

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

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Virginia Department of Social Services  
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### **Frequent Acronyms**

APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
DBHDS	Virginia Department of Behavioral Health and Developmental Services
CAPTA	Child Abuse Prevention and Treatment Act
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	Children's Services Act
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 Children’s Services
PAC	Permanency Advisory Committee
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
RFP	Request for Proposals
SDM	Structured Decision-Making
SEAS	Screening for Experiences and Strengths
SEC	State Executive Council
SFY	State Fiscal Year
UPLC	Under-Served Population Learning Collaborative
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)

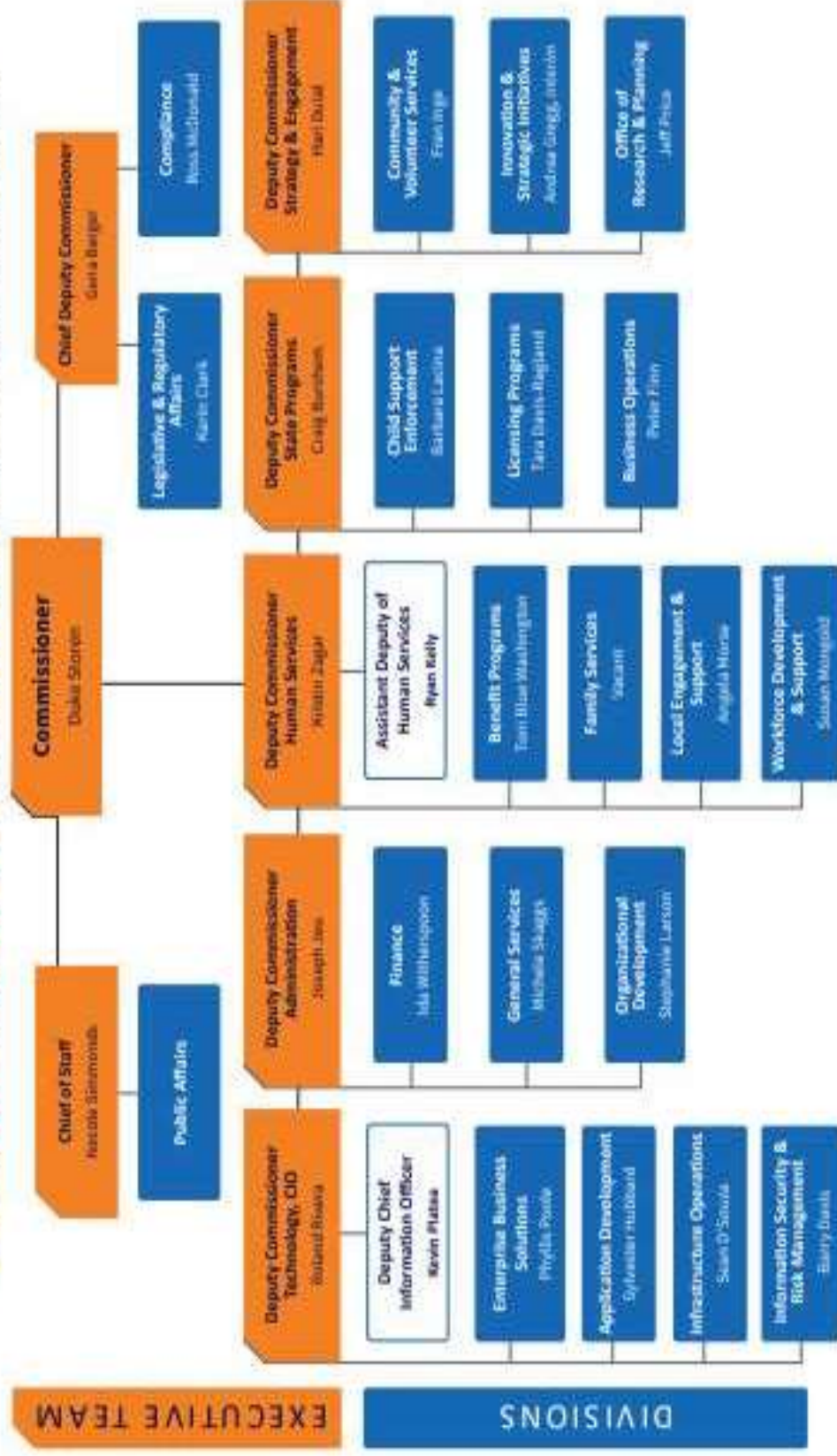
- of children),
- Quality assurance and accountability (Continuous Quality Improvement (CQI), title IV-E review, Child and Family Service Review (CFSR)),
- Prevention (prevention services and safe and stable family services), and
- Legislation, regulations, and guidance

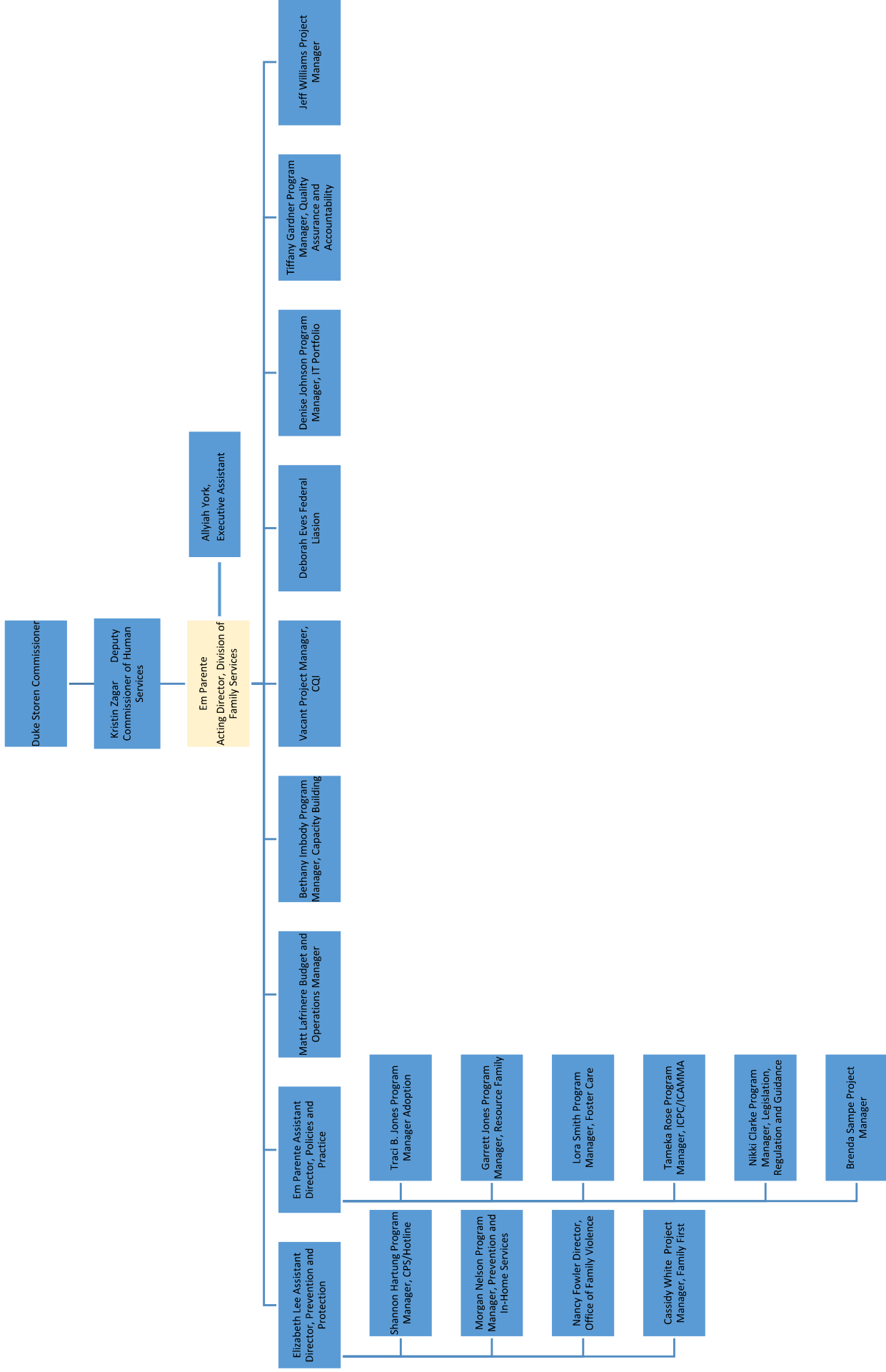
Child welfare programs are state supervised and locally administered by 120 local Departments of Social Services (LDSS).

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 Children's Bureau areas of focus, 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 2020. 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 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 local 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 conducting virtual visits. Waivers for several administrative regulatory requirements were granted to alleviate LDSS burden and ensure staff were primarily focused on responding to the safety needs of children. 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, resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of the workforce and communities during the crisis. Program specific updates in response to COVID-19 are found throughout this APSR.

## Strategic Plan

As mentioned in the Child and Family Services Plan, Virginia used a collaborative strategic planning process. VDSS leadership wanted to ensure that the focus was 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 is 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 2020 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						
<i>Goal: To serve and engage families and communities to help shape a stronger future by improving the wellbeing, safety, and permanency of children.</i>						
<div> <div>  </div> <div> <b>Protection Objective</b>            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.         </div> </div>						
Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
<b>1. Ensure a primary focus on engagement through the Virginia Practice Model and Practice Profiles</b>	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"> <li>20 PIP LDSS implementation by July 2021</li> <li>% Regional implementation by 2024</li> </ul>	<ul style="list-style-type: none"> <li>All 20 PIP LDSS are implemented by June 30 2021</li> <li>All 5 regional plans are developed in 2022</li> <li>Implementation in regions by 2024</li> </ul>	<ul style="list-style-type: none"> <li>% annual change in FPM and CFTM use</li> <li><b>2020 update- 15%</b></li> <li><b>2021 update - 14%</b></li> <li>10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022.</li> <li>Additional 10% increase between April 2022- October 2024</li> </ul>	<ul style="list-style-type: none"> <li>Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles</li> <li>TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants</li> </ul>
	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	PIP 1.2 and 1.3 CAPTA I.E				


	consistent engagement practices.					<b>2021 update</b> See <b>CFSR Statewide Assessment</b> section	<ul style="list-style-type: none"><li>• The Practice Profiles initial implementation of 20 LDSS (between 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.</li></ul>
<b>2. Respond to reports of abuse and neglect with a timely consistent response.</b>	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"><li>• Increase timely face to face response with identified victim and increase use of individualized safety services early in the process</li><li>• Annual</li></ul>	<ul style="list-style-type: none"><li>• 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</li></ul>	<ul style="list-style-type: none"><li>• Training and coaching are built into the implementation plan and will be provided by internal training staff and Regional Consultants as part of the</li></ul>	

	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	2021 update See CFSR Statewide Assessment section	implementation process for current 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 2.3 PIP 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"> <li>Developed and implemented response to victims of child trafficking</li> <li>Completed policy</li> </ul>	<ul style="list-style-type: none"> <li># of service referrals</li> <li>2020 update 25</li> <li>2021 update: 19</li> </ul>	<ul style="list-style-type: none"> <li>VDSS is seeking consultation from subject matter experts for TA and implementation support</li> <li>VDSS is</li> </ul>

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 Statewide rollout beginning July 2020	guidance• Completed technical assistance curriculum *SEAS online training module posted	<ul style="list-style-type: none"> <li>• # of screens completed <b>2020 update 74,929</b> <b>2021 update 64,715</b></li> <li>• 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 <b>2021 update</b> <b>See CFSR Statewide Assessment section</b></li> <li>• # Human Trafficking Assessments completed <b>2021 update: 19</b></li> <li>• SEAS trainings offered in person and online. <b>2021 update:</b></li> </ul>	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 the CQI process to monitor. • 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 Screening for Experiences and Strengths by local stakeholders to identify victims of child trafficking.					



<b>5. Examine data related to child maltreatment reports to identify and understand areas of disparity or disproportionality</b>	5.1 Identify available data 5.2 Identify strategies to improve outcomes	VDSS DEI initiative	Yearly	<ul style="list-style-type: none"> <li>Data identified</li> <li>Complete review of identified trends</li> <li>Determine strategies to implement</li> </ul>	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality	<ul style="list-style-type: none"> <li>Staff training on recognizing and understanding disparity and disproportionality</li> </ul>
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 <b>Prevention Objective</b> 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.
<b>1. Develop prevention workflow to include prevention services including planning, case management Processes, practice guidance &amp; training.</b>	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"> <li>June 2020</li> <li>June 2021</li> <li>June 2022</li> <li>Yearly</li> </ul> <b>1.2 In-home guidance release April 2021.</b>	<ul style="list-style-type: none"> <li>Completed plan identifying preventions services, funding streams, service ability, &amp; gaps in services</li> <li>Completed In-Home Policy Guidance</li> <li>Percentage of In-Home cases using</li> </ul>	<ul style="list-style-type: none"> <li><del>Annual % increase in #</del> families served by Kinship Navigator program <b>2020 update # of Kinship caregivers 414</b></li> <li><b>2021 update # of Kinship caregivers</b></li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>State staff will provide TA via</li> </ul>



	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.	HEALS toolkit begins July 1, 2020  1.7 July1 2020–June 30 2021	new Policy Guidance (25%, 50%, 75%, 100%) • Completed development of In-Home training • Completed PP Plan • Approval of 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 • E-learning courses on Virginia HEALS Referral and Response Protocol and Community Resource Mapping developed and promoted on website • Facilitated course on Virginia	<p><b>790 (FFY 19/20)</b></p> <ul style="list-style-type: none"> <li>• % annual change in staff that have received training on In-Home Policy Guidance</li> <li><b>2020 update In-home guidance and training will be implemented with Family First, which has been extended to January 2021.</b></li> <li><b>2021 update In-home practice alignment</b></li> <li><b>December Kick-off meeting</b></li> <li><b>Directors: 130 Supervisors/FSS: 569</b></li> <li><b>Random Decision Maker: 322</b></li> <li><b>January In-home: 292</b></li> <li><b>February In-home: 393</b></li> <li><b>March In-home: 333</b></li> </ul>	<p>implementation project management. Also, change management staff, CQI staff, and prevention specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support.</p> <ul style="list-style-type: none"> <li>• VDSS will use the CQI process to monitor and evaluate progress.</li> <li>• As part of Family First Implementation activities, VDSS may engage in a full evaluation.</li> </ul> <p>*Awarded contract for development of resource directory</p> <ul style="list-style-type: none"> <li>• Receive TA from the National Governors Association to address post-grant sustainability</li> </ul> <p><b>(participating in Learning Collaborative to Prevent and Mitigate</b></p>
	1.3 Identify In-Home Workforce Professional Development Needs	PIP 2.2 CAPTA I.Q. Workforce				
	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 Community Resource Mapping Facilitator's Guide to encourage					

	referrals to appropriate service providers		HEALS Referral and Response Protocol converted to a virtual format and made available to service providers statewide as part of a training series and upon request	April In-home: 315 • Kinship navigator program caseload <b>2020 update</b> <b>6 Kinship navigator programs, 414 caregivers</b> <b>2021 update</b> <b>790 (FFY 19/20)</b> • # of localities and service providers participating in <b>Community Resource</b> Mapping events and utilizing the <del>on-line Resource Directory</del> <b>2021 update:</b> <b>3 localities</b> <b>59 service providers</b> • # of service providers participating in facilitated Referral and	Adverse Childhood Experiences)
	1.7 Promote Primary Prevention activities for long-range skills building for at risk children and youth.	FVPSA	• Community Resource Mapping process converted to a virtual format and TA on implementation made available to community based multi-disciplinary groups • Approval of collaborative Domestic Violence/Sexual Assault Primary Prevention State Plan (VDSS & VDH) • Development of a collaborative statewide Resource Directory for service providers		

						<p>Response Protocol trainings</p> <p>2021 update: 161 service providers</p> <ul style="list-style-type: none"> <li>• # of individuals accessing online training modules of the Virginia HEALS Referral and Response Protocol and Community Resource Mapping</li> </ul> <p>2021 update: 35 unique page view</p> <p>(20 Community Resource Mapping 15 Referral and Response Protocol)</p> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022.</li> </ul> <p>Additional 10% increase between</p>	
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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"> <li>2.1 - June 2020</li> <li>2.2 - January 2020</li> <li>2.3 - August 2021</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based practices identified for all areas and implemented</li> <li>Identification of EBS providers that receive Family First Funding</li> <li>Expansion of EBS providers that receive Family First Funding as the Federal Clearinghouse are developed</li> </ul>	<p>April 2022- October 2024 <b>2021 update</b> See CFSR Statewide Assessment Section</p>	<ul style="list-style-type: none"> <li>UPLC organizational improvements documented on post assessments</li> <li><b>2020 update</b> <b>This has been delayed due to the COVID 19 pandemic</b></li> <li><b>2021 update: 61.8% of participants worked at an agency that has amended key policy documents or practice protocols since the beginning of the UPLC.</b></li> <li>% increase in services to</li> </ul>	<ul style="list-style-type: none"> <li>This strategy not require specific training needs</li> <li>The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS.</li> <li>The state has partnered with The University of Richmond to conduct and analyze survey results</li> <li>Ongoing involvement of UPLC Workgroup and Virginia Underserved Population Advisory Committee</li> </ul>
	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					
	2.3 Increase access to domestic violence services for underserved populations through the delivery and funding of the	FVPSA					

	Underserved Population Learning Collaborative					underserved populations (VAdata) <b>2021 update:</b> Service provision changed due to the COVID-19 pandemic. Data regarding service level changes are inconclusive.  · Number of children and/or caregivers who receive EBS through Family First Funding  <b>2020 update</b> 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	
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						<p><b>Multisystemic Therapy teams, five Functional Family Therapy teams and 16 Parent Child Interaction Therapy clinicians. VDSS will continue to explore opportunities to provide EBS training with available funds.</b></p> <p><b>2021 update: Implementation of Family First has been extended to July 1, 2021. VDSS will continue to explore opportunities to provide EBS training with available funds.</b></p> <p><b>•% annual increase in children and/or caregivers who receive EBS</b></p>	
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3. Improve ease of access to prevention services and funding.	3.1 Strengthen partnerships in order increase potential funding streams to better meet the needs of children and families.	PS2, R3 PIP 2.2 CAPTA III.B	June 2020	<ul style="list-style-type: none"> <li>Annual accounting of funding streams and resources</li> <li>Implementation of new prevention contracts</li> <li>Use of LSC Grant Application Development Menu for Funders</li> <li><b>DV Promising Practices Guide posted on a public website</b></li> </ul>	<ul style="list-style-type: none"> <li># of active prevention contracts</li> <li><b>2020 update 130</b></li> <li><b>2021 update: 130</b></li> <li><b>Domestic Violence Prevention &amp; Services (DVPS): 53</b></li> <li><b>CBCAP: 19</b></li> <li><b>Healthy Families:33</b></li> <li><b>DV Underserved Populations: 6</b></li> </ul>	through Family First Funding  <b>2020 Update</b> The implementation date of Family First has been extended to January 30, 2021. <b>2021 update: The implementation of Family First has been extended to July 1, 2021.</b>	<ul style="list-style-type: none"> <li>Training will be developed and offered to local staff and community partners.</li> <li>The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS.</li> <li>The state has</li> </ul>
	3.2 Collaborate with partners to identify and decrease barriers to family engagement, current planning, service provision (including	PS2CAPTA I.E, CAPTA I.CChap H CW Manual					

	domestic violence services) and timely permanency.				<p><b>Child Advocacy Centers: 19</b></p> <ul style="list-style-type: none"> <li>• % of contracts using trauma informed practices</li> </ul> <p><b>2020 update</b> Not currently tracking</p> <p><b>2021 update:</b> <b>DVPS: 52</b> <b>DV UPOP: 6</b></p> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022.</li> </ul> <p>Additional 10% increase between April 2022-October 2024</p> <p><b>2021 update</b> <b>See CFSR Statewide Assessment section</b></p>	<p>partnered with The University of Richmond to conduct and analyze survey results.</p> <ul style="list-style-type: none"> <li>• The Virginia HEALS Grant Application Menu for Funders will be presented to all grant administrators</li> <li>• Involving the Domestic Violence Action Team, local DV programs and survivors to review and approve all PPG entries.</li> </ul>
	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.					



					<ul style="list-style-type: none"> <li>• # of PPG topics completed and posted</li> <li><b>2021 update: 11 Topics have been completed and reviewed by DVAT.</b></li> <li><b>Publication is waiting of survivor input (IRB pending approval)</b></li> </ul>	
<b>4. Create a well-designed and rigorous evaluation system for Family First funded services.</b>	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"> <li>• Defined implementation plan for EBS</li> <li>• Established goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes</li> <li>• Monitoring plan developed</li> <li>• Monitoring plan implemented</li> <li>• Monitoring plan evaluated bi-annually</li> </ul>	<ul style="list-style-type: none"> <li>• # of programs referred to federal clearinghouse</li> <li><b>2020 Update</b></li> <li><b>The implementation date of Family First has been extended to January 30, 2021.</b></li> <li><b>2021 update: The implementation date of Family First has been extended to July 1, 2021.</b></li> <li>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13,</li> </ul>	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 the 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.				14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 <b>2021 update</b> See CFSR Statewide Assessment Section	
5. Identify children and youth who have experienced crimes and connect them to needed services	5.1 Promote use of the Screening for Experiences and Strengths (SEAS)	CAPTA	2020-2021	<ul style="list-style-type: none"><li>• Distribution of a final screening tool report</li><li>• Facilitated course on SEAS converted to a virtual format and made available to service providers statewide as part of a training series and upon request.</li><li>• E-learning courses on SEAS developed and promoted on website</li><li>• E-learning courses on other toolkit items (Family Engagement and</li></ul>	<ul style="list-style-type: none"><li>• # of service providers participating in facilitated SEAS Training</li><li>2021 update: 185</li><li>• # of service providers accessing online training modules on Family Engagement and Trauma Informed Screening</li><li>2021 update: 89</li><li>• # of service providers participating in</li></ul>	Ongoing maintenance of and updates to SEAS and online training courses
	5.2 Develop online trainings to ensure fidelity to the LSC guiding principles Virginia HEALS model of service delivery					
	5.3 Promote use of Virginia HEALS toolkit resources, including Community Resource Mapping Facilitation Guide, SEAS online training, Family Engagement					

	<p>Guide, Referral and Response Protocol, Trauma-Informed Organizational Self-Assessment</p>			<p><b>Trauma Informed Screening)</b>          developed and promoted on website          • Facilitated Toolkit Overview course converted to a virtual format and made available to service providers statewide as part of a training series and upon request          • Statewide rollout and use of SEAS          • Training development completed</p>	<p><b>Toolkit Overview Training</b>          2021 update: 788          • # of individuals accessing SEAS online training module          2021 update: 58 unique page views          • # of SEAS screens administered          2021 update: Statewide rollout and implementation of SEAS was delayed due to COVID-19          • # of child/youth victims identified          2021 update: Statewide rollout and implementation of SEAS was delayed due to COVID-19</p>	
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Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	whenever possible.		<ul style="list-style-type: none"> <li>1.4 October 2021</li> </ul>	<ul style="list-style-type: none"> <li>Notification system developed for cases with over 5 months between parent visits</li> <li>Annual maintaining of progress towards PIP goals</li> </ul>	<p><b>88%</b></p> <ul style="list-style-type: none"> <li>% of cases with at least one caseworker visit with birth parent every two months</li> </ul> <p><b>2020 update</b> <b>99%</b> <b>2021 update:</b> <b>63.1%</b></p> <ul style="list-style-type: none"> <li>10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022.</li> <li>Additional 10% increase between April 2022- October 2024</li> </ul> <p><b>2021 update</b> <b>See CFSR Statewide Assessment Section</b></p>	<ul style="list-style-type: none"> <li>TA on implementation and practice will be provided by Regional Consultants.</li> <li>CQI process will be utilized throughout the implementation process to monitor and evaluate.</li> </ul>
	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 with birth parents at least every two months.	JLARC 13				
	1.4 Monitor the frequency of birth parent visits with caseworker.	JLARC 13				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
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 <b>2.2 October 2021 root case for dissolutions</b>	<ul style="list-style-type: none"> <li>• Identification of all cases needing a review of TPR eligibility</li> <li>• Complete list of acceptable reasons for not filing TPR after 15 months of foster care</li> <li>• All localities submitting reasons for not initiating TPR in foster care cases open for 15+ months</li> <li>• <b>Identify root cause(s) related to increase in adoption dissolution from foster care</b></li> <li>• <b>Develop educational/training resources for LDSS and foster/adoptive families about the role of adoption and post adoption resources based on root cause analysis</b></li> </ul>	<ul style="list-style-type: none"> <li>• % of timely permanency planning hearings <b>2020 update 91%</b></li> <li>• <b>2021 update 92%</b></li> <li>• % of timely TPR petitions <b>2020 update 53%</b></li> <li>• <b>2021 update: 56%</b></li> <li>• <b>% in foster care adoption placement stability</b></li> <li>• 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between</li> </ul>	<ul style="list-style-type: none"> <li>• TA will be provided by state staff and CIP staff to regions and LDSS</li> <li>• Training will be jointly developed and delivered by VDSS and CIP to supervisors, workers, GAL, attorneys, judges, CASA etc.</li> <li>• VDSS and CIP CQI process will monitor and evaluate progress.</li> </ul>
	2.2 Develop the focus on the post adoption <b>cases</b> and ensuring long-term permanency for adopted youth.		<b>2.2 June 2022 post adoptive resources</b>			
	2.3 Continue concurrent planning options during contact points.	CIP Priority 4, Outcome 5 JLARC 19 JLARC 16 JLARC 17 PIP 3.3	<b>2.2 December 2021 LCPA meetings</b>			
	2.4 Court orders to locate relatives and extended family members for placement.	CIP Priority 4, Outcome 4 CIP Priority 7 JLARC 4 JLARC 5 PIP 3.3				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
				<ul style="list-style-type: none"> <li>Facilitate meeting with private LCPAs who are certified to provide adoption services to review state post adoptive resources</li> </ul>	April 2022-October 2024 <b>2021 update</b> See CF5R <b>Statewide Assessment Section</b>	
<b>3. Increase the number of children in family-based settings by Strengthening Diligent Recruitment of foster families.</b>	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"> <li>3.1, 3.2, 3.3, yearly updates</li> <li>3.4, 3.5, <del>3.6</del> September 2020 and yearly updates</li> </ul>	<ul style="list-style-type: none"> <li>Annual percent change of children in family-based settings</li> <li>Family recruitment and retention implemented throughout entire length of the case</li> <li>Completed resource parent recruiting and retention strategic plan</li> <li>Implemented resource parent recruiting and retention strategic plan</li> <li>Completed model licensing standards</li> </ul>	<ul style="list-style-type: none"> <li>% increase in children in family-based settings</li> <li><b>2020 update 87% in a family based setting</b></li> <li><b>2021 update 89% in a family based setting</b></li> <li>% decrease in children placed in congregate care</li> <li><b>2020 update 11% foster children place in congregate care</b></li> <li><b>2021 update 9% foster children in a</b></li> </ul>	<ul style="list-style-type: none"> <li>The Center for states will provide TA support on recruitment efforts. The state staff will provide TA implementation supports to LDSS and regional staff.</li> <li>Training will be developed and delivered by VDSS training staff and incorporated into new worker training.</li> <li>VDSS CQI process will monitor and evaluate progress.</li> <li>Monthly case staffing (Permanency,</li> </ul>
	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	<ul style="list-style-type: none"> <li><b>3.6 February 2021 adoptive family identified with visitation for children with TPR</b></li> </ul>			
	3.3 Develop and implement statewide strategic plan for recruiting and retaining foster	JLARC 8PIP 3.2	<ul style="list-style-type: none"> <li><b>3.6 September 2021 realign foster and adoptive family</b></li> </ul>			

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	parents. and kinship guardian assistance program		<b>recruitment contract scope and contractors to support LDSS recruitment efforts</b>	for foster care placements • Annual review of all children placed in residential care • Implemented qualified residential treatment program • Finalized training improvements for caregivers • 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. • <b>Realign the Foster and Adoptive Family Recruitment contract scope to align with the</b>	<b>congregate placement setting</b> • % of children in relative care <b>2020 update 6%</b> <b>2021 update 10%</b> • % of foster homes serving sibling groups <b>2020 update 1,172 74%</b> <b>2021 update 75%</b> # of families approved <b>2020 update 1,825</b> <b>4,604</b> <b>2021 update 5,498</b>	Family Resource and Adoption programs) • <b>Collaborative training and TA provided by the permanency program, regional consultants, contract administrator and the FAFR contractors, Mutual Family Assessment staff</b>
	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				
	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) (ended 12/20)				
	3.7 Implement qualified	FBP3				



Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	residential treatment program (Q RTP) requirements as it relates to Family First.			<p>state's Kin First vision and training plan with a focus on foster parent recruitment</p> <ul style="list-style-type: none"> <li>Align the Mutual Family Assessment contractors to support LDSS recruitment efforts to include ICPC and adoptive home studies</li> </ul>	<ul style="list-style-type: none"> <li>10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022.</li> <li>Additional 10% increase between April 2022-October 2024</li> <li>2021 update See CFSR Statewide Assessment section</li> <li>% of children with TPR with identified adoptive family visitation and participation in planning</li> <li>2021 update 71%</li> </ul>	
4. Increase availability,	4.1 Implement the Youth Exit		4.1 June 2022	Finalized and implemented YES	# of Youth Exit Surveys taken	Specific training will be developed and

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
accessibility and effectiveness of Independent Living (IL) services to support successful transition to adulthood.	Survey (YES) statewide.		Completed	<ul style="list-style-type: none"> <li>Data analysis and evaluation system in place for YES results</li> <li>Defined feedback loop to provide NYTD data to youth and key stakeholders</li> <li>Updated guidance on Fostering Futures</li> <li>Annually analyzed credit check data shared with youth and stakeholders</li> </ul>	<p><b>2020 update</b> <b>40</b></p> <p><b>2021 update:</b> <b>36</b></p> <ul style="list-style-type: none"> <li>Annual % change in Youth Exit Surveys taken</li> </ul> <p><b>2021 update:</b> <b>10.2%</b></p> <ul style="list-style-type: none"> <li>Continued data analysis via NYTD</li> </ul> <p><b>See Page 286</b></p> <ul style="list-style-type: none"> <li>% of eligible youth participating in Fostering Futures</li> </ul> <p><b>2020 update</b> <b>37.7%</b></p> <p><b>2021 update:</b> <b>57.6%</b></p> <ul style="list-style-type: none"> <li># of months which Fostering Futures</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>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.</li> <li>VDSS will use the CQI process to</li> </ul>
	4.2 Continue to collect and analyze quality data through NYTD to indicate Virginia's trends, barriers, and gaps in IL services.		<ul style="list-style-type: none"> <li>4.2 ongoing yearly</li> <li>4.3 December 2021</li> <li>4.4 June 2021</li> <li>4.5, 4.6, 4.7, 4.8 ongoing yearly</li> </ul>			
	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				

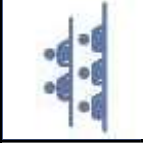
Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	training and services for youth.				participants remain in the program <b>2020 update</b> 5.6 <b>2021 update:</b> 17.4	monitor and evaluate progress.
	4.5 Increase participation in the Education and Training Voucher (ETV).				• # of ETV participants <b>2020 update</b> 258 <b>2021 update:</b> 176	
	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 <b>2020 update</b> 25% <b>2021 update:</b> 32%	
	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	

