children and families will benefit from LDSS receiving additional guidance, training, and resources to support quality and uniform practice in the prevention of foster care through the use of diversion. VDSS also agrees that provisions which standardize practice among LDSS is needed, thus ensuring child safety; requiring that parents, kin caregivers, and children are fully informed; acknowledging parent rights; and facilitating reunification when appropriate.

In-home work with children at high or very high risk requires a skill set that focuses on family engagement, identifying individualized needs, creating and monitoring service plans and progress with families, while continually assessing safety and risk. Attention to in-home case practice at both the supervisor level and worker level is needed to create consistency in practice. Furthermore, using standardized assessments to create and inform individualized service plans, focusing on quality contacts to empower family members to participate in case planning, and supporting case decision-making through consistent use of available tools will be prioritized within the in-home practice framework. This practice initiative is aligned with Virginia's broader strategic efforts which reflects the key priorities in child welfare such as the Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR)/Program Improvement Plan (PIP), and the Family First Prevention Services Act (Family First).

Safe Families Pilot Project (SFFC)

VDSS was directed by the General Assembly in 2016 (via Budget Amendment, Item 339(s)) to partner with Patrick Henry Family Services to evaluate the SFFC model as an alternative to placement in foster care. The pilot project was limited to Planning District 11 in the Piedmont region of our state - which encompassed the following localities: Amherst, Appomattox, Bedford, Campbell Counties, and the City of Lynchburg.

For the purposes of the pilot project, VDSS did not provide any direct guidance to LDSS regarding referral to SFFC, as VDSS' role was solely evaluative. A report of the evaluation findings and recommendations was required to be submitted to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Commission on Youth by December 1, 2017. VDSS' evaluation, findings, and recommendations can be viewed on the Virginia Legislative Information System (LIS) website: RD549 - Report on Pilot Program - Temporary Placement of Children in Crisis – December 1, 2017.

During the 2019 General Assembly session, HB 2542 (Temporary delegation of parental or legal custodial powers) was enacted. This legislation, unlike the versions that were introduced in previous years, requires entities that assist parents with the process of delegating parental or legal custodial powers be licensed as a child-placing agency. This includes assistance with identifying appropriate placements for children or providing services and resources to support children, parents, legal guardians, and persons to whom parental or legal custodial powers are delegated. The Safe Families for Children (Safe Families) program model is not funded or administered by VDSS and is solely implemented by the provider. At this juncture, Patrick Henry Family Services is the only provider in Virginia that has advocated for implementation of the program and has supported proposed legislation in previous years to allow for a non-LCPA designation.

Safe Families attempts to address a fundamental challenge for public child welfare systems, as promising and effective models become worthy of greater consideration in supporting children and

families in crisis. With increased attention in Virginia on safety, well-being, and permanency needs of all children, greater emphasis is appropriately placed on improving access and delivery of community-based preventive services and supports. In response, public and community stakeholders in Virginia continue to have an opportunity to build strategic partnerships to advance broader prevention efforts.

Family Violence Prevention and Services Grant

Family Violence Prevention and Services Act (FVPSA) funds combined with state appropriated TANF funds, are distributed by the Office of Family Violence to non-profit organizations and local DSS agencies, for the provision of services to families affected by domestic violence. Funds support four distinct purpose areas:

- The majority of grant funds are awarded to 51 local agencies spread across the state to support crisis and core services to address the secondary prevention of domestic violence, including emergency shelter/housing, crisis hotlines, advocacy, children's services, legal advocacy, and support groups.
- A portion of FVPSA grant funds distributed by the Office of Family Violence are earmarked for the Primary Prevention of domestic violence. In FY20, 11 of the funded domestic violence programs are receiving funding specifically to provide these services. Services in this category can include: multi-session prevention work with youth and staff in schools and alternative settings, youth summer programming to promote resilience, ongoing peer-led prevention initiatives, community campaigns for norms change, training and education in parenting skills, and quarterly meetings for domestic violence agency prevention staff. Many of the school-based primary prevention initiatives were discontinued in March 2020 due to school closings.
- Through a separate grant, but using FVPSA funds, six local population-specific community-based organizations received funds to provide domestic violence services to underserved populations.
- Through a sole source contract to the state domestic violence coalition, and in collaboration with VDSS and the VA Department of Criminal Justice Services, a unique 24-month training/mentoring project called the Underserved Population Learning Collaborative is offered to up to 20 local domestic and sexual violence programs

Strategic Plan – Prevention Strategies

Prevention Strategy 1: The Prevention Services program will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives when appropriate. Specifically, programmatic efforts have and will continue to focus on the following: developing the prevention services workflow, including prevention services planning, case management process, and practice guidance and training; improving ease of access to prevention services; and ensuring quality of programs and services through implementation of a quality assurance and continuous quality improvement process. This approach aligns with the concept that prevention services are an integral part of the continuum of all child welfare services. The Prevention Services program will continue to leverage collaboration with the Prevention Advisory Committee and internal Division of Family Services programs, to develop a repertoire of prevention strategies and best practice guidelines that can be used by LDSS in their delivery of prevention services.

Prevention Strategy 1.2 The Prevention Services program will continue aligning efforts toward a standard and consistent framework for In-Home practice. In-Home practice has been defined as working with children in their own home or with alternate caretakers to address identified safety and risk concerns; to reduce the reoccurrence of child maltreatment; and to prevent out-of-home care or placement into foster care. In response, tangible opportunities for targeted learning will be

forthcoming with the rollout of a best practices webinar series dedicated to the following topics: assessing safety, risk, and protective factors in In-Home Services; writing a SMART service plan for In-Home Services; engaging and assessing relatives; supporting evidence-based services, using the "Three Houses" tool in assessment and planning, and engaging fathers in services. Additionally, new uniform training requirements will be established for all In-home services workers and supervisors. These training opportunities will be accomplished in both instructor-led classroom and online courses. In-Home guidance and related training will coincide with Family First extended implementation, with a tentative target date of January 30, 2021.

Continuing in 2020, the Prevention Services Program will further actualize the vision for prevention services in Virginia. Prevention services in Virginia are provided across the prevention continuum, which include primary, secondary, and tertiary activities. Both LDSS and VDSS provide services across the continuum in the commonwealth. Efforts will support movement toward a unified and efficient approach to service coordination that promotes well-being, safety, and permanency for children and families in Virginia. This work will include identifying and educating additional stakeholders who will be affected by Family First and broader primary and secondary prevention services; providing recommendations for updating VDSS training curriculum and identifying prevention program ambassadors to assist with regional and local training; providing recommendations on how to develop strategies and practices to support families in utilizing evidence-based programs; providing recommendations for enhancing the prevention services assessment and case planning workflow; collaborating with COMPASS to develop necessary IT requirements in the child welfare information system; providing recommendations on the development of data collection procedures for new prevention services reporting requirements; and providing recommendations on the development of a plan to monitor and oversee the safety of children who receive prevention services.

During the 2020 General Assembly Session, budget amendment item 354 #10h directs VDSS to establish a 5-year plan for Virginia to prevent child abuse and neglect. In developing this plan, VDSS will collaborate with the Department for Behavioral Health & Developmental Services, Department of Health, Department of Education, Family and Children's Trust, Families Forward Virginia, VOICES for Virginia's Children, Virginia Poverty Law Center, and other relevant state agencies and stakeholders. The engagement with stakeholders will allow for building stronger relationships and support opportunities for alignment of prevention supports, resources and services across various public and private entities. Ultimately, through stakeholder relationships, positive outcomes will be the end goal for the children and families that are served through various programs and funding sources. This plan will be focused on primary prevention, be trauma informed, include a public health framework on abuse prevention, promote positive youth development, and be asset and strength based. The plan will also reference and coordinate with any other state plans or programs that deal with issues related to child abuse prevention such as but not limited to teen pregnancy prevention, youth substance use, school dropout, domestic violence/family violence, and foster care prevention. Lastly, VDSS shall report its work to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Commission on Youth by July 1, 2021. In preparation for developing the plan, VDSS has started some pre-work to include identifying a list of stakeholders that reflect prevention work across the continuum, forming invitational letters for stakeholders to provide details of plans to convene a workgroup for the purpose of developing the 5-year plan and established a scope of work.

Prevention Strategy 1.6: The development of the Virginia Heals Referral and Response Protocol was completed in June 2019. Since that time, 80 service providers in Richmond, Charlottesville, and Newport News pilot sites have received live training on how to use the protocol. The Resource Mapping

Facilitator's Guide was also completed in June 2019. Mapping events facilitated by Virginia Heals project staff were held in the Metro Richmond and Eastern Shore Communities, with a total of over 50 participants. Both the Referral and Response Protocol and the Resource Mapping Facilitator's Guide are also posted to the Virginia Heals website and disseminated directly to 293 individuals at presentations to Trauma Informed Community Networks and 752 via an e-mail distribution list. OFV is working with other state partners to develop a statewide resource directory for service providers that would incorporate the resources lists developed through the resource mapping events.

The project was re-branded in the spring of 2020. Virginia Heals is the new name of the project and resources can be found at <http://virginiaheals.com/>. The post-pilot statewide rollout for the Virginia Heals project was delayed due to COVID-19, but will begin with a strong public awareness push in July, 2020.

Prevention Strategy 1.7: OFV is currently promoting primary prevention activities by providing designated funding for 11 DV programs to incorporate primary prevention initiatives into their domestic violence programming. Technical assistance is provided regarding best practices, program implementation and evaluation, and VDSS/OFV and VDH staff co-host a Quarterly Prevention meeting for many statewide preventionists from domestic and sexual violence programs. The spring meeting was canceled due to COVID-19 but will resume via Web-Ex in the summer.

Prevention Strategy 2.3: OFV, in partnership with DCJS and the Virginia Sexual and Domestic Violence Action Alliance is conducting the Underserved Populations Learning Collaborative (UPLC), which is open to all domestic and sexual violence (DV/SV) agencies in Virginia. The mission of the UPLC is to support local domestic and sexual violence programs to become strong allies to underserved populations and to promote access to culturally-responsive comprehensive services. The first cohort began in August 2018, with 20 local agencies represented in teams of 3-4 people. The agency teams include Executive Director or Program Director as well as supervisors and advocacy staff. There are three overarching goals for the UPLC which include:

- Reflection on Internal and External Barriers
- Organizational Transformation
- Engaging Underserved Communities/Strategy Building

Each organization completed an organizational self-assessment at the start of the 18 months which identifies organization's strength and areas needing improvement in order to better served survivors from underserved populations. The Organizational self –assessment will be administered to each cohort team at the conclusion of the UPLC to measure growth and change. The UPLC was developed by the UPLC workgroup comprised of staff from VDSS, Department of Criminal Justice Services and the Virginia Sexual and Domestic Violence Action Alliance. Two full time coaches conduct the day to day operations of the UPLC. A new application for the second UPLC cohort will be released this spring for a summer start date. The final on-site 3-day Learning Session to close out the first Cohort and to begin the second Cohort was cancelled due to COVID-19.

UPLC Workgroup

The workgroup developed the UPLC organizational self-assessment tool that each participating agency completed at the beginning of the 18-months and will complete again at the end. The UPLC workgroup

meets regularly to guide the UPLC process including designing the content for statewide and regional UPLC learning sessions, to review learning session feedback and discuss the work that the 20 agency teams.

Virginia Underserved Populations Advisory Committee

The Virginia Underserved Populations Advisory Committee (VUPAC) is made up of representatives of culturally specific CBOs, local domestic violence programs, state partners and National Network to End Domestic Violence staff. The VUPAC was originally designed to give input on the development of the Underserved Population Request for Applications (which funded 6 culturally and population-specific CBO's to provide DV services to their clients), as well as to advise in the planning and development of the UPLC. The VUPAC is a resource for the Virginia Advisory Committee on Sexual and Domestic Violence and many state agencies by providing perspective and insights from traditionally underserved communities.

Prevention Strategy 3: The Virginia Heals Grant Application Development Menu for Funders was shared with state agency leadership via the statewide leadership team in the Fall of 2018 and will be included as part of the full LSC toolkit, which will be disseminated statewide beginning in July 2020.

Prevention Strategy 3.2: OFV has a strong partnership with the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) to improve services statewide to survivors of domestic violence and their children. State and Local Partners meetings are held quarterly with state and local attendees identifying and discussing barriers to service, statewide trends, and improved service provision. Action Alliance staff and OFV staff connect bi-monthly to discuss particular program needs and to brainstorm how to meet these needs through site visits, conference calls, and staff training. OFV staff also participate in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in domestic violence programming. OFV also leads the Domestic Violence Action Team, a statewide multi-disciplinary team that is developing (2020-21) a web-based "Promising Practices Guide" to provide specific information and tips on how to provide trauma-informed services.

Prevention Strategy 3.3: Combining Family Violence Prevention and Services grant with other state appropriated funds, OFV distributed \$7,746,507 for the secondary prevention of domestic violence. Eleven agencies provide primary prevention activities in addition comprehensive domestic violence services.

For SFY 2020, a total of 19 programs supporting child abuse and neglect prevention were funded with federal Community-Based Child Abuse Prevention (CBCAP) (\$678,780.52), and state funds from the Virginia Family Violence Prevention Program (VFVPP) (\$500,000), totaling \$1,178,780.52 in combined funding to support evidenced-based and evidenced-informed programs and practices

Prevention Strategy 3.5: All OFV RFAs include a requirement that applicants for domestic violence and prevention funding show an understanding of trauma informed services and explain how they will be incorporated in the provision of all services.

Prevention Strategy 5.1: The paper version of the Screening for Experiences and Strengths (SEAS), a brief screening tool to identify children and youth who have experienced crime and trauma, has been piloted by service providers in seven Virginia communities over the last three years. VCU is preparing a final report of the evaluation of the tool; and, informed by that report, Virginia Heals project staff will

make final changes to the tool. VDSS made a number of revisions and updates to the electronic version of SEAS over the course of the last year. Following additional revisions to SEAS, based on VCU's research, the tool will be rolled out and promoted statewide along with the rest of the items in the Virginia Heals toolkit beginning in May/June 2020.

Prevention Strategy 5.2: Five e-Learning modules supporting the Virginia Heals toolkit of model for service delivery are in development. These include: Family Engagement, Resource Mapping, Trauma-Informed Screening Practices, the Virginia Victimization Screen, and the Referral and Response Protocol. These modules are slated for completion by the time of the statewide rollout of the full LSC toolkit in July 2020.

Prevention Strategy 5.3: Since July 2019, Virginia Heals project staff have shared information about toolkit resources that are existing as well as those in development with 293 members of 11 trauma-informed community networks throughout the state as well as approximately 60 workshop participants at three statewide conferences for service providers. After the toolkit resources are complete in July 2020, Virginia Heals staff will be sharing and promoting them at 10 or more statewide conferences and six or more full-day trainings in the year that follows. Conference were canceled due to COVID-19. Staff is developing alternate plans.

Permanency Services

Foster care in Virginia is required by commonwealth law (§ 63.2-905) to provide a "full range of casework, treatment, and community-based services for a planned period of time to a child who is abused, neglected, or in need of services." All children in foster care are placed through a judicial commitment or a voluntary placement agreement with a LDSS or a licensed child-placing agency. Foster care services are provided to each child and family to either prevent foster care placement or, once placed in foster care, to facilitate a timely exit to a permanent home. The LDSS have either legal or physical custody of children in foster care and are responsible for providing direct services to these children and their families.

In 2016, VDSS implemented Fostering Futures, the extension of foster care to age 21. Since then, the average rate of entry into Fostering Futures is approximately 50% of all youth turning 18 in foster care. In 2018, VDSS implemented kinship guardianship assistance in Virginia. On January 1, 2020 there were 4,744 children between the ages of birth and 17 in foster care. This is a slight increase to the overall number of children in care at the same point in time last year (4,581). An additional 791 youth between the ages of 18 and 21 were also being served on January 1, 2020. All of those youth were receiving foster care services through Fostering Futures as any youth that had been served through Independent Living services had aged out at 21 prior to July 1, 2019.

Virginia continues to support increased use of foster family homes. On January 1, 2020, there were 3,982 foster care children (72%) in foster homes. On January 1, 2020, the percentage of all children and youth in non-relative foster home placements was 60.54% (3,351 children.) An additional 266 youth (4.81%) were placed in pre-adoptive homes. The percentage of children placed in relative homes increased slightly, from 6.1% on January 1, 2019 to 6.59% on January 1, 2020. Of children in foster care, 12.11% (670) were in congregate care placements, which represents a slight decrease from 2019 (715).

Virginia's permanency rate for calendar year 2019 was 74.7%, which is a slight decrease from the permanency rate of 72.8% for 2018. 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 is an area needing focus.

In response to concerns about Virginia's lack of progress towards improving permanency outcomes for children in the foster care system, which were also identified in the 2018 Joint Legislative Audit and Review Committee (JLARC) report, "Improving Virginia's Foster Care System," the 2019 general assembly and governor of Virginia passed, funded, and enacted a Foster Care Omnibus Bill (SB 1339) which addressed the majority of the recommendations of the report. In regard to the well-being and safety of children in foster care, the legislation requires VDSS to establish a director of foster care health and safety (**permanency strategy 5.1**). VDSS has developed a job description that specifies that candidates will be licensed medical professionals, ideally physicians with prescribing privileges, familiarity with the effects of trauma, and experience working with children. This position will be responsible for identifying LDSS that fail to provide foster care services in a manner that complies with applicable laws and regulations and that ensure the well-being, health, and safety of all children in foster care. Among other responsibilities, the director will ensure that LDSS remedy any failures in practice (e.g., conducting monthly caseworker visits, the provision of physical, mental, and behavioral health screenings and services to children, and oversight of psychotropic medication use, etc.) and track health outcomes for children in care. Virginia had been continuing to advertise and recruit for this position until the COVID-19 pandemic. The budget crisis the state is experiencing as a result of the pandemic has led to a hiring freeze.