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.				reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 <a href="#">2021 update</a> <a href="#">See CFSR Statewide Assessment section</a>	
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"> <li>5.1 October 2019</li> <li>5.2 July 2021</li> <li>5.3 July 2021</li> <li>5.4 ongoing yearly</li> </ul>	<ul style="list-style-type: none"> <li>Hired Director of Health &amp; Safety</li> <li>Developed reporting and data sharing structure for Director of Health &amp; Safety findings and recommendations</li> <li>Completed development of Psychotropic Medication Protocol and Training</li> <li>Implemented Psychotropic</li> </ul>	<ul style="list-style-type: none"> <li># of workers trained in Psychotropic Medication Protocol</li> <li><b>2020 update</b> <b># of workers 39</b></li> <li><b>2021 update: 118</b></li> <li>% of children in foster care prescribed</li> </ul>	<ul style="list-style-type: none"> <li>VDSS training staff will develop training for supervisors and workers</li> <li>The Director of Health and Safety, Foster Care Program Manager and regional office staff will provide TA on implementation and policy guidance.</li> <li>VDSS will use CQI processes to evaluate</li> </ul>
	5.2 Collaborate with partners to address service needs, gaps, and barriers.	CC1,CC2, PIP 3.1				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	5.3. Develop and implement Psychotropic Medication Protocol and Training per the Health Oversight Policy.			Medication Protocol and Training <ul style="list-style-type: none"> <li>• High-risk case review process established and implemented</li> <li>• Data sharing agreement with Department of Education to get complete information on school attendance for children in foster care</li> <li>• Annual maintaining of progress towards PIP goals</li> </ul>	psychotropic medications <b>2020 update 27%</b> <b>2021 update: 30%</b> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1,2,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022.</li> <li>Additional 10% increase between April 2022- October 2024</li> <li><b>2021 update</b> <b>See CFSR Statewide Assessment section</b></li> </ul>	and monitor progress.
	5.4 Maintain successful strategies for school stability for youth in foster care.					
<b>6. Collaborate with Tribes to Ensure VDSS Support</b>	6.1 Notification of Indian parents and Tribes of state proceedings involving Indian		2020-2024	<ul style="list-style-type: none"> <li>• Formalized and regular roundtables established to share knowledge and ideas</li> <li>• Formalized methods for</li> </ul>	<ul style="list-style-type: none"> <li>• # of ICWA cases collaborated on between states</li> <li><b>2020 update: 0</b></li> <li><b>2021 update:</b></li> </ul>	<ul style="list-style-type: none"> <li>• TA implementation supports are provided by the Center for States and Tribal partners. TA will also be provided</li> </ul>

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	children and their right to intervene			collaboration and shared knowledge of ICWA laws • Technical Assistance developed for how ICWA and Federal laws interact • Formal guidelines developed on ICWA and cultural competencies	<b>6 (5 FC, tribes outside VA, 1 VA tribe)</b>	in identifying NICWA cases, and properly training Tribes in responding to NICWA case claims. <b>DFS will request assistance in gather information from other locally administered states on how to increase inquiry of Indian Status</b> • Annual attendance of the NICWA Conference
	6.2 Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes				# of potential ICWA cases collaborated with Tribes <b>2020 update: 1</b> <b>2021 update: 0</b>	
	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				# of FSS that complete ICWA training as part of new worker training <b>2020 update CPS: 333 FC: 273</b>	
	6.4 Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe				<b>2021 update CPS: 320 FC: 276</b>	

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
7. Examine data related to permanency for children in foster care to identify and understand areas of disparity or disproportionality	7.1 Identify available data 7.2 Identify strategies to improve outcomes	VDSS DEI Initiative	Yearly	<ul style="list-style-type: none"> <li>Data identified</li> <li>Complete review of identified trends</li> <li>Determine strategies to implement</li> </ul>	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality	<ul style="list-style-type: none"> <li>Staff training on recognizing and understanding disparity and disproportionality</li> </ul>

 <b>Workforce Objective</b> 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	1.1 Continue work with the Quality	PIP 4.2	<ul style="list-style-type: none"> <li>1.1 July 2022</li> <li>1.2 September 2021</li> </ul>	<ul style="list-style-type: none"> <li>Full implementation of Compass Mobile</li> </ul>	<ul style="list-style-type: none"> <li>Annual % changes in staff retention rates</li> </ul>	<ul style="list-style-type: none"> <li>TA implementation supports are</li> </ul>

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
assist with practice in the field and allow the workforce flexibility in how, when and where casework is completed.	Improvement Center on Workforce Development.		<ul style="list-style-type: none"> <li>1.3 <del>June</del> <b>September 2024</b></li> <li>1.4 Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Full implementation of Compass CCWIS system</li> </ul>	<b>2020 update</b> <b>2019 retention FSSI – 43%</b> <b>FSSII – 73%</b> <b>FSSIII – 77%</b> <b>FSSIV – 76%</b> <b>FS Sup – 88%</b> <b>Overall – 73%</b>  <b>2021 update:</b> <b>FSSI 75%</b> <b>(+ 32%)</b> <b>FSSII 83%</b> <b>(+ 10%)</b> <b>FSSIII 90%</b> <b>(+ 13%)</b> <b>FSSIV 88%</b> <b>(+ 4%)</b> <b>FS Sup 92%</b> <b>(+ 4%)</b> <b>Overall 86%</b> <b>(+ 13%)</b>  <ul style="list-style-type: none"> <li># of Compass Mobile users</li> </ul> <b>2020 update 1,574</b>	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. <ul style="list-style-type: none"> <li>Training is developed with the support of the QIC, and state staff develops and deliver training to supervisors and workers. Training is incorporated into new worker training.</li> <li>The QIC-WD is providing evaluation TA on</li> </ul>
	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 provided through the submission of yearly Operational Annual Planning Document (OAPD).	OADP CAPTA I.B				



Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					<p><b>2021 update: 1,744</b></p> <ul style="list-style-type: none"> <li>10% increase in CFSR Items 1,2,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022.</li> <li>Additional 10% increase between April 2022-October 2024</li> </ul> <p><b>2021 update</b> See CFSR Statewide Assessment section</p>	<p>1.1.</p> <ul style="list-style-type: none"> <li>VDSS will also use the CQI process to monitor and evaluate.</li> </ul>
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"> <li>2.1 Ongoing yearly updates</li> <li>2.2 June 2020</li> <li>2.3 Ongoing yearly updates</li> </ul>	<ul style="list-style-type: none"> <li>Annual cohort update from Stipend Program</li> <li>Annual worker retention/turnover update</li> <li>Average</li> </ul>	<ul style="list-style-type: none"> <li># of participants in Child Welfare Stipend Program</li> </ul> <p><b>2020 update</b> <b>59 BSW and MSW students</b></p>	<ul style="list-style-type: none"> <li>VDSS provides stipend program TA supports to LDSS and students; VDSS will also provide TA supports to LDSS to help</li> </ul>
	2.2 Reduce caseloads for those foster care workers carrying					

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	caseloads of more than 15 children.			caseload of 15 or below	<b>38 graduated in 2019, 44% BSW, 56% MSW</b>	maintain foster care caseloads of 15 or less.
	2.3 Decrease turnover rate for case workers and increase retention of two years or more.				<b>2021 update:</b> <b>2019-2020 academic year</b> <b>67 total BSW/MSW students</b> <b>48 graduated in 2020</b> <b>25% BSW</b> <b>75% MSW</b>  <b>2020-2021 academic year</b> <b>76 total BSW/MSW students</b> <b>44 scheduled to graduate in May 2021</b>  <b>14% increase in enrollment between</b>	<ul style="list-style-type: none"> <li>• VDSS offers new worker training to stipend students.</li> <li>• VDSS will use CQI processes to evaluate and monitor progress.</li> </ul>

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					<p>academic year 2018/19</p> <p>13% increase in enrollment between academic year 19-20 and 20-21</p> <ul style="list-style-type: none"> <li>• Average caseload per locality</li> </ul> <p>2020 update</p> <p>SFY2020: Q 1 15 staff had case load over 15, Q 2 12 staff had case load over 15</p> <p>2021 update: Statewide:</p> <ul style="list-style-type: none"> <li>• Percentage of children impacted decreased from 3.5% (2019) to 1.1% (2020)</li> </ul>	

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					<ul style="list-style-type: none"> <li>Number of children impacted by a worker with a caseload exceeding 15 dropped from 187 (Feb. 2020) to 23 (Sept. 2020)</li> <li>Turnover and retention rates  <b>2020 update</b>  <b>2019 turnover rate</b>  FSSI – 35%  FSSII – 19%  FSSIII – 14%  FSSIV – 9%  FS Sup – 8%    <b>2021 update:</b>  <b>2020 turnover rate</b>  FSSI 32%  (- 3%) </li> </ul>	

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					<p>FSSII 23% (+ 4%)  FSSIII 15% (+ 1%)  FSSIV 15% (+ 6%)  FSS Sup 8% (no change)</p> <p>• 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  2021 update  See CFSR  Statewide Assessment  Section</p>	
<b>3. Follow Butler Study</b>	3.1 Create Child Welfare	PIP 4.1	June 2021	• Development of Leadership	• # of participants in Family Services	• VDSS training team provides


Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
recommendations by providing more advanced training supporting and enhancing supervisor skills and coaching.	Leadership Institute.			Institute curriculum	Leadership Institute	implementation TA, project
	3.2 Support cohort learning and peer-to-peer networking.			<ul style="list-style-type: none"> <li>Implementation of Leadership Institute</li> </ul>	<b>2020 update</b> <b>Central: 15</b> <b>Eastern: 39</b> <b>Northern: 44</b> <b>Piedmont: 30</b> <b>Western: 6</b> <b>TOTAL: 134</b> <b>2021 update:</b> <b>Classes offered virtually</b> <b>SUP5701 - 53</b> <b>SUP5702 – 18</b> <b>SUP5703 – 22</b> <b>SUP5704 – 26</b> <b>SUP5705 – 27</b>  • Annual % increase in participants  • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in	management, change management, and communication support to LDSS. • VDSS training team will provide training • VDSS CQI process will evaluate and monitor progress.

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					April 2022. Additional 10% increase between April 2022-October 2024 <a href="#">2021 update</a> <a href="#">See CFSR</a> <a href="#">Statewide Assessment</a> <a href="#">Section</a>	
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"> <li>Child Welfare Ombudsman office created</li> <li>Ombudsman reports and recommendations regularly reviewed and implemented</li> <li>Recruiting and retaining strategy developed and implemented</li> </ul>	<ul style="list-style-type: none"> <li># of positions hired</li> <li><b>2020 update</b></li> <li><b>6 positions hired:</b></li> <li><b>1 Permanency Consultants,</b></li> <li><b>3 Diligent Recruitment Consultants,</b></li> <li><b>1 Diligent Recruitment Program Manager,</b></li> <li><b>1 Data analyst, (2 additional Diligent Recruitment</b></li> </ul>	<ul style="list-style-type: none"> <li>VDSS receives support from the Office of Development with recruitment and hiring.</li> <li>Training will be provided to new staff.</li> <li>VDSS will utilize CQI process to determine needs, and track outcomes.</li> </ul>
	4.2 Create independent office of Child Welfare Ombudsman.	JLARC 32				
	4.3 Identify LDSS assistance needs with recruiting	JLARC 9 JLARC 26; 28 CAPTA I.J				

Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	and retaining case workers.				<p><b>Consultants transferred into the position)</b></p> <p><b>2021 update: Recruitment in progress for:</b></p> <ul style="list-style-type: none"> <li>- Dir of Foster Care Health and Safety</li> <li>- 5 Strategic Consultants</li> <li>- Additional permanency consultants (4, 1 hired in 2019) for a total of 15</li> </ul> <p><b>Ombudsman will be hired outside DFS.</b></p>	
<b>5. Examine data related to maintain the workforce to identify and</b>	<p>5.1 Identify available data</p> <p>5.2 Identify strategies to</p>	VDSS DEI initiative	Yearly	<ul style="list-style-type: none"> <li>• Data identified</li> <li>• Complete review of identified trends</li> </ul>	<p>Policy, practice, regulation, legislation changed to begin to address areas</p>	<ul style="list-style-type: none"> <li>• Staff training on recognizing and understanding disparity and disproportionality</li> </ul>



Strategy	Activities	Alignments	Timeframes	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
understand areas of disparity or disproportionality	improve outcomes			<ul style="list-style-type: none"> <li>Determine strategies to implement</li> </ul>	of disparity or disproportionality	

 <b>Continuous Quality Improvement (CQI) Objective</b> 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	1.1 Create written policies, practices, and procedures describing foundational administrative CQI structure.		<ul style="list-style-type: none"> <li>Written policies and procedures by December 2020</li> <li>Training development completed by</li> </ul>	<ul style="list-style-type: none"> <li>Written CQI policies and procedures finalized and incorporated into programmatic operations</li> </ul>	<ul style="list-style-type: none"> <li>% of staff at each level trained in CQI operations <b>2020 update 50 staff from DFS Home</b></li> </ul>	<ul style="list-style-type: none"> <li>Assist leadership in CQI training via the CQI Training academy</li> <li>Technical assistance provided by the Center for States for evaluation plan and</li> </ul>

engagement strategy.	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	December 2019 <ul style="list-style-type: none"> <li>• Training and technical assistance provided through 2024</li> <li>• Statewide implementation plan completed by June 2020</li> <li>• Implementation of administrative CQI system across entire state through 2024</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting structure related to outcomes developed and used to inform management decisions</li> <li>• Training developed and incorporated into staff development plans</li> <li>• Administrative CQI system implemented and operationalized</li> </ul>	<b>Office and Regional Offices participated in the CQI Training Academy Learning Collaborative that ran from June 2019-October 2019.</b>  2021 update CQI has identified further training opportunities that will be provided to staff in 2021	CQI Training Academy implementation <ul style="list-style-type: none"> <li>• Training on data-driven management decision making</li> </ul>
	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"> <li>Complete Data Plan review – December 2020</li> <li>Implement recommendations from Data Plan – 2021-2022</li> <li>Develop and implement dashboards – 2020-2024</li> <li>Connect data to outcomes – 2020-2024</li> </ul>	<ul style="list-style-type: none"> <li>Data plan finalized and recommendations incorporated into daily operations</li> <li>Completed plan for data analysis and dissemination</li> </ul>	<ul style="list-style-type: none"> <li>% of LDSS and staff trained in data-driven management practices <b>2021 update</b></li> <li><b>Data-driven management training is in the Division's long-term future and will continue to be evaluated.</b></li> </ul>	<ul style="list-style-type: none"> <li>Training on new dashboards will be provided to VDSS, LDSS, and Regional Staff</li> </ul>
	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.				

3. Integrate current QAA review process into CQI model.	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				
	3.1 Ensure CQI components are factored into case reviews in IV-E reviews, CFSP, <a href="#">QSR</a> <a href="#">VCFSP</a> , and Sub-recipient monitoring, and identify opportunities to align the review processes.		<ul style="list-style-type: none"> <li>Report findings of CANS Assessment in case planning (JLARC 2) to Virginia Board of Social Services by <del>July 2020</del> <b>April 2021</b></li> <li>Develop plan to phase in structured comprehensive annual quality assurance reviews to Virginia Board for Social Services (JLARC 30) by June 30, 2020</li> </ul>	<ul style="list-style-type: none"> <li>All JLARC recommendations incorporated into CQI &amp; QAA operations</li> <li>All serious case-specific or systemic safety-related concerns from 2017 and 2018 recommunicated</li> </ul>	<ul style="list-style-type: none"> <li>% decrease in children in foster care for more than 36 months</li> <li><b>2020 update 1002 children</b></li> <li><b>2021 update 578 children</b></li> <li><b>42.3% decrease</b></li> <li>% of children in Virginia in foster care for over 12 months, 24 months, and 36 months</li> </ul>	<ul style="list-style-type: none"> <li>QAA staff will provide technical assistance on opportunities to combine QAA reports into the CQI model</li> <li><b>QAA staff received training on the COMPASS Portal to include uploading, document placement and using the naming convention</b></li> </ul>
	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			<p><b>2020 updates Over 12 months -</b>  <b>58.7%, Over 24 months -</b>  <b>31.9%, Over 36 months -</b>  <b>17.9%</b></p> <p><b>2021 update: Over 12 months:</b>  <b>54.4%, Over 24 months:</b>  <b>26.2%, Over 36 months:</b>  <b>12.4%</b></p> <p><b># of agency case reviews</b>  <b>2021 update:</b>  <b>139 CFSR cases,</b>  <b>2.497 IV-E new case validations,</b>  <b>740 ongoing case reviews</b>  <b>(3.237 total IV-E cases),</b>  <b>33 VCFSR</b></p>	
	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	JLARC 31				

	reviews, work with localities on identified opportunities for improvement, and monitor progress.					
	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 lengthy stays in foster care.	JLARC 20				
	3.7 Prepare reports each quarter to provide: <ul style="list-style-type: none"> <li>• Percentage of children in each locality in foster care for over 12 months, 24 months, and 36 months.</li> <li>• Regional and state average</li> </ul>	JLARC 21				

	lengths of stay in foster care.						
	<p>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 House Health, Welfare and Institutions Committee and the Senate Rehabilitation and Social Services Committee to certify all safety-</p>	JLARC 1					

	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	<ul style="list-style-type: none"> <li>Longitudinal data sets created and used to improve services and identify trends in services</li> </ul>	<ul style="list-style-type: none"> <li># of data trainings provided annually <b>2021 update Data-driven management training is in the Division's long-term future and will continue to be evaluated.</b></li> <li># of available reports <b>2020 update DFS has not had the capacity to build out the reporting to be independent of existing Departmental data reporting</b></li> </ul>	<ul style="list-style-type: none"> <li>Training will be developed and provided for VDSS staff on improving data consumption and use in daily operations</li> </ul>
	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.					
	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				structures at this time. 2021 update DFS currently has a quarterly congregate care focused data pull to inform review efforts, a monthly data report that includes measures across all programmatic areas to inform progress and track previous performance, and contributes to a department-wide COVID-related dashboard.	
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## Diversity, Equality, and Inclusion

“When we lead with diversity, equity and inclusion (DEI) in our day-to-day work, we cultivate a culture of engagement, thinking outside of silos, questioning the status quo, and challenging our own assumptions. DEI helps direct our energy towards access, collaboration, opportunities for improvement, and building relationships with each other and with those we serve. This is ultimately how we accelerate the pace at which we successfully achieve our goals and objectives.” Duke Storen, Commissioner, VDSS

VDSS and DFS have begun working towards a culture of DEI as part of the larger “[ONE Virginia Plan](#)” put forth by Governor Ralph Northam, the Governor’s Office of Diversity, Equity, and Inclusion, and the Department of Human Resource Management. The ONE Virginia Plan builds a statewide strategy to advance DEI through changes in services, systems, and operations. The intent behind the ONE Virginia Plan is to use the Inclusive Excellence framework to disrupt long standing injustice and inequity, and create sustainable change, innovation, and productivity across state government and other sectors of the state. The ONE Virginia Plan for DEI excellence charges all state employees to join in changing the face of the workforce to better reflect the diverse population served. Governor Northam established the Commission to Examine Racial Inequity in Virginia Law in June 2019 and appointed its members in September 2019. The Commission was initially tasked with reviewing the Acts of Assembly, Code of Virginia, and administrative regulations to identify racially discriminatory language still on Virginia’s books and making recommendations to address laws that were intended to, or could have the effect of promoting or enabling racial discrimination or inequity. The Commission’s interim report, published in December 2019, cited nearly 100 instances of overtly discriminatory language. Working closely with the Virginia Legislative Black Caucus, Governor Northam proposed and secured the unanimous passage of fourteen bills that repealed racist language related to education, housing, transportation, health care, voting, and more. While many of these Acts of Assembly are no longer enforced or have been invalidated by subsequent federal and state legislation and court decisions, they had remained enshrined in law. In June 2020, Governor Northam extended the term and scope of the Commission with the goals of identifying existing state laws and regulations that create or perpetuate racial disparities and developing policies that increase protections for minority and marginalized Virginians. The Commission’s expanded charge underscores the Northam Administration’s ongoing work to remedy historical inequities in areas like education, health care, housing, and criminal justice.

[VDSS strategic framework](#) Goal 4: Cultivate an Increasingly Diverse, Engaged, and High-Performing Workforce, Strategy 4.1.2 establishes a cross-functional DEI Council to develop frameworks, promote activation, and monitor progress of employee and customer-driven DEI initiatives. The Council will help develop and implement DEI strategies across the social services system that will ultimately improve outcomes for employees, stakeholders, partners, and the communities served.

The Division of Family Services (DFS) has begun to examine ways to recognize and address areas of disparity and disproportionality in child welfare. After the deaths of George Floyd, Breonna Taylor, and Amaud Aubrey occurred, DFS leadership took the time to assess staff emotions, reflections, and reactions and committed to challenge racial injustices. DFS recognizes the importance of bringing attention to this disparity, discussing it, and developing strategies to make meaningful change. At all levels of DFS, staff are engaged in activities and conversations to work toward creating a more equitable workplace and community. A sampling of the activities and conversations conducted during 2020 are discussed in greater detail below.

During a DFS semi-annual state team meeting, Dr. Robert Vinson, professor in the Carter G. Woodson Institute for African-American and African Studies at the University of Virginia, was invited to share his research around Virginia's history and how that history effects life today; highlighting the effects of discrimination based on race, gender, age, and sexual orientation and identity. Dr. Vinson brought a unique perspective to staff at a critical and pivotal time. His conversation was both honest and uplifting, sharing a truly eye-opening lesson on race and the origins of disparity. Staff was asked to consider questions like "From a reparative justice standpoint, what is one action that we as an agency could perform to move towards justice and trustworthiness?" and "What are the disadvantages and advantages of Racial Tracking?"

A list of racial equity resources have been compiled and shared with staff in an effort for individuals to begin the process of self-reflection and understanding of internal bias, prejudice, and to encourage conversations. CQI staff provided an introduction to disparity and disproportionality during an all DFS staff meeting. A concerted effort has been made to include data in each meeting, both internally and with LDSS, around racial inequalities.

DFS hosts monthly Lunch & Learn events that focus on a variety of topics, including for example Child Abuse Prevention Month, Foster Care Awareness Month, and Black History Month, just to name a few. During each of these events, a team of subject matter experts present to their colleagues, always including topic relevant disparity and disproportionality data. There are frequent opportunities during these monthly events to engage in discussion about the data and discuss areas for growth.

Through the Title IV-E Child Welfare Stipend Program (CWSP), a workforce development program of DFS, Bachelors and Masters of Social Work students have the opportunity to receive specialized training, coursework, and field placements that prepare them for a career in public child welfare. As future public child welfare workers, these exceptional students engage in many specialized events, including events focused on DEI. Virginia Commonwealth University hosted a racial justice webinar titled "Systemic Racism, Disproportionality and Equity in Child Welfare: Our History and Where to Focus Our Change Efforts". The webinar featured staff from DFS, local departments, and community partners and was moderated by two CWSP students.

DFS is participating in a two year-long project, the Underserved Population Learning Collaborative (UPLC), in partnership with the Department of Criminal Justice Services (DCJS) and the Virginia Sexual and Domestic Violence Action Alliance. The UPLC is designed to build agency capacity to apply a social justice framework to intervention and prevention services and programs for survivors of sexual and intimate partner violence. Some of the common barriers to services identified in a statewide needs assessment from 2014-2015 included personal or historical experience of racism, ageism, anti-immigration policies/attitudes, sexism, and/or homophobia on the part of service providers and systems, and the lack of culturally representative service providers.

DFS is developing a Parent Advisory Council in partnership with the Children's Trust Fund Alliance (CTFA) and Casey Family Programs. Development of the Parent Council is part of the effort to ensure equity in policies and guidance through input from parents with lived experience.

DFS collaborated with the Virginia Department of Health, the Family and Children's Trust Fund (FACT), and Families Forward (Virginia's Prevent Child Abuse chapter) to submit a proposal for federal technical

assistance to test comprehensive prevention model based on strategic partnerships and shared responsibility to achieve greater equity in families' access to prevention services to enhance well-being. Virginia was selected as one of 12 jurisdictions to participate in this Round Two of the Thriving Families, Safer Children opportunity hosted by the Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation and Prevent Child Abuse America. The technical assistance received through this opportunity will further work towards greater equity in access and service provision to all families, utilizing the voices of lived experience, collaborating with partners who can be most responsive to the unique needs within distinct communities, and address disparities in service access.

DFS is committed to continuing conversations and examining legislation, regulation, guidance, and practice to determine ways to improve the work we do and attempt to remove discriminatory practices and attitudes. Activities have been added to the strategic plan to examine data related to prevention, protection, permanency, and the workforce and determine action steps for addressing critical issues.

## Collaborations

VDSS has collaborated with myriad state, local, and community partners to provide input on assessing strengths and needs of the system; integrate cross-disciplinary services; steer initiatives and implementation of policies and legislation; provide critical stakeholder feedback and guidance in general; and, ensure comprehensive, aligned efforts take place across the state. Virginia is actively working with other internal Divisions, state agencies, private sector and non-profit organizations to improve service delivery to individuals involved in the constellation of family services. VDSS believes that strong partnerships lead to better outcomes, as the 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 direct service practice with children and families, but also with the work we do across agencies, stakeholder groups, and communities throughout the state.

Collaboration is key to ensuring that all those across Virginia 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, Tribal partners, LDSS, Three Branch Model participants, Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program (CIP), and a host of additional collaborators. Similarly, VDSS has partnered this year with numerous state agencies, non-profits, state and federal partners on proposals, projects and aligned efforts to address the need for integrated, responsive and comprehensive services for children and families across Virginia. Utilizing data and data driven priorities and processes, VDSS intends to maintain and build additional collaborative partnerships this year as we strive toward better informed, child/youth/family-driven services and approaches to whole family well-being.

## Lived Experience

In 2020, 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 currently or recently in foster care engaged with VDSS to identify areas of focus and board goals, informed by their experiences in Virginia's child welfare system, as well as each member's unique interests and skill sets. SPEAKOUT shifted from four quarterly in-person meetings to meeting virtually about every other month during 2020. During these meetings VDSS provided state updates and shared opportunities for participation on workgroups and provided direct feedback on VDSS activities. SPEAKOUT representatives also presented to numerous Child Welfare Stipend Program (CWSP cohorts in 2020 to provide the voice of lived experience in tandem with the academic and training preparation these students receive prior to entering work in local departments of social services.

Additionally, VDSS held a youth focus group to gather input and feedback regarding the five year prevention plan. VDSS has continued to administer the Youth Exit Survey, enabling regular and ongoing collection of feedback from youth who were exiting the system. (**Permanency Strategy 4.1**)

VDSS has partnered with Casey Family Programs and the Children's Trust Fund Alliance (CTFA) to develop and create a state-sponsored Parent Advisory Council, composed of parents and caretakers with lived experience. The mission of the Parent Advisory Council is to actively collaborate with VDSS in building strategic partnerships between parents and staff, promoting parent leadership development, and helping expand the meaningful roles and voices throughout the system. The creation of the Council is to ensure parent voices are included in the shaping of programs, services, strategies and policies. This group will include parents and caretakers who were involved with CPS, Prevention/In-Home and Foster Care/Adoption. At this time, the group will not include kinship, foster or adoptive parents who present their own unique circumstances and experiences. VDSS is currently in the planning stage of the work, and CTFA's model includes having parents involved in the planning work. Currently a planning committee composed of four parents with lived experience in child welfare, a Project Manager, a Permanency Practice Consultant and the Resource Family and Family Engagement Program Manager. CTFA is guiding the planning committee in creating the role description, application, and developing the recruitment process. The planning committee hopes to recruit a diverse group of parents who represent all five regions in Virginia. CTFA will support VDSS for the full 2021 calendar year. VDSS anticipates holding a virtual orientation in the summer of 2021 and then holding its first official meeting in the fall of 2021.

In June 2020, Regional Consultants organized Resource Family Advisory Committees within each of Virginia's five regions. Local departments, private agencies along with foster, adoptive and kinship families have been included on the committees. Input from the committees was utilized to develop the process of utilizing waivers to address barriers to approving relatives as foster parents and to develop messaging related to the role of foster families as a support to children and their families. During 2021, the Advisory Committees will focus on developing collaborative partnerships between local

departments in an effort to expand recruitment and approval of foster families. Committees will also focus on developing partnerships between local departments and private agencies to offer relative foster families enhanced support to improve placement stability for children placed with relatives.

Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CPBCAP, which includes parent leadership within communities. Feedback gained from 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 understand and address 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, the CWSP and 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. Workgroups comprised of over 30 LDSS Directors, and state staff met throughout 2020 to collaboratively develop the guidance and mechanisms for corrective action and greater accountability for foster care and foster care-related outcomes. This work culminated in draft content used to design guidance to include in the Practice Foundations section of the 2021 foster care guidance, noting the legislative mandates, the systems created for tracking LDSS performance and improved outcomes within the context of DFS' CQI program necessary to precede and ideally prevent any need for Commissioner intervention at the local level.

Throughout 2020, VDSS maintained ongoing foster and adoptive parent recruitment campaigns in partnership with LDSS. Regional Resource Family Consultants worked with local departments to transition from general recruitment strategies which included more traditional in-person recruitment efforts to using social media to recruit foster parents. Local departments responded by using data

specific to demographic profiles of their children to develop targeted messaging to recruit for children in foster care in their communities. Local departments were also encouraged to utilize their approved foster parents to aid in recruitment and regional consultants have assisted some local departments in offering financial incentives to foster families who refer prospective families.

Through a collaboration with Generations United and the American Bar Association focusing on advancing kin first culture, virtual information gathering sessions were held with two local departments; City of Charlottesville and Richmond City, which included four different sessions: court community, frontline staff and supervisors, agency administration, and local kin caregivers (formal and informal).

The information gathered from sessions led to the development of a series of webinars to advance kin first culture. The webinars featured Virginia families who spoke to their personal experiences with kinship and child welfare in Virginia. VDSS sought to ensure local department leadership to include Directors, Assistant Directors and Program Managers were champions of promoting a kin-first culture within their agencies as well as their key community stakeholders, to include service providers, attorneys/GALs, judges, and community services boards. For that reason, advertising and messaging for the webinar series started with LDSS leadership. There were on average 400 participants for each of the three webinars. In addition, at the end of the hour-long webinars, the community partners and local Directors were asked to participate in smaller breakout sessions and create action steps to take to their respective agency and community. Information on this partnership is included in the Collaborations section.

Within the Protection strategic goals, strategy 1: *Ensure a primary focus on engagement through the Virginia Practice Model and Practice Profiles*, DFS convened a workgroup to install the Engagement Practice Profiles. The workgroup consisted of frontline staff and supervisors and regional specialists representing all program areas. Several of the PIP agencies were represented as well as other localities who had previously expressed interest in state-level engagement work. During the summer of 2020 the workgroup developed a 75-minute long webinar that highlighted the Practice Foundations chapter of guidance – a stand-alone chapter intended for all child welfare staff. The workgroup and Family Engagement Program will continue to meet to update the resources to ensure their relevancy and efficacy.

Due to the increasing number of undocumented youth legally free for adoption, specifically in the Northern Region, VDSS collaborated with an attorney in the Northern Region to provide support and training. In May 2020, K. D. Law provided virtual training to the Permanency Practice Consultants, the Foster Care Policy Specialist, the Adoption Policy Specialist, the Foster Care Program Manager and the Adoption Program Manager. As a result, the documents provided by Ms. Law are used as references to assist local agencies. She has since provided consultation to local departments of social services free of charge for cases involving undocumented youth who are legally free for adoption and have an identified adoptive family. (**Permanency Strategy 2.2**)

### **Tribal Consultation**

VDSS continues to use the quarterly roundtable meetings (**Permanency Strategy 6**) as the primary avenue for building and sustaining relationships between VDSS and the tribes. VDSS participated in HHS Region 3 calls with some of Virginia's federally recognized tribes and presented at the Virginia Partners Summit along with other state agencies. VDSS participated in the NICWA and Kempe International conferences and supported participation of tribal members as well. VDSS continues to work towards the benchmark of developing formal guidelines on ICWA and cultural competencies and remains committed to continuing to improve the cultural competence of all staff. The relationships being fostered through roundtable meetings, site visits and other child welfare focused committees, are all opportunities for VDSS 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 existing training around cultural competency.

### Three Branch Model

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. These 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. The mission statements demonstrate Virginia's 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.

- 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 2020. The CIP and VDSS partnered in 2020, 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 address CFSR-PIP items including barriers to timely adoption; and provide, in general, updates and technical assistance to court partners including judges and guardians ad litem.. CIP has played an active role in the CFSR PIP court community workgroup. VDSS and CIP have been working together on PIP activities (**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.

## **Child Welfare Advisory Committee (CWAC)**

The Child Welfare Advisory Committee (CWAC) typically meets three times a year in March, June and September. In 2020, the March meeting was cancelled due to it occurring right as the State of Emergency was announced, with all agencies having to pivot their work and move to virtual environments. The agenda set for CWAC will always include collaborative work towards meeting the outcomes for Virginia's children and families. In the June 2020 meeting, the focus was the impact of COVID-19 and the pandemic, to include a dive into the data around CPS referrals, usage of the COMPASS Mobile application, timeliness of CPS case closures, opening of new In-Home Services cases, and foster care entries and exits. In addition, discussion around the planning for schools reopening in the fall was addressed, and how the changes that were made during the pandemic could improve outcomes for children and families. In addition, we level-set the expectations of CWAC to include re-introducing the CFSP and APSR. In a poll that was conducted during the June meeting, the majority of CWAC members understood how their role impacts and influences the CFSP and CFSR. Updates on the implementation of Family First were provided and CWAC's feedback was elicited on identifying the primary barriers to family engagement and the top solutions to overcoming those barriers. Finally, CWAC members voiced their desire to take a deeper dive into identifying child welfare racial disparity and disproportionality and creating a collective conversation.

In the September 2020 meeting, the focus continued on data analysis of CPS referrals and foster care rates during the pandemic as compared to the same time in the previous year. Families Forward Virginia, in partnership with VDSS, provided an update on the creation of Virginia's 5-Year Prevention Plan. VDSS' Family First team provided an update on QRTP applications and continued to message the importance of QRTP as it relates to Family First implementation. After a review of Item 12 data, CWAC members were asked to identify their role in ensuring children, families, and parents are assessed for, referred to and complete services. Per CWAC's request from the last meeting, and the ongoing commitment to DEI, VDSS shared data from Casey Family Programs, looking at children in care by placement setting and race/ethnicity and outcomes of children and youth in congregate care by age and race/ethnicity. During smaller breakout sessions, CWAC identified barriers, both adaptive and technical,

to placing children/youth in kinship placements and discussed the possible reasons why there are disparate outcomes of children and youth of different racial/ethnic groups. To note, since CWAC meetings have gone 100% virtual, there are more participants in attendance and the use of technology to include creation of breakout rooms have allowed for more collaborative discussions during these large meetings.

### **Practice Advisory Groups**

During 2020, 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. Meetings transitioned to a virtual format and participation has increased. 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**) Beginning in 2019 and continuing throughout 2020, 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.

The CPS Advisory Committee, comprised of local CPS Supervisors and workers plus VDSS program staff, met quarterly throughout 2020. The group provides input into the CAPTA plan, legislative proposals, regulatory review, policy and guidance, and overall program direction. In 2020, the group provided practice input on issues of jurisdiction, appropriate use of the *unable to complete* feature in OASIS, the new Mandated Reporter Portal, and safety best practices. PAC members reviewed and provided feedback on additional strategies to improve their performance on CFSR Items 1 and 2. The group provided feedback on Virginia's implementation plan for Family First and the development of Virginia's Strategic Prevention Plan. The group reviewed and finalized VDSS' Child Fatality Investigation Recommendations for inclusion in Memorandums of Understanding (MOUs).

### ***Additional Collaborations***

#### **Casey Family Programs/Generations United/ABA Center on Children and the Law**

In 2020, to support both Prevention and Permanency strategic goals, VDSS partnered with Casey Family Programs and Generations United (GU) and the ABA Center on Child and the Law to perform a statewide kinship assessment. This was timely as VDSS is preparing to implement new In-Home guidance in 2021, with a focus on supporting relatives and fictive kin in prevention as well as current efforts to increase kinship foster placements and the utilization of KinGAP. To inform their report, GU and ABA conducted two electronic surveys on the delivery of kinship supports and services: one for LDSS frontline staff and supervisors and one for kin caregivers across Virginia. In addition to the final report with recommendations to elevate Virginia's kinship practices, ABA and GU held a three-part webinar series

titled, “Creating a Kin-First Culture: Engaging Kin and Understanding Their Options,” that were held in December. In each of the webinars, local families spoke to their personal experiences with kinship and child welfare in Virginia. VDSS sought to ensure local department leadership to include Directors, Assistant Directors and Program Managers were champions of promoting a kin-first culture within their agencies as well as their key community stakeholders, to include service providers, attorneys/GALs, judges, and community services boards. There were on average 400 participants for each of the three webinars. The webinars were recorded and made available in Virginia’s Learning Center; in addition a public page was created so that community partners could access the webinars as well. In partnership with the Court Improvement Program, GALs are able to receive a total of 3 hours of continuing education credits after watching the webinars. All of the handouts and resources shared during the webinars were placed on a stand-alone page on Fusion, VDSS’s intranet a supplement to the kinship work taking place across the entire child welfare continuum.

### **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 2020, 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.

### **Community Resource/Adoptive Family Training (CRAFT)**

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.

### **LGBTQ+**

In efforts to expand training and guidance for the field in their work with LGBTQ+ youth in foster care, in 2019, DFS staff reached out to the Center for States for technical assistance. As that project plan unfolded, it became clear that there was an interest and need to expand the work beyond the foster care program. 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, which continued throughout 2020 and will continue in subsequent years as well. 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. The LGBTQ+ workgroup was slated to meet in March of 2020 but it was postponed due to the pandemic. DFS staff is currently anticipating that this work will be rolled into the larger VDSS DEI initiative.

### **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 2020, OCS continued as a critical collaborative partner with VDOE to address policies related to and implementation planning for Family First. OCS also continues to collaborate with VDSS around the implementation of KinGAP for IV-E eligible and state funded children. OCS and VDSS worked together in 2020 to address components of the S.B.1339 legislation including use of CANS and reduction in congregate care placements. OCS is a key partner in the collaborative efforts enacted through the Center for Excellence; and, was a critical partner throughout 2020 in addressing needs related to the pandemic, as noted further in the COVID-19 Collaborations section below.

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, OCS, DBHDS, DMAS, DJJ and VDSS met throughout 2020 to enact the Center for Excellence in Evidence Based Practices, a unique partnership based on the shared agency interest in developing capacity for EBPs in Virginia, ensuring fidelity to the EBPs, and enhancing service provision across private and public sector partners in the community.

### **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 2020, VDSS and QIC-WD partners met via teleconference on a weekly basis to assess progress and work towards program evaluation goals. VDSS continues 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. The QIC-WD team conducted COMPASS|Mobile Diary studies in 2020. Due to the COVID-19 pandemic these diary studies were updated in April 2020 to incorporate impact of COMPASS|Mobile on work flow and virtual visitations via doxy.me during these

unforeseen times. To capture more feedback, VDSS was able to obtain approval to include participants from statewide usage for this diary study.

### **Statewide Prevention Plan**

In addition to the concerted focus on advancing Virginia's tertiary prevention services and broadening the focus to more wellbeing for families, work continued on 5-year plan for Virginia to prevent child abuse and neglect (General Assembly 2020, budget amendment item 354 #10h). In September 2020, the Division launched the work to complete the 5-year plan by bringing together community and state agency partners together in an Executive Committee and a Steering Committee to build out a high level 5-year plan to prevent child abuse and neglect. The Steering Committee held four meetings in 2020 and the Executive Committee held two meetings to develop the goal, objectives and high level strategies. The Plan is expected to be completed and submitted to Virginia's General Assembly in June 2021.

### **Trauma-Informed Workgroups**

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, the Governor's Trauma-Informed Care Workgroup recommendations for trauma-informed work will be incorporated to ensure consistent delivery across all child-serving agencies in Virginia. (**Prevention Strategy 2**).

### **Trauma Informed Community Networks**

In 2020, 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 composed 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. Currently, the TIWD is collaborating with DFS staff to undertake a comprehensive literature review on peer support groups to address secondary trauma in the workforce and provide a series of recommendations or exemplars for utilizing peer resources in this way.

### **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 state. VDSS renewed with George Mason University, Radford University, Virginia Commonwealth University, Norfolk State University, and East Tennessee State University's Abingdon, Virginia campus in 2020. Each university partner has established Regional Advisory Committees, which are composed of LDSS leadership, university child welfare faculty, state CWSP leadership, and community partners. Meetings are convened quarterly to discuss child welfare workforce needs, gain feedback on how students and graduates are performing in the field, staff any barriers to programmatic or student success, and design curriculum and para-curricular activities, including topical seminars, case simulations, employment workshops, and other events. In 2020, 33 LDSS actively participated on a Regional Committee, and four child serving agencies contributed actively. Additionally, DFS staff works closely with Professional Development Committee of VLSSE, which serves as a state-level advisory group. VDSS is currently negotiating renewal contracts with George Mason, Radford, Norfolk State and Virginia Commonwealth Universities for next year.

### **United States Marshals**

The U.S. Marshals in the Eastern and Western Districts of Virginia conducted a classified five-day law enforcement effort, dubbed "Operation Find Our Children," throughout the Commonwealth of Virginia the last week of October (October 26—30). Operation *Find Our Children* was led by deputy U.S. Marshals from the two federal judicial districts, along with members of the U.S. Marshals Service Capital Area Regional Fugitive Task Force and special agents, police officers and detectives from numerous federal, state, and local law enforcement agencies. The primary investigative team was comprised of more than 60 law enforcement officers who were joined by more than 50 employees from VDSS and LDSS, and various medical professionals.

VDSS partnered with the U.S. Marshals on the operation in three key ways: (1) reviewed the list of youth identified by the U.S. Marshals Service for the operation and provided demographic or social history information from current or prior child welfare case involvement; (2) identified additional youth in foster care who should be added to the operation; and (3) provided local CPS and foster care interventions as needed once they youth were located. The U.S. Marshals Service reported the operation resulted in the safe recovery of 28 youth across Virginia. Additionally, local departments collaborated with the U.S. Marshals Service to safely recover nine youth in foster care.

### **Virginia Center for Evidence Based Practices**

VDSS partnered with the newly established Virginia Center for Evidence-Based Practice (the Center) in 2020. The Center is a newly formed partnership between agencies of the Commonwealth and Virginia higher education institutions to support the implementation, evaluation and sustainability of evidence-based programs across the state and among state agencies. The Governance Committee for the Center includes DBHDS, DMAS, DJJ, DSS, OCS, and VDH. VDSS will utilize title IV-E funding for the Center to conduct fidelity monitoring and provide quarterly fidelity monitoring reports for VDSS to utilize in the child welfare CQI process. VDSS will also partner with the Center to continually identify needs and gaps in EBS across the state to make recommendations for the implementation of additional EBS. In 2020, the Center approved its charter, instituted the first iteration of an overarching MOU with VCU to conduct research and support the evidence building and fidelity monitoring required by Family First, with DBHDS holding the contract that wraps in services for all other partners, including ability for other state agencies to subcontract with VCU and other university partners on related initiatives and tasks. VDSS engaged VCU in late 2020 to begin development of a contract to provide evidence based services capacity building in Virginia, including identification of provider training needs; and, conduct fidelity monitoring on use of the evidence based practices included in Virginia's implementation of Family First.

### **Virginia Department of Criminal Justice Services**

The Department of Criminal Justice Services (DCJS) is a critical partner with DSS on grant funded services for children and victims of domestic violence. In 2020, DCJS provided Victims of Crime Act (VOCA) funding to DSS to support Child Advocacy Centers. VOCA funds from DCJS also provide financial support to local domestic violence programs that are also funded by DSS. The collaborative partnerships include participation on the development, funding and ongoing leadership of the Underserved Population Learning Collaborative (UPLC), cross-participation on advisory committees, and bi-weekly meetings to strategize on responses to the COVID related needs of sub-grantee agencies. DFS staff also participate in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in trauma informed, domestic violence programming.

### **Virginia Department of Education**

The majority of the collaboration between the Virginia Department of Education (VDOE) and VDSS has typically been directed at improving the educational stability and attainment outcomes of children in foster care. In 2020, VDSS and VDOE also began collaborating on fulfilling requirements of a five year grant VDOE received to improve data visualization linking foster care and educational data via the Virginia Longitudinal Data System (VLDS). VDSS has mandated the inclusion of the DOE State Testing Identification (STI) in the child welfare information system. This allows VDSS and VDOE to share aggregated educational data of students in foster care. VDSS representation from DFS and the Office of Research and Planning met monthly with the VDOE/ VLDS grant team throughout 2020 to advise and consult on foster care -related elements of the deliverables, to ensure improvements in data comparison for increased educational stability and equitable access to educational resources for children and youth in foster care. 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 is ongoing, largely focusing 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. Shifting to a virtual platform in 2020, VDSS and VDOE continued to partner and offer statewide trainings to LEAs, LDSS, and community partners (including judges, attorneys, and licensed child placing agencies). VDOE and VDSS also continued to jointly provide technical assistance and collaborative problem solving on case by case bases in response to constituent contacts and LEA/LDSS requests. VDOE and VDSS collaborated intensively throughout the COVID crisis during 2020, as noted in the following COVID-19 Collaborations section.

In 2020, VDSS and DOE updated *Recommended Procedures for Local Agreements between School Divisions and Local Departments of Social Services*, which provides a model agreement of procedures that can be used by local school districts and local departments of social services to ensure a coordinated response to reports of child abuse and neglect.

### **Virginia Department of Health**

VDSS 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, implementing and sustaining home visiting programs, providing 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. In late 2020, Virginia was awarded the opportunity to collaborate with other selected states and jurisdictions on an initiative led by the Children's Bureau, the Thriving Families, Safer Children project. In partnership with VDH, VDSS will be supported by our federal partners and national experts in 2021 in aligning prevention efforts for increased equity in services access and provision for all families in communities across Virginia.

VDSS and VDH collaborated throughout 2020 to address pandemic-related needs and concerns, as noted in the COVID-19 Collaborations section.

### **Virginia Department of Juvenile Justice**

VDSS and the Virginia Department of Juvenile Justice (DJJ) have partnered on 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 2020, VDSS worked 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 Virginia 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 2020 DJJ also agreed to use the VDSS, Virginia HEALS screening tool, Screening for Experiences and Strengths (SEAS) statewide. DJJ will replace their use of the ACE tool with SEAS. VDSS staff will work



closely with DJJ to train their staff and provide technical assistance with the Referral and Response Protocol.

### **Virginia Department of Medical Assistance Services**

Medicaid is the largest payer of behavioral health services for children in Virginia. Throughout 2020, VDSS worked 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. 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). VDSS and DMAS also partner as core members of the Center for Excellence in Evidence Based Services; and, collaborated throughout 2020 to address concerns related to the pandemic, as noted below in the COVID-19 Collaborations section.

### **Virginia's Kids Belong**

Virginia's Kids Belong Regional Coalitions have continued to assist with recruitment of foster families, supporting kinship caregivers and supporting child welfare workers. While the Central Region Coalition continued to operate, the Southwestern Virginia Coalition appears to have seen the most growth. The Southwestern Coalition has facilitated the use of a care portal that connects churches with families served by local departments of social services to meet food, clothing and shelter needs when they are identified. Virginia's Kids Belong has also partnered with VDSS in the development of the "I Belong" project to focus on children free for adoption without adoptive families identified. In November, in accordance with the Adoption Call to Action, the "I Belong" project coordinated child specific recruitment videos to profile children in Virginia who are free for adoption without an adoptive homes identified. Virginia's Kids Belong has indicated that beginning in March 2021, they intent to coordinate child specific video shoots every 6 weeks for Virginia's waiting children.

### **Virginia Sexual and Domestic Violence Action Alliance**

The Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) and VDSS continued in 2020 to connect bi-monthly to discuss particular program needs and to brainstorm how to meet these needs through site visits, conference calls, and staff training. In 2020, 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. The UPLC is designed to build agency capacity to apply a social justice framework to intervention and prevention services and programs for survivors of sexual and intimate partner violence. The Action Alliance is also a partner with DSS and VDH in developing a

distribution plan for a new Sexual and Domestic Violence Prevention Fund, established by the VA General Assembly in 2020. (**Prevention Strategy 2**).

### ***COVID -19 Collaborations***

COVID-related collaborations included the following:

#### **VDSS Partners Collaboration**

At the start of the pandemic, 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 (VLPC) worked together to address concerns around court delays and reunification of children with their families during this time of crisis. Voices for Virginia's Children, VDSS, DBHDS, 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 DFS 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 CPS 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, 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 in April 2020, 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 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. This collaboration is ongoing as the research proposal design and institutional review board (IRB) processes began in early 2021.

## Continuous Quality Improvement (CQI)

### CQI in Virginia – Bringing Data into Practice, and Practice into Data

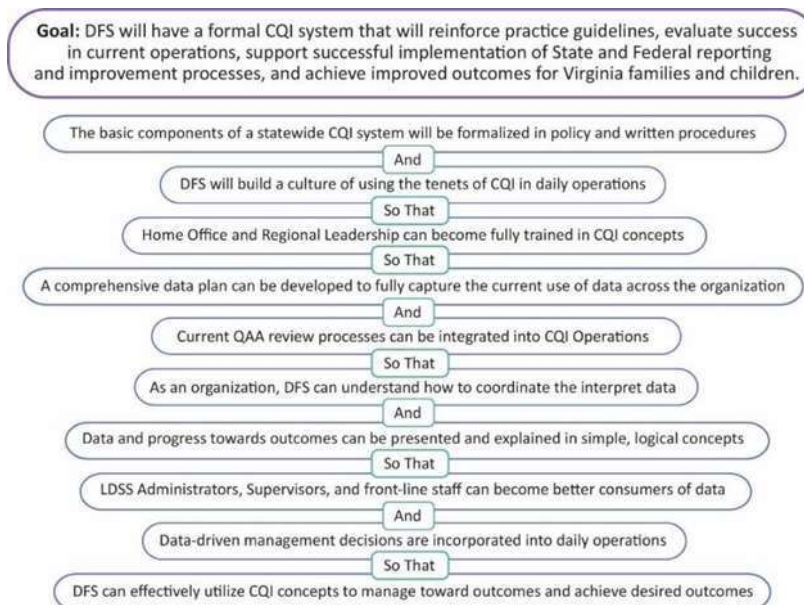
#### ***CQI in Virginia Guidelines***

Virginia's CQI system is designed to operate at all levels within our child welfare system. Whether it's a CPS Unit trying to improve outcomes on timely response to referrals, our system of partnerships ("Team Virginia") to ensure fidelity in Family First evidence-based practices, or regional teams reducing placements in congregate care, Virginia's CQI can be used for problem solving and process improvement no matter the size of organization or topic being studied.

There are three core principles of the CQI system: collaboration, data-driven and solution-oriented, and informed by practice.

- **Collaboration** – CQI in Virginia is designed to bring in ideas, anecdotes, and innovations from all levels of the child welfare field and find ways to enhance services and implement change. Without the ideas, collaboration, and partnership with local departments of social services and other stakeholders, there is no true path forward for CQI in Virginia. The CQI process does not solely implement State Office directives to local department operations.
- **Data-driven and solution-oriented** – The CQI process involves using data to inform decisions, to ensure that solutions are founded in current performance, and to identify next steps and benchmarks for measures marking performance. With data as a foundation of improving processes, Virginia is able to understand past, current, and projected future performance.
- **Informed by Practice** – Anecdotes do not drive progress, but qualitative data on progress and opportunities for improvement help drive focal areas for improvement. Virginia's CQI system works between the federal and state defined outcomes and the processes being done at each Local Department of Social Services to improve outcomes for youth and families served by the child welfare system.

The CQI Theory of Change illustrated below shines light on the implementation plan and trajectory:



### ***CQI Resources***

The CQI Unit has hired three full-time Data Analysts for each programmatic area – Prevention, Protection, and Permanency. 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. The Permanency Data Analyst has taken baseline congregate care data to inform the Division’s congregate care reduction efforts, and identified new analysis for first time congregate care placements to help inform the Division’s work for Family First. **(CQI Strategy 3.2)**. The Prevention Data Analyst has assisted in preparing DFS for incoming Family First changes, the Division’s move towards In-Home practice changes, and increasing capacity of reporting on prevention related services. The Protection Analyst has focused on referrals after COVID-19 shutdowns and identifying opportunities for process improvement related to incoming referrals.

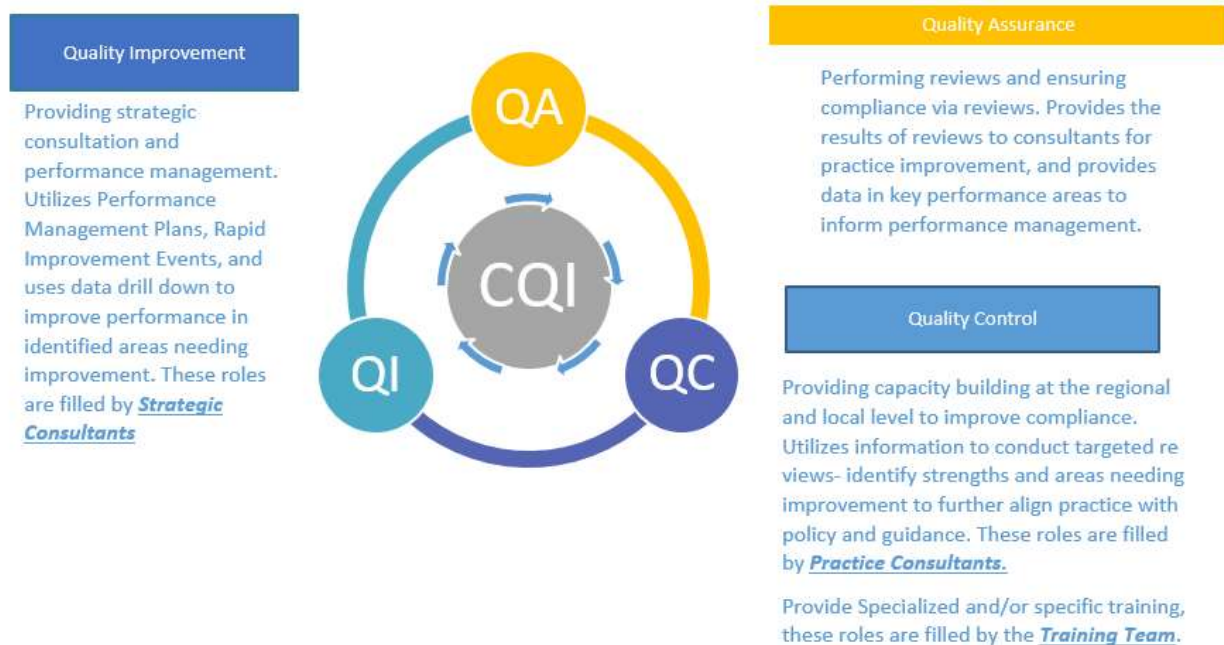
Additionally, five full-time Strategic Consultants - positions which were established in response to JLARC recommendations and S.B. 1339 legislation in 2019 - will be brought on in 2021. These positions are dedicated to improving outcomes and increasing shared accountability between LDSS and VDSS, within the CQI context; specifically, leading regional CQI meetings, ensuring integration and alignment of multiple efforts, strategies and goal achievement across Divisions, programs, projects, initiatives and stakeholders; and overseeing alignment of the respective data. Strategic Consultant roles will support the regional level CQI process and serve to connect the bridge between state and regional level efforts.

### ***The CQI Process***

Virginia's CQI system is built upon the APHA'S Define-Assess-Plan-Implement-Monitor (DAPIM) model<sup>1</sup>. The steps include:

- Defining the Problem – The Who or the What
- Understanding the Root Cause – The Why
- Identifying a Solution & Planning for the Implementation – The How
- Implementing the Solution – The Action
- Testing the Solution, Monitoring Performance, Adjusting as Needed – The Evaluation and Revision

We implement the process through a quality triad model which includes Quality Assurance (QA), Quality Control (QC) and Quality Improvement (QI). The below visual illustrates the way in which these distinct yet full complementary processes and teams work in tandem to ensure comprehensive CQI within the system.



Quality Assurance is carried out through the DFS Quality Assurance and Accountability (QAA) team which ensures compliance through reviews at local levels and connects results with practice via Practice Consultants who provide coaching, technical assistance and support to local departments. The QAA team is one data partner feeding relevant information into the overall CQI and data analysis process.

Quality Control is enabled through title IV-E reviews (also conducted by the QAA team) to address and predict financial penalties and gaps in compliance; and, fully enacted through Practice Consultants who support localities in aligning practice with policy and guidance. The Training team also addresses gaps in

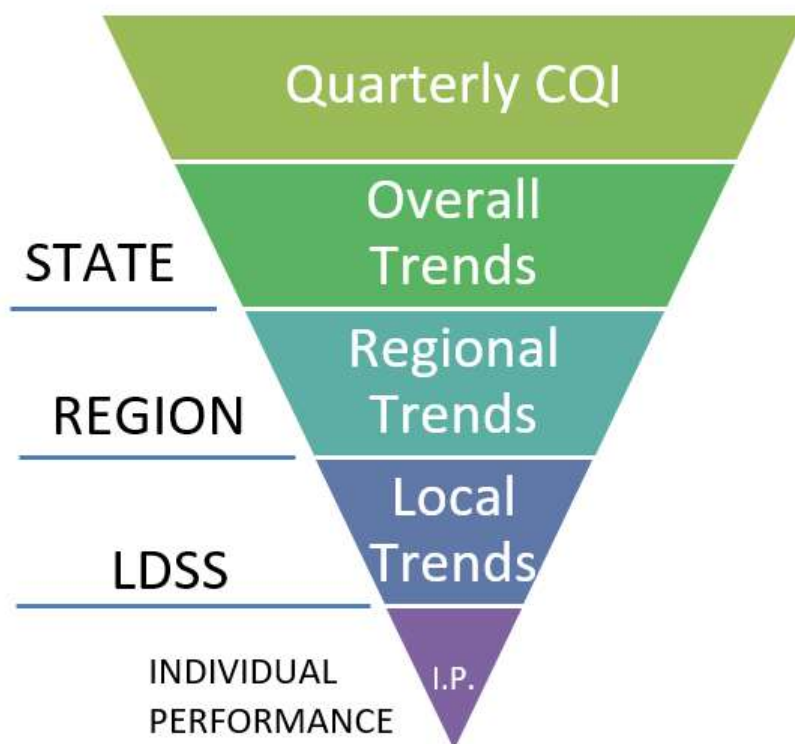
<sup>1</sup> [https://aphsa.org/OE/OE/consulting\\_practice.aspx](https://aphsa.org/OE/OE/consulting_practice.aspx)

practice/policy knowledge that are made evident through reviews by offering targeted and consistent development opportunities through courses including micro-learning, e-learning and traditional classroom learning.

In 2021, Strategic Consultants will be brought on board to fully operationalize the QI arm of the triad, facilitating data alignment between programs, Divisions and regions and leading regional CQI events which create the foundation for Rapid Improvement Events in localities targeting issues that bubble up through data deep dives from the regional analyses. As part of the overarching QI plan which includes foster care outcomes-specific and legislatively driven shared accountability mechanisms (performance management and corrective action plans with strategy in place for Commissioner intervention at local levels, if necessary), the CQI process becomes fully installed through identification of data trends and events to facilitate performance improvement. As regional CQI events are established in 2021, Rapid Improvement Events will take place in localities to take identified risk areas, review data at a micro/agency level and focus improvement efforts on that risk area through an intensive teaming approach between data, programmatic, local leadership and staff, Strategic and Practice Consultant representation.

### Operationalized CQI Model

With the ability to conceptualize the CQI process via the quality triad model, we visualize the operationalization of the process through an inverted pyramid of state/region/local actions. As illustrated in the visual, the CQI process takes form in actionable ways at first the state level, then the regional level, and finally the local level which facilitates analysis and examination of individual-level performance when helpful.



## Slices of Data Review

The data review process is broken down across levels within the system. Regular data review meetings occur at the state level on a biweekly basis, wrapping in home office teams including program, policy, data and leadership representation; and, regional teams, including Regional Directors and Practice Consultants. These meetings review overall state and regional trends, and have been occurring since early 2020 and set the stage for an organizational culture which understands and embraces data-driven decision making and practice informed data analyses. The 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.

An example of specific topics to be emphasized in the overarching CQI review process includes fidelity monitoring as relates to Family First. VDSS will partner with the Virginia Center for Evidence-Based Practice (the Center), which is a newly formed partnership between agencies of the Commonwealth and Virginia higher education institutions to support the implementation, evaluation and sustainability of evidence-based programs. This example is further described in the sections below.

- Overall Trend analyses at the State level are performed to inform where Virginia is making progress and what areas still need increased focus and attention.
- Regional Trend analyses help Strategic (when onboarded) and Practice Consultants develop comprehensive capacity building plans. When Regional CQI events begin in 2021, this analysis will be fully brought to localities in order to understand this mid-level tier of analysis and facilitate the ability to deep dive into local data and root cause.
  - An example of regionally- and locally-based CQI (driven by statewide trend analysis and data deep dives) is the implementation of shared accountability for foster care and foster care adjacent outcomes as directed by S.B. 1339 and JLARC recommendations. S.B. 1339 set forth provisions for a corrective action process when foster care services are not provided by a local board of social services. This example is further described in the sections below.
- Local Trends & Individual Performance data review will allow localities to understand patterns within their own jurisdictions and units.