Additionally, the foster care omnibus bill established two additional regional consultant positions in each office, which will permit VDSS to significantly increase the level of technical assistance support and ongoing review of case work at the LDSS level. Since July 2019, VDSS has been focused on restructuring the current positions and hiring to fill vacancies, so that eventually there will be three permanency consultants and a family recruitment consultant in each region. A total of six regional consultants have been hired and after two rounds of advertising and interviewing, four positions remain vacant. Virginia had been continuing to advertise and recruit for these positions until the COVID-19 pandemic. The budget crisis the state is experiencing as a result of the pandemic has led to a hiring freeze. The permanency consultants have been tasked with providing ongoing review of all placement 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 strategy 3.6**) Additional tasks will be to monitor utilization of the psychotropic medication oversight protocol and provide oversight for the provision of physical, mental, and behavioral health screening and services. Additionally, they 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.

The family recruitment consultants are responsible for working with the LDSS to more effectively recruit foster families and for executing the state's diligent recruitment plan. These consultants report to a new family recruitment program manager who is responsible for implementing a data-driven strategic plan, to be updated biennially, to improve the recruitment and retention of foster families (**permanency strategy 3**). The consultants are responsible for working with the LDSS to prioritize relative search and engagement to increase the frequency that children are placed with relatives upon entering foster care. The family recruitment consultants will also assist LDSS in developing data driven recruitment plans to ensure that foster families are available in the communities from which children are removed and that foster families represent the racial and ethnic makeup of children in foster care.

This additional capacity at the regional level will permit VDSS to support LDSS through regular, intentional provision of technical assistance towards implementing best practices and improving outcomes for children in foster care. It is also anticipated that this targeted attention, in combination with the implementation of COMPASS|Mobile, will result in more accurate and timely data becoming available. Finally, code change within the foster care omnibus bill empowers the regional office consultants to provide casework services for children in the custody of an LDSS, should that become necessary to ensure those children's well-being and safety.

These consultants will routinely provide technical assistance on foster care policy and procedures and be available for on-site technical assistance as required. VDSS home office staff also provides 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.

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, special initiatives, adoption finalizations, and the adoption disclosure processes. Virginia's special initiatives are designed and implemented to assist LDSS to ensure that children achieve permanency through adoption.

The following charts show Virginia's adoption activities and funding for fiscal 2019.

Adoption Activity SFY 2019	Funding Source	Allocation and Services
Adoption support	SSBG	\$1,125,000 post-adoption legal services (SSBG funds)
Adoption recruitment (formerly One Church One Child)	SSBG and adoption incentive funds	\$284,433 recruitment (SSBG/general funds)
Adoption services	Title IV-B, subpart 2 and general funds	\$2,066,755 adoption services (Title IV-B, 2 = \$1,550,081 and general fund match = \$516,694)
Adoption subsidy payments	Title IV-E and general funds	\$110,022,154 adoption subsidy (\$55,011,077 Title IV-E and \$55,011,077 general fund match)
Adoption assistance	General funds	\$25,088,564 state adoption
Va Adopt Campaign	General funds	\$1,500,00 adoption services
Reinvesting adoption savings	General funds	\$7,517,668 adoption services

The adoption program utilizes a variety of resources to assist the LDSS to achieve permanency via adoptions. The appropriation of state funding for the adoption negotiators and the various stakeholder partnerships between VDSS, contractors, and LDSS increased the use of resources, such as the mutual family assessment contract staff, reformed practice, and increased the number of foster care youth with finalized adoptions over the past two years. VDSS finalized 801 adoptions in state fiscal year 2019. It was down from 821 adoptions finalized in FY 2018.

Monthly Casework Visit Formula Grants and Standards for Caseworker Visits

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

For the reporting period of October 1, 2019 to March 31, 2020, the face-to-face monthly visit rate was 96.57% and the in-residence visit rate was 75.15%. Virginia has met the federal standard for both monthly face-to-face contact and visits occurring in the child's placement for each AFCAR's reporting period since October 2014.

Steps taken to address compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Regional foster care consultants continue to reach out to provide technical assistance, especially to those LDSS whose compliance rate appears problematic.
- Provision of transcription services. Transcription services reduce the administrative burden associated with worker visits and ensure that documentation is quickly available in OASIS.
- Development of a mobility solution. VDSS made a mobility application (COMPASS|Mobile) available to the field beginning October 2019 and was fully implemented across the state by January 2020. This allows workers to access OASIS from the field. This functionality, in combination with transcription services, assists LDSS in completing documentation within the appropriate timeframes.
- Continued publication of a monthly visit report as part of the critical outcomes report available to all LDSS staff through SafeMeasures.® The report provides monthly updates on worker visits and allows users to drill down to the worker level to identify where improvements in visits need to be made to reach and surpass the federal requirement. Additionally, a filter can be applied to identify when the narrative section of a worker visit has not been completed adequately. In the last year, a new report that calculates the federal fiscal year-to-date compliance rate has been made available to the LDSS through SafeMeasures,® so that they will have access to the same information the regional consultants are using. These reports facilitate supervisory oversight and intervention at the LDSS level, as well as identifying when technical assistance from the regional office may be beneficial.
- Continued focus on placing children in their home communities. When children in care are placed locally, travel time for workers is decreased. Virginia will continue to focus on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic impact on children of coming into foster care by using local, family-based placements, for many reasons, including making it easier to visit with children regularly (prevention strategy

3).

- VDSS purchased doxy.me for workers to access through COMPASS|Mobile to enable them to complete “face to face” visits virtually as allowable during the COVID-19 pandemic when it was deemed unsafe to do in-person visits.

Federal Title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation, especially for children placed in residential placements out of state. Some LDSS have used the funds to purchase laptops or tablets to assist with timely documentation of visits.

Steps taken to address the quality of worker visits:

- Foster care guidance emphasizes that worker visits be well-planned and focused on issues pertinent and meaningful to case planning. The focus of caseworker visits should be on the child’s well-being, safety, and progress towards permanency. Documentation of the visits should address how the contact was meaningful and include information specific to the child’s well-being, safety, and efforts to achieve permanency. Guidance was updated in fall 2018 to emphasize the requirement that services workers must spend time alone with the child during the monthly visit. This provides the opportunity for the worker to more adequately assess the child’s safety, for the child to privately share any concerns, and for the child to provide input into their permanency plan.
- LDSS have been provided with a job aide that identifies the elements of quality worker visits. The monthly worker visit checklist supports the worker in conducting well-planned visits focusing on well-being, safety, and permanency. The job aid includes reminders of worker’s responsibilities and sample questions to ask the child and caregiver, targeted towards assessing well-being, safety, and permanency. It also provides a template for documenting a quality worker visit. This job aide can be easily accessed immediately prior to each visit through COMPASS|Mobile.
- The contact screens in COMPASS|Mobile provide prompts for the service worker when completing their case notes to ensure that service workers are addressing well-being, safety, and permanency in documentation.
- In addition to new-worker training, VDSS has developed and delivered additional training for supervisors and LDSS leadership, to emphasize elements of quality visits.
- As the quality of visitation has been determined to be an area needing improvement, it will be addressed in implementation of the CCWIS permanency strategy 1.3.
- 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.
- In October 2019, VDSS implemented a new training for service workers and supervisors regarding case documentation. The training emphasizes the essential components of effective documentation and the development of writing skills to enhance their ability to document casework activity, including quality contacts.
- VDSS created job aids to support virtual visits and uploaded them to COMPASS|Mobile to ensure quality virtual visits.

Periodically, and especially during agency visits, regional foster care consultants review the LDSS’ performance reports in SafeMeasures® with supervisors and directors. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits, in addition to

ensuring that documentation is meaningful and addresses the well-being, safety, and permanency of the child.

Diligent Family Recruitment

Strategy 3 of the Permanency Objective for the Strategic Plan is to increase the number of children in family-based settings by strengthening diligent recruitment of foster families.

Permanency Strategy 3.1 - In addition to hiring a diligent family recruitment program manager, five regional resource family practice consultants have been hired and are working with local department staff help embed family recruitment and retention throughout the life of the case life. The regional consultants are helping local department staff understand the data that is specific to their child welfare population. Local departments continue with data clean up in OASIS to remove resource and kinship family records that are no longer active in order to understand their agency's need for foster families. As the data clean up is happening, the Practice Consultants along with local department staff are beginning to create recruitment plans that are specific to the needs of each agency and are focused on the right families, in the right locations to keep children in and connected to their home communities.

VDSS is partnering with several groups to provide trainings, engage families in decision making, and show support and appreciation for foster families.

VDSS is focused on developing foster families as a resource for their communities by offering in-service trainings specific to the needs of older youth, sibling groups and medically fragile children through the Community Resource/Adoptive Family Training (CRAFT) contract. Trauma informed care and factors of resilience are regularly offered to foster families in addition to other trainings on how to become foster parents and deal with issues that arise taking care of children in foster care.

Virginia Fosters is a statewide initiative aimed at creating solutions for children, families, and workers in the Commonwealth's child welfare system. Virginia Fosters collaborates with leaders from the government, business, faith, and non-profit sectors in order to increase the number of foster families and placement of children into good homes, enhance support services for kinship families, and better equip child welfare workers with needed resources and support. The Virginia Foster's Campaign will partner with VDSS and local departments to develop a campaign focused on recruiting families with similar racial and ethnic profiles to those of children in foster care.

VDSS, through its contract with Newfound Families, Virginia's Foster/Adoptive and Kinship Parent Organization, will engage families in decision making at the local, regional and state levels. Newfound Families has hired 5 Regional Ambassadors who will also work with local departments and private agencies to coordinate regular support groups for foster families.

Virginia's Kids Belong has partnered with VDSS to create a Foster Friendly Business program that offers discounted goods and services to Virginia's foster families, including discounted memberships at YMCAs statewide. Virginia's Kids Belong has also begun development of 5 Regional Coalitions made up of partnerships between businesses, local governments and the faith based community to focus on supporting foster families, supporting child welfare workers and recruiting foster families. The Central Region Coalition served as a pilot over the last year and has been successful in organizing support for

kinship and foster families in the form of meals, clothing and “Parent’s Night Out” events to offer monthly respite care.

Permanency Strategy 3.2 - VDSS has developed trainings and assessment tools to increase the number of children placed in the care of relatives when removal from the home is necessary. The VDSS Training Unit has developed CWSE 4060 Family Search and Engagement that serves as a prerequisite for the classroom course CWS4080 Kinship Care: Assessing Caretakers in Permanency, both courses will be available to local department workers and supervisors in June 2020. CWSE4060 Family Search and Engagement is an online course that refers to a collection of strategies that help locate and engage family members and fictive kin for children. These strategies aim to find relatives and other important adults who can provide permanent homes for children and youth, or caring, lifelong support networks that can provide relational permanence if relatives are unable to care for children in their homes. After participating in this online training, successful participants will be able to:

- Identify key strategies and resources that will help to identify, locate and engage many family and important connections for children and youth
- Recognize the benefits of engagement tools and strategies
- Develop skills in utilizing various technology, tools and methods to find and engage family connections
- Implement specific strategies including: interviewing techniques; develop genograms, ecomaps, connectedness diagrams; case mining; mobility mapping, and formal internet searches

CWS4080 Kinship Care: Assessing Caretakers in Permanency is a two-day classroom training to provide workers and supervisors with the family-centered and culturally responsive knowledge and skills necessary for making assessments and decisions regarding the appropriateness of relatives as placement and permanency planning resources for children requiring out-of-home care. Upon successful completion of this training, participants will be able to:

- Demonstrate knowledge in the history and legal mandates of relative care;
- Explore the values inherent in child welfare practice and working with relative caregivers as well as their own values that influence the way they assess and plan with families;
- Demonstrate their understanding of the importance of cultural competency and the dangers of stereotyping the families who are potential relative caregivers; and
- Determine the relatives’ capacity and motivation to provide safe and stable placements and serve as potential permanency resources for children who need out-of-home care.

VDSS, through the work of the Diligent Recruitment workgroup, has developed a Permanency Assessment tool that local department staff may use as a guide when assessing relatives. The tool comprehensively outlines permanency options that local department staff may explore with relatives as they work together to develop a plan that is most appropriate for the child and their family. To further assist local department staff to initiate a child specific approval of a relative, the Diligent Recruitment Workgroup has also created a Kinship Approval form that local department staff may use to ensure that all necessary steps of approval are complete. The Kinship Approval form will provide clarity to local department staff related to the process of initiating and completing approval of a relative in accordance with Virginia’s home approval standards along with Federal requirements.

During the February 2020 PIP meeting, the tool and forms were distributed to local departments. The Diligent Recruitment workgroup met virtually in March 2020 due to the Covid-19 pandemic to review feedback related to the tool and forms that were distributed. Unfortunately, over half of the participants in the workgroup were unable to participate and as a result feedback was limited. However, Regional Practice Consultants have continued to work with PIP agencies in their regions to provide practice assistance related to utilization of the Permanency Assessment tool as local departments have looked to approve kinship foster parents during the pandemic.

Permanency Strategy 3.3 - Virginia has developed a Diligent Recruitment Strategic plan that emphasizes a data driven approach to recruiting families who match the racial and ethnic characteristics of children in care along with the development of a Kin First Culture. The plan looks to increase the pool of foster homes, particularly kinship homes, that will allow children to remain connected to their families and home communities; retain foster parents to allow them to be developed as resources for children in Virginia and maintain a well-trained and well supported workforce who has the knowledge, skills and ability to make appropriate placement decisions for children in foster care. The plan will be executed over the course of the next four years.

Permanency Strategy 3.4 - Regional Practice Consultants are working with local department staff to identify active foster families who may be willing to expand their profiles to serve sibling groups. Local departments will use data specific to their agencies to understand the scope of need related to families willing to service sibling groups and will engage active foster families in exploring what each may need in order to expand their profile. VDSS will look to utilize the CRAFFT contract to provide training necessary to improve the competence of families willing to serve sibling groups. Regional coalitions created by Virginia's Kids belong will also be utilized to provide additional material support to families accepting placement of sibling groups along with respite care when necessary.

Permanency Strategy 3.5 - VDSS has chosen to push the timeline for designing Virginia-specific model licensing standards for foster care placements back 3 years while focusing on creating a Kin First Culture. Virginia's current focus is providing clarity to local departments related to the process of approving relatives. Local departments continue to struggle to approve relatives as foster parents when children enter foster care and VDSS intends to issue new guidance in October 2020 that will streamline the approval process and remove some of the barriers that local departments report that they struggle with.

Permanency Strategy 3.6 - Virginia has begun its review of all congregate care placements in order to identify the children for whom congregate care is not appropriate. As trends are identified within each region, practice consultants will provide assistance to local departments in developing plans to transition children into family based care. A priority will be placed on "case mining" to provide opportunities for children to connect with relatives and to identify those relatives who may serve as placement for children. VDSS will provide training to local department staff to improve their capacity to engage and assess relatives for placement. All local department workers and supervisors will complete CWSE 4060 Family Search and Engagement and CWS4080 Kinship Care: Assessing Caretakers in Permanency.

Adoption Resource Exchange of Virginia (AREVA)

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA maintains information on AdoptUSKids at www.AdoptUSKids.org. AREVA supports the efforts of the Adoption Exchange Association. AREVA utilizes AdoptUSKids on a

national level and works with LDSS to have Heart Galleries in each of the five regions of the commonwealth. Heart Galleries have been very effective in recruiting families for waiting children.

The AREVA team worked collaboratively with LDSS and private child-placing agencies during November 2019 to promote Adoption Month celebrations by creating a calendar of events on the VDSS intranet page which featured adoption events throughout the month. In 2019, the AREVA team assisted with the identification of youth who were featured in “30 Kids in 30 Days,” in partnership with Connecting Hearts of Virginia in the metropolitan Richmond viewing area, CBS, channel 6 and “30 Days of Hope,” and in partnership with DePaul Community Resources in the Piedmont viewing area, WSLs, channel 10. Children available for adoption were featured daily and information was shared about foster-to-adopt for November 2019.

Family inquiry tracking of families through AdoptUsKids was implemented in August 2018, to determine how LDSS are responding to families with approved home studies who have expressed an interest in children featured on AdoptUSKids who are legally free for adoption. Responses include child no longer wishing to be adopted, child placed with perspective adoptive family, child on hold—reviewing home studies, and child on hold—other. LDSS workers are minimally responding to the 30 or 90 days follow email inquiries. There is not a data source which tracks or monitors how or if the LDSS workers are utilizing the inquiries received from this tracking system. The AREVA team will review the process and create a plan to address the data outcomes gap.

For 2019, there were 2852 AUSK responses to initial inquiries. LDSS workers provided 1,401 responses, or a 49% response rate. Inquiries are tracked at initial inquiry and at 30 and 90 days after the initial inquiry. From January 1, 2019 through December 31, 2019, there were 2,486 AREVA/Adoption responses to initial inquiries and 870 responses, a 35% response rate.