**Statewide Data Review - *Implemented in 2020 and occurring on a biweekly basis.*** Statewide events were instituted in early 2020, following a pre-implementation period and led by the CQI/Data team and supported through cross-Divisional, multi-program/project collaboration and teaming to identify trends, outcome areas for improvement, and pair quantitative data with qualitative and anecdotal information to identify root cause and potential solutions at regional and local levels. These events illustrate the CQI partnership between state and regionally based staff at a high level to support Practice Consultant intervention at local levels via deep dive analyses and solutioning. The CQI state level biweekly events have created an overarching, system-wide culture of data-driven practice; provided introductory and mid-level comfort among staff and teams with a CQI model and shared language; and, have created an organizational culture baseline through which regional and local level CQI efforts can be successful. Through building a culture of leadership through teaming, creating room for change, and introducing

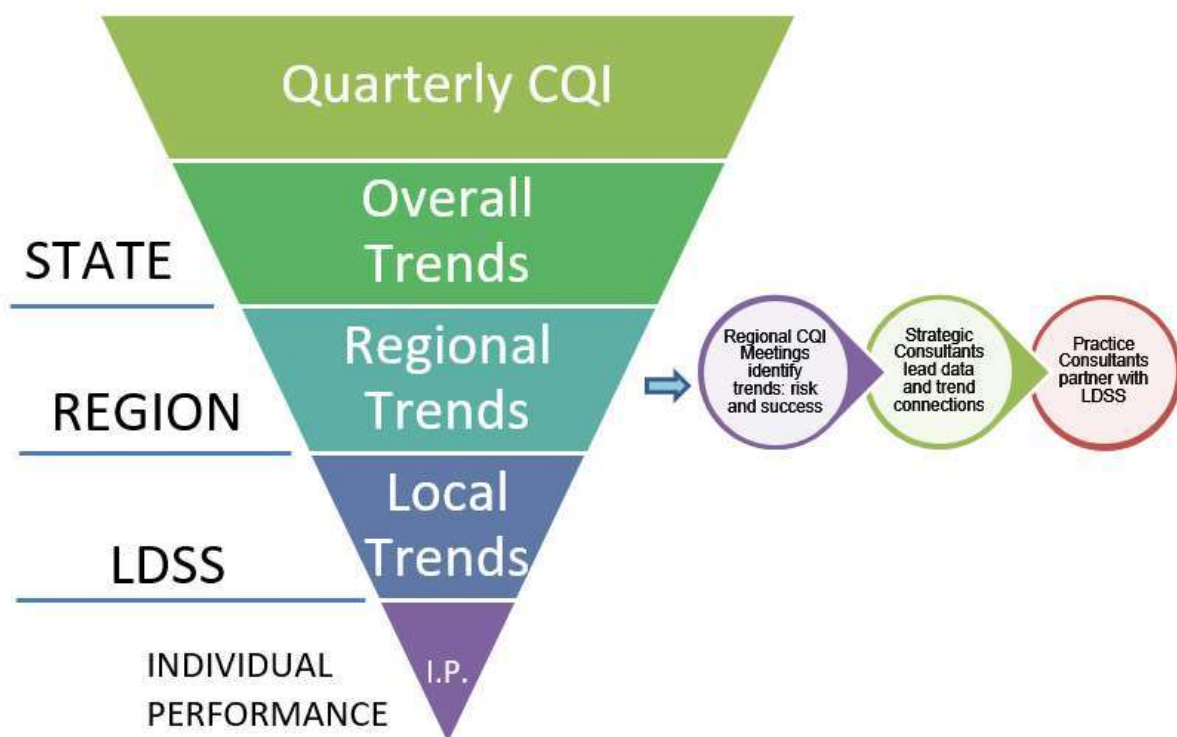


organically grown CQI through intentionally dosed introductory, exploratory and increasingly targeted events, organizational culture has shifted to a place of readiness. The safety of a learning environment context for CQI is critical for the meaningful change that occurs through transparency, shared understanding and analysis of data, and shared accountability for improved outcomes.

**Regional Data Review - Implementation in early 2021.** 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
- Regional CQI events will begin in 2021 through the support of additional resources including five new Strategic Consultant positions dedicated to lifting up the CQI process. These events will facilitate the deeper dives into regional trends, local strengths and needs and peer to peer resource sharing and learning collaborative oriented, targeted improvement of outcomes. These regionally-focused events and efforts will enable the LDSS-specific rapid improvement events noted below.

Using the previously shown visual to describe CQI operationalization, we see the regional additions below:



**LDSS-Specific Data Review and Rapid Improvement Events - Implementation in 2021.** Analysis at the LDSS level allows Rapid Improvement Event (RIE) teams to use data analysis to identify specific opportunities for improvement of services.

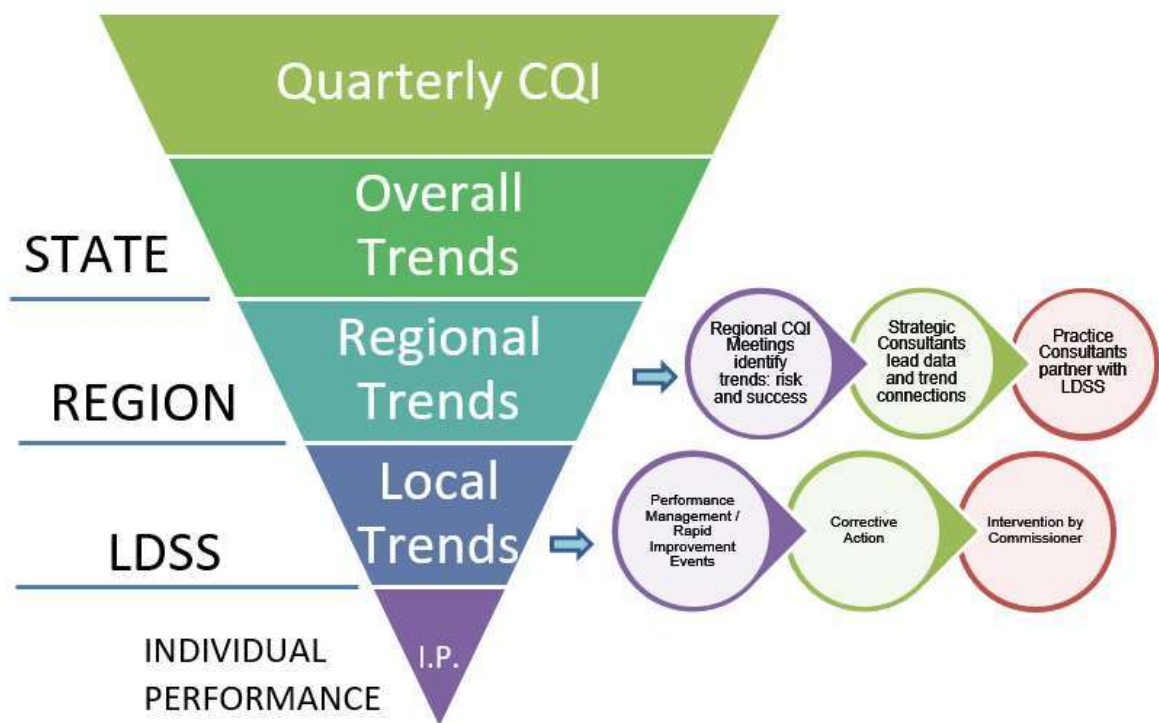
- This process is informed by data and RIEs from the Regional level, and will allow LDSS RIE teams to identify best practices and apply what is learned statewide. Small yet diverse teams comprised of program/policy staff, Strategic Consultants Practice Consultants, Regional Directors and local agency staff and leadership will dedicate a brief yet intensive period of time toward improving the identified, targeted outcome(s) illuminated through regional and local CQI processes. Rapid improvement events are used to augment, not replace, ongoing CQI.

Again, using the familiar CQI in operation model, we see this micro-level addition to the CQI process, which wraps in the shared accountability for foster care/foster care adjacent outcomes example, below:

### **Operationalized CQI Examples - *Implementation in 2021***

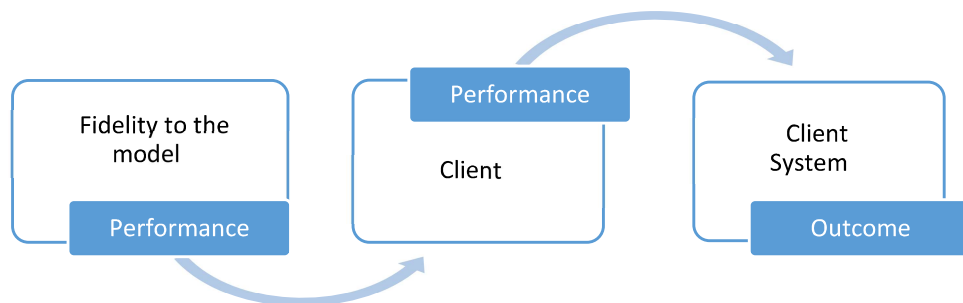
#### **CQI for Shared Accountability for Improved Outcomes**

Driven by JLARC recommendations and S.B.1339 in 2019, workgroups comprised of over 30 LDSS Directors, and state staff met throughout 2020 to collaboratively develop the guidance and mechanisms for corrective action and greater accountability for foster care and foster care-related outcomes. This work culminated in draft content used to design guidance to include in the Practice Foundations section of the 2021 foster care guidance, noting the legislative mandates, the systems created for tracking LDSS performance and improved outcomes within the context of DFS' CQI program necessary to precede and ideally prevent any need for Commissioner intervention at the local level. With the addition of Strategic Consultant staff in 2021, CQI process additions to facilitate shared accountability for improved outcomes in the measures identified specific to this mandate will be implemented. This will occur through Regional CQI events and resultant locally-based data and root cause analysis, Rapid Improvement Events and Strategic Consultant-led / Practice Consultant-facilitated performance improvement plans. Using the operationalized CQI model introduced previously, we see how the S.B.1339-driven shared accountability piece fits into the CQI process, with mechanisms for performance management, performance improvement, corrective action, and intervention by the Commissioner if/when necessary.



### CQI for Family First Evidence Based Practices Fidelity

To understand one slice of the CQI process operationalized, we can look at the Family First fidelity CQI segment which folds into the larger process. 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).



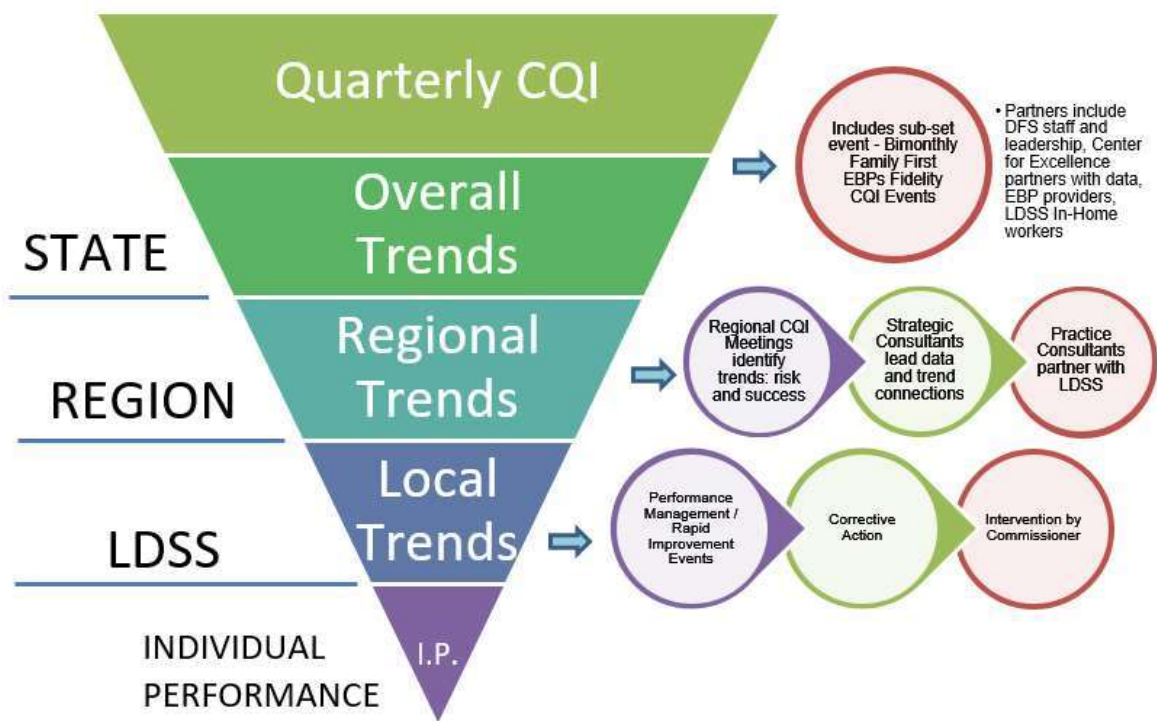
VDSS is partnering with the Virginia Center for Evidence-Based Practice (the Center), which is a newly formed partnership between agencies of the Commonwealth and Virginia higher education institutions to support the implementation, evaluation and sustainability of evidence-based programs. The Governance Committee for the Center includes DBHDS, DMAS, DJJ, DSS, OCS, and VDH. VDSS will utilize

title IV-E funding for the Center to conduct fidelity monitoring of providers and provide quarterly fidelity monitoring reports for VDSS to utilize in the child welfare CQI process.

The overarching CQI program integrates three tiers of review, assessment and intervention, including high level CQI accomplished in regional CQI meetings; secondary CQI dedicated to fidelity specifically regarding the evidence based service accompanying Virginia's implementation of Family First; and, tertiary CQI involving deep dives into local agency data, root cause analysis processes involving state, regional and local staff. The first level wraps in all outcomes, looking at regional trends in terms of strengths and gaps. The Family First-specific fidelity piece of CQI involves the Center research partners contracted to engage in fidelity monitoring of the selected EBT's (MST, FFT and PCIT); providers in communities who are enacting the selected EBPs; and, regional consultants and In-Home staff from LDSS, to examine regional and local results, correlated safety, well-being and permanency outcomes to specific interventions applied, integrate VCU's quantitative and qualitative data, and glean anecdotal evidence from local agency and provider partners to support and complement technical pieces of fidelity monitoring and wrap into the larger assessment/CQI process within this targeted echelon. Thirdly, the CQI process allows for regional data to be drilled down to local levels, identifying specific agency strengths, risks, trends in performance, potential for peer-to-peer resource and learning collaborative sharing opportunities based on strengths, or problems with agency-wide or individual-level performance.

Within the secondary CQI level process, all identified EBS will be wrapped into the fidelity and assessment and monitoring processes, to involve providers, stakeholders, VCU researchers and Center for EBP Excellence representation. Additionally, Strategic Consultants will facilitate the connection of these elements with the greater CQI processes, through soliciting input from Practice Consultants, the IV-E Review team (QAA), community providers of these services, and local department In-Home workers. To maintain fidelity to the commitment to assimilating voices of lived experience, parent representation could be included representationally (via written reports or feedback) or in person as relevant to hear from the service recipients' perspective. VCU researchers and designees will work in tandem with VDSS Strategic Consultants and Practice Consultants to understand how the quantitative and qualitative information gained through performance of their contract deliverables for fidelity monitoring can be complemented or supplemented by anecdotal information that practice consultants, LDSS In-Home workers, EBS providers and service recipients share. While VCU researchers will facilitate this second level of CQI dedicated to fidelity monitoring and implementation of the three, and perhaps later, additional, EBS, all aforementioned partners and stakeholders will take an active role in moving this process forward. Further detail is provided in the subsequent section, Evaluation Waiver Request.

Utilizing the model of operationalized CQI presented earlier with staged additions and examples, we can understand how Family First fidelity CQI fits in using the below visual:



As noted in the VDSS 2020-2024 CFSP:

“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 qualitative aspects of the case review system. Our approach is both data-driven and practice-informed.”<sup>2</sup>

Within the context of the aforementioned second tier of CQI which would be dedicated to fidelity to the EBS and contain the future ability to assess additional EBS as those opportunities arise, 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) to complement the addition of these evidence based services in Virginia. VDSS intends to utilize title IV-E administrative funds to support the CQI and fidelity monitoring components through the delivery of title IV-E prevention services. VDSS’ monitoring of FFT, MST and PCIT are detailed in the Family First Prevention Plan.

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

## 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 Intake, ARRIS, COMPASS Mobile, COMPASS Portal
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. The newly recertified SDM Ongoing tools are housed in COMPASS Mobile	OASIS
Structured Decision Making Tool (SDM) Intake	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, COMPASS|Portal, 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 via desktop computer to access COMPASS|Portal. OASIS and COMPASS|Mobile-Portal exchange information bi-directionally. However, forms, documents, and photos are unable to be transmitted to OASIS due to limitations of the OASIS platform. Forms, documents, and photos are secured on the application in the cloud. The web-based SDM Intake Tool is used as an assessment instrument to formalize Child Protective Services Intake. The COMPASS|Mobile-Portal based SDM Ongoing tools are used as an assessment instrument to formalize 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 have been revised and recertified. The SDM Intake tool is accessed via OASIS as it was previously and the SDM Ongoing tools are utilized via COMPASS|Mobile and COMPASS|Portal. The SDM safety assessment has been updated and is 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 and be very costly. 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 one PowerBuilder developer on staff and one on contract to maintain and update OASIS and ARRIS. Two additional contract PowerBuilder developers handle 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 DFS 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 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-Portal 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-Portal 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;
- family messaging; and
- check-in and audio recording.

As of the writing of this report, there are 1,744 COMPASS Mobile users. Over the past year, 1,430 users have logged into COMPASS|Mobile-Portal to access data and upload and print document that are not stored in OASIS.

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 (QIC-WD) 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.

### **Safe Measures**

VDSS entered into a contract with Event Change (formally 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, has been 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. The project is on hold temporarily while VDSS secures licensure for a cloud based PowerBI platform. The contract with Evident Change continues at this time in order provide continued support to local workers and supervisors.

### ***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 Virginia and the department's enterprise architecture standards, and effectively align with the Virginia Local Government and 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 state 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 November 2020, VDSS went live with technology to provide those who report abuse and neglect with a mandated-reporter online reporting system (**Protection Strategy 4.1**) called VaCPS. The system allows 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. This technology assists mandated reporters and LDSS in ensuring timely capturing of information for 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**). Feedback from mandated reporters on the system is that the portal is user friendly, allows for a quicker way to report allegations of child abuse or neglect, and eliminates a wait time when calling the state hotline. Hotline staff report the portal is user friendly and over-all there are fewer steps involved in processing portal reports from mandated reporters compared to telephone reports. The portal significantly reduces data entry for the hotline staff saving time and freeing them up

for other calls. There were 199 reports submitted through the portal in November 2020 and 250 in December. Due to a technical issue, which has been addressed, there were 160 reports submitted in January 2021 and 231 in February.

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.

### *COVID-19 response*

The COVID-19 crisis prompted an immediate shift in child welfare practice. The 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](https://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 the 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, permanency, 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 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](https://doxy.me) from their iPads. Documentation entered through COMPASS|Mobile syncs to OASIS.

A new section was added to COMPASS|Mobile and COMPASS|Portal that contains all guidance and resources related to the COVID-19 pandemic. COMPASS|Mobile users have FAQ's and information related to processes, procedures and safety at their fingertips. Also implemented in response to the pandemic was the use of the COMPASS|Portal to facilitate QAA reviews of Title IV-E Foster cases. Local benefit workers were trained on the use of COMPASS|Portal via virtual training platforms. They are now able to upload documents to support eligibility and financial decisions so that QAA reviewers can access and perform reviews of cases remotely.

## Family First Prevention Plan

Virginia operates a state-supervised/county-administered social services system. The Virginia Department of Social Services (VDSS) provides oversight and guidance to the local departments of social services (LDSS) that provide services throughout Virginia. Prevention services are provided across the continuum and include primary, secondary, and tertiary activities. The passing of the Family First Act in conjunction with the 2020-2024 Child and Family Service Plan (CFSP) provides the strategic direction and fiscal resources necessary for VDSS to enhance all prevention services with a specific emphasis on expanding tertiary prevention efforts to prevent foster care entry. Through Family First, VDSS intends to increase the use of the In-Home Services program to ensure that all LDSS have the resources needed to provide prevention services for children and families to reduce the likelihood of foster care entry (See Appendix B for the 2020-2024 CFSP Strategic Plan).

In Virginia's locally administered child welfare system, Virginia's LDSS have the flexibility to design services to meet a wide range of needs based on individual children, youth and family circumstances, local demographics, and available resources. LDSS are expected to coordinate services with local private agencies and community organizations, and the Office of Children's Services (OCS). 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.

In June 2018, VDSS began preparing to implement Family First by launching a multi-system community-based approach through the Three Branch model which was designed by the National Governors Association, National Conference of State Legislatures, and Casey Family Programs' Three Branch Institute. This approach is collaborative and team-based, with membership from multiple state and community-based agencies that respond to the needs of children and families, thus expanding the responsibility of child welfare to all agencies that serve children and families. The Three Branch model leverages multisystem group leadership to enact interconnected and coordinated legislative, financial, and policy changes in a unified way to collectively and efficiently make improvements to the child welfare system. Virginia has been a participant in three previous Three Branch Institutes and has seen significant success in improving the child welfare system through this approach.

To support Family First, 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 worked with approximately 110 Three Branch team members who made recommendations to inform the implementation of Family First in Virginia (See Appendix A for a list of specific Family First stakeholders.) The Three Branch team coordinated 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).

Using implementation science principles as a guiding framework, the Three Branch team convened four workgroups to plan Family First related activities: Prevention, Evidenced-Based Services, Finance, and Appropriate Foster Care Placements. Each workgroup developed a vision, workplan, communication

plan, and strategy for implementation/operation, as well as identifying data-sharing needs, system/IT needs, and legislative needs.

The primary goals for each workgroup were 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**).

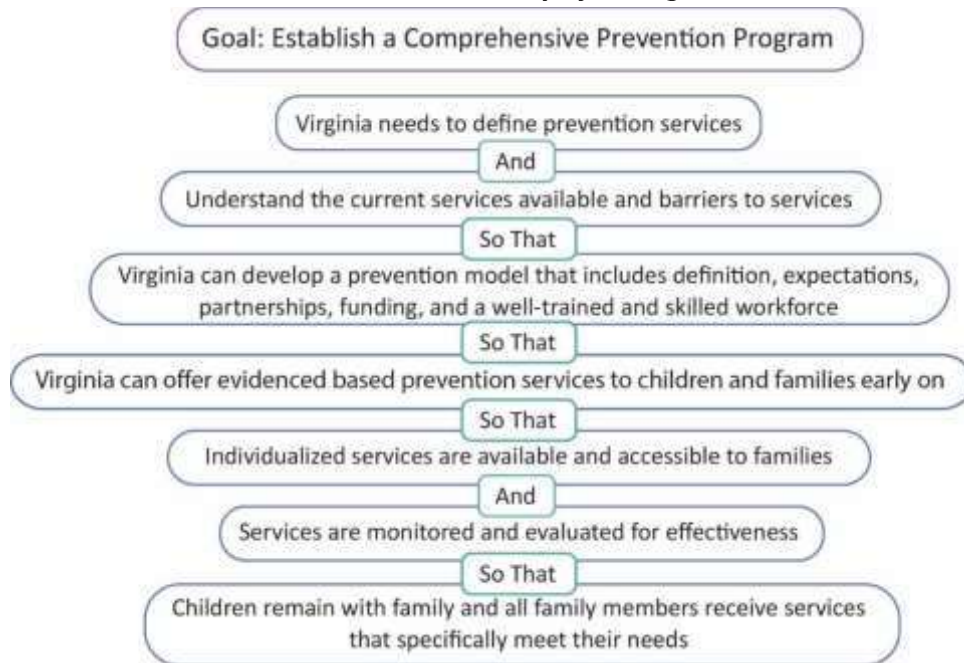
VDSS goals for the Three Branch model included:

- Use 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,
- Collaborate and partner with systems across the state as the key to successful implementation of Family First.



Through the CFSP Strategic plan, VDSS is focusing on enhancing the In-Home Services program guided by the Family First legislation. The Prevention Services and Child Protective Services programs 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***



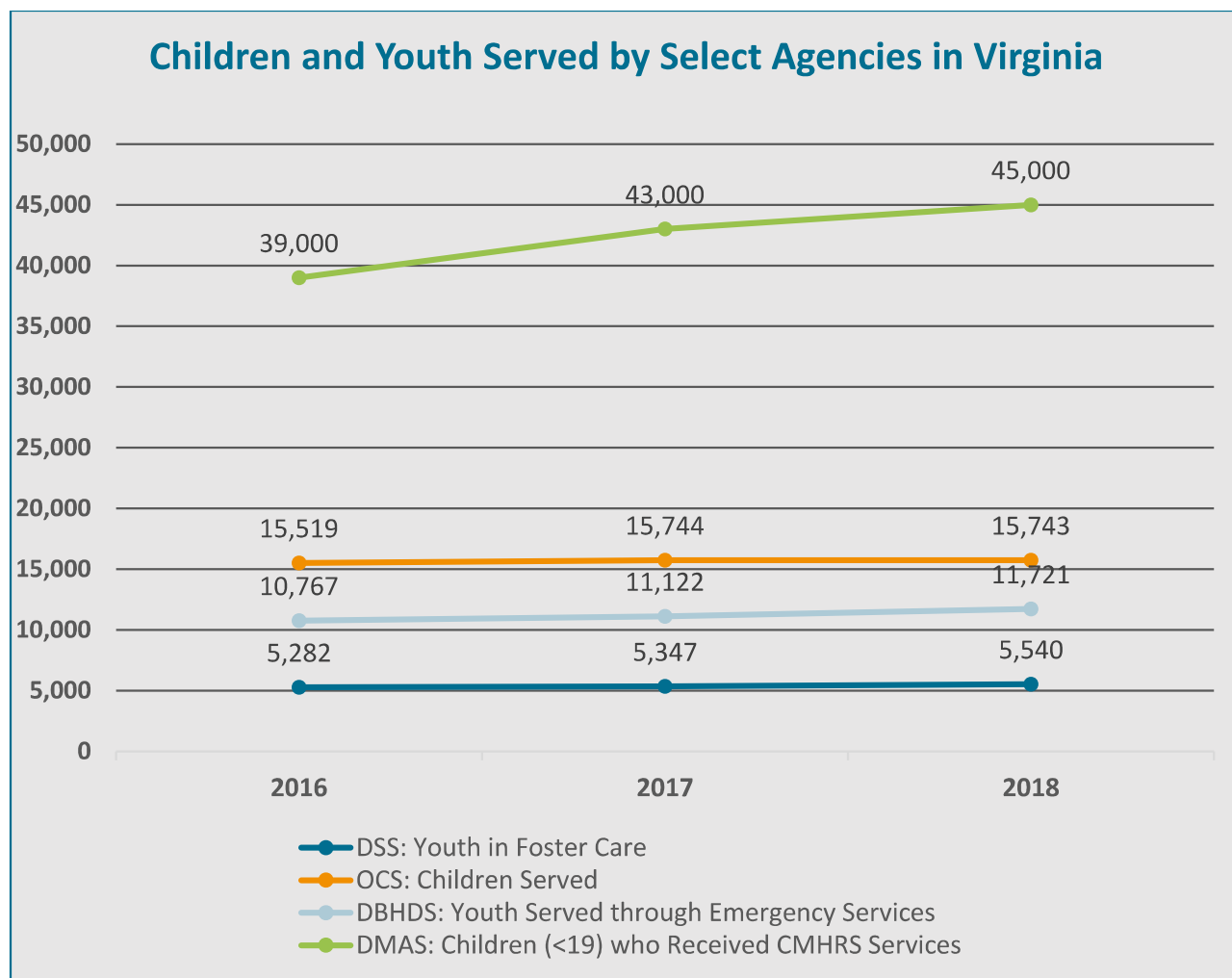
### **Consultation and Coordination**

As described in detail above, VDSS utilized the Three Branch model in order to plan for and begin implementation of 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 (Appendix B) (**Prevention Strategy 1.1, 3.1, 3.2, and 3.3**). 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 and are served by multiple state agencies.

The shift to a prevention-based system requires 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 significantly improving. Child and family-serving agencies in Virginia individually serve up to 45,000 children in a given year, but are not seeing evidence of sustained improved progress. We believe that Family First provides a new opportunity to transform work and improve outcomes.

- The number of youth in foster care for VDSS has remained relatively flat over the last three years at approximately 5500 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.
- The number of 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 (DBHDS, DMAS, VDSS, OCS, VDH, and DJJ) across two secretariats are united in a common vision to provide holistic support to the children and families of Virginia. This unity is important, as we often serve the same children and families and/or children and families with similar needs. The mission statements demonstrate 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"> <li>❖ Promote recovery, self-determination, and wellness</li> <li>❖ Provide a system of high quality and cost-effective health care services</li> <li>❖ Help people triumph over poverty, abuse and neglect</li> <li>❖ Create a collaborative system of services and funding</li> <li>❖ Prepare court-involved youth for success</li> </ul>	<ul style="list-style-type: none"> <li>❖ Wellness in all aspects of life</li> <li>❖ Health and well-being of all people in Virginia</li> <li>❖ Strong futures for people, families, and communities</li> <li>❖ Child-centered, family-focused and community-based system of services</li> <li>❖ Successful citizens</li> </ul>

The six agencies share a set of values that guide 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 reduces delay in receiving services for children and families.

In efforts to ensure ongoing and continual improvements are made to the child welfare system, in partnership with these six agencies, regular consultation and coordination in the day-to-day business of serving children and families will continue.

VDSS is working closely with DBHDS and DMAS on the Children’s Behavioral Health Enhancement, 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. While Medicaid is the largest payer of behavioral health services for children in Virginia, VDSS’ coordination with this Enhancement 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 Virginia 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 also served 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, in partnership with external stakeholders and local communities, to foster systems that provide a consistent, trauma-informed response to children with adverse childhood experiences and to build the resiliency of individuals and communities. The 2018 Appropriation Act included the language "develop strategies to build trauma-informed systems of care." The Governor's Trauma-Informed Care Workgroup was created and 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 and IV-E 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 Virginia. VDSS' 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 the 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), Promoting Safe and Stable Families (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.

### **Child Welfare Workforce Support**

VDSS took a transformational case practice approach in implementing Family First in conjunction with root cause analysis during the Child and Family Services Review (CFSR) and the Practice Improvement Program (PIP) efforts. To support Family First, VDSS aligned the existing CPS Ongoing and Prevention Practices, to launch the In-Home Services Framework.



Much of existing CPS practice, guidance, and training focused on intake, investigations, and family assessments. CFSR findings demonstrate that in-home cases are performing at 75% for item 2 and 44% for item 3. About 85% of high and very high cases are opened, which is expected because Virginia requires staff to open these cases. Of the open cases, data reflects that documented visits with children and family members are achieved at around 50%; the family strengths and needs assessment (FSNA) tool is completed about 75% of the time; and while service plans are completed about 87% of the time. It is a positive finding that tools are utilized and safety plans are developed and documented; yet, the data suggests that service plans are created without family involvement and information from the FSNA tool.

To support providing services identified by using the FSNA tool, it is important for services to be easily available. In the feedback and town hall events, themes of inconsistent approval of services and lack of safety services within regions and between LDSS emerged. The majority of services are funded through OCS through the Children's Services Act (CSA). Each LDSS has a CSA Community Policy and Management Team (CPMT) and services are approved by a Family Assessment Planning Team (FAPT), which is made up of LDSS, CSA, providers, parents, and foster parents. Because LDSS has a different local CSA dollar match and approval depends on the individual FAPT teams, it is difficult for services to be consistently available and consistently approved in a locally administered, state-supervised system. Strategy 2.3.3 and 3.1 address the lack of services, approval of services, and inconsistency of services.

There also was not a strong foundation for In-Home case practice. This has led to inconsistency in practice, assessments, visits, and documentation. VDSS offered only one training on In-Home case practice and assumed that other foster care training courses could supplement in-home training. In-Home work with children at high or very high risk requires a skill set that focuses on family engagement and establishing a relationship, identifying individualized needs, creating and monitoring case plans and progress with families, while continually assessing safety and risk. Attention to In-Home case practice at both the supervisor level and worker level is needed to create consistency in practice. This practice focus can occur through using the Structured Decision Making (SDM) tools to create individualized case plans; establishing frequent visits with the family to focus on quality contacts in order to empower family members to participate in case planning; and supporting case decision-making through consistent use of SDM tools.

Through CFSR town hall events, we learned that workers utilized supervision to make decisions when considering a removal, creating safety plans, seeking funding, clarifying guidance, considering personal safety, helping think outside of the box, and identifying services. Staff also use team staffing sessions to assist with decision-making. Although supervisors are engaged at specific decision points, survey results indicate that about 50% of the time, workers receive formal supervision every other week. About 50% receive supervision once a month. Additionally, most of the time supervisory sessions fail to include coaching and utilizing practice profiles. One limitation identified was supervisors carrying caseloads and making decisions on cases on behalf of workers. This is consistent with the feedback that challenges workforce experiences, at both the direct worker and supervisor level and potentially, has a negative impact on overall performance with the CFSR outcomes.

In our transformational approach to address what was learned from the Round 3 CFSR and the town hall events, and to maximize the new federal funding stream for prevention services, VDSS brought together a workgroup of over 100 staff from LDSS to align the In-Home Services practice. The In-Home Services framework provides a consistent set of practice (aligning the CPS Ongoing and Prevention Work) while also meeting the requirements of Family First in order to easily fund prevention services. The goal of In-Home practice is to work with children in their own home or with relatives 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. The In-Home services alignment offers a framework that includes:

- Safety Scenarios
- Visits with the Family
- Assessment
- Service Planning
- Re-assessment
- Case Closure

In-Home Services practice ensures that when children temporarily or permanently reside with relatives or fictive kin, services are provided to ensure safety and permanency of that placement. Historically, the provision of services to children and youth residing temporarily or permanently with relatives has varied by locality; part of the alignment included making uniform policy and practices to support relative placement when needed.

The In-Home Services framework includes three safety scenarios and the practice requirements needed to support families based on their unique needs.

- Child or youth residing with parent(s) or relative/kin caregivers(s)
- Child or youth temporarily residing with relative/kin caregiver(s) and will return to the parent(s) or caretaker/guardian(s) within six months
- Child or youth permanently residing with relative/kin caregiver(s)

Regardless of where the child may be temporarily or permanently residing, the framework ensures regular assessment, and provision and monitoring of services to ensure safety of the child. In-Home services provide an opportunity to partner with families to assess strengths, needs, protective factors and what services may be needed to ensure the safety of the child and prevent out of home placement. As part of the new In-Home Services guidance there is a “Suite of Tools” which includes Structured Decision Making (SDM) safety and risk assessments, the completion of the CANS, and assessment of

Candidacy to guide service planning. Consistent contact with the family and collaterals is required, including child and family team meetings to be held every 90 days and Family Partnership Meetings to be held at all critical decision points.

In preparation for the shift in practice, VDSS launched a multi-pronged strategy of training, communication and support. During the readiness phase of implementation, VDSS developed and offered the



2021 Child Welfare Best Practices Webinar Series for In-Home Services Supervisors and staff; provided practice, support and technical webinars; and, provided consistent bimonthly communication through the Division newsletter. Upon the In-Home Services guidance release in April 2021, VDSS will provide transmittal training on the new guidance and begin offering additional technical webinars to promote the use of evidence based programming, use of title IV-E prevention services funding and the alignment of other funding sources for prevention services.

VDSS required Family Services Specialists and supervisors to complete (if they had not already done so) prerequisite courses to include: CWSE1006: Reasonable Candidacy, CWSE1510: Structured Decision Making, CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare; and Virginia Child and Adolescent Needs and Strengths (CANS) Assessment training and certification; and CWS1071: Family-Centered Case Planning. These prerequisites are already required courses for Family Services staff. In addition, the 2021 Child Welfare Best Practices Webinar Series for In-Home Services launched in January 2021, including the courses listed below:

- **In-Home: What Do You Need to Know?** In-Home is an alignment of CPS Ongoing and Prevention Services that prioritizes family preservation through meaningful partnerships with families and their support systems to ensure child safety, permanency, and well-being. In particular, In-Home structures all case practices around three child safety scenarios: a child living in his or her own home; a child living temporarily with a relative (kin); or a child living long-term with a relative (kin) with regular visitation with parents. This introductory webinar commences an instructional series that provides an overview of how In-Home services focuses on specific, integrated strategies directed towards teaming engagement efforts, collective, streamlined assessment decision-making, behavior-based safety goals, and needs-driven service provision.
- **In-Home: Collective Assessment and Planning** In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns while preserving family structure. This webinar details a collective assessment and planning framework used to elicit and analyze all the key information known about a child and family at any given time into domains of: risks, safety, strengths, and needs. Specifically, a discussion is held around how to undertake a balanced and collective assessment approach in partnership with the family and their support system in critically thinking about what happened, is happening, and what needs to happen to

enhance the child's ongoing safety, permanency, and well-being prior to service plan development as it pertains to each of the three In-Home child safety scenarios.

- **In-Home: Assessment-Driven Service Delivery** In-Home prioritizes providing families with easily accessible, individualized services to reduce the recurrence of child maltreatment and out of home placement. This webinar details how to prioritize an array of needs-driven evidence-based, trauma informed services through a collaborative effort of assessing and planning with the family and their support systems in initially identifying and continually prioritizing and revising service delivery through the ongoing identification of achieved needs and/or newly identified needs as it pertains to the three In-Home child safety scenarios.
- **In-Home: Behavior-Based Safety Goal Attainment** In-Home prioritizes increasing protective factors to reduce the risk of future harm or maltreatment so that children can live safely with their families or with relatives (kin) in the children's own community. This webinar focuses upon specific, concrete strategies and actions used to effectively identify parental behavior changes and their impact upon the safety, permanency, and well-being of a child. Specifically, the webinar outlines ways to identify when an In-Home case is ready for closure based upon behavior-based safety goal attainment, rather than mere service completion or compliance. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Children and Youth in Assessment and Planning** In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns; meaning children and young people are not exempt. This webinar explains the importance of utilizing the Three Houses Tool to help escort the voice of children and young people more fully into the information gathering processes, collaborative assessments, and service plans by providing a visual way of exploring what is happening in their lives, in relation to danger, safety factors, and hopes for the future. In addition, the Three Houses Tool helps parents and their support systems identify their strengths, hopes, vulnerabilities, and identifies ways to help enhance safety. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Fathers in Assessment and Planning** In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns; meaning, fathers are not exempt. This includes fathers who are living with their children, but would like to be more engaged with them, and fathers who are not living with their children full-time, or are incarcerated. This webinar details effective ways to engage fathers, addresses the implicit biases family services specialists may possess as a result of their own relationships with father figures, and most importantly, lists ways to immediately implement effective father engagement strategies. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Relatives (Fictive Kin) for Assessment and Planning** Relatives are the preferred resource for children who must be removed from when they cannot live safely with their parents because it maintains the children's connections with their families in their own communities. This webinar details how to best support kinship care efforts and collaboratively address needs through service identification and delivery as it pertains to all individuals involved in the three In-Home child safety scenarios.

The Webinar Series will advance learning on key skills required to demonstrate optimal practice for all Family Services Specialists and supervisors delivering In-Home Services. These instructional webinars focus on child welfare best practices to improve outcomes for children, youth, and families in the community. In addition, a “Practice Place” interview session will feature a subject matter expert from the field who will share their own obstacles, triumphs, and advice regarding the highlighted webinar topic. Each of the webinar sessions lasts 90 minutes and includes essential job aids and resource materials to enhance practice. In addition, all of the webinars will be recorded for online viewing later date.

Additionally, new uniform training requirements have been established for all In-home services workers and supervisors and is described on pages 18-20 in Child Welfare Workforce Training. These training opportunities will be accomplished in both instructor-led classroom and online courses. In conjunction with the alignment of In-Home Services, Virginia’s General Assembly allocated approximately \$13 million to add over 140 local positions to deliver In-Home services across the LDSS beginning in State Fiscal Year 2022. All new staff hired after July 1, 2021 will complete the required trainings for In-Home Services workers.

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. For title IV-E Prevention Services, LDSS will manage contracts with service providers for programs identified in Virginia’s approved federal title IV-E Prevention Services Plan. VDSS will provide a template for these contracts to ensure service providers maintain the appropriate education, licenses, training, and fidelity to deliver services. 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 individualized 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 regular safety and risk (re)assessments for children receiving In-Home 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 and technical support to LDSS through the CQI process in order to monitor the outcomes that are expected with this alignment. VDSS regional Practice Consultants will assist LDSS in building capacity around efficient, accountable service provision. They will provide programmatic supervision, consultation, and support to LDSS related to the delivery of In-Home services and analyze practice to ensure it meets VDSS guidance standards. The support and 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 state.

### **Assessment and Eligibility of Children and Families**

VDSS intends to serve all three “candidate for foster care” target populations, as defined within the Family First law. A “candidate for foster care” includes:

- A child identified in an In-Home Services service plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services or programs identified in Virginia's approved federal title IV-E Prevention Services Plan that are necessary to prevent the entry of the child into foster care are provided.
- A child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.
- A child in foster care who is a pregnant or parenting.

For each of the three target populations, Virginia considers "Imminent risk" as meaning a child and family's circumstances demand that a defined case plan is put into place within 30 days; that 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.

The first target population, children being served through an In-Home Services case, are generally families 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. A child may also be identified by a community partner, service provider, or through referral from the court. In SFY 2020, VDSS served 20,378 children in CPS ongoing (In-Home Services) and prevention cases. These children received ongoing, in-home services to prevent removal from the home. Over half (52%) 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. In SFY 2020, 88 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 pregnant and/or parenting foster youth in the child welfare case management system. 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.<sup>3</sup>

Multiple sections of the Code of Virginia provide statutory authority for the delivery of In-Home Services to reduce risk of additional maltreatment and/or entry into foster care.

- § 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 breakup 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. "

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<sup>3</sup> 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>

- § 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 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 where services are identified that will reduce the risk for future abuse or neglect or entry into foster care,
- At the conclusion of a CPS family assessment or investigation when there is a “high” or “very high risk” of future abuse or neglect without intervention (CPS Policy 4.5.15.1 and 4.6.25.1, Prevention and In-Home Services Policy 2.3.2)
- Parent or caregiver self-referrals (Prevention and In-Home Services Policy 2.3.2) or
- 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 and In-Home Services Policy 2.3.2)

After the identification of a child, and their parents or kin caregivers as referenced above, the CANS must be completed to assess the family’s strengths and needs and 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 PSSF, local and state funding streams. The CANS, along with a safety assessment, risk (re)assessment, and child and family team meeting will be conducted every 90 days to regularly assess child and family needs.

### **Monitoring Child Safety**

The Prevention Services and Child Protective Services (CPS) programs provide guidance for LDSS to support In-Home 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, the safety assessment, risk (re)assessment, and child and family team meeting, a service plan must be developed 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 (Prevention and In-Home Services Guidance 2.5).

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 CANS assessments, and at a minimum should occur once a month in the home. Monitoring child safety is also assessed through contacts with collaterals. The Family Services Specialist maintains a focus on child safety at all points of the case including reassessing child safety and risk, 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.

The process of assessing child safety is ongoing throughout the life of the case (Prevention and In-Home Services Guidance 2.5). 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 or more safety factors previously present are no longer present;
- A change in information known about the family in that one 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 and at all critical decision points.

The service plan must be re-evaluated every 90 days or sooner if safety, risk, or family circumstances change (Prevention and In-Home Services Guidance 2.8). The purpose of the service plan review is to:

- Document all services to prevent further child maltreatment, out-of-home care, or placement into foster care;
- 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 Safety Assessment and 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 an In-Home Services 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 (Prevention and In-Home Services 2.5).

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 Training**

As referenced throughout the CFSP strategic plan, VDSS intends to enhance the entire child welfare workforce training program (**Workforce Strategy 3**). Additional information related to VDSS's training program can be found in the 2020-2024 Training Plan Attachment. Specifically related to the alignment of In-Home Services and the implementation of Family First, VDSS hired a curriculum developer to work closely with the prevention services team to enhance the 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 In-Home Services service plans;
- Can conduct risk assessments; and,
- Assess children and their families' needs.

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.

Through the implementation of In-Home Services, we identified a series of training courses for child welfare workers who will deliver these services (**Prevention Strategies 1.3 and 1.4**) (Prevention and In-Home Services Guidance 1.20.4).

### **First three (3) weeks training requirements**

The following online courses will be required to be completed within the first three (3) weeks of employment.

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

### **First three (3) months training requirements**

The following instructor-led or online courses will be required to be completed no later than within the first three (3) months of employment.

- CWS1000 In-Home Services New Worker Guidance Training with OASIS – 2 days.
- CWS4020 Engaging Families and Building Trust-Based Relationships.
- CWS5307 Assessing Safety, Risk, and Protective Capacities in Child Welfare – 2 days.
- CWS2010 In-Home Services Skills – 2 days.
- CWS4080 Kinship Care in Virginia – 2 days.
- CSA CANS Certification.
- CWSE4060 Family Search and Engagement.
- CWSE5501 Substance Abuse.
- CWSE1006 Reasonable Candidacy.
- CWSE2090 Injury Identification in Child Welfare.
- CWSE4000 Identifying Sex Trafficking in Child Welfare.
- CWS5011 Case Documentation – 1 day.
- CWS1061 Family Centered Assessment in Child Welfare – 2 days.
- CWS1071 Family Centered Case Planning – 2 days.
- CWSE7000 Family First in Virginia – e-Learning series.
  - Module 1: Overview of Family First.
  - Module 2: Opening an In-Home Services Case: First 30 Days.
  - Module 3: Service Planning for In-Home Services.
  - Module 4: Monitoring the Delivery of In-Home Services.
  - Module 5: Goal Achievement and Case Closure or Case Transfer for In-Home Services.

### **First six months training requirements**

The following online and instructor-led courses will be required to be completed no later than within the first six months of employment.

- CWS1305 The Helping Interview: Engaging Adults for Assessment and Problem-Solving – 2 days.
- CWS5305 Advanced Interviewing: Motivating Families for Change – 2 days.
- CWSE4015 Trauma-Informed Child Welfare Practice.
- CWS4015 Trauma-Informed Child Welfare Practice – 2 days
- DVS1001 Understanding Domestic Violence – 2 days.
- DVS1031 Domestic Violence and Its Impact on Children – 1 day.

### **First 12 months training requirements**

The following instructor-led courses will be required to be completed no later than within the first 12 months of employment.

- CWS1021 The Effects of Abuse and Neglect on Child and Adolescent Development – 2 days.
- CWS1305 The Helping Interview: Engaging Adults for Assessment and Problem-Solving – 2 days.
- CWS5305 Advanced Interviewing: Motivating Families for Change – 2 days.
- CWS3071 Concurrent Permanency Planning – 1 Day.
- CWSE6010 Working with Families of Substance Exposed Infants (two modules).
- FSWEB1027 Swift and Savvy Actions to Improve Safety Outcomes.

### **First 24 months training requirements**

The following instructor-led courses will be required to be completed no later than within the first 12 months of employment.

- CWSE4050 Psychotropic Medications in the Child Welfare System.
- CWSE5000 Preventing Premature Case Closure in In-Home Services.
- CWSE5010 Advocating for Child and Adolescent Mental Health Services.
- CWSE2020 On-Call for Non-CPS Workers (On-call workers only).
- CWS2020: On-Call for Non-CPS Workers – 1 day (On-call workers only).

### **Prevention/In-Home Services Caseloads**

VDSS will follow recommended caseload guidelines from the Child Welfare League of America (CWLA). VDSS will pull In-Home Services 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**

In order to inform service selection, implementation, and evaluation process, we reviewed three years of data to identify key circumstances driving foster care entries.

Parental drug use was the most common circumstance driving removals across all three years (31.4% - 39.4%) followed by child behavior problems (18.4% - 15.5%), physical abuse (13.7% - 15.0%), parent unable to cope (7.4% - 6.4%), and child drug abuse (3.1% - 2.7%) (See Table 1). Similar patterns were evident across all three years

Table 1 shows the prevalence of key circumstances leading to removals over the last three SFYs (2018-2020):

Table 1: Key Circumstances Leading to Removal

	Parental Drug Abuse	Child Behavior Problem	Physical Abuse	Parent Unable to Cope	Child Drug Abuse
SFY2018	31.4%	18.4%	13.7%	7.4%	3.1%
SFY2019	30.7%	18.0%	13.9%	7.1%	2.5%
SFY2020	39.4%	15.5%	15.0%	6.4%	2.7%

We further examined SFY2020 data to identify needs that could benefit from Family First evidence-based services. Of the 1,643 cases involving entry into care during SFY2020, 30% (498) received prior In-Home and Prevention Services and had mental health, substance use and/or parent skill-based needs.

- 16% of total cases involving a removal had a need for substance use services.
- 25% of total cases involving a removal had a need for mental health services.
- 13% of total cases involving a removal had a need for in-home parent skill based training.

For SFY 2020 In-Home and Prevention Services cases not involving a removal similar service needs were present. Of the 10,017 In-Home Services and Prevention cases, 52% (5,250) had service needs identified to mental health, substance use and/or parent skill-based training.

- 23% identified a need for substance use services.
- 43% identified a need for mental health services.
- 18% identified a need for in-home parent skill based training.

To inform the selection of Family First services, the Evidence-Based Services workgroup designed a stakeholder survey and distributed it in 2018. 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 Virginia, 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.

A total of 75 individuals described at least one parenting-related need and gap. A total of 110 parenting-related needs and gaps were provided by respondents. Nearly a quarter—24.7%—of respondents who provided 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. These gaps, particularly in parenting and substance use treatment support the need to enhance EBS offering in these areas in Virginia.

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:

Table 2: EBP Stakeholder Survey 2018

<b>EBP Name</b>	<b>Number of Senior Leaders</b>	<b>Never Heard of It</b>	<b>Heard of It Only</b>	<b>We Don’t Offer It, But It’s Available In Our Community</b>	<b>We Have Some Training In This Or Use It Rarely</b>	<b>This Is Regularly Used At Our Agency</b>
Multisystemic 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%)

*\*\*While these services were identified as evidence based programs currently being delivered in Virginia, VDSS determined that these programs would not be included in the first phase of Family First implementation and eligible for title IV-E reimbursement.*

In addition to the evidence-based services previously referenced, VDSS offers Kinship Navigator services throughout the state (**Prevention Strategy 1.5**). VDSS received a grant from the Children's Bureau for \$379,246 for use from October 1, 2018-September 30, 2021. 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. 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 the 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.

Since the program began in 2018, 861 youth and 790 kinship caregivers have received services. For children and youth, the programs have served 69% ages 0-12 and 22% ages 13-17. Caregivers served range in age from 18-60+, with 23% in the 60+ range. Grandparents and aunts represent the majority of caregivers, at 52% and 16% respectively. Kinship families received information and referral services, including information about local, state, and federal benefits, mental health services, medical services, and advocacy, including face-to-face assistance in applying for benefits. Kinship families also received services through the provision of outreach, training and/or supportive activities, including case management, support groups, and social support activities (697 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); and,
- Smyth Department of Social Services (partnering with Wythe, Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford and Washington Departments of Social Services)

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

- Regionally located programs require a considerable amount of travel. In rural areas, this could mean travelling several hours to visit a family.
- Engaging school systems has been challenging, as many of the 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.

### **Health and Human Services-Approved Prevention Services**

With the prevalence of mental health, substance use, and parent skill based training for families in Virginia, VDSS plans to implement Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Parent Child Interactive Therapy (PCIT). Over 50% of families receiving In-Home services had service needs identified to mental health, substance use and/or parent skill-based training. Additionally, parental drug use was the most common circumstance driving removals followed by child behavior problems, physical abuse, parent unable to cope, and child drug abuse which could all be served through the selected evidence based services. A description of each program with the identified target population is outlined below in Table 3. All three are rated as well-supported on the Title IV-E Prevention Services Clearinghouse. Through examination of data and information collected in the provider survey, these three services are available throughout Virginia and will meet the needs of the families currently being served through In-Home Services and Prevention. Additional programs will be assessed to ensure fit/feasibility with the target population and capacity to implement.

Table 3. VDSS Family First Evidenced Based Services

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	Alexander, J. F., Waldron, H. B., Robbins, M. S., & Neeb, A. A. (2013). <i>Functional Family Therapy for adolescent behavioral problems</i> . American Psychological Association.  Sexton, T. L. (2010). <i>Functional Family Therapy in clinical practice: An evidence based treatment model for at risk adolescents</i> . Routledge.
Targeted Outcomes	Child well-being: Behavioral and emotional functioning Child well-being: Substance use Child well-being: Delinquent behavior Adult well-being: Family functioning

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	Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). <i>Multisystemic Therapy for antisocial behavior in children and adolescents</i> (2nd ed.). Guilford Press.
Targeted Outcomes	<ul style="list-style-type: none"> <li>• Child permanency</li> <li>• Child well-being: Behavioral and emotional functioning</li> <li>• Child well-being: Substance use</li> <li>• Child well-being: Delinquent behavior</li> <li>• Child well-being: Educational Achievement and Attainment</li> <li>• Adult well-being: Positive parenting practices</li> <li>• Adult well-being: Parent/caregiver mental or emotional health</li> <li>• Adult well-being: Family functioning</li> </ul>

**\*\*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 2 and 7 years old and experience emotional and behavioral problems that are frequent and intense.
Program Documentation	Eyberg, S., & Funderburk, B. (2011) <i>Parent-Child Interaction Therapy protocol: 2011</i> . PCIT International, Inc.
Specific Outcomes	<ul style="list-style-type: none"> <li>• Child well-being: Behavioral and emotional functioning</li> <li>• Adult well-being: Positive parenting practices</li> </ul>

	<ul style="list-style-type: none"><li>• Adult well-being: Parent/caregiver mental or emotional health</li></ul>
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### Improving Outcomes for Children and Families

By providing Title IV-E Prevention Services and Kinship Navigator Services, VDSS expects to address the needs of families as demonstrated through data above, as well as stakeholder identified gaps in service delivery. We expect to see the following outcomes identified in the 2020-2024 CFSP strategic plan and annually reported in the 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 repeat maltreatment.
- Reduction in the prevalence of substance abuse as circumstance surrounding removal of children into foster care.
- Reduction in the prevalence of delinquent behaviors as circumstances surrounding remove of children into foster care.
- Reduction in the prevalence of entries involving the parent’s inability to cope.

### Implementation Services and Fidelity Monitoring

As a state-supervised and locally-administered child welfare system, 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 Virginia through matching federal funds rather than being dependent on each locality’s resources. LDSS will provide the approved title IV-E Prevention Services, approved in Virginia’s plan, through their current local contract process. VDSS will provide a contract template for LDSS to ensure providers meet the standards of the evidence-based programs and provide necessary information needed for fidelity monitoring.

While the programs are available in Virginia, they may not be readily available to every locality in the first phase 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 utilized this funding to offer statewide training for providers, in order to enhance service delivery throughout the state (**Prevention Strategy 2**). Virginia offered training opportunities, at no cost to providers, for five Multisystemic Therapy (MST) Teams, five Functional Family Therapy (FFT) Teams and 16 Parent-Child Interaction Therapy (PCIT) clinicians to increase availability across the state. 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 plans to continue to utilize

this state funding with IV-E matching funds to enhance availability of evidence based services throughout Virginia.

VDSS partnered with MST Services to provide additional implementation, sustainability and fidelity supports to new Multisystemic Therapy programs in Virginia. MST Services provided 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 through the following activities.

- 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.
- 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 have 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:

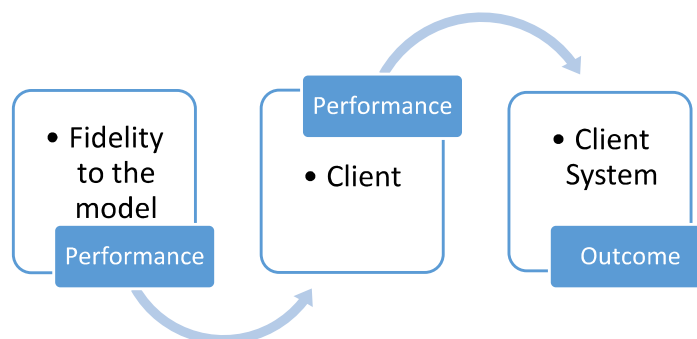
- Weekly MST telephone consultation for the MST Clinical Team(s). This weekly telephone consultation will average one hour per MST Clinical Team per week for up to 45 weeks during the year,
- Unlimited consultation regarding the following: program quality assurance and improvement; organizational/systems 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 Booster Training sessions in each year of operation, and
- All required training materials and manuals.

VDSS partnered with the Center for Child and Family Health (CCFH) to offer PCIT/CARE training to support new Parent Child Interaction Therapy (PCIT) programs. CCFH provided two 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 coordinated and scheduled all consultation components and provided technological support (conference call lines, video upload services, and data collection tools) as required. CCFH supports 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 also partnered with FFT Site Certification Training Services to provide implementation support and technical assistance for new Functional Family Therapy (FFT) programs. Functional Family Therapy provided support through a three-phase process. During the first phase, FFT Site Certification Training Services provided 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 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 will also partner with the Virginia Center for Evidence-Based Practice (the Center), which is a newly formed partnership between agencies of the Commonwealth and Virginia higher education institutions to support the implementation, evaluation and sustainability of evidence-based programs. The Governance Committee for the Center includes DBHDS, DMAS, DJJ, DSS, OCS, and VDH. VDSS will utilize title IV-E funding for the Center to conduct fidelity monitoring of providers and provide quarterly fidelity monitoring reports for VDSS to utilize in the child welfare CQI process.

The overarching CQI program integrates three tiers of review, assessment and intervention, including high level CQI accomplished in regional CQI meetings; secondary CQI dedicated to fidelity specifically regarding the evidence based service accompanying Virginia's implementation of Family First; and, tertiary CQI involving deep dives into local agency data, root cause analysis processes involving state, regional and local staff. The first level wraps in all of outcomes, looking at regional trends in terms of strengths and gaps. The Family First-specific fidelity piece of CQI involves the Center research partners contracted to engage in fidelity monitoring of the selected EBT's (MST, FFT and PCIT); providers in

communities who are enacting the selected EBPs; and, regional consultants and In-Home staff from LDSS, to examine regional and local results, correlated safety, well-being and permanency outcomes to specific interventions applied, integrate VCU's quantitative and qualitative data, and glean anecdotal evidence from local agency and provider partners to support and complement technical pieces of fidelity monitoring and wrap into the larger assessment/CQI process within this targeted echelon. Thirdly, the CQI process allows for regional data to be drilled down to local levels, identifying specific agency strengths, risks, trends in performance, potential for peer-to-peer resource and learning collaborative sharing opportunities based on strengths, or problems with agency-wide or individual-level performance.

Within the secondary CQI level process, all identified EBS will be wrapped into the fidelity and assessment and monitoring processes, to involve providers, stakeholders, VCU researchers and Center for EBP Excellence representation. Additionally, Strategic Consultants will facilitate the connection of these elements with the greater CQI processes, through soliciting input from Practice Consultants, the IV-E Review team (QAA), community providers of these services, and local department In-Home workers. To maintain fidelity to the commitment to assimilating voices of lived experience, parent representation could be included representationally (via written reports or feedback) or in person as relevant to hear from the service recipients' perspective. VCU researchers and designees will work in tandem with VDSS Strategic Consultants and Practice Consultants to understand how the quantitative and qualitative information gained through performance of their contract deliverables for fidelity monitoring can be complemented or supplemented by anecdotal information that practice consultants, LDSS In-Home workers, EBS providers and service recipients share. While VCU researchers will facilitate this second level of CQI dedicated to fidelity monitoring and implementation of the three, and perhaps later, additional, EBS, all aforementioned partners and stakeholders will take an active role in moving this process forward. Further detail is provided in the subsequent section, Evaluation Waiver Request.

As noted in the VDSS 2020-2024 CFSP:

*"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."*<sup>4</sup>

Within the context of the aforementioned second tier of CQI which would be dedicated to fidelity to the EBS and contain the future ability to assess additional EBS as those opportunities arise, 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) to complement the addition of these evidence based services in Virginia. VDSS intends to utilize title IV-E administrative funds to support the CQI and fidelity monitoring components through the delivery of title IV-E prevention services. VDSS' monitoring of FFT, MST and PCIT will include the following:

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

Functional Family Therapy LLC, the proprietor of the FFT model, provides internal fidelity controls for all FFT teams. FFT conducts the following fidelity monitoring processes:

- Global Therapist Ratings every four months which examines the therapists' delivery of the FFT model;
- TriYearly Performance Evaluation conducted every four months which examines the FFT teams' performance with FFT National Standards along with outcomes; and,
- Functional Family Therapy LLC, utilizes a Quality Improvement Plan utilized by Functional Family Therapy LLC as needed with the TriYearly Performance Evaluation Plans, providing a mechanism to monitor progress and address priorities for the upcoming review period.
- Additionally, VDSS will:
  - Require 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.
  - Regularly monitor providers through adherence to performance measures (both established by the Family First Evaluation Team but also by each provider).
  - Continuously work as a team (which may include evaluation specialists, researchers, fidelity-monitoring specialists, and data visualization specialists) to maintain regular contact and receive required reporting content from contracted providers.
  - 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 quarterly 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 in accordance with 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. Reviews will be performed to ensure compliance in accordance with sub-recipient monitoring requirements.

MST Services LLC, the proprietor of the MST model, provides internal fidelity controls for all MST teams. There are several foundational requirements that are included in the MST licensing agreement that each provider/agency signs to become an MST provider and includes the following:

- Adherence to MST System. The MST system is to be used by all licensed organizations in a consistent manner and in accordance with the highest professional standards. Through the licensing agreement, providers agree to comply with all of the policies and procedures in the MST Manuals. The provider is required to periodically advise MST Services LLC, of any changes in the nature of the population that is being served by the MST System, and of any policies that affect the frequency, intensity, or fidelity with which providers can deliver MST services.
- Providers shall ensure that all of the employees involved with the MST System are competent and fully trained in the use of MST.

- Providers are required to fully cooperate with MST Institute in assessing the providers' level of adherence to the MST System. The provider is required to provide the following data: Therapist Adherence Measure (TAM), and Supervisor Adherence Measure (SAM).
- The ability for MST Services LLC, to conduct audits, investigations and observations of audio recordings of family sessions, team supervision, or team consultant (consistent with the maintenance of client confidentiality).
- If MST Services LLC, determines that the provider is failing to use the MST System with an acceptable level of quality, MST Services LLC, will meet with the provider, assess the problem and work to implement remedial measures.

PCIT is an assessment-driven treatment and requires data from Eyberg Child Behavioral Inventory (ECBI) and Dyadic Parent-Child Interaction Coding System (DPICS). The ECBI is a parent report of 36 items to assess a child's common behaviors that occur frequently for children with disruptive behavior disorders. The DPICS is a coding system that assesses the quality of the parent and child's interaction. DPICS is used to monitor progress of the parent's skills during treatment and allows for objectivity and well-validated measure of change in the child's treatment. These tools in conjunction with the PCIT International Protocol Treatment Integrity checklists provide accountability and integrity of the model.

VDSS intends to request evaluation waivers for Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Parent-Child Interaction Therapy (PCIT) which are each rated as "well supported" in the title IV-E prevention services clearinghouse. (See Attachment II for the *State Request for Waiver of Evaluation Requirement for a Well-Supported Practice*).

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 provider's annual review.

## **Evaluation Waiver Request**

### **Functional Family Therapy**

Functional Family Therapy (FFT) is a well-established, well-supported, community-based evidence-based intervention for troubled youth (ages 12-18). FFT addresses risk and protective factors for youth with behavioral or emotional stressors, by working within the context of the family. FFT has an extensive research base and received a rating of well-supported on Title IV-E Prevention Services Clearinghouse in the following subdomains:

- Child well-being: Behavioral and emotional functioning, substance use, and delinquent behavior; and,
- Adult well-being: Family functioning

Through the Title IV-E Prevention Services' Clearinghouse review, of the 22 studies identified for review, nine studies demonstrated favorable effects on the target outcomes. A total of six of those studies rated as moderate or high and none of the studies identified a risk of harm.

In conjunction with the review of the evidence of effectiveness of FFT stated above, VDSS also reviewed the following articles.