As of March 1, 2020, data taken from Safe Measures indicate there are approximately 1,777 children with the goal of adoption, for whom termination of parental right. Currently, there are 163 children who are photo-listed on AdoptUSKids. Approximately 639 children are on hold, of which 207 are placed on deferment because they are in an adoptive placement. The remaining 432 are on hold for various reasons, i.e., will not consent to adoption, on medical hold, in detention, etc. Although 1,777 cases have the goal of adoption, in 292 cases TPR has not been filed, 123 cases are on appeal, 769 cases are in non-adoptive foster homes, 264 are in pre-adoptive homes, 185 cases are in the finalization process, and 125 have a parent missing from TPR. Of the remaining 19 cases, 14 have TPR filed but not yet ordered and five have TPR denied or overturned.

VDSS Adoption Inquiry & AdoptUSKids 2019 Performance Statistics	
January 1, 2019 – December 31, 2019	
Total Adoption Inquiries	2486
Total AUSK Inquiries	2852
Average Featured Children on AUSK	220
Total cases with goal of Adoption	1602

Services for Children Adopted from Other Countries and Inter-Country Adoptions

To ensure the safety of children adopted intercountry and abroad, adoption agencies must adapt to standards governed by the VDSS Division of Licensing Programs through the Virginia Code and Virginia Administrative Code. Agencies undergo oversight and monitoring by the Division of Licensing Programs to include reviews of case records, policies and procedures to ensure compliance with state, federal and their own agency policies.

VDSS provides support and services to families of children adopted from other countries in a way that is consistent with services provided to all children and families. Examples of agencies that provide these services are: Department of Behavioral Health and Developmental Services, Community Services Boards and Family Assessment and Planning Teams. VDSS makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect. In addition, when children adopted from other countries come into the custody of the LDSS, the child and family are provided protective and treatment services, to safely return the child home.

As with families that adopt from the child welfare system, families with children adopted from other countries have equal access to post adoption services. These services are funded through a combination of federal funds and state appropriations. A family that adopts a child from another country is not eligible for Adoption Assistance unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, the Code of Virginia or the Virginia Administrative Code.

VDSS continues to work towards development and implementation of a new case management system (CCWIS) within COMPASS, with the goal to integrate domestic and international adoption data into an integrated case management system. DFS continues to work with the COMPASS team and the CQI unit to enhance the reporting of children who were previously adopted that have come back into the child welfare system. The Preventing Sex Trafficking and Strengthening Families act (PL113-183) added requirements of certain data for states to collect including:

- The number of children who enter foster care under supervision of the state after finalization of an adoption or legal guardianship.
- Information concerning the length of the prior adoption/guardianship.
- The age of the child at the time of the prior adoption/guardianship.
- The age of the child when the child subsequently entered foster care.
- The agency involved in making the prior adoption/guardianship placement.

Although the metrics Virginia is targeting have been defined, many data points are not captured in the current electronic case management system. Virginia is working to build actionable reports that are reliable, consistent and usable.

In calendar year 2019, three of the children in foster care for at least one day were reported as previously adopted. It should be noted that there are 66 additional children who do not have a birth country listed.

Country	Agency	Reason for Disruption/Dissolution	Plan
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Ukraine	Unknown	Caretaker inability to manage child's behavior	Adoption
	Unknown	Abuse and Neglect	Adoption
	Unknown	Caretaker inability to manage child's behavior	Fostering Futures

Currently, international adoption data is extracted from an internal database and is not captured in our current SACWIS system. As the commonwealth continues to work towards development and implementation of a new case-management system (CCWIS) within COMPASS, the goal will be to integrate this data source in the new case-management system.

There were a total of 84 international adoptions in fiscal 2019, five of which were processed through ICPC. These cases were tracked through the ARRIS system, because the NEICE system does not process international adoptions and cases cannot be tracked in our current child-welfare case-management system. They were from the following countries:

- Bangladesh (2)
- Morocco (1)
- Pakistan (1)
- Thailand (1)

This count does not include the private domestic adoptions. There were a total of 141 private domestic adoptions that were processed into Virginia and a total of 53 private domestic adoptions that were processed out of Virginia.

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

Historically, VDSS utilized a community stakeholder (a contractor) to provide information specifically related to the numbers of out-of-country adoptions served and post-adoption supports to families who adopted children from other countries. This contract has been restructured and there are plans to award a new Post Adoption Consortium contract that will include tracking information related to out-of-country adoptions. In addition, data on youth adopted from other countries who entered foster care or any supportive services required to achieve permanency for these children was not captured during 2019. A report has been requested to provide the latter annually and semi-annually. In the next APSR, the adoption program should be able to demonstrate an additional number of youth adopted out of country, as all adoptions are captured in ARRIS and the previous information was provided for ICPC cases only.

Adoptive Savings (section 473(a)(8) of the Act)

DFS and the VDSS division of finance conducted the fourth Title IV-E adoption savings calculations and case reviews in 2019. As a result of this project, more than \$5 million was calculated as adoption savings in 2019. VDSS spent the funds in 2019 on services to assist LDSS as well as support and sustain adoptive placements for foster care adoptions. More than \$1.2 million dollars was allocated to the Mutual Family Assessment (MFA) consultant and specialist positions. These positions assisted the LDSS in completing mutual family assessments for prospective foster and adoptive families, which is required for a foster care or adoptive placement. In 2019, the MFA specialists received more than 372 referrals from across the commonwealth and completed approximately 260 mutual family assessment home studies. Additional funding was allocated to support contracts with community partners to provide post adoption services, collaborative efforts with Virginia Commonwealth University on the prevention of child and abuse, development and maintenance of COMPASS mobility (as we move toward a new Comprehensive Child Welfare Information System (CCWIS) platform), and the conversion of approximately 142,000 closed adoption records on microfiche to digital platform. These projects are currently on-going.

At least 30% of the savings will be spent on post-adoption services, as required by P.L. 113-183 modified section 473(a) (8) of the act, effective October 1, 2014. Adoption savings monies will be used in the same manner for 2020, by providing services to support, sustain and achieve timely permanency for adoptive placements via foster care adoptions; such as supporting local departments of social services with the assistance of MFA staff, post adoption contracts, preservation of adoption records, and allocation of funding to support and expand COMPASS mobile.

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

Other Adoption Services

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

The division is working collaboratively with the VDSS divisions of Information Systems and Information Security on a document-management project to archive paper adoption records and microfiche files. Over the past two and a half years, the project required proposed legislation and internal agency policies to move forward. Working with VDSS divisions General Services, Procurement, Information Systems, and Information Security, the contract was awarded July 2020 to RICOH. The division worked with VDSS Information Systems to create program requirements using the program, Perceptive Content, to scan in new adoption records. The division continues to work with VDSS Information Systems and a contracted vendor to convert current adoption records from microfiche into the same platform.

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 commonwealth-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.

In 2019, there were a total of 8,264 children served per month through adoption assistance. The total

allocation for Title IV-E adoption assistance was \$108,800.00. There were 1,258 adopted children who received services through commonwealth adoption assistance. The total allocation for commonwealth adoption assistance was \$24,400,000, a slight decrease from \$26 million in 2018. LDSS provided for a total of 801 adoptions in 2019.

Adoption Incentive Funds

In 2019, VDSS received approximately \$200,000 in adoption incentive awards funding. During fiscal 2019, LDSS had the opportunity to apply for adoption incentive funds through proposal submissions. Approximately 55 agencies, out of 120 across the commonwealth, applied and were awarded funds in excess of \$200,000. Additional funds are currently available from the one previous grant year. Local agencies utilized the funds to provide adoption trainings for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November. Virginia plans to utilize any future adoption and legal-guardianship incentive funds in 2020 to support adoption services for families statewide.

Adoption Month Proclamation and Awareness Events

Governor Ralph Northam signed and issued a proclamation in support of November's Adoption Awareness Month. VDSS co-hosted the third annual VDSS Adoption conference in collaboration with NewFound Families Virginia (Virginia's Foster, Kin and Adoptive Family Association) on November 20-21, 2019 in Charlottesville VA. The theme, "Lifting Youth Voices: Engaging Children and Youth in Achieving Permanency", aligned with the Children's Bureau theme involving children and youth in decision making and permanency. The keynote speaker, Joshua Christian, a former foster child from the state of Indiana. Mr. Christian was instrumental in the creation of the Foster Parent Bill of Rights and instrumental in the passing of legislation to extend foster care services to age 23 in the state of Indiana. The keynote was inspiring to an audience of more than 300 which included foster and adoptive parents, community partners and professionals. Workshops offered at the conference included topics such adoption assistance, unpacking the no with older teens, disability services and adoption matching for teens.

Statewide Post-Adoption Services

These services are designed to help families build on their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and, in particular, adoption dissolutions (after legal finalization). The contractors awarded the contract are the Center for Adoption Support and Education (C.A.S.E.), Catholic Charities of Eastern VA, Children's Home Society, DePaul Community Resources and United Methodist Family Services.

The purpose of the contracts is to provide innovative post-adoption services and support to adoptive families. Underserved areas in Virginia and unmet post-adoption services were given greater consideration. The services provided are designed to help families build on their strengths to stabilize and to prevent adoption disruptions (pre-finalization) and, in particular, adoption dissolutions (after legal finalization). Contracts were awarded to the C.A.S.E., DePaul Community Resources, and Frontier Health. Collectively the three contractors serve the Eastern and Piedmont regions and seven localities in the Western region.

In 2019, a total of \$2,083,705 was spent on underserved and statewide post-adoption services. Client activity reported by post adoption service contractors for this fiscal year are as follows:

Post-Adoption Services - # of children and families served in Fiscal Year 2019	Total
1. Number of adoptive families served	526
2. Number of adoptive children served	736
3. Number of international adoptive families served	80
4. Number of international adoptive children served	122
5. Number of disruptions or dissolutions prevented due to post adoption services provided as reported by contractors in Fiscal Year 2019	96
6. Number of families stabilized because of post adoption services provided as reported by contractors in Fiscal Year 2019.	308
7. Number of families, behavioral health providers, and school staff or other professionals trained in Adoption competencies. The most common types of adoption competency training provided to families and others was trauma informed parenting, attachment, and parenting skills.	895

The most common types of post adoption services provided to children and families were case management, information and referral, family and individual counseling, parent trainings, case management, clinical consultation, and peer support.

C.A.S.E. focused primarily on training mental health clinicians and families in adoption competencies, including trauma-informed care. C.A.S.E. shared the following summary of client responses from a survey that evaluated satisfaction with services provided and with therapeutic and behavioral outcomes. The survey was administrated to pre-adoptive and adoptive families with the following results:

- 100% of respondents were very satisfied with services received (an increase from the previous contract period of 2.94%)
- 100% of respondents indicated they strongly agreed with the statement, “My therapist has an in-depth understanding of the many issues associated with being an adoptive family.” This is an increase from the previous contract period of 5.88%.
- 71.43% responded that, as a result of therapeutic services received, “I am better able to respond to my child’s emotional and behavioral needs.”

C.A.S.E. examined data from clients that reported the severity of problems in identified areas of functioning/behavior prior to intervention and currently. Comparisons pre- to post-intervention of the percentages of behavior/functioning considered not a problem or manageable and percentages considered a serious problem requiring intervention. Improvement was reported in nine of 12 areas of functioning; in three areas, no change was registered. The average percentages of ratings reflecting significant problems requiring intervention declined from 37.50 percent to 12.09 percent while areas that were either not a problem or a manageable problem increased from 62.50 percent to 87.91 percent. This pattern of migration of ratings suggests families were moving away from being in crisis and perceived problems as more manageable – indicators of intervention effectiveness.

Snapshot of international adoptive families and youth served in the Commonwealth

United Methodist Family Services (UMFS) provided the following comprehensive data report of the number of international families and youth served between April 2011 and March 2019.

Eight-year profile		One-year profile	
Families with international adoptions served since April 2011		Families with international adoptions served from April 2018 to March 2019	
Total families: 208 (unduplicated counts) Total children: 334		Total families: 38 (unduplicated counts) Total children: 53	
Breakout of all cases closed:		Breakout of all cases closed:	
Reason for case closure	Count	Reason for case closure	Count
Disruption/dissolution	0	Disruption/dissolution	0
Child out of home (no dissolution)	7	Child out of home (no dissolution)	1
Family moved out of region	5	Family moved out of region	0
No longer need services	49	No longer need services	18
No contact for 60-90 days	32	No contact for 90 days	4
Not eligible for services/aged out	1	Not eligible for services/aged out	2
Total closed	94	Total closed	25

Of the total 135 adoptive families served through March 2019, 38 families adopted internationally. These 35 families represented 28% of the total number of Adoption Family Preservation (AFP) families served in this fiscal year. In the 38 families, 53 were children adopted internationally. The percentage of international families represented in the AFP program has been consistent over the years, with around 25% of the total number of families served adopting from other countries.

For the adoptive families with international adoptions, there have been no disruptions/dissolutions since April 2011. There have been eight cases in which the child is out of the home, however, the adoption was not dissolved. For the total of all adoptive families served since April 2011, there have been three disruptions or dissolutions. For the time period from April 2018 to March 2019, there were no dissolutions. There have been a total of 38 cases in which the child is out of the home, however, the adoption was not dissolved.

Eight-year profile	One-year profile
All adoptive families served since April 2011	All adoptive families served from April 2018–March, 2019
Total served: 862 (unduplicated counts)	Total families: 163 (unduplicated counts) Total children: 238
Total of 3 families closed due to disruption/dissolution (2 foster parent and 1 relative adoption).	No cases were closed due to disruption/dissolution.

Breakout of all cases closed:	Breakout of all cases closed:
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Eight-year profile		Eight-year profile	
Reason for case closure	Count	Reason for case closure	Count
Disruption/dissolution	3	Disruption/dissolution	0
Child out of home (no dissolution)	33	Child out of home (no dissolution)	5
Family moved out of region	24	Family moved out of region	1
No longer need services	194	No longer need services	35
No contact for 60 days	177	No contact for 90 days	19
Not eligible for services/aged out	2	Not eligible for services/aged out	2
Total closed	433	Total closed	62

Primary services provided to families enrolled in the Adoptive Family Preservation program for domestic and international adoptions:

- Case coordination and management utilizing a family-systems approach and the high-fidelity wraparound model. Each family receives access to services through their assigned adoption care coordinator. The adoption care coordinator navigates the family through the process of determining service needs and developing a plan to address the identified needs.
- Educational case management involving school advocacy, attendance at school meetings, and coordination with other client providers, to ensure optimal educational performance.
- Supportive counseling for adoptive parents struggling with behavior management and therapeutic parenting. Crisis intervention as needed to support families in identifying immediate support services to assist with stabilization. Parent coaching with AFP clinical staff or therapist, who will assist the adoptive parents in understanding and identifying trauma, adoption, and attachment issues in order to help them meet the needs of their adopted children in a more effective way.
- Ongoing adoption-competent trainings for professionals, developed with the intention of increasing the pool of adoption-competent providers. AFP therapists will be trained in adoption-competent interventions and will provide initial and ongoing training and consultation to other service providers in each of the identified service regions. Adoption-competent interventions in trauma and attachment work by AFP therapists, which includes individual and family therapy and a psycho-educational model, to provide parents with the knowledge base for understanding effective interventions for traumatized children.
- Individual and family therapy to support the mental health needs of adoptive families and to assist in creating stability within the adoptive placement. Assessment and evaluation of the effect of trauma, core adoption issues, and attachment patterns in adopted children. Family functioning and the adoptive parents' own potential history of trauma and attachment may also be assessed and evaluated, in order to ensure the stability of the adoptive placement.
- Crisis-response services in collaboration with other providers to ensure that all families have a crisis plan and access to stabilization services as needed. Advocacy is supporting families toward securing services for their children and also being a source of support on behalf of the family at

various team meetings and groups. An adoptive-parent support partner who helps empower adoptive families and ensure that the voice of both the youth and family are present and heard in the development of the service plan.

- Access to community services and resources with the assistance of the adoption care coordinator, who will work with the family to identify the appropriate services. Monthly support groups and events hosted by each individual region, specifically geared towards the needs of the families in that region. Peer socialization groups such as the girl's group in the Central region, which is developed to increase social support and social skill development for teens, while also connecting them with other youth who have lived through similar circumstances.
- Respite events through Project REST, which is an opportunity for adoptive parents to have the benefit of an extended number of hours to accomplish tasks, relax, re-energize, or reconnect with other family members. Children experience a day of therapeutic and fun activities that build skills they can use at home to calm down, build peer relationships that are successful, and have a chance to interact with other children who have lived through similar circumstances.
- Clinical consultation with an AFP therapist who will assess the needs of the family and provide support and guidance as needed.
- Parent education and training on issues related to trauma, attachment, behavior management, therapeutic parenting, core issues of adoption, adoption narrative, trauma-informed parenting techniques, and attachment theory-based interventions.

Adoption Through Collaborative Partnerships (ATCP)

The goals of the adoptions through collaborative partnerships strategy are to:

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

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

The secondary outcome expected by VDSS from the use of collaborative partnerships is to increase the pool of new/additional Virginia families trained, qualified, and dedicated to 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.

In fiscal 2018 a new RFP was issued and the following agencies were selected: Children's Home Society, Commonwealth Catholic Charities, C2Adopt, Danville Division of Social Services, DePaul Community Resources, Extra Special Parents, Shenandoah Valley Department of Social Services, and United Methodist Family Services.

A total of \$1,608,835 was spent on ATCP activities from July 1, 2018 – June 30, 2019. Eight contractors (six private, licensed child placement agencies, and two local departments of social services) served 512 children. Contractor outcomes for fiscal 2018 are as follows:

- 512 children were served.
- Contractors finalized adoptions for 273 children, exceeding the goal of 211 for Fiscal Year 19.
- 53.3% of children served were adopted.
- Average cost per adoption (payment to contractors) was \$5,893.
- Overall average cost per child served under the ATCP contract was \$3,142.

The following are excerpts from the VDSS report, “VDSS Adoptions through Cooperative Partnerships (ATCP): FY 2019 Outcomes,” which highlights the youth population served by the ATCP program.

Program participants comprised nearly seven percent of all children and youth in foster care during FY 2019.

- Enrolled youth came from all five VDSS regions, but were predominantly located in the Piedmont and Western regions. Sixty-seven of the 120 LDSS had at least one youth in their custody who was receiving ATCP services; 51 agencies had two or more youth receiving ATCP services.
- The percentage of all youth in foster care who received ATCP services varied by region: from 2.7% in the Northern Region to 11% in the Western Region. The Central and Piedmont regions had 9.7% and 7.9%, respectively, of their youth participating in the program (4.6% in the Eastern region).
- Half (53%) were in the custody of large (Level 3) agencies, which have more staff and community resources but also a heavier caseload. Forty percent were in the custody of mid-size (Level 2) agencies, and four percent in small (Level 1) agencies. The percentage of all youth who received services were similar between Level 1, 2, and 3 agencies (respectively, 6.3%, 7.3%, and 6.5%).

Profile of Children and Youth Served Under ATCP

The following is a profile of the 512 youth who received ATCP services between July 1, 2018 and June 30, 2019.

- The group evenly split between boys and girls – 50.6% versus 49.4%.
- ATCP participants were predominantly White (56%). African American (Black) youth were the next largest group (23%). Altogether, 44% of participants were a person of color (non-white). The median age of participants at the start of the contract year was nine years old. The ages ranged from less than one year to 18 years old.
- Many (40%) participants had a diagnosed disability; 48% had no disability, and 12% were indeterminate.
 - The most prevalent type of disability was emotional disturbance (82%). About 16% had an intellectual disability, 1.6% had a visual or hearing impairment, 2.6% had a physical disability, and 25% had another type of disability-causing medical condition.

- 23% had more than one type of disability recorded in OASIS.
- For 89%, this was their first removal from home into foster care; 9% had two removals, and 2% had three or more removals.
- Age at first removal ranged from zero (infancy) to 17 years old. The median age at first removal was six years old, and the median age at their most recent removal was seven years old.
- 98% were removed from the home due to a court order.
- Parental neglect (58%) was the most frequent reason for removal of the child from the home; parental drug use was the second most common reason (31%). Two-thirds (67%) of participants were removed for multiple reasons.
- 70% of participants belonged to a sibling or relative group. This does not necessarily imply that the goal was to place all related children together in the same home.
- As of their most recent foster care placement, 91% of ATCP participants lived in family-based arrangements: 50% in pre-adoptive homes waiting on finalized adoption, 38% in foster families with non-relatives, and 3% in foster families with relatives. The remaining participants lived in group homes (6%), institutional settings (0.8%), or supervised independent living situations (1.6%).
- Prior to their current placement, 54% of participants had been in one or two placements (median=2.0). The number of previous placements ranged from one to 30.
- As expected, 98% of participants had a goal of adoption.
- For 98% of participants, one or both parents' custodial rights were terminated by court order (TPR), thus making them eligible for adoption if they chose that goal.
- By the start of the grant year, participants had spent, on average, 29.5 months (median=25 months) in foster care since their most recent removal. The length of time in care ranged from five to 97 months. At least 86% had been in care for 16 months or longer.

Youth in the ATCP group were 39% more likely to be adopted than youth in the Control group. The ATCP achieved a higher rate of adoption this past year than in 2018 (47.4%). Looking back to 2015, the adoption rate for ATCP participants exceeded the rate for the Control group in every year but 2015.

In FY 2019, youth receiving ATCP pre-adoption services through a private provider had a 39% greater likelihood of being adopted than a comparable group of foster youth not receiving services (53.3% versus 38.3%). This is a continuation of a trend observed in fiscal years 2016 through 2018. (In FY 2015, the adoptions rates were similar.)

In summary, the findings suggest that the ATCP program has achieved positive adoption outcomes for Virginia (i.e., more adoptions of at-risk children).

Post-Adoption Case Management

In fiscal 2018, VDSS issued a request for proposal to purchase post-adoption case management services throughout the commonwealth. VDSS allocated a portion of the commonwealth's adoption savings to support the activities of the request for proposal. Post-adoption case management embraces the vision of families and supportive communities collaborating to facilitate services to meet the specific needs of

families who have adopted children from foster care. The mission of this program is to assist adoptive families with identifying services and resources within the community and establishing support systems to meet the needs of adoptive families. Catholic Charities of the Eastern Region, C.A.S.E., and C2Adopt were awarded contracts and began offering post-adoption case management services beginning in November 2017. C.A.S.E. is providing post-adoption case management in the Northern, Piedmont, and Western VDSS regions. C2Adopt is serving the Central region and Catholic Charities of the East Region serves the Eastern region of the commonwealth.

Post-adoption case management (PACM) became available for foster care adoptions finalized after July 1, 2017. The service is available to families for a period of 12 consecutive months after finalization. The contractors document how resources, services, and supports will be utilized to meet the identified needs and help families achieve their goals.

In Fiscal Year 2019, a total of \$1,336,056 was spent on post-adoption case management services. The following client activity was reported by contractors for this fiscal year:

FAMILY DEMOGRAPHICS	TOTAL
Total number of referrals	677
Single parent	108
Two parent	569
First adoption	112
Subsequent adoption	56
Child age 9 and younger	393
Child age 10 and older	231

Most contractors provided services to adoptive families were post adoption education, individual and family counseling, school-related mediation, and support groups. One hundred twenty six families stabilized because of post adoption case management services provided. Awareness of the PACM program has significantly increased over the past year with targeted outreach to all LDSS offices in the Northern, Western and Piedmont regions.

Overall family satisfaction rate is currently at 91%. C.A.S.E. and their partners Lutheran Family Services and Commonwealth Catholic Charities has been able to be integrated into a cohesive and collaborative team of adoption-competent regional managers and case managers that have executed a highly-individualized and effective model. They expect to continue the upward trend in both family satisfaction and number of families engaged in the service, especially as time passes and "word of mouth" becomes a significant factor in service utilization.

C2Adopt had far fewer families engaged in services than was projected. This was due to a) lack of referrals, b) high non-response rate from families and c) several families declining services. For all families that were contacted, an intake was completed at least over the phone to determine what services they could provide to them that would be helpful even if they didn't feel a need for an ongoing case management service with face to face contact. Staff provided training opportunities to families throughout the year both through C2Adopt and also through regular communications about community based training opportunities and almost all were free of charge. Families were made aware of community resources and support groups through phone calls, emails and face to face contacts throughout the year.

As stated in their work plan, "Families will report 95% positive ratings on items related to quality and helpfulness of informational resources on family satisfaction surveys... On parent satisfaction surveys and 90% of ratings of services, including case goal attainment, are positive and supported by narrative responses." As the overall satisfaction rate is at 91% of families "very satisfied" with services they have received or are receiving, this second goal was met. In terms of the first goal, the 95% positive rating was slightly missed, but likely ambitious for a developing program.

Post-Adoption Consultant

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

Child Trends was tasked with the following specific requirements:

- Develop and implement a comprehensive program evaluation plan of post-adoption services and supports available in the commonwealth;
- Prepare a post-adoption services statement of needs to be included in fiscal 2019's request for proposal to purchase comprehensive post-adoption services across the commonwealth for fiscal 2020;
- Develop and deliver a comprehensive technical assistance strategy; and
- Develop a comprehensive communication strategy for VDSS to use statewide that stresses the importance of improving post-adoption services tailored to the interests and perspectives of a broad range of stakeholder groups.

Child Trends produced several deliverables in SFY 2019. This included the needs assessment, evaluation of the State's existing and available post adoption services, regional consortia service delivery model, and priority services and supports identified in the needs assessment. Educational toolkits and fact sheets were developed for dissemination as part of the communication plan. Child Trends also provided recommendations based on the needs assessment and evaluation which VDSS adopted. The report, *Post-Adoption Consultation Evaluation Report, January 31, 2019* was made available to VDSS and its community partners. Some of the main findings of the report are listed below.

Child Trends examined available data on the size and characteristics of the current population of adopted children in Virginia in order to provide VDSS with an understanding of the potential scope of the population that may need or use post-adoption services and supports. Overall, Child Trends found that 7,059 children were under age 18 as of 2017 and had been adopted from foster care in Virginia. The Northern and Piedmont regions have the largest populations of children adopted from foster care and the Central region has the smallest. There were 7,545 children under 18 adopted internationally, which is slightly more than the number of children adopted from foster care. Far less information is available about children adopted privately from within the United

States, but this group is likely the largest of the three.

Roughly half the population of children adopted from foster care in Virginia are 12 to 17 years of age (47 percent), and about one in four were adopted at age 8 or older (24 percent). As of the time of adoption finalization, about one in four also had a medical condition (26%), and 13% had a diagnosed mental health disorder. All of these child characteristics potentially indicate a higher level of need for interventions and supports for both the children and their parents. Less is known about Virginia's population of children adopted privately, either domestically or internationally.

Stakeholders in the Commonwealth provided feedback about families' and providers' needs and experiences related to seeking, providing, and receiving post-adoption services and supports. Many adoptive parents in Virginia have strong natural supports. They also tend to have adequate financial resources and to be well-educated (over 80 % had post-secondary education). Although not all families will require post-adoption services to succeed, many do face challenges, and all should be prepared to recognize when to seek help and how to obtain help when needed.

Child Trends recommended VDSS/DFS establish an integrated model of adoption support. The model must include evidence-based and evidence-informed services that support and strengthen adoptive families. The full continuum of services should include basic, enhanced, and intensive services in the following domains. Basic services include (1) Information/referral/advocacy and (2) education, training, support, and advocacy for adoptive parents and youth, staff, and the larger community. Enhanced services include (1) Peer support, (2) Case management, (3) Assistance with birth family contact, (4) Clinical services, and (5) Respite. Intensive services include crisis support.

Child Trends recommended that family eligibility should not be time-limited as families may need services episodically, sometimes years after adoption finalization. To engage families effectively, services must be accessible in every region.

Using evaluation results and recommendations from the Evaluation Report, VDSS issued a Request for Proposals (RFP) in 2019 to solicit proposals from experienced private non-profit entities, private non-profit licensed child-placing agencies and local departments of social services to establish a regional consortium of qualified service providers. The regional consortium would be responsible for the delivery of an array of post adoption services and supports in each region that prevents dissolutions and strengthens adoptive families. Due to negotiation matters the RFP was withdrawn. The division will issue a new RFP in 2020, incorporating the lessons learned from the previous solicitation. Other deliverables by Child Trends including training and provision of technical assistance to the contractors will be delivered in 2020 and 2021.

Foster and Adoptive Family Recruitment

VDSS released a Request for Applications (RFA) to solicit applications to award one or more contracts to develop and implement innovative service delivery approaches for foster and adoption recruitment statewide, and to recruit families for the purpose of adoption of children from foster care. The goal of the initiative was to increase the number of finalized adoptions in Virginia. Four non-profit organizations were awarded contracts to recruit resource families in the five regions of the commonwealth. Virginia One Church, One Child, DePaul Community Resources, Connecting Hearts, and Lutheran Family Services provide general and targeted recruitment activities. All of the contractors utilize some aspects of the Heart Gallery intervention. In November during adoption, the agencies

coordinate with VDSS (DFS and Public Affairs) to promote selected children waiting permanency to potential adoptive parents. More than 50 youth were featured throughout the month on various media and social media outlets.

A total of \$273,196 was spent on family recruitment activities from July 1, 2018 – June 30, 2019. The following client activity was reported by contractors for this fiscal year:

Family Data	Total
Number of family inquiries this year (i.e. phone calls, online, FITT)	406
Number of families recruited through events this year.	258
Number of families that were in the approval matching process at the end of the contract period.	40
Number of children served that were waiting permanency during the contract period.	63

Accomplishments reported by contractors in 2019:

- Connecting Hearts hosted its first ever match event with 8 children attending. 7 of those 8 children had families interested in them by the end of the event. Additionally, Connecting Hearts provided family support to 326 new families this year, referring each to both private and public agencies. 16 of the 109 children that were adopted in Central Virginia were featured through Connecting Hearts programming. They hosted multiple information sessions, attended over 150 general recruitment events not including individualized family support activities, and developed relationships with countless community partners to support our efforts. Their 30 Kids in 30 days campaign was hugely successful, generating almost 100 new or existing family inquiries, tens of thousands of Facebook engagements with child features, and over 30 of those families were interested in learning more about specific children.
- DePaul Community Resources: As a result of FAFR general recruitment activities and the Heart Gallery display, foster care and adoption awareness has increased significantly. Many of the Heart Gallery locations had a viewership of over 1,000 individuals. The Smyth County News and Messenger has a circulation of just over 4,000. Additionally, an undetermined number of individuals viewed WSL's 30 Days of Hope campaign, which had viewership both on television and on their website.
- Lutheran Family Services: The program has been more successful at larger community outreach events and reached 48 families through a carnival in May. Of the families who have participated in after-event surveys for both fiscal years, 77% indicate that they plan to pursue approval with an agency. One youth from our Heart Gallery has been placed in a pre-adoptive placement through LFS. Two other youth from the Eastern Region Heart Gallery have been placed in pre-adoptive placements with other agencies.
- *Virginia One Church, One Child*: In FY19, VOCOC had thirty-two (32) showings of the NOVA/Piedmont Heart Gallery; fifty-four (54) adoption information presentations in churches

and community settings with 37 of them in Piedmont and Northern VA; three-part info session and one additional guest appearance Adoption Presentation on Comcast Cablevision. They launched "Stories Worth Telling" featuring authors of Adoption and Foster-care related books which also engaged a Northern VA Library and Bookstore. They offered "Empowered to Connect" trauma-informed training for families and workers in Piedmont, VA. VOCOC hosted two Regional Adoption Agency Vendor Fairs in Piedmont--South Boston, VA (Halifax) and Boones Mill, VA (Franklin); two match events in NOVA--Vienna/Nov, 2018 and Dumfries, May, 2019 serving 20 families and 13 families respectively and presenting 15 children and 24 children respectively.

Extreme Recruitment®

In state fiscal year 2016, VDSS issued a RFP to purchase Extreme Recruitment® services. Extreme Recruitment® (ER) is an evidence-based intervention that locates relatives and kin of foster care youth who have parental rights terminated to find permanency through guardianship or adoption. Extreme Recruitment® works exclusively with the hardest-to-place children: ages 10-18, sibling groups, children of minority status, and youth with emotional, developmental, or behavioral concerns. Using VAdopts Campaign funds, VDSS contracted with three organizations through the RFP process to provide services in Eastern, Northern, and Central Virginia and later added a fourth organization to provide ER services in the Western region. The four contractors providing child specific adoption recruitment services under this funding stream are C2Adopt, United Methodist Family Services (UMFS) Tidewater, UMFS Northern Virginia, and Radford Department of Social Services (DSS). UMFS Tidewater was contracted to provide services in the Eastern Region. UMFS Northern VA was contracted to provide services in the Northern Region. Radford DSS is contracted to provide services in the Western Region.

In SFY 2019, \$360,086 was spent on Extreme Recruitment activities.

Client activity reported by contractors in SFY 2019:

Number of Foster Care Youth Served	96
Number of relatives identified during the search process	2,906
Number of youth matched with an adoptive family	38
Number of finalized adoptions	12

- The intervention has two measurable outcome goals. The first goal is 85% of youth will be reconnected with a network of safe, appropriate adults. UMFS Tidewater, UMFS Northern VA, and C2 Adopt either met or exceeded this goal. The second goal is 70% of youth will be matched with an adoptive family. UMFS Tidewater and UMFS Northern VA exceeded this goal.
- During the contract period, 5 youth achieved finalized adoptions. This included a sibling group of 2 who remained together and one of the siblings had a diagnosis of Autism/Aspersers. Another youth was nonverbal and one youth was diagnosed with Autism and Spina bifida. In addition UMFS-Tidewater had a 16 year old youth whose birth father's rights were reinstated. *UMFS-Tidewater*
- The ER program worked with a non-profit to run a national recruitment campaign for a young man with a neurological disorder. The campaign located a family whose young son was just diagnosed with the same disorder.

VDSS will extend existing Extreme Recruitment® contracts until June 30, 2020 after which a new intervention, 30 Days to Family®, will be piloted in the Commonwealth. 30 Days to Family® is a more preventative approach that searches for relatives and kin within the first 30 days of the child entering foster care for permanency options such as adoption.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Agency Administering Chafee (section 477(b)(2) of the Act)

The VDSS staff is responsible for developing policies, procedures, and new programs as necessary to improve services to older youth throughout the commonwealth, in accordance with the Chafee program. Annually, VDSS provides the Chafee and Education and Training Vouchers (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 a completed and approved plan and budget. VDSS provides programmatic oversight to LDSS' Chafee and ETV programs through quarterly reports, LASER reports, and sub-recipient monitoring. In addition, VDSS offers training, technical assistance, resources, and tools to improve LDSS' performance in the delivery of services to eligible youth.