*An outcome evaluation of Functional Family Therapy for court-involved youth*<sup>5</sup> examined the effects of two measures of the effectiveness of FFT under Family Court Supervision. Within this study, family functioning also improved with the family-based treatment model of FFT. The Strengths and Needs Assessment (SNA) scores of participants demonstrated statistically significant improvements in life domain functioning, child strengths, caregiver strengths, child behavioral/emotional needs and child risk behaviors after completed treatment demonstrating that FFT improves family functioning resilience. In this particular study, FFT also impacted the recidivism of court-involved youth, while treating the youth in the context of their family.

In a study reviewing the effects of FFT and if it was more effective in mandating a youth and family's attendance versus non-mandating attendance indicates that the consistent predictor of positive change was connected to the number of attended sessions. Celinska's article, *Effectiveness of Functional Family Therapy for Mandated versus Non-Mandated Youth*<sup>6</sup>, indicate the fidelity of the FFT model which requires FFT therapists to not advance to the next phase of the model until they assess that the family is engaged and motivated. While VDSS In-Home Services are based upon the foundation of family engagement, it is expected that not all families may enthusiastically want to participate in identified services. This study suggests that despite the enthusiasm of a family, the fidelity of the model engages the family through each of the phases.

FFT addresses youth's needs along with their parents, presenting a family-based treatment. This method of treatment provides for a family-based and comprehensive model of treatment that promotes stronger family connections which helps children remain with their parents in their communities. During SFY 2020, approximately 33% percent of children actively involved in an In-Home case fell within the age range to receive FFT services. Data on the age of children upon entry into foster care indicate that over one-third of children entering each year were within the age range to receive FFT services at the time of entry: 39% in SFY2018, and 37% in SFY2019 and SFY2020. Data on circumstances present during removal also indicate that children entering foster care in Virginia may have benefitted from FFT services to prevent their entry into foster care. Child behavioral issues were present among 15% to 18% of removals for the last three state fiscal years. In SFY2020, children in FFT's service age range were also over-represented among removals where child behavior problems were present. While the percentage of removals involving parental inability to cope is relatively small overall (present among 3% of removals over the last three fiscal years), it was disproportionately more prevalent among children entering care at an age where they would have been eligible to receive FFT services (ages 11 and 13-16).

Reviewing the service needs identified for children and families who had In-Home involvement prior to the child's removal during SFY2020, two-thirds (67%) of cases indicated a need for counseling or therapy as a support. Parenting education was identified as a need in one-third of these cases (38%). Based on a review and analysis of the literature and data provided over the past three state fiscal years, youth and caregivers in Virginia should receive the same outcomes, based on the rigorous research and evaluation that has occurred regarding FFT.

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<sup>5</sup> Celinska, Katarzyna, Sung, Hung-En, Kim, Chunrye, & Valdimarsdottir, Margret. (2019). An outcome evaluation of Functional Family Therapy for court-involved youth. *Journal of Family Therapy*, 41(2), 251-276.

<sup>6</sup> Celinska, K. (2015). Effectiveness of Functional Family Therapy for Mandated Versus Non-Mandated Youth. *Juvenile & Family Court Journal*, 66(4), 17-2



## Multisystemic Therapy

Multisystemic Therapy (MST) is a well-established, well-supported, community-based evidence-based intervention for troubled youth (ages 12-17) in a variety of settings. MST promotes prosocial behavior and reduces mental health symptoms, out of home placement, and substance use, which are often found in Virginia's child welfare system. MST has an extensive research base and received a rating of well-supported on Title IV-E Prevention Services Clearinghouse in the following subdomains:

- Child permanency: out of home placement;
- Child well-being: behavioral and emotional functioning, substance use, delinquent behavior; and,
- Adult well-being: positive parenting practices, parent/caregiver mental or emotional health, and family functioning.

Through the Title IV-E Prevention Services' Clearinghouse review, of the 28 studies identified for review, 23 studies demonstrated favorable effects on the target outcomes. A total of ten of those studies rated as moderate or high and only one study reviewed indicated a risk of harm.

In conjunction with the review of the evidence of effectiveness of MST stated above, VDSS also reviewed the following articles.

The article, *Multisystemic treatment of series juvenile offenders: long-term prevention of criminality and violence*<sup>7</sup>, compared the long term effects of this therapy compared to individual therapy, adding to several previous studies on MST (Henggeler et al., 1992, 1993, Henngeler et al., 1986, Scherer et al., 1993, Brunk, Henggeler, & Whelan, 1987, and Borduin, Henggeler, Blaske, & Stein, 1990). The article outlined that the results from the 176 juveniles confirmed that MST is more effective than individual therapy. More importantly the ongoing results of these same youth four years later still showed youth who received MST compared to individual therapy was more effective in preventing future criminal behavior which included violent offending. Particularly for family relations, this study showed that families reported increase in family relationships, and in their "cohesion and adaptability at posttreatment"<sup>3</sup>. Families who received MST had favorable effects on perceived family relations, but also saw improvement at both the parent and youth levels. In this study, the efficacy of MST was not based on demographic characteristics.

With over twenty years of MST practice, recent studies are looking at the long term effects of MST. Johnides, Bordin, Wagner & Dopp published their findings in the *Effects of multisystemic therapy on caregivers of serious juvenile offenders: A 20-year follow-up to a randomized clinical trial* (2017)<sup>8</sup>. This study looked at 276 caregivers of serious juvenile offenders and were originally randomized for either MST or individual therapy. This study focuses on the family-based treatment of MST and the proven outcomes not just for youth, but also for caregivers. Caregivers who have a history of criminal

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<sup>7</sup> Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63(4), 569–578. <https://doi-org.proxy.library.vcu.edu/10.1037/0022-006X.63.4.569>

<sup>8</sup> Johnides, B. D., Borduin, C. M., Wagner, D. V., & Dopp, A. R. (2017). Effects of multisystemic therapy on caregivers of serious juvenile offenders: A 20-year follow-up to a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 85(4), 323–334. <https://doi-org.proxy.library.vcu.edu/10.1037/ccp0000199>

involvement or antisocial behaviors are a barrier to effective parenting and are a risk for youth to repeat the same behaviors. The study showed that there was a significant decrease in the number of criminal behavior, 94% fewer felonies and 70% fewer misdemeanors. Additionally, and potentially more in line with child welfare outcomes, this study also found that those who had received MST services had 50% fewer family-related civil matters. This study also notes the improved family functioning through self- and observational reports. Similar to other research, the efficacy of MST was not based on demographic characteristics.

MST addresses intrapersonal and systemic factors by focusing on individual needs and the family needs. This combination of treatment is a holistic treatment that we believe will help children remain in their homes with their parents.

During SFY 2020, approximately 28% percent of children actively involved in an In-Home case fell within the age range to receive MST services. Data on the age of children upon entry into foster care indicate that nearly one-third of children entering each year were within the age range to receive MST services at the time of entry: 35% in SFY2018, and 34% in SFY2019 and 32% in SFY2020. Data on circumstances present during removal also indicate that children entering foster care in Virginia may have benefitted from MST services to prevent their entry into foster care. Child behavioral issues were present among 15% to 18% of removals for the last three state fiscal years. In SFY2020, children in MST's service age range were also over-represented among removals where child behavior problems were present.

Substance abuse is a consistent and increasing issue in both referrals received and child entries into foster care. Between SFY2018 and SFY2020, the indication of substance abuse as an issue during referral intake has sustained at one-third of all validated referrals statewide. Among annual entries into foster care, the circumstance of parental drug abuse present has increased from 31% in SFY2018 to 39% in SFY2020. While the percentage of removals involving child drug abuse is relatively small overall (present among 3% of removals over the last three fiscal years), this circumstance was disproportionately more prevalent among children entering care at an age where they would have been eligible to receive MST services (ages 13 and 15-17).

Reviewing the service needs identified for children and families who had In-Home involvement prior to the child's removal during SFY2020, two-thirds (67%) of cases indicated a need for counseling or therapy as a support. Parenting education was identified as a need in one-third of these cases (38%). Substance and drug abuse treatment were selected as needed in 36% of these cases, and substance or drug abuse evaluation was indicated as needed among 27% of these cases. Based on a review and analysis of the literature, and data over the past three state fiscal years youth and caregivers in Virginia should receive the same outcomes, based on the rigorous research and evaluation that has occurred regarding MST.

The extensive literature of favorable effects along with the robust internal fidelity controls through the proprietor and VDSS' monitoring protocol described above supports the request to waive the evaluation requirement for MST.

### **Parent-Child Interaction Therapy (PCIT)**

Parent-Child Interaction Therapy (PCIT) is a well-established, well-supported, community-based evidence-based behavior parent training treatment program for young children (ages 2-7). PCIT promotes the quality of the parent-child relationship and addressing interaction patterns. PCIT includes

training and education for parents and then allows parents to practice their newly learned skills with the support of a trained clinician. PCIT has an extensive research base and received a rating of well-supported on Title IV-E Prevention Services Clearinghouse in the following subdomains:

- Child Well-being: Behavioral and emotional functioning; and,
- Adult well-being: Positive parenting practices, Parent/caregiver mental or emotional health.

Through the Title IV-E Prevention Services' Clearinghouse review, of the 36 studies identified for review, 20 studies demonstrated favorable effects on the target outcomes. None of the studies reviewed indicated a risk of harm.

In conjunction with the review of the evidence of effectiveness of PCIT stated above, VDSS also reviewed the following articles.

Thomas and Zimmer-Gembeck reviewed the effectiveness of PCIT and correlations of child maltreatment. Their study, *Accumulating Evidence for Parent-Child Interaction Therapy in the Prevention of Child Maltreatment* unlike many other studies, relates directly to the population VDSS intends to serve, parents who are at risk of or have history of child maltreatment<sup>9</sup>. This study includes findings that demonstrate the reduction of child maltreatment when a caregiver received PCIT. Within 12 weeks of receiving PCIT services, the treatment group demonstrated a reduction in stress due to the child and their behaviors and increased positive parent-child interactions. The majority of participants were found to have clinically significant and reliable improvements in the outcome measures. Thomas and Zimmer-Gembeck found that while improvements in parent-child interactions improved prior to the completion of PCIT, more improvements were found upon successful completion of the PCIT treatment model.

The article, *Effectiveness of Parent-Child Interaction Therapy (PCIT) in the Treatment of Young Children's Behavior Problems*<sup>10</sup> demonstrates the positive effects PCIT had on over 81 families with children between the ages of two and seven years old with a greater reduction in child behavior problems. Results from this study indicate that for children who received PCIT there were greater improvements than other treatment modalities. The improvements were shown at the 6-month mark, but improved even more after completion of the entire treatment program. The study found that parents receiving PCIT improved their parenting skills at a greater level than parents with other treatments and greater compared with the average effect of parenting training programs.

PCIT provides parent education and ongoing coaching to practice new skills learned. PCIT promotes consistent parent behaviors and actions focusing on positive reinforcement. By focusing on the strength of the parent-child relationship, we believe PCIT will help children remain in their homes with their parents.

During SFY 2020, approximately 38% percent of children actively involved in an In-Home case fell within the age range to receive PCIT services. Data on the age of children upon entry into foster care indicate that nearly one-third of children entering each year were within the age range to receive PCIT services at

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<sup>9</sup> Thomas, T., & Zimmer-Gembeck, M. J., (2011). Accumulating Evidence for Parent-Child Interaction Therapy in the Prevention of Child Maltreatment. *Child Development*, 82(1), 177-192. <https://srcd-onlinelibrary-wiley-com.proxy.library.vcu.edu/doi/pdfdirect/10.1111/j.1467-8624.2010.01548.x>

<sup>10</sup> Bjørseth, Åse, & Wichstrøm, Lars. (2016). Effectiveness of Parent-Child Interaction Therapy (PCIT) in the Treatment of Young Children's Behavior Problems. A Randomized Controlled Study. *PloS One*, 11(9), E0159845.

the time of entry: 27% in SFY2018, and 28% in SFY2019 and 29% in SFY2020. Data on circumstances present during removal also indicate that children entering foster care in Virginia may have benefitted from PCIT services to prevent their entry into foster care. Child behavioral issues were present among 15% to 18% of all removals for the last three state fiscal years. In SFY2020, children in PCIT's service age range were also over-represented among removals where physical abuse was present (ages 3, 4, 6 and 7). While the percentage of removals involving parental inability to cope is relatively small overall (present among 3% of removals over the last three fiscal years), it was disproportionately more prevalent among children entering care at an age where they would have been eligible to receive PCIT services (6 years of age).

Reviewing the service needs identified for children and families who had In-Home involvement prior to the child's removal during SFY2020, two-thirds (67%) of cases indicated a need for counseling or therapy as a support. Parenting education was identified as a need in one-third of these cases (38%). Medical or psychological services were cited as a need in 32% of these cases. Based on a review and analysis of the literature, youth and caregivers in Virginia should receive the same outcomes, based on the rigorous research and evaluation that has occurred regarding PCIT.

### **Strategic Plan updates**

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

VDSS supports six locally-established Kinship Navigator Programs throughout Virginia. The local programs serve 40 localities (33% of the state). 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 2020.

Locality	Youth Served	Kinship Caregivers Served
Arlington	108	57
Bedford	90	95
Dickenson	141	163
James City County	35	38
Smyth	28	16
Virginia Beach	110	104
<b>Total</b>	<b>512</b>	<b>473</b>

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 the 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 worked with Clarus Consulting Group, with support from Casey Family Programs, to document the model of 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 concluded in December 2020. Clarus conducted in-person individual interviews with each of the six Kinship Navigator programs in February 2020 and continued to periodically contact each of the programs in order to document the activities of the program including strengths and challenges for each locality. VDSS has received the final report and will post on the public website in order to continue to enhance program availability throughout Virginia.

Virginia's kinship navigator website is located at [http://familyfirstvirginia.com/prevserv/kinship\\_nav.html](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 the Covid-19 pandemic, the event was postponed and anticipated to occur in May/June 2021. The purpose of this event is to bring together local teams in the children's services system(s) to build leadership capacity, learn about 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 16 Parent-Child Interaction Therapy (PCIT) clinicians to increase availability of these evidence based programs across the state. 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 the Covid-19 pandemic. All of the trainees can begin delivering services after their 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 in collaboration with the Office of Children's Services and LDSS is developing an integration of the current Family and Planning Team (FAPT) multi-disciplinary model to include in-home services cases provision of services. LDSS will utilize the current contracting process in place to assist families with accessing these evidence based services. VDSS will provide a contract template to ensure all of the federal requirements are met. VDSS continues 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.

**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 final stages of formulating the monitoring plan with the 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 will also partner with the Virginia Center for Evidence-Based Practice (the Center), which is a newly formed partnership between agencies of the Commonwealth and Virginia higher education institutions to support the implementation, evaluation and sustainability of evidence-based programs across the state and among state agencies. The Governance Committee for the Center includes DBHDS, DMAS, DJJ, DSS, OCS, and VDH. VDSS will utilize title IV-E funding for the Center to conduct fidelity monitoring and provide quarterly fidelity monitoring reports for VDSS to utilize in the child welfare CQI process.

VDSS will provide monitoring of these cases and has established the review methodologies for the QA process. This will continue to evolve as we use the CQI data to assist in what area needs to be focused upon.

#### 4.2 Develop a monitoring plan to maintain fidelity of programs.

VDSS partnership with the Virginia Center for Evidence-Based Practice will conduct fidelity monitoring and provide quarterly fidelity monitoring reports. VDSS, in conjunction with the Center, will conduct an annual review of each service provider to review their practice, guidelines and training. VDSS and the Center will conduct the review by utilizing data reported monthly by each service provider and/or national purveyors to examine and analyze outcomes. If outcomes are not being met (by the program and/or VDSS outcomes), VDSS will meet with the LDSS and 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, LDSS will be notified that the title IV-E funds cannot be used for these service providers.

#### 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 with the Virginia Center for Evidence-Based Practice which will provide the necessary framework to support evaluation of services/programs established in Virginia that could be submitted to the federal Clearinghouse. The Center will serve many child and family serving state agencies in Virginia. Currently, VDSS is establishing a scope of work with the Center and once this has been established, policy and procedures will be formulated, which will allow Virginia specific programs to be evaluated. VDSS is utilizing state and title IV-E funding to support this collaborative. VDSS anticipates the upcoming state budget to provide the financial support for the evaluation and fidelity monitoring requirements of Family First.

#### ***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 the COVID-19 pandemic this funding has been unallotted. VDSS anticipates the upcoming state budget to provide the financial support for the evaluation and fidelity monitoring requirements of Family First. 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**).

### **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.

<b>Program</b>	<b>Rating</b>
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.”<sup>11</sup>

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.

### **2021 COVID 19 update**

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<sup>11</sup> Virginia Department of Social Services 2020-2024 Child and Family Services Plan (CFSP)



The implementation of Family First was extended to July 1, 2021, due to several major implementation activities scheduled being postponed due to the COVID-19 pandemic. These activities included assisting localities in determining the needs of their communities (EBS learning collaborative), and preparing business models to serve families early (In-Home Services) 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.

VDSS expects to begin utilizing title IV-E Family First funding on July 1, 2021 for the provision of evidence-based programs, with the state matching funds expected to be included in the final state budget. Despite the impact of the COVID-19 pandemic, most notably to the state budget, VDSS we has continued to move forward in the implementation of Family First focusing on the “practice-oriented” items of the In-Home Services alignment. The In-Home Services alignment was launched in October 2020 and aligns the existing CPS ongoing and prevention services practices. This alignment promotes children remaining with their families, reducing the need for foster care and ensuring families receive the services they need. In-Home Services will promote evidence based service delivery for parents and support relative caregivers when out of home placement is needed. In-Home Services practice will ensure practice is in alignment with Family First when funding for these services becomes available in Virginia.

### **Transition Act Funding**

VDSS has not utilized any of the Transition Act Funding that was allotted to Virginia as the economic impact of the COVID-19 pandemic has required VDSS, in coordination with the Governor’s Office, to assess the use of Transition Act funds with the initial un-allocation of all prevention services funding in the 2020 Budget. However, as 2020 progressed, and into the 2021 General Assembly session, it is expected that some of the prevention services funding that was initially removed from the 2020 budget, will return in the 2021 budget therefore requiring VDSS to re-assess the needs of the transition act funding. VDSS has requested use of the Transition Act funds by the Governor beginning on July 1, 2021. VDSS plans to utilize transition act funding to support implementation of Family First. This will include:

- Establishing an Evaluation Team- VDSS does not have the infrastructure for an evaluation team. These funds will assist in building the infrastructure and obtaining the necessary expertise, likely through a partnership with the Center in order to build the infrastructure to establish evaluation and fidelity monitoring protocols.
- Implement and Sustain Evidence Based Programming- These funds will allow VDSS to procure staff to oversee the quality assurance of In-Home cases and expenditures; provide expansion of current EBP throughout Virginia; provide; training and technical assistance for LDSS regarding EBP and best case practice regarding In-home.
- Technology Enhancements- In order to meet the new federal reporting requirements for Family First (prevention and permanency), VDSS will utilize some of the funding for technology enhancements

### **CARES Act**

VDSS has not utilized CARES Act at this time, as permission has not been granted by the Governor's office as we were in the midst of final budget planning and assessing the economic impact of COVID-19, in order to most appropriately utilize the CARES Act funding where needed most. In accordance the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020, Public Law 116-136 funding will be considered for:

- Supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner through the provision of monetary assistance to families in the areas of purchasing food or arranging food delivery. This would also include assisting with obtaining household supplies, paying utilities and provide funding for rent.
- VDSS, in partnership with LDSS, will ensure that the above referenced assistance will not be a duplication of other assistance families maybe already receiving, including SNAP and utility assistance that was provided by the CARES Act and other COVID-19 response legislation. This will ensure that funds are being efficiently and fairly disbursed.
- Promote the safety, permanence and well-being of children in foster care and adoptive families, to include supporting young adults who are aging out of foster care, and
- Providing training, professional development and support to ensure a well-qualified child welfare workforce to include:
  - Enhance child welfare assessments and data systems to more accurately assess the needs of children, and/or their caregiver(s). This will contribute to the effort of promoting prevention services that encourage continued placement of children who should remain safely with their families reducing the threat of neglect, abuse and/or exploitation and reducing the need for out of home placement.
  - Doxy.me is a HIPPA compliant platform purchased to support the shift in child welfare practice brought on by the COVID-19 crisis. This solution is provided for local department of social services (LDSS) Family Services Specialist (FSS) staff so that during these unprecedented times, they will continue to have virtual access to meet the federal face-to-face visit requirements to ensure child safety and well-being, while also ensuring the safety of the workforce.

The goal of the Three Branch Team was to provide recommendations on the implementation of Family First and the broader alignment of the child welfare system. The Three Branch members committed an extraordinary amount of time and expertise throughout the 2 ½ years the team was together. The final Three Branch Team meeting took place on December 14, 2020. The team convened to discuss the extension of the Family First implementation date, due to unexpected delays and the COVID Pandemic and to reflect on the significant accomplishments of the team. The Family First team provided an update on the alignment of In-Home Services and updates on non-family based placements for youth in foster care, including status of QRTP. This meeting culminated the significant amount of work that the Three Branch Team has done to make recommendations in building the infrastructure for the shift in practice related to Family First funding. While this team's charge has completed, the work to implement Family First continues as we enter into the initial implementation stages and look towards sustainability.

## 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 VDSS to positively influence safety, permanency, and child well-being outcomes. These strategies have been integrated throughout the CFSP strategic plan. Stakeholder involvement follows the 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 the 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: CY2020 reviews

<b>Safety outcome 1: Children are, first and foremost, protected from abuse and neglect.</b>		
Substantially achieved 78%	Partially achieved 0%	Not achieved 22%
<b>Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>		
Substantially achieved 66%	Partially achieved 14%	Not achieved 20%
<b>Permanency outcome 1: Children have permanency and stability in their living situations.</b>		
Substantially achieved 52%	Partially achieved 47%	Not achieved 1%
<b>Permanency outcome 2: The continuity of family relationships and connections is preserved for children.</b>		
Substantially achieved 51%	Partially achieved 40%	Not achieved 9%
<b>Well-being outcome 1: Families have enhanced capacity to provide for their children's needs.</b>		
Substantially achieved 37%	Partially achieved 48%	Not achieved 15%
<b>Well-being outcome 2: Children receive appropriate services to meet their educational needs.</b>		
Substantially achieved 88%	Partially achieved 9%	Not achieved 4%
<b>Well-being outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>		
Substantially achieved 61%	Partially achieved 25%	Not achieved 15%

The items below were selected to be monitored through the PIP. Items 2, 3, 4, 5, 12, 13, 14, 15 have met the established PIP goal.

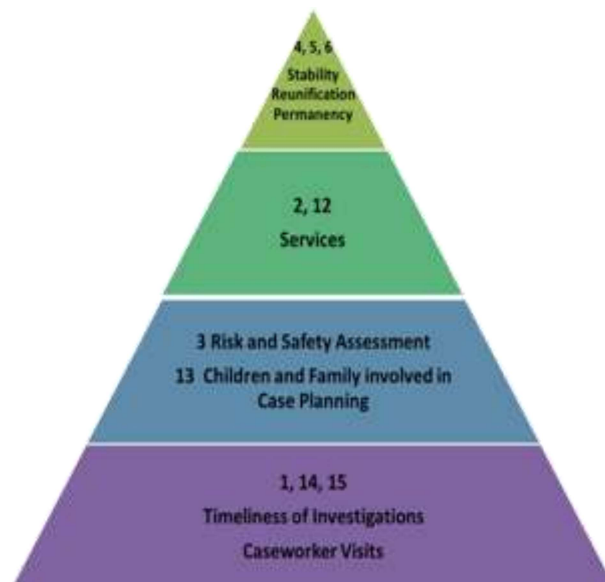
CFSR Items Requiring Measurement	PIP Baseline <sup>3</sup>	PIP Goal <sup>3</sup>	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10
1 Timeliness of Initiating CPS Reports	77%	88%	68%	70%	74%	71%	72%	70%	76%	83%	78%	84%
2 Services to Family to Protect Child and Prevent Removal/Re-entry	68%	77%	61%	60%	74%	71%	62%	49%	58%	77%	85%	82%
3 Risk and Safety Assessment and Services	49%	56%	50%	59%	59%	59%	60%	54%	51%	67%	71%	71%
4 Stability of FC Placement	71%	79%	61%	73%	86%	70%	71%	77%	80%	89%	95%	89%
5 Permanency Goal	66%	75%	73%	73%	65%	74%	77%	55%	58%	81%	81%	80%
6 Achieving Goal	39%	48%	39%	34%	30%	27%	30%	36%	45%	57%	61%	61%
12 Needs and Services	39%	46%	27%	30%	43%	33%	31%	29%	26%	37%	43%	46%
13 Child and Family Involvement Case Planning	35%	43%	30%	41%	44%	35%	41%	45%	43%	51%	54%	64%
14 Caseworker Visits with Child	57%	64%	56%	66%	64%	61%	70%	76%	76%	83%	80%	77%
15 Caseworker Visits with Parent	34%	42%	19%	22%	42%	42%	36%	33%	34%	43%	51%	62%

*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 to show 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**) An engagement readiness assessment was sent to the PIP team leads in November 2019. The results were analyzed and the agencies received their results before the June 17, 2020 PIP meeting. Responses identified LDSS staff who were perceived as champions of family engagement practice; external agencies needing to be brought on-board, and, uneven awareness among staff about what the practice profiles are and their purpose. Additionally, responses identified that among LDSS staff many adaptive challenges are still present. For example, in many agencies, the foster care staff are identifying that the CPS staff don't "do" engagement. The results of the survey suggest that there continue to be workers in PIP agencies who do not understand that family engagement skills should be utilized in every contact with parents, youth, relatives, and foster parents and why family engagement is important.

There were approximately 125 individuals who participated in the July 2020 PIP meeting and Engagement in Action training. Participants were given pre-work before the meeting including an engagement activity "Game 4000: Engagement in Action". (**Protection Strategies 1.2, 1.3**) The training focused on installing the engagement profile, solution focused questions, and engaging families in the virtual environment. The training received overwhelmingly positive feedback. The PIP localities were given a post-work assignment; installing the engagement practice profile. The localities were provided an implementation tool kit that includes a logic model, implementation plan, action plan, and

communication plan. These installations have been completed and submitted to the regional consultants.

The practice consultants and family engagement workgroup have been planning coaching trainings and communities of practice (roundtable meetings to facilitate sharing of success and knowledge between LDSS staff). The following coaching courses are available to all localities:

- FSWEB1011: Using the Practice Profiles Implementation
- FSWEB1013: The Coaching Conversation
- FSWEB1003: The Journey to Practice Engagement
- SUP5710: Foundations in Coaching
- SUP5720: Coaching in Supervision

DFS training has also shared seven coaching podcasts on FUSION. The Public Child Welfare Training Academy Coaching Corner podcasts are used with permission from the Academy for Professional Excellence.

To help establish consistency and further integrate the engagement profile, the engagement workgroup and the practice consultants have been planning community of practice (COP) meetings. These meetings will be held quarterly. Topics include:

- Installing Coaching
- Engaging Parents- Front End, Back-End, Dads, and Incarcerated Parents.
- Engaging Youth- Unpacking the No, Transition Planning, Assessing Needs and Providing Services.
- Engaging Relatives/Supports- Front End, Back End, Approving Relatives as Foster Parents, Assessing and Providing Supports,
- Engaging Foster Parents- Foster parents as part of team, Bridging Gap, Foster Parents as Service to Support Reunification, Assessing Needs and Providing Services.

Family Engagement Practice Guidance was centralized and is now included in Chapter A of the Child and Family Services Manual. The “Practice Foundations” chapter provides a comprehensive and functional guide to the practice model and values upon which Virginia’s child welfare practice rests and, the foundational practices of family engagement. There are three sections in the chapter: 1) Overview of Practice Foundations; 2) Family Engagement; and 3) Guidance Development. Regional webinars were offered to review the guidance in September and October 2020. The number of participants are listed below by region:

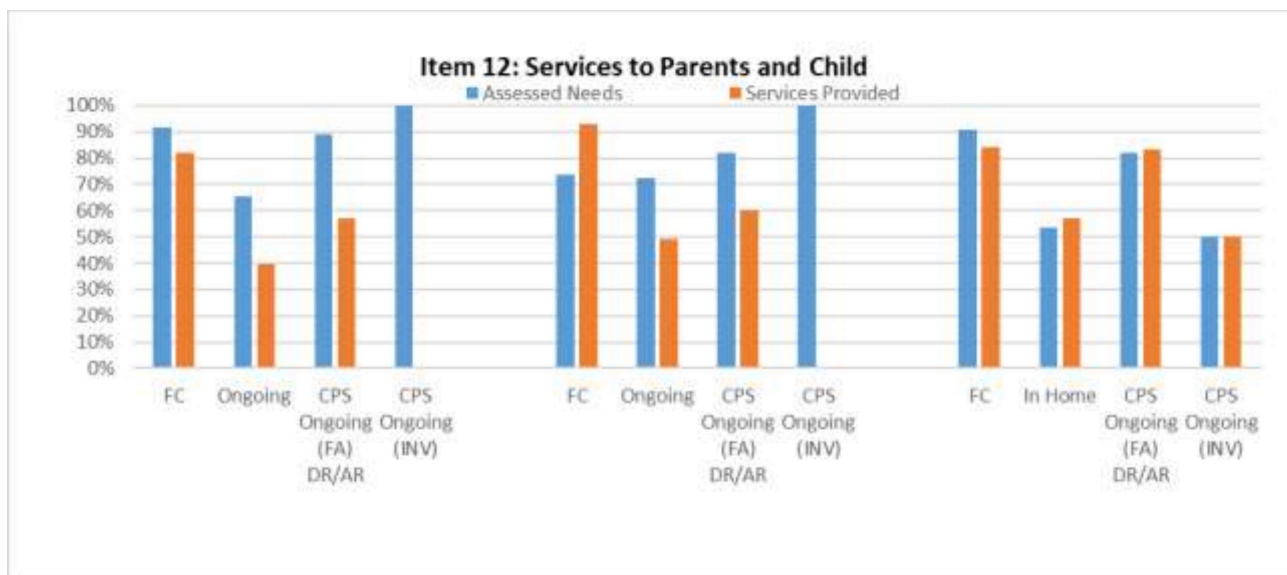
- Western: 121 participants
- Eastern: 163 participants
- Central: 143 participants
- Northern: 148 participants
- Piedmont: 179 participants

#### *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 37% of cases.

As of PIP Measurement Period 10, **item 12**; assess the needs of and provide services to children, parents, and foster parents, is an ANI with 61% substantially achieved. **Item 13**; involve parents and children in case planning, is an ANI with 64% substantially achieved. **Item 14**; visits with children is an ANI with 77% substantially achieved. **Item 15**; visits with parents, is an ANI with 63% substantially achieved. Items 13, 14, and 15 were selected for review during the PIP. Item 12 achieved the PIP goal in measurement period 10. 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.