Description of Program Design and Delivery

The John H. Chafee Program for Successful Transition to Adulthood (Chafee program) is a component of the VDSS foster care and the Fostering Futures programs and supports all youth who experience foster care at age 14 or older up to age 23 since Virginia has extension of foster care to age 21, as allowed by Family First.

Virginia's LDSS have the flexibility to design services to 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 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 Indian 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 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 Kinship Guardianship Assistance Program (KinGAP) after age 16 from foster care, to make the transition to self-sufficiency. Services include education, career exploration, vocational training, job placement and retention, training in daily living skills, budgeting and financial management skills, substance abuse prevention, and preventative health activities. The commonwealth establishes objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

The Fostering Futures program provides the 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. The Fostering Futures program is also available to youth who turned 18

while committed to the Department of Juvenile Justice and who were committed directly from foster care.

Credit Checks for foster youth (Strategic plan permanency 4.7)

The Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia require that free annual credit checks be conducted for all youth age 14 and older 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. VDSS has a dedicated staff person to assist in implementing the statewide credit check mandate. Once the credit reports are received, VDSS provides the reports to the LDSS. The LDSS provide a copy of the credit report to the youth and places a copy in their files. It is the LDSS' responsibility to assist in removing any erroneous or fraudulent information on the youth's credit report. LDSS have access to the credit check guidebook and sample letters of dispute forms developed by the commonwealth's Chafee staff and found on VDSS' internal website, as well as technical assistance provided by Chafee staff.

From January through December 2019, VDSS ran credit checks for a total of 1,255 youth in care. Credit record irregularities (e.g., erroneous personal information, potentially fraudulent credit activity) were detected for 6.5 % of these youth ($n = 82$). VDSS continued to provide written guidance, training, and technical assistance to help LDSS identify and resolve problems detected in youths' credit records.

VDSS supported research to examine the commonwealth credit check program in 2019. This study found that, of the 5,006 youth in Virginia's foster care system who received credit checks during a 45-month review period (October 2015 – June 2019), 361 youth had potentially fraudulent activity or errors in their credit records. Detected issues were resolved (i.e., removed from credit records) for approximately 25% of these affected youth ($n = 91$). Slightly less than half of the affected youth ($n = 176$) were adopted, reunified with their families, or aged out of care before their next scheduled credit check. At the time of the study, more than 22 % ($n = 80$) were still in care but had not yet received their next credit check. Because updated credit reports were not always available before the youth left care, VDSS was unable to verify resolution of detected issues in some cases.

Annual Credit Checks:
January - December 2019

<u>Month</u>	<u># conducted</u>	<u>Youth with issues</u>
Jan	123	8
Feb	108	5
Mar	84	0
Apr	125	4
May	101	18
June	75	2
July	138	3
Aug	134	15
Sept	113	10
Oct	103	10
Nov	66	2
Dec	85	5
<i>TOTAL</i>	1,255	82

Credit inquiries were the most frequently discovered credit report issue, accounting for 61% of all identified issues. Collections were discovered in 29% of credit reports with problematic issues. Issues were most commonly associated with financial and banking services (39%); cable, cellular, and internet services (35%); and healthcare (14%).

Per the Code of Virginia ([§ 63.2-905.2](#)), LDSS are also required to initiate credit security freezes for children under 16 years of age who have been in foster care for six months. A credit security freeze blocks the information on an individual's credit report and can help prevent identity theft. The statewide credit freeze mandate was implemented in July 2019. From implementation through December 2019, a total of 678 children in foster care were eligible for credit freezes. VDSS staff communicated policy and eligibility information to the local department partners, who are responsible for initiating and terminating credit freezes for children in their custody. VDSS also provides written guidance, training, and technical assistance to help workers navigate policy requirements and protect the identities of children in care. Although, VDSS provided the lists of names initially, effective June 2020, LDSS will have access to their own list through SafeMeasures®.

Credit Freeze Workload:

July – December 2019

<u>Month</u>	<u># eligible</u>
July 2019	123
Aug 2019	94
Sept 2019	102
Oct 2019	79
Nov 2019	133
Dec 2019	147
<i>TOTAL for calendar year 2019</i>	678

For FY 2021, VDSS staff will continue to run credit checks for youth ages 14 to 17 annually, re-emphasize to LDSS the importance of assisting youth in the Fostering Futures program run their free credit checks annually; and seek resources to support LDSS in resolving issues on youth credit reports.

National Youth In Transition Database (NYTD) (Strategic plan permanency 4.2)

IL services are required to be part of a planned program of service to youth who meet assessed needs for permanency and development of life skills. LDSS workers document IL services provided to youth age 14 and older in OASIS. Virginia's goals are to collect and manage NYTD data for reporting accurate data, consistent with the requirements specified in the federal NYTD regulation, and to utilize strategies that prove effective in evaluating data collection and reporting. In coordination with youth, LDSS, and internal and external partners, VDSS will continue to improve collecting and reporting processes, analyze the data, look at trends, and make changes to guidance and policy to improve services statewide for youth in and transitioning out of foster care. VDSS will continue to share results of NYTD data collection with youth, IL coordinators, LDSS, and stakeholders through broadcasts, presentations, and training. Youth and/or Project LIFE staff will continue to provide presentations on NYTD at youth conferences. Commonwealth staff will focus on improving the process for providing feedback to

stakeholders and decision-makers on NYTD data. Virginia has NYTD reports in SafeMeasures® (data pulled from OASIS), which allows LDSS and VDSS to review this data regularly to improve services and performance outcomes.

During NYTD reporting periods 2019A (October 1, 2018 - March 31, 2019) and 2019B (April 1, 2019 - September 30, 2019) Virginia collected and reported data on all IL services provided to eligible youth 14 years of age and older, as well as administered the NYTD follow-up survey to eligible 19 year olds. Virginia far exceeded the participation rate for surveying youth participating in Fostering Futures, Virginia's extension of foster care, and also met the requirements for locating and surveying youth who are no longer receiving services from the LDSS. Over 1,150 youth were reported as receiving at least one independent living service during federal fiscal year 2019. Following receipt of NYTD requirement compliance from the Children's Bureau in early 2020, VDSS is planning to share 2019 NYTD data with Virginia's Youth Advisory Board SPEAKOUT (Strong Positive Educated Advocates Keen On Understanding the Truth) and other stakeholders. During statewide youth conferences, youth and Project LIFE discussed the importance of NYTD and taking the survey. All LDSS have the ability to monitor and track their NYTD services and surveys using reports provided in SafeMeasures® and NYTD information is shared with LDSS through Broadcasts and emails to local IL Coordinators.

For FY 2021, VDSS staff in collaboration with Project LIFE and youth will continue to provide training and technical assistance to LDSS to encourage eligible youth to participate in the NYTD survey and provide age-appropriate IL services to all youth.

Medicaid (Strategic plan permanency 5.2)

Youth in foster care who had an open case and were receiving Virginia Medicaid at the age of 18 are eligible for Medicaid up to age 26. VDSS 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 the 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 continued to collaborate with DMAS to provide Medicaid to eligible youth. As of December 2019, 796 young adult (18-21 years old) continue to receive services including Medicaid. As of July 1, 2019, there are no longer any youth ages 18-21 receiving the IL stipend, however those individuals are still eligible for Medicaid coverage. Youth 18-21 currently in foster care are eligible for Fostering Futures and Medicaid. FY 2021, VDSS will ensure youth are aware that they are eligible for Medicaid to age 26.

Educational Stability (Strategic plan permanency 5.4)

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

In addition to the joint trainings offered across the commonwealth, VDSS and VDOE continued to collaborate to provide technical assistance regarding educational stability of children and youth in foster care. 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 in order to make joint best interest determinations by looping each other into all conversations and providing joint, agreed upon answers to difficult questions. When a situation had a funding aspect (e.g. transportation or private day), VDSS and VDOE also brought Office of Children Services (OCS) to the table to provide guidance on the use of CSA funds for the education of children and youth in foster care. VDSS and VDOE attended a national conference on educational stability of children and youth in foster care, bringing back better understandings of federal guidance and ideas for best practices from other states. This knowledge is being used to strengthen policy and practice. In late 2019, VDSS and VDOE completed a trauma review of the joint guidance in partnership with the Virginia Governor's initiative *Linking Systems of Care for Children and Youth*. Recommendations from this collaborative review will be incorporated into the next revision of the joint VDSS/VDOE guidance. VDSS also has membership on the State Special Education Advisory Committee (SSEAC), allowing for considerations of children with disabilities who are also in foster care to be brought to the table. For FY2021, VDSS will continue to collaborate with VDOE to provide training and technical assistance to stakeholders in order to provide appropriate services and support to youth.

SPEAKOUT and Youth Voice (Strategic plan permanency 4.1, 4.4, 5.2)

VDSS is committed to facilitating youth voice and engagement in policy development, program planning, and the Chafee plan. As a result, VDSS partnered with the Capacity Building Center for Commonwealth to develop a youth advisory board. In FY2018, the SPEAKOUT youth advisory board elected officers, developed their mission and vision statewide, and passed bylaws that outline the roles of adults and alumni supports, membership, annual meetings, and strategies for communicating and working with VDSS and Project LIFE. VDSS has a dedicated, part-time staff person to provide additional guidance and support to SPEAKOUT in planning and implementing its agendas, objectives, and goals. SPEAKOUT routinely has access to VDSS leadership and is invited to provide input into VDSS foster care initiatives and policies. Members are also routinely invited to participate in stakeholder meetings, such as CWAC, speak at events for LDSS staff and leaders, and meet with commonwealth legislators when these opportunities arise. In addition, VDSS, SPEAKOUT, youth, and LDSS workers collaborated to create a youth exit survey, required by the 2017 general assembly, to learn more about young people's experiences in foster care. VDSS will use the information collected to develop recommendations for improving foster care and better prepare youth for leaving care. Also, VDSS collected input from the youth on the top ten things that should be improved in foster care to use for PIP and CFSP development.

SPEAKOUT members engaged with VDSS to identify areas of focus and committee goals, informed by their experiences in Virginia's child welfare system. SPEAKOUT met four times with VDSS foster care program staff during 2019. During these meetings VDSS provided status updates, which allowed SPEAKOUT to decide what areas to work on in their strategic plan.

VDSS would like to provide a Spotlight on a SPEAKOUT Member:

SPEAKOUT and Project LIFE have had a significant impact on one young man in developing his leadership and advocacy skills. He is the President of SPEAKOUT and last year he was the Vice-President. He is currently a sophomore attending a four-year university. This young man is committed to service and

civic involvement at the university and in community and has shown superior leadership. Some of his activities include:

- Student Government Association-Student body Vice-President (2020)
- Foster-U- President and Founder, a new student organization on campus with the goal of inspiring youth in and transitioning out of foster care to seek post-secondary education through community service, workshops, and mentorships.
- FosterClub (Seaside, Oregon) Foster Care Intern representing Virginia
- Children's Bureau-Youth Ambassador with Virginia Team at the annual Chafee Program Alliance Meeting (2018, 2019, 2020)
- Congressional Coalition on Adoption Institute (CCAI)-2020 Foster Youth Intern, currently working with CCAI to write federal policy in response to COVID 19 and its impact on youth in foster care.
- Tidewater Fiends of Foster Care- Volunteer (Gift Wrap-A –Thon, Foster Care Awareness)
- Project LIFE-Volunteer, assist with youth groups, speaking engagements, and presentations
- VDSS-serve on state committees (i.e., Normalcy Committee)

Also, during 2019, VDSS Chafee staff along with representative from Project LIFE attended the annual Chafee Program Alliance Meeting presented by the Capacity Building Center for States on behalf of the Children's Bureau in Washington D.C. on August 22-23, 2019. The purpose of the meeting was for state teams to discuss their Chafee section of the Child and Family Service Plan (CFSP), anticipated challenges, and opportunities; cultivate connections between states through networking; engage youth in program planning and CFSP; and to continue the conversation on the role the Chafee Program can play in strengthening youth and families.

Per the request of the Children's Bureau to have youth ambassadors at the conference, two young adults with lived experience in foster care and on the SPEAKOUT accompanied VDSS staff to the Chafee meeting. Virginia's youth ambassadors participated in the conference and guided discussion regarding developing and sustaining youth engagement activities (including advisory boards). Participants learned from federal representatives and each other, provided feedback and input, and built their networks to support the continued work of serving youth in and aging out of foster care.

Youth were involved in presentations on the importance of youth engagement at regional trainings for local workers and VALCPA, and participated in activities focused on developing effective youth-adults partnerships during a regional IL committee event.

Another opportunity to get youth voice is through the *Youth Exit Survey*. In accordance with state law ([H1451](#)), VDSS developed a survey with the input from youth and other stakeholders to gather feedback from youth exiting the commonwealth's foster care system. The objects of the *Youth Exit Survey* is to learn about the relationships, resources, activities, and overall experiences of youth who have been in foster care and use this data to improve the foster care system.

A pilot survey was launched in January 2019 and continued through June 2019. During the pilot phase, the survey was administered exclusively in the Central and Piedmont regions of Virginia. Following the pilot phase, the *Youth Exit Survey* was launched statewide in all regions in July 2019. To promote and administer the survey, VDSS provides written guidance, training, and technical assistance to LDSS. To incentivize participation, VDSS offers a \$15 gift card to eligible youth who choose to participate. From January-December 2019, a total of 260 youth have been eligible to complete the *Youth Exit Survey*, and

VDSS received 50 responses. For FY 21 and in collaboration with university and community stakeholders, VDSS will focus on revising the survey instrument (shorten the instrument) based on survey participants' feedback, improving marketing, and updating improve marketing, and update administration protocols in efforts to encourage participation.

Youth Exit Survey: Eligibility & Responses			
	<u># eligible</u>	<u># responses</u>	<u>Response rate</u>
Pilot phase ¹	73	13	17.8%
Statewide phase ²	187	27	14.4%
Total³	260	40	15.4%

¹Pilot phase: January 2019 through June 2019.

²Statewide phase: July 2019 through Dec 2019.

³Responses received at any time during calendar year 2019.

In addition, VDSS is a part of the Youth Housing Stability Coalition, a group of young people with lived experience, stakeholders, and organizations that have come together to take a system-level approach to respond to the issues that impact the housing stability of youth ages 14 to 24 in the greater Richmond region - building on their collective strengths and intentionally working to address gaps. Because youth who experienced foster care are at greater risk of experiencing housing instability, VDSS's participation adds a valuable foster care system perspective and informs VDSS of current resources and challenges.

Three localities (Newport News, Portsmouth, and Chesapeake) have received the Foster Youth to Independence (FYI) Tenant Protection Vouchers (TPV) for eligible youth. FYI allows for Public Housing Authorities without a Family Unification Program (FUP) to request TPV vouchers to serve youth under the age of 25. VDSS has been in communication with these localities to provide information, support, and Chafee funding, if needed.

For FY2021, VDSS will continue to work with youth and key stakeholders to seek opportunities for youth engagement and voice, support SPEAKOUT, and LDSS that are assisting youth participating in the FYI Initiative.

Project LIFE

The goal of Project LIFE is to coordinate and enhance the provision of IL and permanency services to youth statewide. Because not all LDSS have the staff and resources to provide the services needed to establish permanent connections and help youth develop adult living skills, VDSS and LDSS benefit from additional support from a contractor that provide IL statewide and community partnerships. The partnership with United Methodist Family services (UMFS) 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.

In accordance with options in the Fostering Connections to Success and Increasing Adoptions Act of

2008, Virginia continues to develop or refine guidance addressing youth engagement, educational stability and attendance, health, transition planning for young adults aging out, and support for youth who are adopted after reaching 16 years of age. VDSS and other key stakeholders continue to work with youth to address topics concerning youth voice, strengths-based perspective, youth-driven practice, emotional support, access to medication, and access to financial literacy resources.

In July 2019, VDSS awarded UMFS the statewide IL services contract for the third time. In the past ten years, Project LIFE has served over 3,000 youth in and transitioning out of foster care, and has prepared these young people for advocacy opportunities, strengthen their natural supports and connection with stable adults. Also, they have provided training and technical assistance to LDSS staff. This new contract emphasizes positive youth development and engagement for youth, and training and technical assistance for the LDSS, including the implementation of the youth welfare model, created by the Capacity Building Center for State, which focuses on the unique needs of youth.

UMFS has extensive experience with Positive Youth Development (PYD). Over twenty years, this organization has adopted the Circle of Courage as a foundation for their work with young people. The “Circle of Courage is based on the belief that all people have strengths and are able to form social bonds, solve problems, exercise, self-control, and make a contribution to society.”

Division of Family Services staff participated in the annual statewide youth conference; November 8-9, 2019, which was sponsored by VDSS and coordinated by Project LIFE. The conference was entitled, “Life Hack” and there were 65 youth participants from across the commonwealth. Sixteen youth participated in the planning and facilitating in the conference. The Assistant Director facilitated a workshop to get youth’s voice on what is important to them and what they like to see improve in the Virginia’s foster care system. A list was developed from the youth’s input and then prioritized by them. ETV Administrative Specialist manned a table that provided youth brochures and posters on the ETV Program that assist with educational expenses associated with post-secondary education and vocational training programs.

In addition, Voices for Children facilitated a youth panel of inspiring young people, and SPEAKOUT provided a presentation to inform participants what the state youth advisory board is about and to recruit new members. The youth and volunteers enjoyed the “life hack” theme and workshops where they learned various life skills that will help them as they transition into adulthood. Topics included cooking, laundry and clothing repair, health care, saving/investing, and interviewing skills. The youth went bowling Friday night and had a dance party on Saturday. The conference evaluations from youth were very positive.

From July-December 2019, Project LIFE provided approximately 250 youth training or workshops on following topics: financial literacy, job skills, good credit, healthy relationships, self-care, fitness, mental health, ETV and educational services, nutrition and cooking, career exploration, public speaking, advocacy, stress management, and human trafficking.

For 2021, Project LIFE in collaboration with VDSS will continue to provide training, technical assistance, resources, and tools to support youth and LDSS in the delivery of services to eligible youth.

COVID-19 Pandemic

DFS staff participated in the first VDSS virtual youth conference on April 30 and May 1, 2020 as the annual statewide spring conference had to be cancelled due to the COVID-19 pandemic. Begin innovative and creative, Project LIFE coordinated and facilitated the virtual conference, which was scheduled 12:30pm – 4:30pm for two days by using the Ring Central application. During this virtual platform Project LIFE have 22 youth statewide actively participate in several different life skills opportunities listed below:

- Daily Living Skills/Home life through culinary arts session. Youth learned meal planning, preparation, and how to cook basic meals with pantry items.
- Relationship Building through an interactive discussion session. Youth learned how to develop and sustain healthy relationships.
- Self-Care/Creativity through a Guided Art session. Youth developed basic art expression techniques.
- Advocacy opportunity through the SPEAKOUT youth advisory group with VDSS. Youth were provided with an advocacy opportunities and ways to get involved in public speaking engagements.
- Permanency/Relationship building through Youth Adult Partnerships presentation. Youth were provided best practice approaches to develop their support teams and maintaining their permanent connections with supportive adults.
- Self-Care/emotional support through modern day technology's to use emojis to express their feelings.
- Self-Care through a yoga session to decompressed their life stressors.
- Kahoot activities to ensure youth are aware of two major areas – (1) National Youth in Transition (NYTD) activity and (2) Credit checks activity. Kahoot is a game-based learning platform that brings engagement and fun to its virtual platform.
- The conference end with a virtual party for the youth with a live DJ.

Currently, Project LIFE is using the virtual platform to present life skills trainings to youth.

The 2020 Activating Youth Engagement Summit, scheduled for April 30 – May 1 in Alexandria, VA, was cancelled due to the pandemic. This summit was being sponsored by the Annie E. Casey Foundation, in partnership with the Children's Bureau. As a result of the cancelation, a virtual Kick-off Event was held on May 27, 2020 for participants. Virginia's seven member team is composed of three DFS staff, Project LIFE staff and three young adults with lived experience participated in the kick off event. This event featured opening remarks from Associate Commissioner Dr. Jerry Milner and Sandra Gasca- Gonzalez, case examples about innovative youth engagement approaches, and details about additional learning opportunities and support over the summer.

The commonwealth Chafee team is also considering using the virtual platform to conduct its annual regional Chafee trainings for workers later this summer.

Serving Youth Across the Commonwealth

VDSS will ensure that the Chafee program continues to serve all political subdivisions in the commonwealth, based on assessed needs. The program focuses on collaborating and coordinating IL services with other agencies and providers to prepare youth to manage adult living successfully. All 120 LDSS with eligible youth receive Chafee allocations and are responsible for providing IL services to youth.

In addition, Project LIFE provides services to youth and support LDSS professionals in all five regions (i.e., Central, Eastern, Piedmont, Northern, and Western) of Virginia and to all 120 localities.

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 manage adulthood in a successful manner. 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 the practice profiles, which demonstrate how core activities are to be set into action. Although all of 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.
- We believe how we do our work is as important as the work we do.

VDSS contracts with a private provider that delivers statewide services in all five regions of Virginia. Statewide coverage is important in order to ensure that all eligible youth have access to services and that all LDSS have access to support in meeting the needs of youth in each of the commonwealth's regions. The contractor must incorporate the core beliefs of the children's practice model into their proposed program, and demonstrate sensitivity to cultural, socio-economic, and community influences. In addition, the staff need to have knowledge of the consequences of trauma, which affect the development and functioning of youth in and transitioning out of foster care, and demonstrate awareness of the devastating impact that adverse childhood experiences can have on youth by altering their physical, emotional, cognitive, and social development. The primary areas of focus of this contract are positive youth development and engagement for youth, training, and technical assistance for the LDSS, including the implementation of the youth welfare model, which focuses on the unique needs of youth. For more information and to access a printable version of these parameters, visit:

<https://capacity.childwelfare.gov/commonwealths/focus-areas/youth-development/youth-welfare-guide>

Serving Youth of Various Ages and Stages of Achieving Independence

Virginia will continue to support youth of various age and stages who experience foster care at age 14 or older in their transition to adulthood, through the provision of transitional services and opportunities to achieve meaningful, permanent connections with a caring adult. LDSS will 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. Educational support and services (e.g., financial, housing, counseling, etc.) are available to former foster care recipients 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 the provisions of Family First, VDSS extended the eligibility of the ETV to youth up to their 26th birthday, while placing a five-year limit on their total length of time to receive a voucher.

A formalized life-skills assessment and transition plan are required annually for each youth age 14 and over. The Casey Life Skills Assessment is the preferred tool for Virginia. Virginia recently combined the commonwealth's two transition plan templates for youth ages 14 to 17 and the 90-day plan into one document, including the specific requirements for youth 18 and older. This document 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. In addition, in completing the transition plan, the worker and the youth have an opportunity to discuss the importance of designating someone to make health-care treatment decisions on their behalf, if the youth becomes unable to participate in such decisions. VDSS, in collaboration with internal and external partners, works to ensure youth have permanent, lifelong connections to responsible, caring adults on leaving the foster care system, and that youth are prepared for self-sufficiency by providing a transition plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning, and other related services.

VDSS formalized a steering committee with representation from the VDSS foster care, family engagement & resource family, licensing, and training units, DBHDS, private foster and adoptive-home providers, and youth to continue collaborative efforts in Virginia for implementing normalcy for all children and youth in foster care. In addition, VDSS released foster care guidance addressing practice expectations for LDSS in working with LGBTQ youth; provided educational/awareness resources for LDSS, licensed child-placing agencies (LCPAs), and resource parents; and started organizing lists of community-based programs that serve LGBTQ youth, as well as LGBTQ-affirming providers.

Collaboration with Other Private and Public Agencies

VDSS works collaboratively with a number of public and private agencies to ensure that youth in foster care receive needed support as they work towards achieving independence.

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 coordination and enhancement of independent living services by collaborating with LDSS, private providers, and community stakeholders.

Community college tuition grant: The tuition grant pays for tuition and fees at the Virginia Community Colleges for youth in foster care or special-needs adoptees, based on financial need, who have graduated from high school or obtained their GED and meet eligibility requirements.

Great Expectations: Great Expectations helps Virginia's youth in foster care and foster care alumni/ae gain access to 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 to establish and maintain personal connections 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.

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

(<http://greatexpectations.vccs.edu/>)

Youth Housing Stability Coalition: The coalition, composed of various LDSS, community partners, and youth, formed to build alliances and a common knowledge base among those serving youth experiencing homelessness and to end housing instability in the Richmond, Henrico, and Chesterfield communities.

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

Determining Eligibility for Benefits and Services

Annually, VDSS allocates its Chafee funds in two primary spending categories: the Chafee allocations to LDSS and the funding of a contract for the provision of IL services, currently provided by a private non-profit agency. VDSS determines allocations to each LDSS based on their percentage of the statewide population of foster care youth, 13 years old and over, for the previous 12-month period. Approximately 90% of Virginia's Chafee grant is spent on services to assist youth in building competencies that strengthen individual skills, promote leadership skills, and foster successful independence. These services are paid for by Chafee funds or provided by VDSS, LDSS, and/or Project LIFE.

It is important to note that Family First revises the limitation on the use of funds for room and board by clarifying that not more than 30% of the Chafee allotment may be expended for room and board for youth who have aged out of foster care and have not turned 23 years of age. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, food, and rent payments if youth are at risk of eviction. VDSS monitors expenditures by LDSS in the various IL service categories and has published this standard in the funding guidelines.

LDSS continue to work closely with the local CSA teams that are responsible for overseeing the planning of and for approving commonwealth 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.

There are no restrictions on the provision of IL services to any eligible youth temporarily living out of the commonwealth, although these services may be purchased and provided by local providers, rather than by the LDSS or Project Life. Additionally, Virginia's Fostering Futures program does not require participants to live in Virginia to maintain eligibility.

Cooperation in National Evaluations

VDSS will cooperate in any national evaluations of the effects of the programs in achieving the purpose of Chafee.

Chafee Trainings

VDSS will continue to provide regional trainings for LDSS workers on the Chafee program and requirements, NYTD, ETV, credit checks, and educational stability. Youth will be involved in the regional training by being provided with an opportunity to share their stories and highlight the benefits of Chafee and ETV services in assisting them in preparing for adulthood. DOE and VDSS will continue to provide planned, joint, educational stability trainings across the commonwealth and offer LDSS- and school division-specific workshops on request. Collaborative trainings will be provided in other forums—for

example, 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 the IV-E training plan section.

VDSS delivered eight one-day trainings across the commonwealth for LDSS workers on the Chafee program and requirements, NYTD, ETV, credit checks/freezes, Virginia's Youth Exit Survey, educational stability, life skills assessments, and transition plans, utilizing the Youth Welfare Model. At each training, VDSS collaborated with Project LIFE to co-facilitate the life skills assessment and transition plan portion. One youth was also invited to each training and shared with LDSS workers the impact Chafee services have based on their lived experience. Additionally, VDSS has provided in-person or over the phone training to individual LDSS, as requested, for new workers and overall staff development. Reaching additional stakeholders, VDSS also presented breakout sessions at the annual CSA conference and the Virginia Association for Licensed Child Placing Agencies (VALCPA) conference. VDSS and VDOE collaborated to deliver ten half-day trainings across the commonwealth for LDSS workers and school staff on educational stability. Additionally, VDSS and VDOE presented at the annual CSA conference, a VALCPA board meeting, and the National Association of the Education of Homeless Children and Youth (NAEHCY) annual conference.

For FY2021, VDSS Chafee team plans to collaborate with the Division Training Unit to develop webinars on the various Chafee topics to be available to workers as needed.

Education and Training Vouchers (ETV)

The ETV program provides federal and commonwealth 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. Vouchers of up to \$5,000 are available per year, per eligible youth. LDSS process ETV student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. Although the ETV program is integrated into the overall purpose and framework of the Chafee program, this program has a separate budget authorization and appropriation from the general program.

Virginia administers its own ETV program through the VDSS Chafee staff and continues to use the allotted federal ETV funds to support eligible youth across the commonwealth. The ETV specialist provides training and/or technical assistance to LDSS, youth-serving agencies, foster care alumni, and foster and adopting parents. Vouchers are available to youth otherwise eligible for Chafee services under the commonwealth program who have attained 14 years of age. In accordance with Family First, Virginia extended ETV benefits up to age 26 to eligible youth, including those who left foster care through adoption or Kinship Guardianship Assistance Program (KinGAP) at age 16. Students may participate in the ETV program for a maximum of five years, whether or not the years are consecutive, as long as they are enrolled in a postsecondary education or training program and making satisfactory progress toward completion of that program.

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

localities are eligible to participate in the ETV program. Methods used to ensure total amount of ETV does not exceed the total cost of attendance, and to avoid duplication of benefits, include workers utilizing the cost of attendance calculator when assisting the students in completing the ETV student application, along with determining and documenting all financial aid the youth receives.

VDSS will continue to pilot the student support services project, which is geared toward youth ages 18 to 23 who reside or attend college or vocational school in the Central region, to support older youth in foster care and foster care alumni who are accessing ETV and enrolled in post-secondary programs. The pilot program was created in response to the assessed need of older youth in foster care or foster care alumni who are not otherwise connected to staff at a LDSS, including those whose custodial LDSS is in another part of the commonwealth or who were adopted but are no longer receiving support from their adoptive family, to have access to adult supporters in order to successfully surmount barriers to educational attainment. Barriers can encompass the universally experienced challenges within the age group, as well as challenges more specific to the foster care alumni population. A master's level social work intern at VDSS provides the support services.

	Total ETVs Awarded	Number of New ETVs
Final number: 2019-2020 School Year (July 1, 2019 to June 30, 2020)	258	81
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	320 (estimate)	101 (estimate)

* *Estimated*

Strategic plan **permanency strategy 4.5** seeks to increase the participation in the ETV program in Virginia. In addition to coordinating the commonwealth's ETV program and managing the IL services provider contract, VDSS continues to support its partnership with the Great Expectations program. This nonprofit organization is unique to Virginia and works strictly with youth in foster care or foster care alumni attending community college. Great Expectations is primarily funded through donations and fundraising efforts of the program, which is now operating in 21 of Virginia's 23 community colleges. This core initiative helps to strengthen the commonwealth's postsecondary education assistance program and promote academic achievement and educational stability. Great Expectations provides educational supports to assist this youth population in attaining their associates' degrees, vocational certificates, or GEDs. Supports include assistance in applying for college admission and financial aid (including linking students with the ETV program), personalized counseling, career exploration and coaching, student and adult mentors, life skills training, individualized tutoring, an Internet-based resource center, and emergency and incentive funds for students.

The commonwealth ETV specialist provides technical assistance to Great Expectations coaches to encourage greater access to the ETV program for youth attending community colleges. Great Expectations coaches and LDSS workers worked collaboratively and with VDSS staff on many occasions to identify eligible students and provide appropriate services and assistance through the ETV program.

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

VDSS is very pleased to report that the ETV Grant was fully expended in 2019, which was the first time in four years. There were many creative strategies that contributed to eligible youth utilizing these funds:

- Continued the ETV Student Support Services;
- Hired a foster care alumnae who is attending college and utilizing ETV funds. The ETV Administrative Specialist works closely with the Great Expectations coaches and eligible students;
- Utilized a new funding methodology that is consistent with the operation of other programmatic funds. VDSS provided 75% of ETV allocations to LDSS initially, holding remaining 25% until midyear review. The additional 25% were allocated based on need at that time;
- Redesigned and updated ETV information on public and interagency websites;
- Utilized the [FosterMyFuture](#) website (youth portal) to inform youth about ETV program;
- Launched a successful eight week ETV advertisement campaign in June 2019 in efforts to increase awareness and use of funds in collaboration with the Division of Public Affairs. The multimedia campaign featured statewide billboards, public service announcements, digital ads and social media outreach, and printed ETV brochures and posters that were sent to LDSS and key stakeholders;
- Revised the ETV student application and quarterly reports to be more user-friendly; and
- Contacted LDSS at the end of each quarter if their ETV quarterly report is missing or does not contain necessary data.

In 2019, VDSS ETV Program Specialist, presented at the Great Expectations' *Focus on the Future Graduation Celebration*. She presented two sessions on the ETV Program in collaboration with representative from the Virginia Credit Union who discussed financial independence. The presentation focused on youth learning to make smart choices to succeed financially and how they can use educational training vouchers to help reach their educational goals.

VDSS will continue its partner with the Great Expectations (GE) program in Virginia's community colleges. Currently, 21 community colleges participating in the GE program with plan to have all 23 involved by summer 2020. During 2019, 1450 participating in the program with 75 youth with lived experience graduated from the community colleges.

For FY2021, the VDSS will continue strategic efforts to improve ETV program access and bring awareness about the ETV program to youth, local supervisors and workers. Commonwealth staff, in collaboration with the VDSS division of public affairs, will continue to distribute marketing material (i.e., ETV brochures and posters) that are targeted to a broader audience, including young adults who may not be connected with an LDSS. In addition, VDSS will continue with the ETV newsletters and other communications to inform readers of programmatic changes and reminders, providing post-secondary financial and educational resource information, and strengthening the access to and consistency of the ETV program throughout the commonwealth.

Consultation with Tribes

In Virginia, Indian children experiencing foster care are eligible for the same benefits and services under the Chafee program as other children in foster care. Information about the Chafee and ETV programs

has been shared with tribal representatives as part of ongoing efforts to build relationships between VDSS and the tribes.

Consultation between Commonwealth and Tribes

Virginia DSS has 11 state and federally recognized tribes. The Division of Family Services (DFS) has made concerted efforts to build relationships with members of our state and federally recognized tribes. A Tribal Liaison position has been created and a project manager has been assigned, allowing for ease of continuity of contact between DFS and our tribes as well building trust between the tribes and government officials. The liaison worked with our tribes to create a proposal in regards to concerns identified by tribal members during the 2019 NICWA Conference.

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 Tribe (Nottoway)
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/>

DFS has formalized methods for collaboration and shared knowledge of ICWA laws through the combination of the roundtable meeting and site visits with Virginia's tribes. (**Permanency Strategy 6**) Roundtable meetings are occurring in the communities where tribes are located and are the primary avenue for building relationships between DFS and the tribes. 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. There is not a high frequency of tribal interaction with the LDSS. Data show a low percentage of children identified as Native American in foster care or involved with child protective services in Virginia. Built into the roundtable meeting agendas are the opportunity for tribes to share any experiences and processes experienced either at the local or state level that could inform practices, including education and training needs. In addition, local departments of social services (LDSS) located in the tribe's region have been invited to attend the roundtable meetings.