Item 12 – Measurement Period 10 (Aug 2020 -Jan 2021)

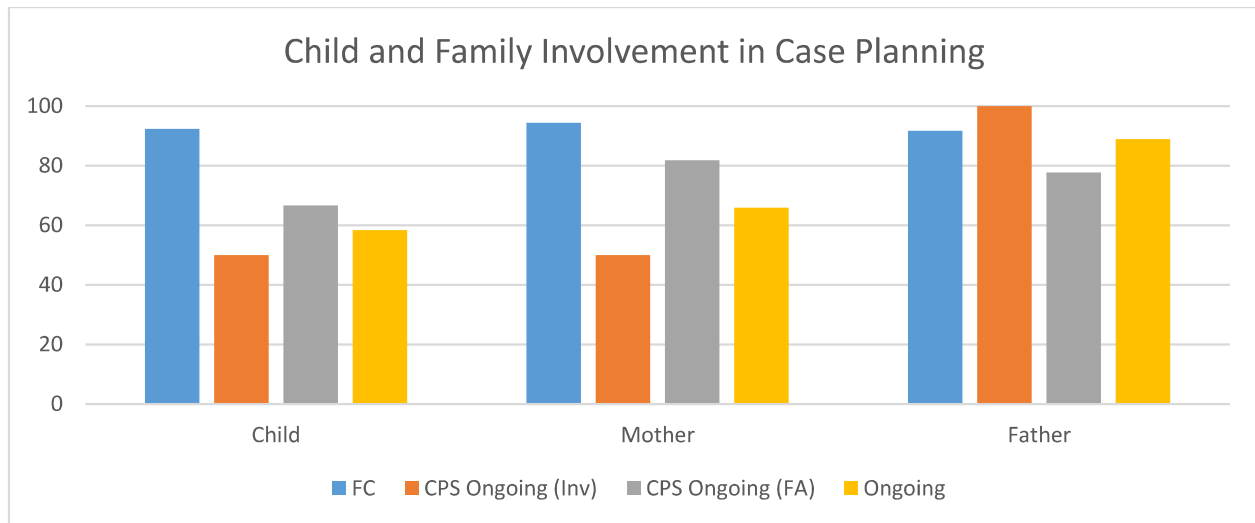


Father	Mother	Child
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Item 12 provides a breakdown of assessed services and services provided to the father, mother and child. The chart specifies the types of cases reviewed: In-Home services cases (CPS on-going cases that opened from and investigation (INV)), In-Home services DR/AR (CPS on-going cases that opened from a Family Assessment (FA)), CPS on-going (combination of both FA and INV), and foster care cases. The PIP goal for item 12 is 46%. Virginia met the goal during measurement period 10. During the measurement period overall needs were assessed and identified more often that the appropriate service was provided for mothers and fathers. For the child, service provision was greater or equal to assessment for on-going case and service provision was slightly below assessment in foster care. Assessments and service provision for the mother and father happen more consistently when a youth is in foster care. There is a deficit in service provision for mothers and fathers when a case is opened from a CPS investigation. While both the mother and father received necessary and appropriate assessment in the investigative to In-Home case setting, neither the mother nor the father received appropriate services. Although Virginia has work to do to further enhance the service array, engagement is a key to improving results related to item 12. Cases that were rated as a strength showed the family was engaged in the process.

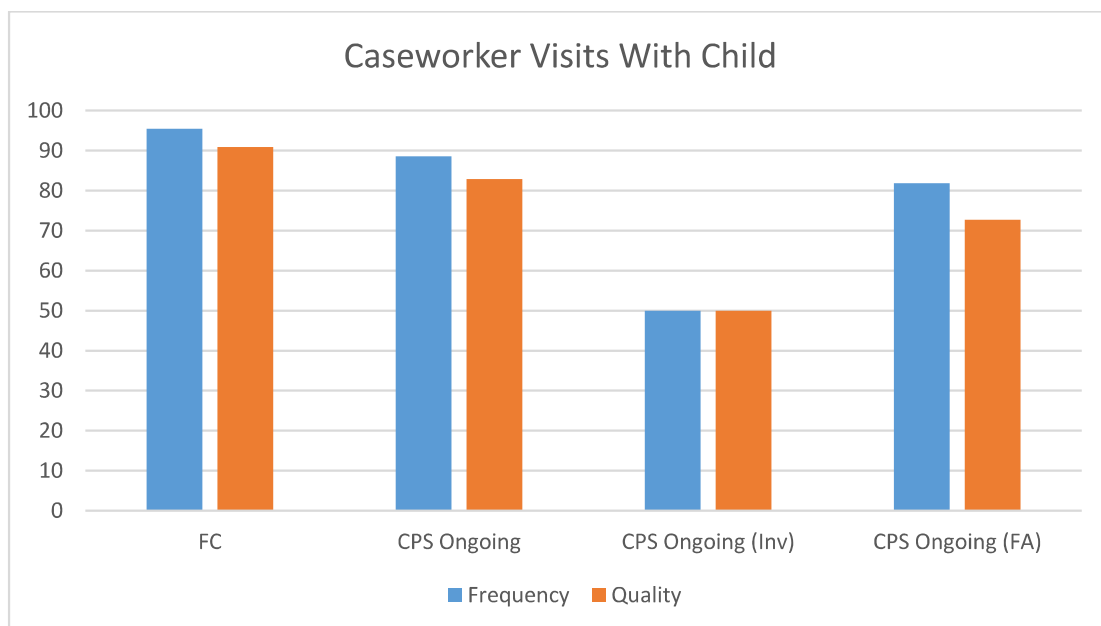


### Item 13 – Measurement Period 10 (Aug 2020 – Jan 2021)



Item 13: Child and Family Involvement in Case Planning looks at the overall concerted efforts made by the agency to involve the family in case planning. This chart is broken down into the categories in-home services cases (CPS ongoing cases that opened from INV), in-home services DR/AR (CPS ongoing cases that opened from and FA), CPS on-going (combination of both FA and INV), and foster care cases. The PIP goal for Item 13 is 42.7%. Virginia has exceeded the PIP goal since Measurement Period 6. Of the cases reviewed, children, mothers, and fathers in foster care cases were involved in case planning over 90% of the time. Of the cases reviewed for CPS on-going (INV) mothers and children were involved in case planning 50% of the time, while fathers were involved in case planning 100% of the time. Mothers and fathers were more involved in case planning than the child in the remaining CPS and Ongoing cases.

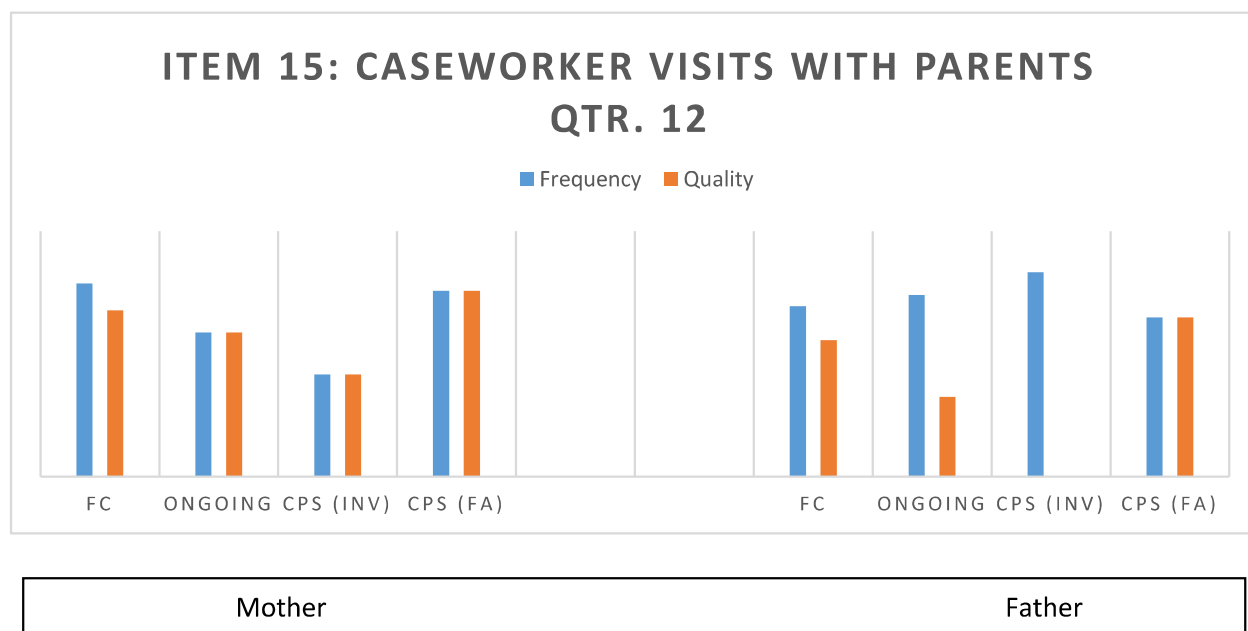
### Item 14 – Quarter 12 (Nov 2020 – Jan 2021)





Item 14, Caseworker Visits with Child determines if the frequency and quality of caseworker visits with the child were sufficient to ensure safety, permanency and wellbeing. This report is broken down into the categories in-home services cases (CPS ongoing cases that opened from INV), in- home services DR/AR (CPS ongoing cases that opened from and FA), CPS ongoing is a combination of both FA and INV, and foster care cases. The PIP goal for Item 14 is 64.7%. This goal was met first in Measurement Period 2 and again in Measurement Periods 5 – 10. For the cases reviewed, case worker visits with children in foster care were of sufficient frequency and quality over 90% of the time. For the cases reviewed, case worker visits with CPS on-going (INV) had sufficient frequency and quality 50% of the time. DSS is committed to encouraging engagement across the child welfare spectrum. While the case reviews mostly exceed the PIP goal, this is an area of focus as these case ratings would not meet the CFSR goal.

#### Item 15 – Quarter 12 (Nov – Jan 2021)



Item 15 Caseworker Visits with Parents determines whether the frequency and quality of visits between caseworkers, mothers and fathers were sufficient to ensure safety, permanency and wellbeing. Item 15 is broken down into the categories in-home services cases (CPS ongoing cases that opened from INV), in-home services DR/AR (CPS ongoing cases that opened from and FA), CPS ongoing is a combination of both FA and INV, and foster care cases. The PIP goal for Item 15 is 42% and was first achieved in Measurement Period 4 and then again in Measurement Periods 8 – 10. For the cases reviewed, cases worker visits with mothers were sufficient frequency in foster care cases and CPS on-going (FA) cases in greater than 90% of cases. The quality was acceptable in 81% of foster care cases reviewed and in 91% of CPS on-going (FA) cases. For the cases reviewed, case worker visits with mothers were sufficient frequency and quality in 70% of CPS on-going cases and in 50% of CPS on-going (INV) cases. For the cases reviewed with fathers, the frequency and quality of visits varied. In foster care cases, the frequency was sufficient in 83% of cases, however the quality was sufficient in only 67% of those cases. The frequency and quality of visits with fathers involved in CPS on-going (FA) cases was sufficient in 78% of the cases reviewed. For both CPS on-going and CPS on-going (INV) the frequency of visitation was 89% and 100% respectively. The quality of the visitation was not very good with only 39% of on-going cases rated a strength and no CPS on-going (INV) cases rated a strength.

*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:*

“Recurrence of Maltreatment” investigates the recurrence of maltreatment within 12 months of initial founded disposition. National performance is 9.5% and Virginia risk standardized performance (RSP) falls below that at 5.9%. “Maltreatment in Care” shows the rate of victimization per 100,000 days in care for children in foster care during a 12 month period. National performance is 9.67 and Virginia’s RSP is below that at 4.21. “Reentry into Foster Care” shows what percentage of children in care in a 12 month period who exited to permanency re-entered care within 12 months of discharge. National performance is 8.1% and Virginia’s RSP is below that at 6.2%.

Virginia is not in substantial conformity with safety outcome 1 or safety outcome 2. As of PIP Measurement Period 10, **Item 1**; agency response and face-to-face contact made within established timeframes, was rated as an ANI and was only substantially achieved in 84% of the cases reviewed. Of the cases reviewed, only 6% 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 82% substantially achieved. **Item 3**; assess and address the risk and safety concerns, is an ANI with 71% 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.

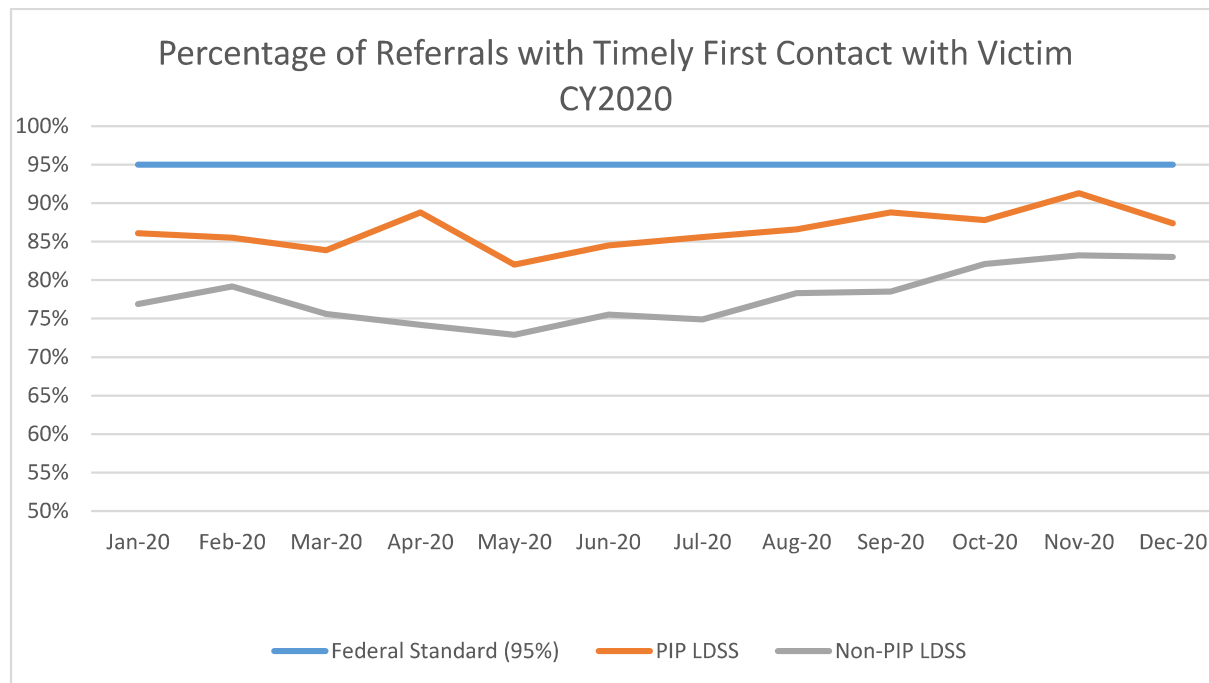
As part of Virginia’s PIP, a workgroup was formed in November of 2018 focused on Goal 2: Safety. As reported in last year’s APSR, guidance was developed to require the worker to consult with supervisor prior to not completing the face-to-face interview with the victim child within the determined response priority. In-person training was provided to PIP Agencies on the installation of the enhanced practice guidance and other recommended practice changes to improve timeliness of initial response on June 21, 2019. Other practice changes include: Reasonable Diligence Checklist, 40 work hours as opposed to 5 working days, etc. VDSS Regional Practice Consultants continue to review their agencies timeliness data and identify updated strategies to ensure timeliness of first contact with victims.

Item 1, as of Measurement Period 10, was not achieved. MP 8 showed improvement to 83%, with the PIP goal being 88%, however MP 9 dropped to 78%. Item 1 was reexamined at the September PIP meeting. PIP localities were asked to review the implementation plan for activity 2.1.1. A breakout session was dedicated to discussion about why Item 1 is not yet achieved. The breakout session questions were:

- As a leader what are you doing to ensure that initial contact with victims are made timely?
- Consider the strategy in the implementation guide requiring supervisory consultation when it appears Face-to-Face contact is not going to be completed timely.
  - How has this been implemented?
  - How are you evaluating the effectiveness of this strategy?

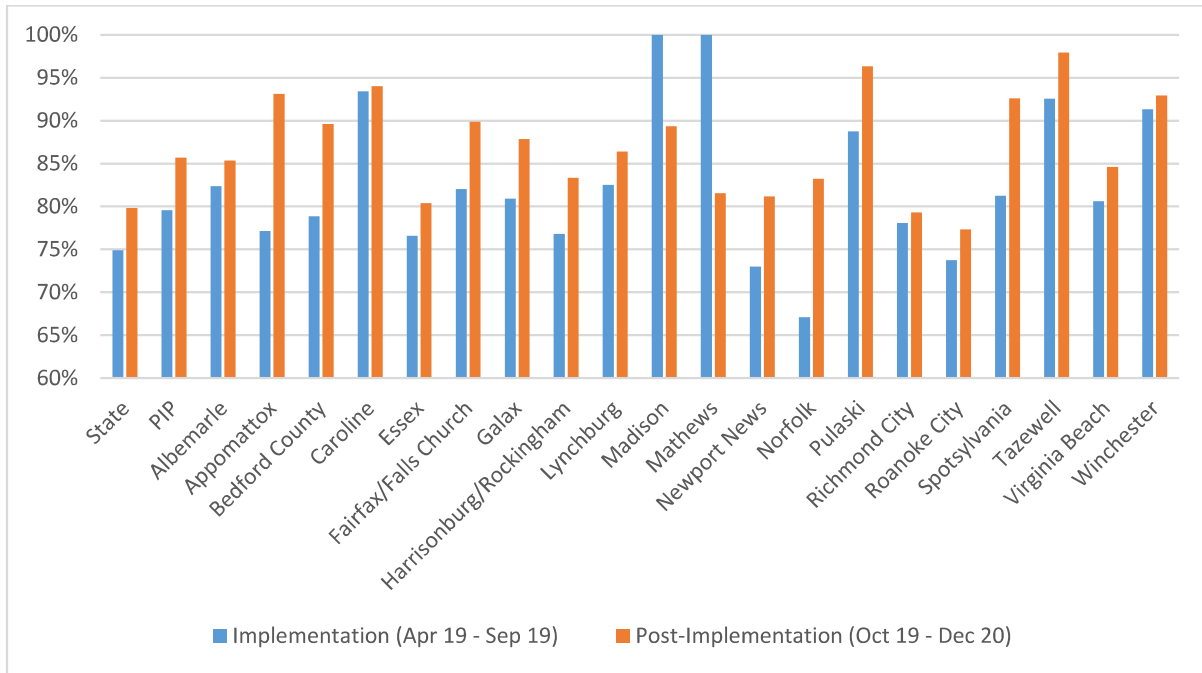
From the breakout session it was determined that some barriers/issues include: documentation in a timely manner, response time for R 3 (initial attempts made but no follow up, waiting to go out), staff issues (personnel issues, staff turnover, training), COVID (locating children, parents refusing contact,

staff quarantined due to COVID), lack of urgency when an agency transfer cases to another agency, and location of siblings. Successes noted during the breakout session include: use of data to guide decisions, changing timeframes (don't wait 2 days to go out), staffing more frequently and every case, training (data, on-call, engagement), utilizing more staff to cover referrals, program manager review OASIS and contact supervisor and worker if contact is not entered timely, use of referral assignment sheet and reasonable diligence check list, and designating someone to follow up on R 1 responses. PIP localities have implemented several adaptive changes that have helped to improve progress toward meeting the PIP goal. As of Measurement Period 10, Virginia had improved to 84%.

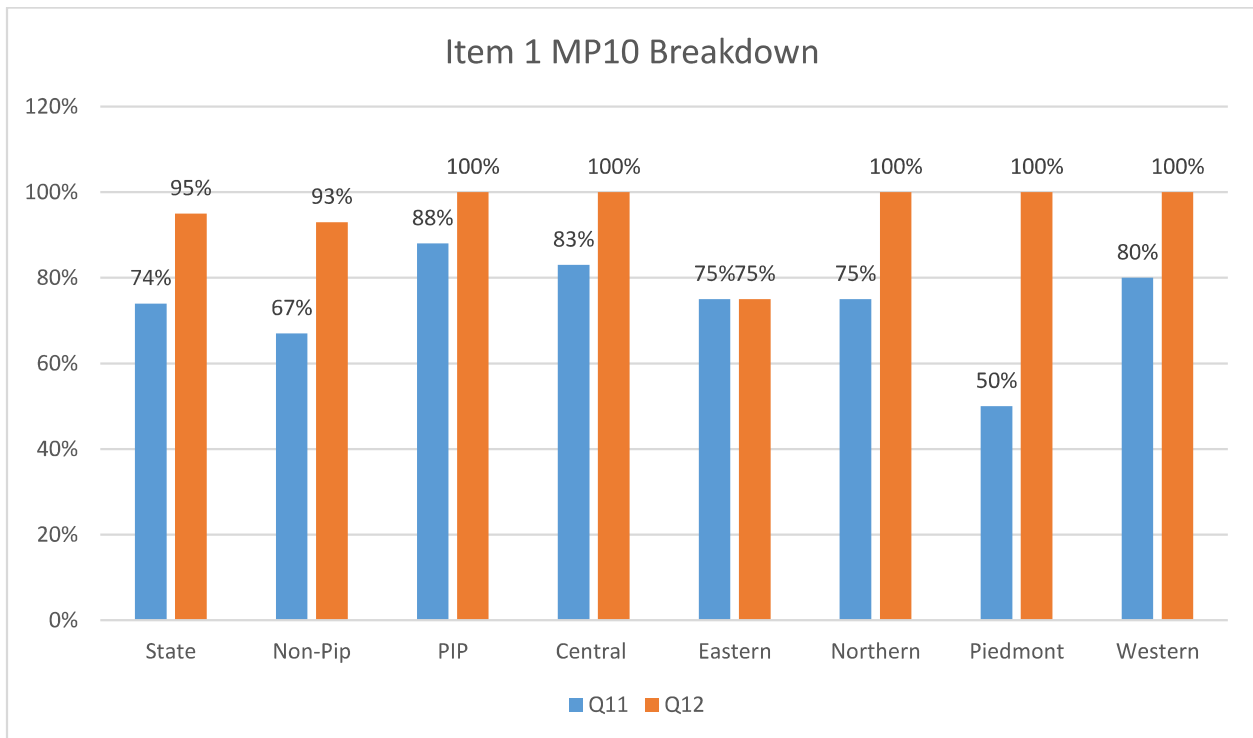


PIP agencies consistently outperform the non-PIP agencies every month in calendar year 2020.

### CFSR Timeliness of First Contact with Victim Implementation vs Post-Implementation



### Item 1 MP10 Breakdown



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 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 developed In-Home training and training requirements. (**Prevention Strategy 1.3, 1.4**). In December, VDSS launched In-Home practice by offering webinars for Directors and Supervisors and Family Services Specialists which provided an overview of In-Home practice which includes a foundation of ongoing, consistent, assessment practices with the SDM tools and CANS to guide partnership with families to support children remaining with their parents, or with relatives if there are safety concerns. The 2021 Child Welfare Best Practices Webinar Series for In-home Services has been developed. The six-part training series will prepare all In-Home Services family services supervisors and specialists for the implementation and practice alignment of In-Home Services. The series will be held from January through June 2021 for existing staff who will provide In-Home services to support children in their homes or with relatives (formerly known as CPS Ongoing). All of the webinars will be recorded for online viewing in the COVLC as FSWEB courses at a later date.

PIP Strategy 2.3 is to provide SDM specific practice guidance via a series of peer-to-peer interactive practice webinars. To support the use of SDM tools in case practice, particularly including families and youth to drive decision making, VDSS has made concerted efforts focused on SDM tools, peer-to-peer sessions, webinars and trainings, and technical assistance.

The revised SDM Intake Tool was successfully trained and implemented statewide in July of 2020. There were two live training webinars (July 21 and July 29 2020) which provided guidance on the requirements to utilize the SDM Intake tool to assess validity and ensure initiating investigations and family assessments is completed timely to address safety. This webinar was offered for family services supervisors and specialists and was recorded and placed in the Virginia Learning Center (VLC). The Training Unit updated the SDM Intake Tool online module with information on the revised SDM Intake tool to assess validity and ensure initiating investigations and family assessments is completed timely to address safety. This is a required training for all CPS workers.

Regional practice consultants hold monthly and quarterly peer-to-peer webinars in their region focusing on a variety of topics to provide guidance and peer-to-peer support to supervisors in their region. Meeting topics include the usage of the SDM and CANS, reiterating the existing requirements for use of SDM tools and reiterating that SDM tools help drive the decisions regarding risk, safety, service needs as well as monitor and track the progress of the family.

CPS and Prevention Program staff provided training at the December PIP meeting on decision-making in In-Home cases. The training explored how values, beliefs, and attitudes influence decision-making and how to use available tools, like SDM and CANS, to guide decision-making. This interactive training was subsequently provided as the first statewide "In-Home Support Webinar: *Are You a Random Decision Maker?*" in December 2020 for family services supervisors and specialists. The webinar has been recorded and is available in the VLC.

In January, VDSS launched the 2021 In-Home Best Practices Series to support the implementation of In-Home Services. The first course, “In-Home: What Do you Need to Know?” included an overview of the alignment of current CPS Ongoing practice with the new In-Home Services practice. This introductory interactive webinar provides an overview of the In-Home Services framework and the use of SDM and CANS to identify safety needs, strengths, services, etc. to drive decision making with the family. This webinar was held three times in January, and is recorded and placed in the VLC for all staff to complete.

In February 2021, “Collective Assessment and Planning” will include strategies to engage families and their support systems to jointly identify safety and risk concerns while prioritizing family structure. This interactive webinar highlights the collective assessment and planning framework, focusing on the use of SDM and CANS in decision making, driven by youth and family involvement, and how to connect to case practice. This webinar will be offered “live” three times, and then recorded and placed on the Virginia Learning Center for all staff to complete.

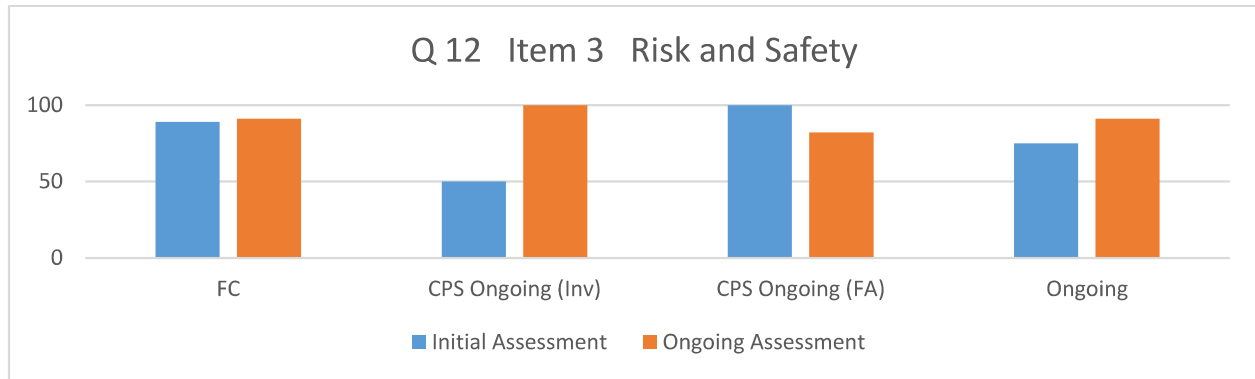
In March 2021, “Assessment-Driven Service Delivery” will include strategies to engage families and their support systems in assessing a family’s individual needs. This interactive webinar will focus on the joint assessment process and utilizing the SDM and CANS tools to identify what services a family may need. This webinar will also provide strategies to use the SDM and CANS tool consistently in an ongoing basis to monitor and track progress. This webinar will be offered “live” three times, and then recorded and placed on the Virginia Learning Center for all staff to complete.

The PIP topic with the corresponding course or webinar are listed below. The course descriptions includes the timing of when the courses were offered or will be offered.

Webinars Topics for Supervisors and Front Line Workers:

- a. Strategies used to meet timeframes when initiating investigations and family assessments and the impact on safety to the children. (CWS2011W offered Feb 2021, FSWEB1055 offered March 2021)
- b. Use SDM screening and assessment tools in decision making. (Random Decision Maker webinar, offered Dec 2020)
- c. Provide examples on how to complete accurate SDM assessments that are driven by youth and family involvement. (CWS5307W offered Sept. 2020 and Feb. 2021, CWS2011W offered Feb 2021)
- d. Provide opportunities to discuss how SDM tools connect case practices in identifying safety needs, strengths, services, etc. (Random Decision Maker webinar offered Dec. 2020)
- e. Offer a supervisor-specific session focused on using SDM tools in decision making regarding safety, services, and quality visits. (PIP SDM Supervisor webinar offered March 2021, FSWEB1054 offered Feb. 2021)

### Item 3 Risk and Safety Quarter 12 (Nov 2020 – Jan 2021)



Item 3 determines whether, during the PUR the agency made concerted efforts to assess and address the risk and safety concerns relating to children in their own home. This chart represents Item 3 broken into In-home Services Cases (CPS Ongoing Cases that opened from an Investigation) and In- Home Services DR/AR (CPS Ongoing Cases that opened from and Family Assessment). CPS Ongoing is a combination of both FA and INV. The PIP Goal for Item 3 is 56% which was met in measurement period 2. Measurement periods 6 and 7 fell below the PIP goal, however the goal was met again in measurement periods 8 – 10. When safety concerns were present in foster care and CPS on-going (INV) cases, 100% of cases reviewed developed an appropriate safety plan. Safety plans were developed for 91% of CPS on-going cases and with 82% on CPS on-going (FA) cases.

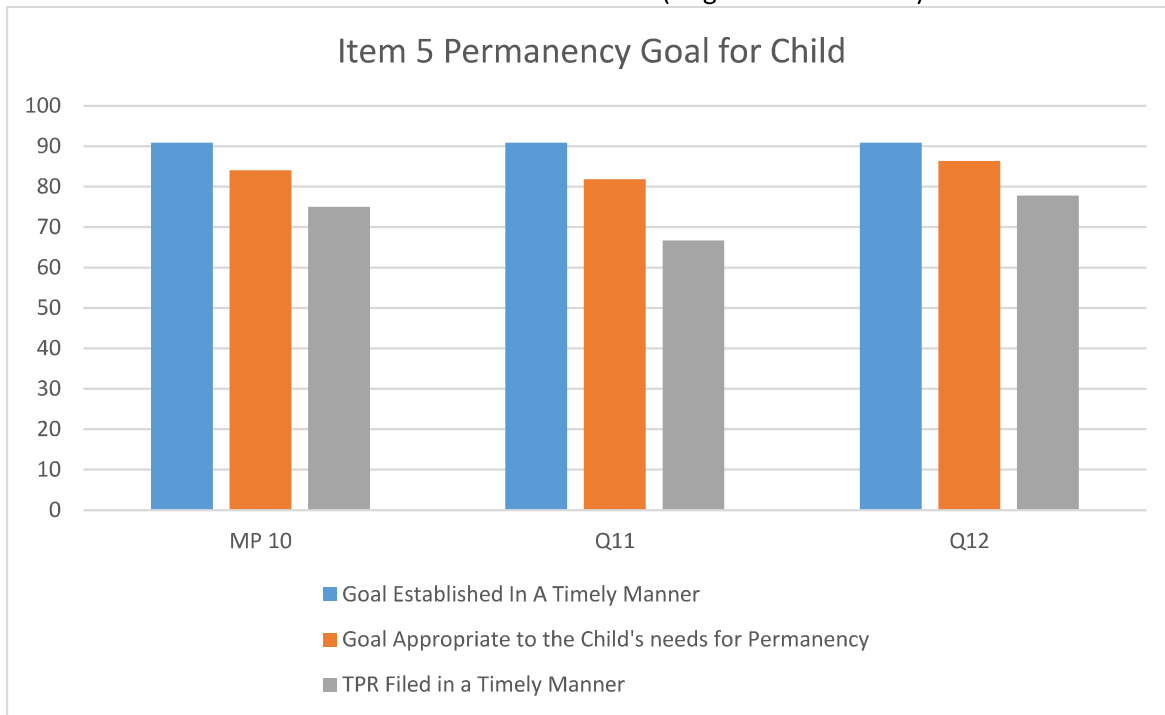
***Goal 3: Permanency Practices. Improve permanency outcomes for children in foster care through concurrent planning, birth parent engagement and service provision, timely and quality court hearings, placement of children with relatives, improved recruitment, and engagement of service provision to foster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

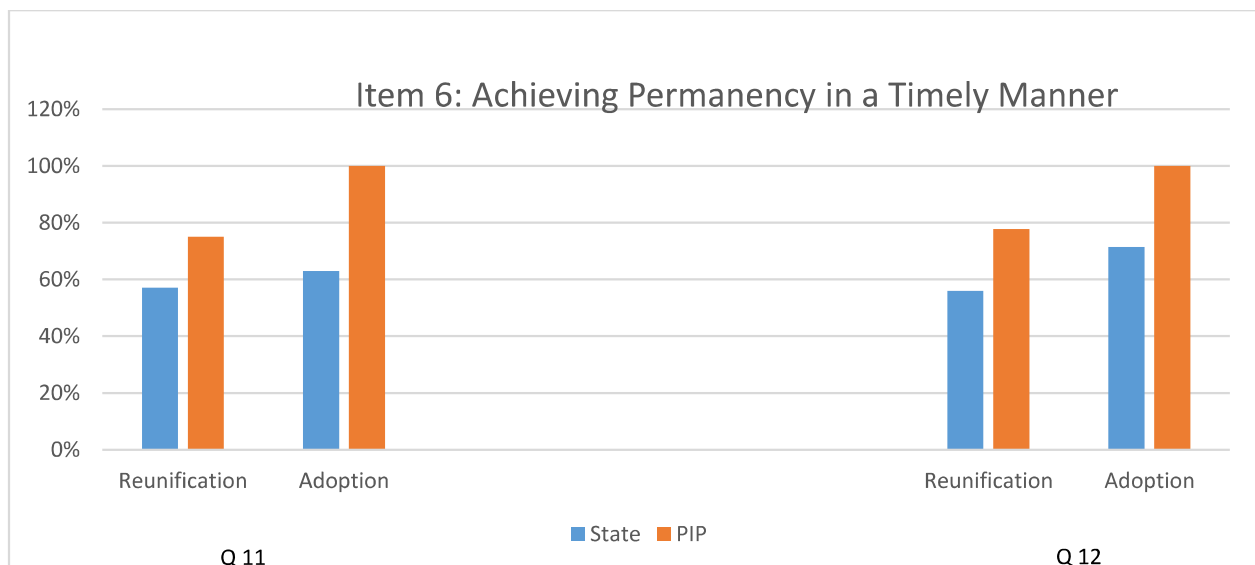
The permanency in 12 months for children entering foster care indicator measures whether the agency reunifies children with parents or caregivers or places children in safe and permanent homes as soon as possible after removal. Virginia's RSP is 30.5%, below the national performance of 42.7%. Permanency 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 with RSP 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 with RSP at 33.8%.