At a recent roundtable, the agenda included discussions related to Family Violence, Diligent Recruitment, Benefit Programs and an overview of the NICWA Conference. A VDSS benefits program medical assistance program consultant attending the meeting provide the overview needed. During this meeting, one of our tribal partners indicated she was going through the foster parenting training and approval process with the sole purpose of being available for any child in foster care identified as Native American, even if that child was not a member of her tribe. As a follow up to this meeting, foster care recruitment brochures were provided to the Nottoway and Mattaponi tribe. DFS continues to schedule roundtable meetings. The next roundtable meeting will be held virtually on June 24, 2020. One tribe member indicated that he would only be able to participate via telephone and so the meeting will be formatted to allow for phone and/or webcam participation.

Representatives from DFS and the Children's Bureau Region III office were set to conduct their first site visit with the Monacan Indian Nation on April 7, 2020. This purpose of this site visit is for VDSS to understand the unique culture and traditions of Monacan Indian Nation as well as answer any specific questions they have regarding DFS, ICWA and any other child welfare matters. Due to the COVID-19 pandemic, this visit has to be rescheduled. On May 5, 2020, the Assistant Director of Programs and Policy and the Project Manager participated on the HHS Regional III call with tribe representatives from Chickahominy, Chickahominy Eastern Division and the Pamunkey Tribe. During this call, the Assistant Director and Project Manager were able to introduce themselves and discuss their roles with the division. In addition, their information was added to the HHS distribution list for this meeting allowing for connections to be made between Virginia's federally recognized tribes and the division.

Tribal representatives are invited to the Child Welfare Advisory Committee (CWAC) meetings held in Richmond, Virginia three times of year. The representatives learn more about state's strategic plan and receive updates on the plan and outcomes. CWAC was established as the stakeholder group for DFS, specifically for the purposes of providing feedback on how their role working with children and families can support the activities that will lead to better outcomes. There was tribal representation at the most recent CWAC meetings in June 2019 and September 2019 and there are plans for tribe members to attend the meetings scheduled in 2020.

LDSS have established relationship with the regional practice consultants who are sought out by LDSS when questions and/or problems arise regarding ICWA. The practice consultants provide technical assistance on how ICWA and Federal laws interact. This past year, one practice consultant worked with a LDSS where children were identified to be members of both a Virginia federally recognized tribe and a federally recognized tribe in another state. Several resources were identified as a result of this case and shared by the practice consultant with other regional LDSS. Information included an example of an official ICWA notification letter, ICWA implementation guidelines, ICWA guidelines, ICWA contacts, and a BIA ICWA Rule PowerPoint presentation. In addition, the LDSS caseworker assigned to the ICWA case offered to share her experiences at a regional supervisors' meeting.

DFS continues to work towards the benchmark of developing formal guidelines on ICWA and cultural competencies. DFS is committed to continuing to improve the cultural competence of all staff. Cultural competency is a major component of family engagement, which is a priority for meeting our critical outcomes. The relationships being fostered through roundtable meetings, site visits and other child welfare focused committees, are all opportunities for DFS to be introduced to the culturally specific attributes of those tribes. These interactions will lend themselves to identification of any themes or problem areas that will be addressed and built into our existing trainings around cultural competency. In general, if there are any themes or problem areas identified as a result of the continued collaboration with our tribes, DFS would plan to consult with the Center for States for any technical assistance that may be beneficial.

DFS has incorporated a section on ICWA policy into both its Foster Care New Worker Training (CWS300) and Child Protective Services Training (CWS2000). Please see the training section of the APSR for the number of workers who have received these trainings in the past year.

No applicable ICWA cases were reviewed in the CFSR. In the 2019 CWCR, 77.42% of cases documented a contact in the OASIS contact screen with the purpose of "Indian Status" to address the ICWA status of the child (456 out of 589 total cases).

Children served by VDSS Child Welfare that identify as American Indian or Alaskan Native
Statewide Average Jan – June 2019

	# of Children by CPS Report Type	% Native American Children
Referrals	33,419	0.18%
Accepted	15,630	0.15%
Family assessment	10,978	0.15%
Investigated	3,852	0.14%
Founded	1,523	0.19%

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 1/1/2019 -6/30/2019

Statewide Jan.-Dec. 2019	Male	Female
All children in foster care services	4,179	3,698
# Native American children	1	4
Age at current removal		
0-3 years	0	1
4-10 years	0	1
11-14 years	0	1
15-16 years	0	1
17-18 years	1	0
Diagnosed disability		
Yes	0	1
No	1	3
Unknown	0	0
Case plan goal		
Adoption	0	2
Independent living	0	0
Relative placement	0	1
Return home	0	0
Other	1	1
Exits from care		
Reunification	0	0
Adoption	0	0
Custody transfer to another agency	0	0
Custody transfer to other relative (without KinGAP)	0	2
Emancipation	1	0

APPENDIX A COLLABORATIVE PARTNERS

Collaborative Body	Description
Adoption Development Outreach Planning Team (ADOPT)	ADOPT is a voluntary child-advocacy group of individuals from public and private child welfare agencies, adoptive parents, therapists, attorneys, and others interested in promoting its purpose. ADOPT is committed to promoting and assuring the rights of children in Virginia to permanent homes through advocacy, education, legislative activities, and examination of practice issues.
AdoptUSKids	This national, non-profit organization is committed to the adoption of waiting children. It is the lead agency in the AdoptUSKids network, which is funded by a federal grant through the Children's Bureau to recruit adoptive families for children waiting in foster care across the United States. It is also the membership organization for adoption exchanges, of which VDSS is a member. Virginia collaborates with the national adoption network to provide national photo listings of waiting children in Virginia.
American Academy of Adoption Attorneys	Non-profit national association of attorneys, judges, and law professors who practice and have otherwise distinguished themselves in the field of adoption law. It has collaborated with VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.
Association of Administrators of the Interstate Compact On the Placement of Children (AAICPC)	The Interstate Compact on the Placement of Children (ICPC) establishes uniform legal and administrative procedures governing the interstate placement of children and is statutory law in all fifty-two member jurisdictions and a binding contract between member jurisdictions. Established in 1974 the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) was given the authority to carry out the rules and terms of the Compact more effectively.
Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA)	The Interstate Compact on Adoption and Medical Assistance (ICAMA) was established in 1986 to safeguard and protect the interstate interests of children covered by an adoption assistance agreement when they move or are adopted across state lines. ICAMA is an agreement between and among its member states that enables them to coordinate the provision of medical benefits and services to children receiving adoption assistance in interstate cases. The Compact, which has the force of law within and among party states, provides a framework for uniformity and consistency in administrative procedures when a child with special needs is adopted by a family from another state, or the adoptive family moves to another state.
Child Advocacy Centers (CAC)	The Child Advocacy Center (CAC) program is a child-focused, facility-based program where representatives from many related disciplines using a multidisciplinary team (MDT) model meet to discuss and make decisions about investigation, intervention, treatment, and prosecution of child abuse cases. Children receive services at the CAC and the CACs work together to prevent further victimization of children. There are currently 18 CACs across Virginia. The Children's Advocacy Centers of Virginia (CACVA) is the recognized chapter of the National Children's Alliance for Virginia's CACs; the CACVA assists and supports the development, continuation, and sustainability of community-coordinated, child-focused services delivered by CACs.

	CACs are funded through VOCA funding, TANF and General Funds.
Child Protective Services Advisory Committee	Composed of local CPS supervisors and workers from across the state. The group meets quarterly and provides input into the CAPTA plan, legislative proposals, regulatory review, policy and guidance, and overall program direction.
Child Fatality Review Teams	There are five child fatality review teams (CRFT) throughout the state. The Code of Virginia, specifically §32.1-283.2, provides the authority for the work of the CFRT; the regional teams, utilizing an interdisciplinary approach, began reviewing the circumstances surrounding child deaths in SFY 2012. Regional CFRT conduct a multidisciplinary review to better understand how and why children die, identify risk and protective factors and make recommendations that help inform our practice, procedure and policy that improve the health and safety of our children.
Child Welfare Advisory Committee	Committee has representatives from LDSS and other state agencies that serve the child-welfare population, representatives from private child-placing agencies and non-profit organizations, resource families, child and family advocates, tribal partners, and the Court Improvement Program (CIP). It was formed as the original stakeholder group for the first round of the CFSR, but has continued as the main advisory group to the division director for family services. CWAC ensures that all child welfare activities are child-centered, family-focused, and community-based. CWAC includes a standing permanency sub-committees. The CWAC has reviewed the goals and provided feedback that is incorporated into the 2020-2024 CFSP.
Children's Bureau	VDSS has worked closely with the Children's Bureau on both the CFSR/PIP and the CFSP, holding bi-weekly calls with Children's Bureau representatives. Prior to each call, a PowerPoint presentation is developed with needed updates and discussion points, allowing for an organized flow to the call. Children's Bureau staff has the opportunity to ask and answer questions, along with providing guidance to VDSS leadership as these reports and action items progress.
Children's Justice Act/Court-Appointed Special Advocates (CJA/CASA)	The Court-Appointed Special Advocate (CJA/CASA) Advisory Committee oversees the CJA and CASA programs and makes recommendations to the Criminal Justice Services Board, Virginia Department of Criminal Justice Services. The committee is composed of 12 members appointed by the board and is focused on improving the investigation and prosecution of child abuse and neglect. The CJA/CASA Advisory Committee serves as one of the citizen review panels. The CJA/CASA Advisory Committee develops a three-year plan in coordination with child welfare and the child and family services review. The most recent plan developed is inclusive for 2016-2019.
Citizen Review Panels (CRPs)	Three CRPs are extremely helpful in gaining input and providing information. These groups are composed of diverse points of view and meet at least quarterly. Feedback from the CRPs is critical in vetting new or revised regulations, policies, and practices. In fiscal 2019, all three CRPs provided VDSS with recommendations to improve the Child Protective Services system in Virginia.
Community-Based Child Abuse Prevention	As the CBCAP lead agency, VDSS is involved with all sectors engaged by CBCAP. Funds awarded to Virginia through this grant are used to support the development, operation, and expansion of community-based, prevention-focused programs and activities with the goal of prevention of child abuse and neglect. During FFY 2019, VDSS worked in collaboration with the interdisciplinary,

	<p>collaborative, public-private structure, including representation from private and public sector parents and service providers, that directed and supported networks of coordinated child abuse prevention resources, activities that strengthened and supported families, and how the structure directed the network. This includes partnerships with the Virginia Family and Children's Trust Fund Board; the Virginia Partnership for People with Disabilities; the Department of Behavioral Health and Developmental Services; the Department of Health; the Department of Criminal Justice Services; the Department of Juvenile Justice; Families Forward formally known as Prevent Child Abuse Virginia (PCAV), and Early Impact Virginia (under the umbrella of Families Forward); and other state and local public and private non-profit agencies and organizations.</p> <p>The CBCAP Annual Performance Report, October 1, 2018 through September 30, 2019 details the additional collaborative efforts of VDSS, founded in the prevention community.</p>
Court Improvement Program	<p>Virginia's Court Improvement Program (CIP) provides feedback from court community stakeholders (i.e., attorneys for local departments of social services, attorneys for parents, guardians ad litem, and juvenile and domestic-relations district court judges). Focus was placed on CFSR items 5 and 6 (timely establishment and timely achievement of permanency goals), and item 23 (filing of petitions for termination of parental rights in accordance with required provisions). Efforts included CIP refining and distributing surveys to 119 juvenile and domestic-relations district court judges and to 1,526 attorneys who represent LDSS or who serve as counsel for parents and/or as guardians ad litem for children. The purpose of the surveys was to obtain court community input to inform the development of strategies and activities for the PIP. Thirty-four percent of juvenile and domestic-relations district court judges and 16% of attorneys and guardians ad litem completed the surveys.</p>
Department of Medical Assistance Service (DMAS)	<p>DMAS provides a system of cost-effective health care services to qualified individuals and families. It provides medical services through Medicaid providers for adopted children with adoption-assistance agreements that require medical or rehabilitative needs or who qualified for Title IV-E.</p>
Domestic Violence Action Team	<p>The Domestic Violence Action Team (DVAT) is an ongoing committee that works to improve victim services statewide. DVAT is made up of multiple VDSS representatives, local domestic violence programs, local DSS, and other state agencies. DVAT was the driving force in multiple VDSS guidance and practice changes and is currently developing a promising practices resource for local domestic violence programs.</p>
Early Impact Virginia (EIV)	<p>Early Impact Virginia (EIV) operates as part of Virginia's Early Childhood Initiative to increase local and commonwealth collaborative efforts and to increase the efficiency and effectiveness of home-visiting services. EIV coordinates with seven home visiting models across the state. VDSS is a member of the EIV alliance along with the Departments of Health, Medical Assistance Services, Behavioral Health and Developmental Services, Education, and non-profit partners. The Virginia Department of Health (VDH) administers the federal maternal, infant, and early childhood home visiting federal grants, and EIV provides input and support to the grant. EIV sponsors a home-visiting website and training through a VDH contract with James Madison University. EIV convenes the Leadership Council that</p>

	developed the state plan for home visiting and addresses issues such as data collection, centralized intake, professional development, and public awareness. VDSS administers funds to support EIV and Healthy Families sites.
Family and Children's Trust Fund	Effective July 1, 2012, the Governor's Advisory Board on Child Abuse and Neglect merged with the Family and Children's Trust Fund (FACT). FACT also provides grant funding to state and local programs that provide prevention and family support services in the commonwealth. FACT's mission focuses on intergenerational violence, including child abuse, domestic violence, and elder abuse. A standing committee of the FACT board has been established to serve as a citizen review panel.
Families Forward	In 2017 Families Forward Virginia was created as a merger of Prevent Child Abuse Virginia, CHIP of Virginia, and EIV. Families Forward provides statewide leadership for and unifies support for a multitude of Virginia programs through evidence-based and multi-generational prevention strategies. Families Forward provides home-visiting programs, family support and education, professional development, child sexual abuse-prevention programs, advocacy, public awareness, and public education.
Fathers Support and Engagement Initiative (FSEI)	This workgroup helps develop the Fathers Support and Engagement Plan. The plan includes policies to serve both parents as a family unit and strategies to increase noncustodial parents' financial and emotional involvement with their children. FSEI also helps identify and promote current fatherhood programs and services in the VDSS regions.
Foster Care Alumni of America (FCAA)	The mission of FCAA is to connect the alumni/ae community of youth who are in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care. Virginia's chapter is involved in outreach and recruitment efforts.
Great Expectations	Great Expectations helps Virginia's youth in foster care and foster care alumni/ae gain access to a community college education, supports their educational attainment and academic success, and assist with the transition from the foster care system to adulthood. The program helps young people to establish and maintain personal connections and receive the community support they need to live productive and fulfilling lives. (Website: http://greatexpectations.vccs.edu/) This initiative of the Virginia Foundation for Community College Education is in partnership with VDSS and LDSS, workforce investment boards, one-stop centers, community colleges, alternative education providers, other public agencies, school-to-career partnerships, and employers.
Joint Application Requirement Sessions (JAR)	VDSS held joint application requirement (JAR) sessions, which consisted of 32 meetings with 252 attendees. In addition, interviews with VDSS leadership and key stakeholders took place resulting in key considerations being documented prior to requirements of the gathering process for CCWIS. These key considerations prioritized the business process of field workers, the efficient use of any obtained funds, and the VDSS lessons learned through the implementation of previous IT systems. In identifying organizational requirements prior to, during, and following the JAR sessions, this stakeholder feedback served as the foundation for prioritizing issues and discussions as they arose. Utilizing these considerations, requirement categories were then developed to track the functional, non-functional, technical,

	and interface requirements. Requirements included, but are not limited to business processes, document management, portals, mobility, and security requirements.
Local Advisory Committees	There are three local advisory committees detailed in this list that are comprised of LDSS staff and advise child welfare programs across the continuum. The Permanency Advisory Committee (PAC), CPS Advisory Committee, and Prevention Advisory Committee advise the child welfare programs in DFS on improving safety, permanency, and well-being for children and families across the commonwealth. These groups serve as a mechanism for consistent stakeholder input in to VDSS activities. In addition, each of these groups are charged with assisting VDSS to align policies and guidance to promote a seamless best-practice continuum, improve coordination and integration, and provide consistency across all LDSS in the commonwealth.
Local Government Attorneys' Association (LGA) Children Dependency Committee	The LGA is an association of local government attorneys. It collaborates with the VDSS adoption programs by providing feedback on proposed legislation and state policy issues. Attorneys also serve on legislative study committees and other steering committees. VDSS provides resources to LGA to train on child welfare activities.
NewFound Families	NewFound Families is Virginia's foster, adoption, and kinship association and is supported by a multi-year contract with VDSS to "provide a supportive membership association as a partner to the Virginia Department of Social Services' effort to improve the delivery of foster, adoptive, and kinship care services to children living in resource family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home." NewFound Families-Virginia also provides an educational newsletter to a mailing list of more than 1,150 members and conducts four educational webinars on "Webinar Wednesdays" that cover a broad range of topics affecting resource families.
Office of Children's Services for At-Risk Youth and Families (OCS)	OCS administers the CSA, which provides child-centered, family-focused, cost-effective, and community-based services to high-risk youth and their families. VDSS collaborates with OCS to coordinate and provide services for children with adoption assistance agreements.
Parents and Families	Birth parents were engaged through the survey, along with a specific group-feedback session held at United Methodist Family Services, a provider partner, on March 11, 2019. The session included an overview of the CFSP and other major VDSS initiatives, along with a 90-minute facilitated feedback session related to their experiences with VDSS. This feedback was recorded and has been considered in the CFSP strategic plan as stakeholder feedback.
Pathways to Coordinated Care (PCC)	VDSS has been an active participant and serves on the Steering Committee of this workgroup with over 60 public and private sector members and led by the Department of Health. This legislatively sanctioned workgroup is charged with identifying service needs for substance-exposed infants and their caregiver as well as developing resources across the Commonwealth.
Permanency Advisory	Serves as a stakeholder group for the Permanency Program. Permanency Program staff regularly attend the meetings and seek feedback on a variety of overlapping

Committee	topics.
Prevention Advisory Committee (PAC)	Serves as a stakeholder group for the Prevention Program. Prevention Program staff regularly attend the meetings and seek feedback on a variety of overlapping topics.
Regional Child Fatality Review	The review of child deaths reported to CPS is accomplished by a multi-agency, multi-disciplinary process that routinely and systematically examines circumstances surrounding reported deaths of children. The purpose of the review is to enable VDSS, LDSS, and local community agencies to identify important issues related to child protection and to take appropriate action to improve the collective efforts to prevent child fatalities. Virginia's child-fatality review teams utilize the National Maternal Child Health (MCH) Center for Child Death Review data tool to collect comprehensive information and document the circumstances involved in the death, investigative actions, services provided or needed, key risk factors, and actions recommended and/or taken by the review team. Child-death data is collected and analyzed on an annual basis and reported to community stakeholders, the Commonwealth Board of Social Services, LDSS, and the general public.
Child Trafficking Legislation Implementation Workgroup	Serves as a stakeholder group for the CPS program. CPS program staff regularly attend the meetings and seek feedback on a variety of topics related to the implementation of sex trafficking legislation.
State Child Fatality Review Team	Interdisciplinary team that reviews and analyzes sudden, violent, or unnatural deaths of children so that strategies can be recommended to reduce the number of preventable child deaths in Virginia.
Tidewater Inter-Agency (TIA)	This group of public and private licensed child-placing agencies formed to discuss and advocate for improved adoption services and practice. VDSS collaborates with TIA to improve adoption practice and receive input in developing guidance regarding adoption.
Three Branch Team	The Three Branch Team is Virginia's implementation team for the Family First Prevention Services Act. The team was assembled in June 2018 and is composed of approximately 110 members who represent all child- and family-serving commonwealth agencies, private providers, advocacy groups, judicial representatives, CIP, legislative representatives, LDSS, and nonprofits.
Trauma-Informed Community Network (TICN)	The Trauma-Informed Community Network (TICN) is a diverse group of professionals in the greater Richmond area who are dedicated to supporting and advocating for continuous, trauma-informed care for all children and families within the child welfare system in the city of Richmond and surrounding counties. The TICN began in the fall of 2012 and is composed of trauma-informed experts from different non-profit, for-profit, and government agencies.
Virginia Department of Education (DOE)	DOE assists individuals who have been adopted to meet their educational needs and coordinates services and assistance for individuals who have adoption assistance agreements. An MOU is being finalized between DOE and DSS that will facilitate maximum cooperation between the two Departments, and encourage maximum cooperation between school divisions and LDSS, in ensuring the reporting, investigation, confidentiality and follow-up requirements of all suspected instances of child abuse

	and neglect that come to the attention of public school personnel are appropriately handled.
<i>Virginia Department of Health (VDH)</i>	VDH provides access to healthcare programs and providers and maintains records of birth certificates and acknowledgements of paternity. It assists individuals who were adopted or seeking to establish paternity.
Virginia One Church, One Child Program (OCOC)	This program is part of Virginia's campaign to recruit families to adopt waiting African-American children. The VDSS is a primary funder of the program.
Virginia Poverty Law Center (VPLC)	This non-profit organization concentrates in the areas of law that affect low-income families and children. The VPLC provides input on proposed legislation, participates on committees concerning adoption issues, and assists with legal training for attorneys who work for children in foster care.
Virginia Repertory Theatre	VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual-abuse prevention play "Hugs and Kisses" for children ages K-5 in elementary schools across Virginia. The play introduces the concepts of good touch, bad touch and secret touch to elementary school students in a sensitive and an age appropriate manner through an enjoyable, award-winning musical play. The play is a partnership between Virginia Repertory Theatre, Families Forward, and VDSS. Families Forward provides technical assistance to the cast and staff of the Program. Virginia Repertory Theatre subcontracts with two evaluation consultants to review, analyze, and recommend changes to improve the evaluation process and how the prevention messages are received by the children. VDSS and Families Forward jointly provide training on child sexual abuse to each touring cast.
Virginia Services Training Model Implementation Team	The training model implementation team is a collaborative effort between the Virginia Department of Social Services (VDSS), Department for Aging and Rehabilitative Services (DARS), and the Virginia League of Social Service Executives (VLSSE) to make decisions to the Division of Family Services about the development and implementation of a new services training model. This implementation team is an 18-month project tasked with reviewing the final recommendations of the Butler Institute for Families at the University of Denver and develop an implementation plan for the services training delivery system in Virginia. It is tasked with setting priorities and timelines, including short-, medium-, and long-term goals for the development of a new services training delivery system. Additionally, this advisory group will establish funding priorities to assist in the development of possible legislative initiatives and IV-E funding to support the new training-delivery system in Virginia.
Virginia Sexual and Domestic Violence Action Alliance	The Action Alliance is the statewide coalition of domestic and sexual violence programs. They are national leaders in primary prevention, provide expertise to organizations on effective response, and house the Virginia Family Violence and Sexual Assault Hotline. The Action Alliance is a partner in the creation and implementation of the Underserved Populations Learning Collaborative, a two-year learning program for local domestic violence programs to enhance programming for underserved populations in their communities.
Virginia Statewide	<i>The Virginia Statewide Parent Education Coalition (VSPEC)</i> consists of Commonwealth and community stakeholders and service providers working

Parent Education Coalition (VSPEC)	together to identify gaps in parent education and strengthen existing services. VSPEC was convened as part of the Virginia Early Childhood Comprehensive Systems Initiative, sponsored through the VDH as a result of a Maternal and Child Health Bureau grant. The work of this group is linked to the Virginia Early Childhood Initiative. The VSPEC is working to identify components of best practices in parenting education and to improve the availability and quality of parent education programs in Virginia. VDSS participates on VSPEC and provides sub-grant funding to Families Forward to assist with facilitation of VSPEC.
Virginia Underserved Population Advisory Committee	Lead by the Office of Family Violence, the Virginia Underserved Population Advisory Committee (VUPAC) exists to ensure that the voices of diverse populations are heard in various planning projects, including funding guidelines (RFAs) and training plans. VUPAC also responds to diverse requests for feedback from other advisory committees and state agencies. VUPAC is made up of representatives from population-specific organizations, domestic violence programs that address the needs of underserved populations, state agencies, and other statewide stakeholders.
Voices For Virginia's Children	This commonwealth-wide, privately funded, non-partisan awareness and advocacy organization builds support for practical public policies to improve the lives of children.
SPEAKOUT	SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth) is Virginia's youth advisory board. The board consists of 20 members, three from each of the five regions and five at-large positions. Youth members are between the ages of 14 and 26. The board develops an annual strategic plan and routinely works with VDSS to shape foster care policy and practice. Youth who attend the twice-yearly youth conferences hosted by Project Life (VDSS's youth development contract provider) are also intentionally involved in priority setting and shaping foster care policy and practice.

APPENDIX B: QAA/CASE REVIEW ATTACHMENT

VDSS QAA/Case Review System				
Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
Title IV-E New Case Validations	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	Each 90 days (<i>100% of children entering foster care within 90-120 days of entering care</i>)	2659
Title IV-E Ongoing Reviews	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	One time annually (<i>Cases selected at random</i>)	2179
Child Welfare Case Reviews (CWCR)	QAA Team	Targeted observations to review compliance with state and federal requirements in CPS; referrals, ongoing. Monitor and ensure proper OASIS documentation.	Quarterly (<i>100% of children involved with LDSS within 90-120 days of involvement</i>)	CPS Referrals: 2465 CPS Ongoing: 807 Foster Care: 521
Child and Family Service Reviews (CFSR)	QAA Team	Conformity with federal child welfare requirements; determine what is happening to children and families as they are engaged in child welfare services; and assist VDSS to enhance their capacity to help children and families achieve positive outcomes.	Quarterly (<i>35 cases selected at random</i>)	140
Virginia Child and Family Service Review (VCFSR)		Targeted to agencies that do not receive a PIP CFSR, the VCFSR is to engage the non-PIP agencies in conformity with federal	Quarterly selections done parallel to the PIP CFSR, the agencies that participate are agencies that have not engaged in a PIP CFSR during the last year. The frequency	Total cases will be the agencies who have not been pulled during

VDSS QAA/Case Review System

Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
		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. The results of which are not measured by the Children's Bureau, but are used by the QAA team to support the function at the LDSS level.	changes as PIP CFSR cases are selected at random per quarter.	the 2019 calendar year. 42 agencies were identified, each agency had two cases identified for review, one foster care case and one CPS Ongoing Case.
Agency Case Reviews (ACR)	Program Regional Consultants	Targeted observations to evaluate compliance and quality of case practice. Monitor and ensure proper OASIS documentation.	One Time Annually (<i>Each LDSS reviewed</i>)	120 per year
Subrecipient Monitoring (rM)	Specific Program Staff Assigned	Monitors the appropriate allocation of federal funding, in compliance with the program parameters and state and federal supervisory guidelines.	One time annually (<i>as determined by risk assessment</i>)	Varies

Title IV-E New Case Validations

New case validations ensure that the initial funding determination has been made on every child who enters foster care. They coincide and are part of the Child Welfare Case Review (CWCRC) process. For the IV-E funding cases, the QAA consultants review the initial eligibility determination to validate the funding determination of either IV-E or CSA as well as any other IV-E requirements. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument to ensure that federal judicial language, AFDC eligibility, IV-E expenditures, and safety and licensing requirements are met. In addition, the QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS.

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

If during the CWCRC, errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency must provide proof that the adjustments have been made prior to the error being marked as resolved.

Title IV-E Ongoing Reviews

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

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

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

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

If during the IV-E review, errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency is given the opportunity to make any necessary reimbursements. Agency reimbursement is a local agency decision; however, if the agency chooses not to make any adjustments, they notify the QAA consultant who then begins the process for the state to reimburse any ineligible payments.

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

Child Welfare Case Reviews (CWCR)

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

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

Child and Family Service Reviews (CFSR):

The CFSR reviews enable Virginia to accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance their capacity to help children and families achieve positive outcomes. Ultimately, the goal of the review is to help Virginia improve child welfare services and achieve the following outcomes for families and children who receive services: Safety, Permanency, Family and Child Well-Being. Based on the Federal Round Three CFSR results, Virginia was found not to be in substantial conformity, requiring a Program Improvement Plan (PIP). As part of the PIP, Virginia is required to complete a review of 35 cases per quarter statewide resulting in 140 cases reviewed each year. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Virginia utilizes the federal CFSR portal and Online System Review Instrument (OSRI).

Each case consists of a two-day review, during which the key participants in each case are interviewed, and the case file is reviewed. The key participants include the child, the child's parents and/or caregivers, the child's foster parents, pre-adoptive parents, or other caregivers, and the family's caseworker. These interviews can occur within the agency, the community, or the home. Per case, each reviews requires a Regional Site Leader (RSL) who coordinates the review with the LDSS and provides the required initial Quality Assurance (QA) and two reviewers. The CFSR consists of 18 items that reviewers must assess during the onsite review process. The OSRI provides ratings based on the responses entered and provides a final rating of either "Strength" or "Area Needing Improvement." Once the OSRI is completed, initial QA of the case is required to ensure consistency across all 18 items. Following the completion of the initial QA, second level QA is required by the statewide lead QAA supervisor. For 25% of the cases reviewed, our federal partners require federal Secondary Oversight before the case can be approved and finalized.

Agency Case Reviews (ACR)

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

To adequately address all items in the review, the expectation is that the regional review team will spend a work day at the agency to include record reviews as needed, informal interaction with LDSS staff, and the debriefing meeting. Following an agency case review, VDSS' follow-up with the LDSS will be largely dependent upon the assessed need of the LDSS. VDSS is not requiring a formal Program Improvement or System Improvement Plan.

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

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

Written Case Plans: VDSS requires that each child in foster care and each family receiving ongoing child protective services (CPS) have a written case plan. For CPS, plans must be created within 30 days of opening a case. For Foster Care, a full service plan on all children must be completed within 60 days of custody or placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement or within 30 days of signing a temporary entrustment for a placement of 90 days or more. Part of the requirements is that the agency involve parents and children in the development of the plan.

The Education and Health screens in OASIS now facilitate the collection of required information. New reports permit the information to be printed and attached to the Service Plan and Review and

submitted to the court. The Independent Living Transitional Plan has been modified to meet federal requirements and has been attached to the Service Plan and Review, and will be updated at least annually.

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

VDSS continues to ensure that all parties have input into the development of case plans through the use of Family Partnership Meetings or Child and Family Team Meetings. The release of OASIS 4.4.0.9 on 11/28/18 included additional fields to document that youth were provided the opportunity to invite up to two people to team meetings as well as the names of the individuals the youth chose. VDSS uses SafeMeasures to monitor the use of Family Partnership Meetings as foster care guidance requires that a Family Partnership Meeting be held prior to the filing of court documents in preparation for each hearing. The November 2018 release of foster care guidance included clarification around the documents that are required to be completed with each court hearing as well as with administrative panel reviews. VDSS contracts with a vendor to provide transcription services for workers in all local departments of social services. This service aids workers in more accurate and efficient documentation of case activities which ultimately ensures proper case planning.

VCFSR

Beginning February of 2020, the Virginia Child and Family Services Review (VCFSR) combined the practice of the ACR and CWCR. The VCFSR ensures that VDSS is reaching all agencies in Virginia and giving them valuable feedback about their practice with regard to Safety, Permanency, and Wellbeing. During the course of a VCFSR, the agency will have one foster care case and one CPS Ongoing case randomly selected to review. The VCFSR will introduce all localities who have not experienced a PIP CFSR to the uniform practice required in the Performance Improvement Plan and give each agency the opportunity to know how well they are functioning with regard to their child welfare case practices. The VCFSR will utilize the federal CFSR Online Monitoring System (OMS) and Online System Review Instrument (OSRI) which will allow for detailed reports, to better capture trends resulting from agency practice. The agencies will then receive a complete OSRI report detailing the findings of the review. The LDSS agency will receive valuable, and relevant feedback on current practice that is aligned with best practice. This will lead to increased positive outcomes. The goal is for safety, permanency, and wellbeing to be achieved for the families we serve.

APPENDIX C FAMILY FIRST STAKEHOLDER LIST

Agency or Organization Name
ADORE Children and Family Services
Attorney General's Office
Charlottesville Department of Social Services
Chesterfield/Colonial Heights Department of Social Services
Children's Home Society
Commission on Youth
Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia
Culpeper Juvenile and Domestic Relations Court
Department of Juvenile Justice
Department of Medical Assistance Services
Depaul Community Resources
Depaul Community Resources
Early Impact VA
Economist with VLM and VACO
Elk Hill Farm
Fairfax Children's Services Act
Fairfax CSB Child, Youth, and Family Services
Fairfax Department of Human Services
Families Forward
Family and Children's Trust Fund of Virginia
Family Focused Treatment Association
Family Preservation Services of Virginia
Fredericksburg Department of Social Services

Governor's Office
Greater Richmond SCAN
Hanover Children's Services Act
Hanover Department of Social Services
HopeTree Family Services
House Health Welfare and Institutions Committee
James City County Department of Social Services
Judicial Advocate
Mt. Rogers Community Services Board
National Counseling Group
Newport News Department of Human Services
Norfolk Department of Human Services
Northumberland Department of Social Services
Office of Children's Services
Office of the Attorney General
Powhatan Department of Social Services
Prince William Department of Social Services
Quin Rivers, Inc.
Richmond Behavioral Health Authority
Senate Rehabilitation and Social Service Committee
Senator Mason's Office
Shenandoah Department of Social Services
Spotsylvania Department of Social Services
The Up Center

Troutman Sanders Strategies
United Methodist Family Services
University of Richmond
Virginia Association of Community Services Boards
Virginia Association of Community-Based Providers
Virginia Association of Counties
Virginia Association of Licensed Child-Placing Agencies
Virginia Coalition of Private Provider Associations
Virginia Coalition of Private Providers of Virginia
Virginia Commonwealth University
Virginia Department of Behavioral Health and Developmental Services
Virginia Department of Health
Virginia Department of Juvenile Justice
Virginia Department of Medical Assistance Services
Virginia Department of Planning and Budget
Virginia Department of Social Services
Virginia Division of Legislative Services
Virginia Home for Boys and Girls
Virginia House of Appropriations
Virginia League of Social Services Executives
Virginia Municipal League
Virginia Network of Private Providers
Virginia Poverty Law Center
Virginia Senate Finance Committee

Voices for Virginia's Children
York-Poquoson Department of Social Services
Youth for Tomorrow