#### Item 5 – Measurement Period 10 (Aug 2020 – Jan 2021)



Item 5 Permanency Goal for the child has a PIP goal of 75% which was first achieved in measurement period 5 and then again in measurement periods 8 – 10. For cases reviewed during measurement period 10, 91% of case had permanency goals in effect during the period under review were established in a timely manner. Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and circumstances of the case in 84% of cases reviewed. The agency filed a TPR petition in a timely manner or an exception was applied in 75% of cases reviewed.

#### Item 6 Measurement Period 10 (Aug 2020 – Jan 2021)





Item 6: Achieving Reunification, Guardianship, Adoption, or other planned permanent living arrangement has a PIP goal of 48% which was achieved in measurement periods 8 – 10. The chart highlights the goals of reunification and adoption. PIP agencies have been outperforming the rest of the state.

PIP Activity 3.2.1 calls for the implementation of a clear foster, adoptive, and kin family recruitment plan with technical assistance supports. **(Permanency Strategy 3.3)** As a continuation of the work the Diligent Recruitment workgroup began in 2019, resource family advisory committees were formed in each region of the state. The kick off meeting was held in June 2020. Regional committees included local and private agency staff along with kinship and foster parents. Resource Family consultants utilized data to review where children are being placed when they enter foster care, discussed barriers and solutions to increasing the number of children who are placed with relatives and the role of foster families as a support to families, not a substitute. Regional Advisory committees continue to meet monthly and have used subsequent meetings to review updates to Resource Family guidance, explore partnerships between local departments and private agencies to increase support to kinship foster families and develop foster family recruitment strategies that highlight the role of foster families in supporting reunification.

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 CIP have developed a relative identification tool for review in court hearings upon submission by the LDSS. (PIP activity 3.3.1) The 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. **(Permanency Strategy 3.1, 3.2)** A broadcast describing the tool, its purpose, and intended use was sent to more than 1,500 members of the court community on June 29, 2020. Recipients included 130 J&DR district court judges, 121 J&DR district court clerks of court, and approximately 1,300 guardians ad litem for children (who also serve as parents' counsel) and counsel for LDSS. The broadcast was also sent to the state CASA program coordinator for distribution of the information to Virginia's CASA network. Virginia's CASA network received the information on July 1, 2020. VDSS also disseminated a broadcast about the availability of the tool to the regional offices, 120 LDSS and all Family Services Staff on August 27, 2020.

To facilitate implementation of this tool among attorneys, on July 21, 2020, Virginia CIP sponsored a virtual training, Improving Permanency Outcomes for Children in Foster Care: Implementing New and Revised Resources and District Court Forms in Child Dependency Cases. More than 80 parents' counsel, guardians *ad litem*, and counsel for LDSS participated in this training, which was recorded for future playback. The tool was presented at the September 18, 2020 PIP implementation meeting. This meeting included members of the court community, i.e., J&DR district court judges, guardians *ad litem*, parents' counsel, counsel for LDSS, and CASA representatives. PIP implementation teams were provided with an implementation guide to help them develop plans for incorporating the relative identification tool into practice in their localities.

Virginia CIP will work with the VDSS to assess the impact of this tool on PIP goals established for CFSR items 5 and 6 through the 20 PIP implementation sites. Discussions about monitoring have focused on measures and data points that would be indicative of improvements in engaging relatives and improved permanency outcomes. These include periodically assessing:

- The number of relative and fictive kin connections made as a result of the LDSS receiving the relative identification tool
- The number of relative and fictive kin placements made as a result of the LDSS receiving the relative identification tool
- The change in the number of relative placements
- The change in the number of relative foster families

Other monitoring efforts being considered by Virginia CIP include periodically assessing:

- The effectiveness of communication about this relative identification tool (i.e., measuring the number of court community users who have heard about the tool and who are using the tool)
- Perceptions of the relative identification tool among court users (usefulness and effectiveness)
- Strengths and challenges with implementing the relative identification tool

VDSS has been working with RedMane to add a genogram tool to the COMPASS|Mobile application. The genogram tool was previewed at the March 19, 2021 PIP meeting. The tool can draw from existing relationships in the OASIS case management system as well as allow for additions through COMPASS|Mobile. With the focus on creating a Kin First culture, the relative identification tool and the genogram tool will support family services workers with search and engagement across the life of the case. The genogram tool can be printed and brought to court and emailed and shared with GALs and other attorneys representing parents.

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 content of the benchcards was finalized on June 25, 2020. Recognizing the importance of discussions about permanency for the child taking place throughout the life of a case, separate benchcards were developed for 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 benchcards are included in a binder that has been distributed to each Virginia J&DR district court judge. All guardians *ad litem* for children (who also serve as parents' counsel), counsel for LDSS, and the state CASA program coordinator have access to the benchcards online.

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) Availability of the revised Handbook was broadcast by Virginia CIP to all 130 J&DR district court judges and 121 J&DR district court clerks of court on June 15, 2020. As of October 27, 2020, more than 4,200 Handbooks (English and Spanish) have been distributed to 36 J&DR district courts. VDSS broadcast the availability of the Handbook to all regional offices, 121 LDSS and all Family Services Staff on August 27, 2020.

Virginia CIP referenced the availability of this revised Handbook to the more than 80 parents' counsel, guardians ad litem, and attorneys for LDSS who participated in the July 21, 2020 virtual training, *Improving Permanency Outcomes for Children in Foster Care: Implementing New and Revised Resources and District Court Forms in Child Dependency Cases*. This section of the training included a description of the revisions made, availability of printed copies for J&DR district courts, and how attorneys can access and download the Handbook from the website of Virginia's Judicial System. The Handbook was presented at the August 21, 2020 PIP implementation meeting. This meeting included members of the court community, i.e., J&DR district court judges, guardians ad litem, parents' counsel, counsel for LDSS, and CASA representatives. PIP implementation teams were provided with an implementation guide to help them develop plans for incorporating the Handbook into practice in their localities.

PIP Activity 3.4.1 is to assess the foster care case plan and foster care case plan review template to identify where the local agency documents a compelling reason not to file a petition for termination of parental rights (TPR) and make changes as necessary. The court community workgroup assessed the foster care service plan and reviewed foster care guidance. The decision was made that Part B of the foster care case plan template does not need to be changed, however guidance was revised to include compelling reasons not to file and a job aid has been created to support workers in completing Part B to accurately capture all the information needed. The addition of the compelling reasons language was included in the July 1, 2020 Foster Care Guidance release. Transmittal Trainings were conducted via webinar in June and July 2020. The Part B job aid has posted on Fusion for download. The job aid emphasizes fully documenting the exceptions being claimed and describing how the agency is going to move the child to permanency. The job aid also includes an excerpt from guidance regarding compelling reasons to assist local agency staff. Consultants and home office staff have been reviewing the compelling reasons not to file and found, as of March 2021, the majority of the reasons listed for not filing TPR are that the TPR is not in the best interest of the child (89% of cases). Out of the exceptions claimed for a compelling reason, 62.5% fell into the category that a "parent has made substantial progress toward eliminating the problem that caused the child's placement in foster care; it is possible for the child to safely return home within six months, and the child's return home will be in the child's best interest". Consultants noted that in 82.4% of the cases, ongoing efforts to engage the parents/prior custodians was a strength while the need for consistent concurrent planning throughout the case is an area needing improvement. COVID-19 caused a delay in achieving permanency in 44% cases reviewed. Out of those cases, 75% indicated a delay was due in part to services being unavailable and 50% indicated the delay was due in part to visitation being suspended.

PIP activities 3.4.2 and 3.4.3 calls for CIP to develop a proposed revision to the *Petition for Permanency Planning Hearing* (district court form DC-556) and *Permanency Planning Order* (district court form DC-557), to include an indicator for the local agency to identify that a compelling reason for not filing a

petition for termination of parental rights is documented in the foster care service plan or foster care service plan review. These PIP activities were completed ahead of schedule. The Virginia General Assembly in its 2020 Session amended Va. Code § 16.1-282.1 to require that “[i]f a child has been in the custody of the local board or child welfare agency for 15 or the most recent 22 months and no petition for termination of parental rights has been filed with the court, a) the reasons, pursuant to subdivision A 1, 2, or 3 of § 63.2-910.2, why a petition for termination of parental rights has not been filed and (b) the reasonable efforts made regarding reunification or transfer of custody to a relative and the timeline of such efforts.” This amendment, which aligns with the intent of these PIP activities “to include an indicator for the local agency to identify that a compelling reason for not filing a petition for termination of parental rights is documented in the foster care service plan....,” necessitated changes to the DC-556, PETITION FOR PERMANENCY PLANNING HEARING and DC-557 PERMANENCY PLANNING ORDER, effective July 1, 2020.

Virginia CIP staff worked with staff in the Legal Research Department in the Office of the Executive Secretary to prepare the form changes for submission to policy making bodies of the Supreme Court of Virginia for approval. The forms changes were approved and were implemented effective July 1, 2020. Revised language on the DC-556 and DC-557 includes specified reasons why a local agency might not file a petition for termination of parental rights when the child has been in foster care 15 of the most recent 22 months are provided in subdivision A 1, 2, or 3 of § 63.2-910.2 (outlined below).

1. The child is being cared for by a relative
2. The local board or child welfare agency has determined that the filing of such a petition is not in the best interest of the child and has documented a compelling reason for such decision in the child’s foster care plan; or
3. The local board has not provided to the family of the child, within the time period established in the child’s foster care plan, services deemed necessary for the child’s safe return home or has not otherwise made reasonable efforts to return the child home, if required under § 473(a)(15)(B)(ii) of Title IV-E of the Social Security Act (42 U.S.C. § 673)

Strategy 3.4.4 is to develop and distribute a memorandum outlining state and federal provisions for filing petitions for termination of parental rights and set expectations for discussions about a child’s length of stay in foster care so that TPR requirements are met. The memo was drafted in November 2020 and shared with the CIP Advisory Committee and Court Community Workgroup for review and feedback. The memo was revised and reviewed again by the advisory committee and workgroup. The memo is scheduled to be distributed to J&DR court judges and to VDSS in March.

Virginia is not in substantial conformity with **Permanency Outcome 2** with 52.2% substantially achieved. These items were not selected to be monitored for PIP improvement and the rates are based on CY2020 reviews. **Item 7**, placement with siblings, was substantially achieved in 75% of cases reviewed. An overarching theme for Item 7 is the lack of homes that are able to accept sibling groups of three or more. In one case, there was a foster home that accepted siblings but did not accept boys so the male child was placed in a different home. In several cases, one sibling was placed directly into a congregate care setting while the siblings were placed into a foster care setting. There were mixed follow up for those cases with some of the children being placed with siblings upon release from congregate care and some where the child ended up in a different foster home. There were at least two cases where siblings

were not initially placed together, however, they did end up in the same home and in one case that home was a pre-adoptive home.

A major theme for Item 8, visiting with parents and siblings in foster care, was parental incarceration. **Item 8** was substantially achieved in 61.7% of case. Children were not offered calls/video call/transportation to visit with the incarcerated mother or father. Some were encouraged to write letters, but in most cases this was not done. In some cases, the child found ways to communicate on their own. In some cases, visitation plans were set and held at the local department. There was not much flexibility with scheduling and transportation support was not offered or provided. In some cases, the visitation did not progress to unsupervised visitation in the community, did not increase in frequency, and did not promote permanency. In one case during COVID, the parents were offered video visitation which they attended. However, when it was safe to return to in person visitation, they were not offered the opportunity to shift to face to face visits. In cases involving older children, the child was given discretion to determine if they wanted to visit with a parent. If the child chose not to maintain connections, there was no evidence the family services worker attempted to encourage a relationship.

**Item 9**, preserving connections, was substantially achieved in 75.6% of cases. Many of the children were placed outside their home communities and several children did not have a best interest determination meeting documented in the case file. When a child is placed in a residential facility, they tend to be several hours away from the child's home. In several cases, when a relative was determined not to be a placement option, the local department did not consider preserving that connection. Several cases documented adult siblings, aunts, and grandmothers who had taken the children in during the past but were not contacted.

**Item 10**, relative placement, was substantially achieved in 74.1% of cases. No children reviewed were identified as Native American. For many cases reviewed, relative search was conducted at the child's entry into foster care but was not completed throughout the life of the case. Letters were sent to identified relatives, but when there was no response to the letter there was no follow up. In some cases, the mother and/or father were asked about relatives however that information was not followed up on. In one case, the mother indicated none of the relatives would be a good placement option so the local department did not contact anyone. There were several cases where the father was not asked about relatives and paternal relative searches did not occur. There were a few cases where ICPC paperwork was not filed or was not filed in a timely manner and the process had to restart.

As with Item 8, parental incarceration played a factor of the training in Item 11. **Item 11**, relationship of child in care with parents, was substantially achieved in 43.8% of cases. The local departments did not provide or facilitate opportunities for therapeutic situations between incarcerated parent and the child. In several cases, because the child was placed outside the community usually several hours away, parents were not informed of or invited to activities or doctor's appointments. In most cases, the parents were provided information about doctor's appointments after they had occurred. Reviewers noted in several cases that the local department did not encourage the foster parents to work with biological parents or grandparents. COVID did play a role in some of the ratings. Because the number of adults allowed to be with a child at doctor's appointments was limited due to COVID protocols, the child's case worker usually attended the appointment.

Virginia is not in substantial conformity with **Well-being Outcome 2** with 87.7% of cases substantially achieved in CY2020 reviews. In most cases, educational needs of the child were known but services were

not put into place or put into place in a timely manner. Behavioral supports and tutoring were the most common services cited as not being in place. The COVID pandemic played a role in the ratings of some of the cases. Several reviewers noted that there was not follow up with the child or parents related to attendance during virtual learning. Several of the cases were missing educational information and records such as copies of IEP or 504 plans. In one case, a child was suspended and sent to night school. The night school started before the father finished work for the day and transportation was an issue for the family. The local department was aware of the issue but did not help to arrange transportation or offer other supports.

Virginia is not in substantial conformity with **Well-being Outcome 3** with 60.6% of cases substantially achieved based on CY2020 reviews. **Item 17**, physical health of the child, was substantially achieved in 74.1% of cases and Item 18, mental/behavioral health of the child was substantially achieved in 68.5% of cases. Most commonly cited for physical health was missing dental exams or follow up on cavities. Several of the cases were missing documentation for medical appointments and examinations. A theme related to **Item 18** is no evaluation or treatment for grief, trauma, or family relationships. A few reviews indicated the case worker was not following up with service providers and therefore could not provide information on medication management or progress made during treatment. COVID limited face to face interactions with many service providers. Many of the older children did not connect with the in home providers over the telephone so there were gaps in service and delays starting services. There was confusion about funding sources for evaluations which delayed assessments. In one case, two children were out of the home living with another relative and were not assessed for mental health services when they returned to the home.

*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:*

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 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 state to support quality and timely case documentation. The use of transcription services is tracked quarterly on the local agency dashboard. PIP localities are more likely to use transcription services than the rest of the state. For July – December 2020, the average usage for PIP agencies was 15% with the highest usage report in Pulaski County with 84.3%.

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 child welfare workers. 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. As of the writing of this report, there are 1,744 COMPASS Mobile users, up from 1,574 last year.

VDSS continues to pull reports on usage to measure implementation and adaptation of COMPASS|Mobile and enhancements released (audio application, check-in, and family messaging). The IT Portfolio Team assesses usage reports quarterly to include agency usage, user usage, and features. The usage reports are evaluated in a holistic matter, i.e., caseworker turnover, active cases, on-call workers, and coordination directly with agencies. To support agencies, based on the usage reports, to increase their capacity around COMPASS|Mobile and COMPASS|Portal, the team provided 12 individual capacity building "roadshows" to agencies. For continued support, one planning district was provided their own virtual roadshow.

VDSS has been working diligently with the vendor to obtain usage data on COMPASS|Portal. On November 10, 2020 VDSS received initial COMPASS|Portal usage report. Data reflected a significant increase in COMPASS|Portal usage in June 2020. COMPASS|Portal usage increased from 220 transactions in April to 4,434 in September. Access to this data captures a thorough account of the use of the innovation. The only gap is that usage reports do not track when an item is viewed only.

Contacts and Interviews & Interactions continue to be the most common transactions. Currently, the documents feature, specifically photos, has increased to the second most used feature. The IT Portfolio Team has built users' comfort level with the document feature, particularly photos via short infomercials about capturing families' stories, virtual lifelines, roadshows, and capability building sessions.

New enhancements launched April 23, 2020:

- 434 recordings via audio application (Protective Case Types only)
- 30 messages via family messaging (Prevention and Permanency Case Types only)
- 354 mobile check-ins

The IT Portfolio team developed infomercials, short videos to spotlight features of COMPASS|Mobile and the Audio app to engage families. These videos provided excitement around the Audio App launch and used mobile application elements to keep their families' stories (capturing life moments). In addition, there was a video created to support workers engaging families through the use of technology. To further support workers in utilizing the Audio App, Check-in, Family Messaging, and follow/unfollow video job aids were developed and posted on FUSION.

The IT Portfolio Team evaluated survey results for child welfare workers who completed workshops/labs to assess their success with the mobile application. The team developed job aids, video vignettes, eblasts, and virtual lifelines to build capacity and comfort level based on the survey's feedback. The IT Portfolio will continue to administer surveys to gather feedback.

QIC-WD developed and sent out a post-workshop diary survey. QIC-WD are administering the survey and evaluating the data pulled. Questions to address how COVID-19 has impacted users' workflow with the mobile application have been incorporated into the survey. The report of these surveys is still being finalized and the initial findings are positive. It is noteworthy that due to the pandemic and users' teleworking, conducting visits virtually, FSS workers used laptops to complete their casework to enter information via COMPASS|Mobile versus the iPad.

#### **Workforce Strategic Plan Objective 1.3 and 1.4**

VDSS's mission is 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 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 state 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.

**Workforce Strategic Plan Strategy 2** Increasing recruitment and retention of the workforce wraps in numerous activities, including efforts to expand and enhance the Child Welfare Stipend Program (CWSP), reduce caseloads for foster care workers and support adherence with recommended caseload standards not to exceed 15 cases per worker, and decrease worker turnover rates.

As of February 2021, the current number of Family Services Specialists I, II, III and IV, Family Services Supervisors and Family Services Managers across the state is as follows:

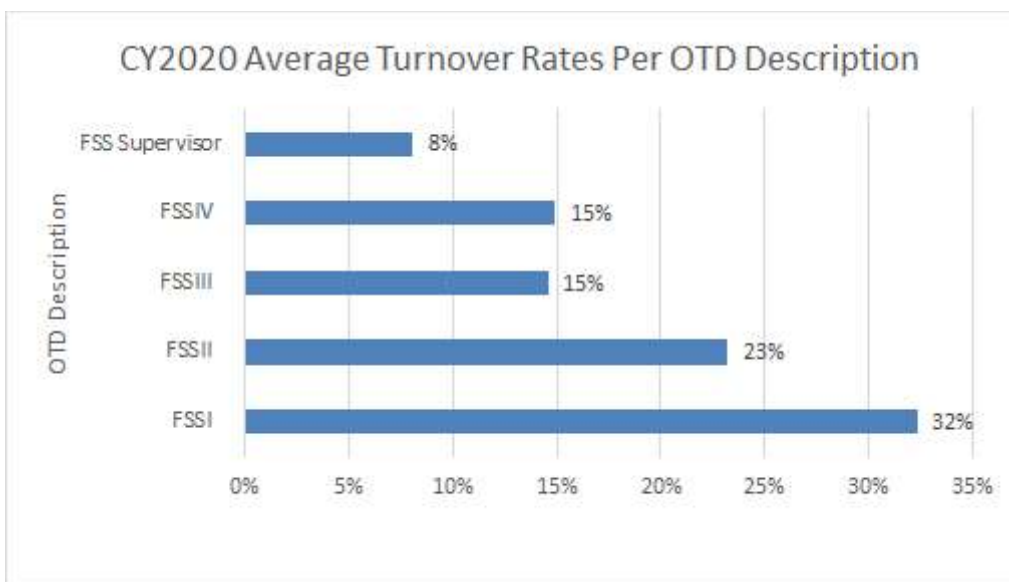
Job Title/OTD	Count of Employees
Family Services Manager	45
Family Services Specialist I	351
Family Services Specialist II	1122
Family Services Specialist III	691
Family Services Specialist IV	253
Family Services Supervisor	454
Total	2916

#### **2020 Turnover Rates**

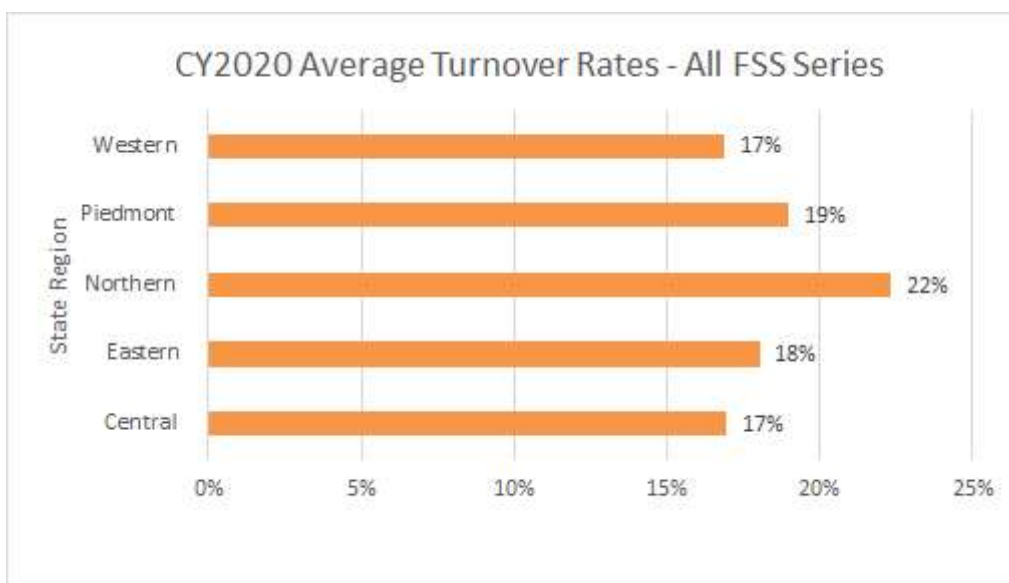


Turnover data for 2020 is broken down by Occupational Title Description (OTD), which includes Family Services Specialists (FSS) series, levels I, II, III and IV, and Family Services Supervisors. The highest turnover rate on average across the state occurs within the FSSI designation, at 32%, down 3% from last year, followed by FSSII at 23%, up 4% from last year. The turnover rate for both FSSIII and FSSIV positions is 15%, up 6% from 2019; and, FS Supervisor turnover rates remain consistent from last year at 8%. Statewide turnover rate average across regions and OTDs (FSS series I-IV and Supervisor) is 19%.

Turnover rate averages broken down by state regions are as follows:

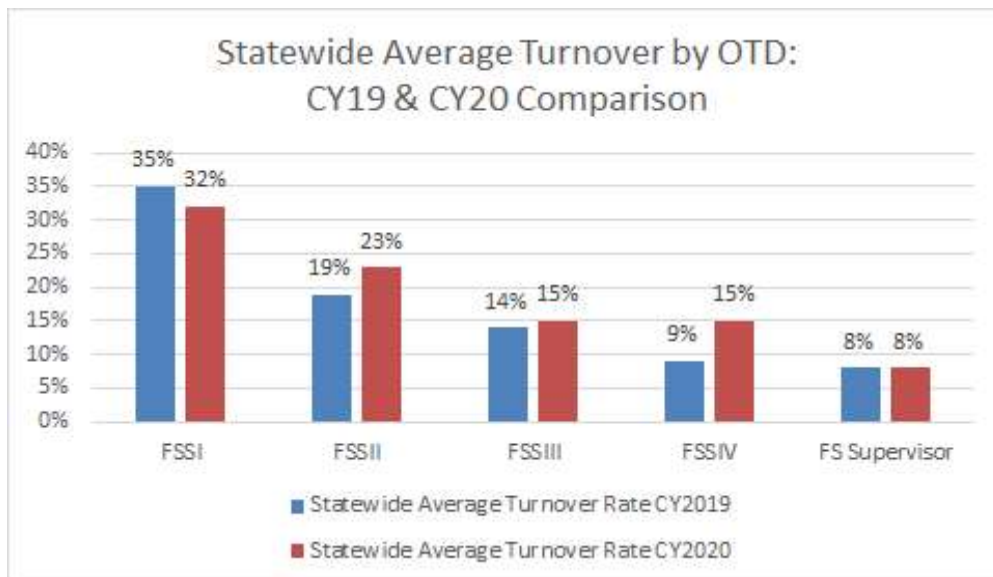


When broken down into regions, turnover data indicates the northern region as having the highest turnover this year at 22%, followed by Piedmont (19%), Eastern (18%), and Western and Central both illustrating 17% turnover rates.



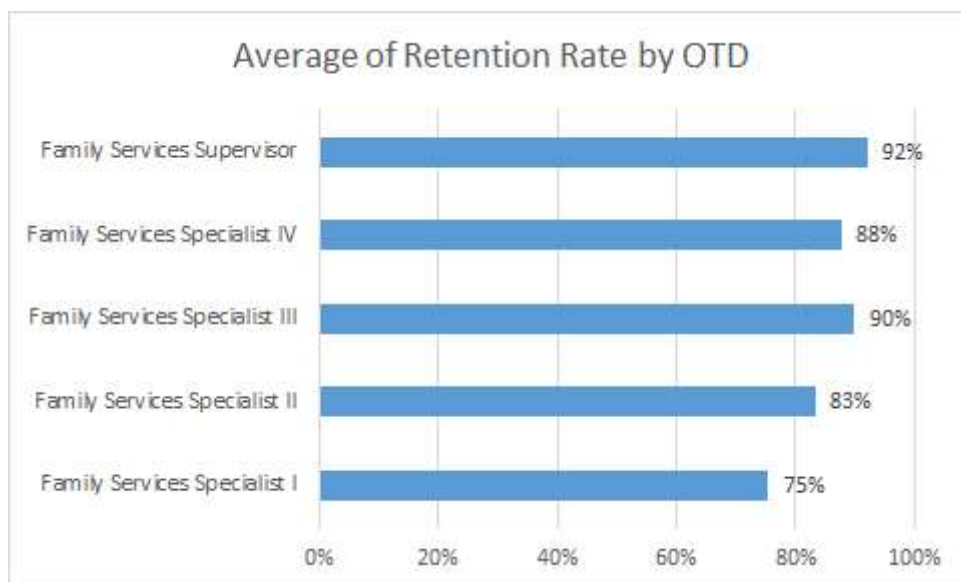
For FSSI, annual percent change from 2019 to 2020 is 3% decrease in turnover; a 4% increase in turnover for FSSII; a 1% increase in turnover for FSSIII, and a 6% increase in turnover for FSSIV, the OTD with the

greatest percent change. For FS Supervisor, there was no change to turnover rates between last year and 2020.

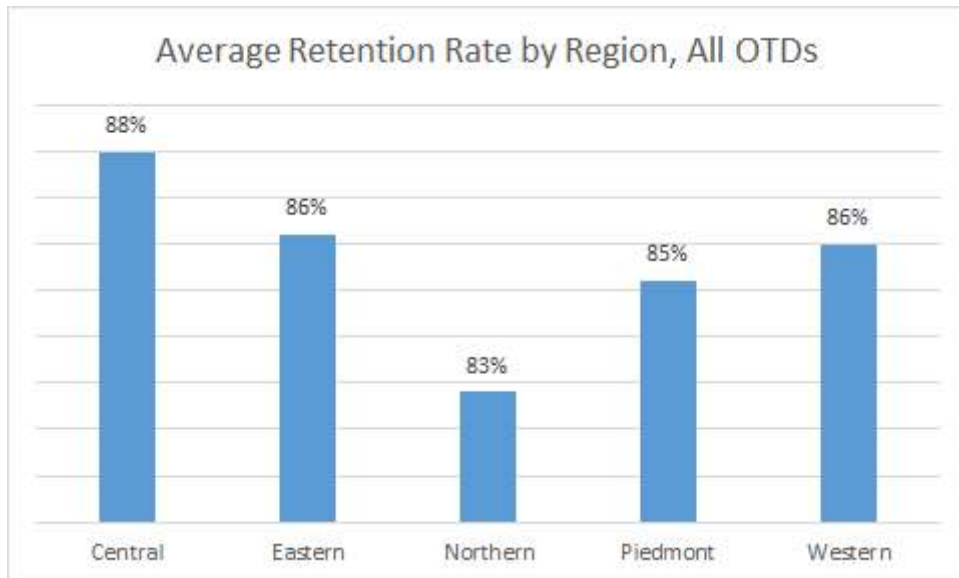


### **2020 Retention Data**

Retention data for 2020 is also broken down by OTD and by region. OTDs range 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 75%; and, the highest rates at 92%, and 90% for Family Services Supervisor and FSS III, respectively.

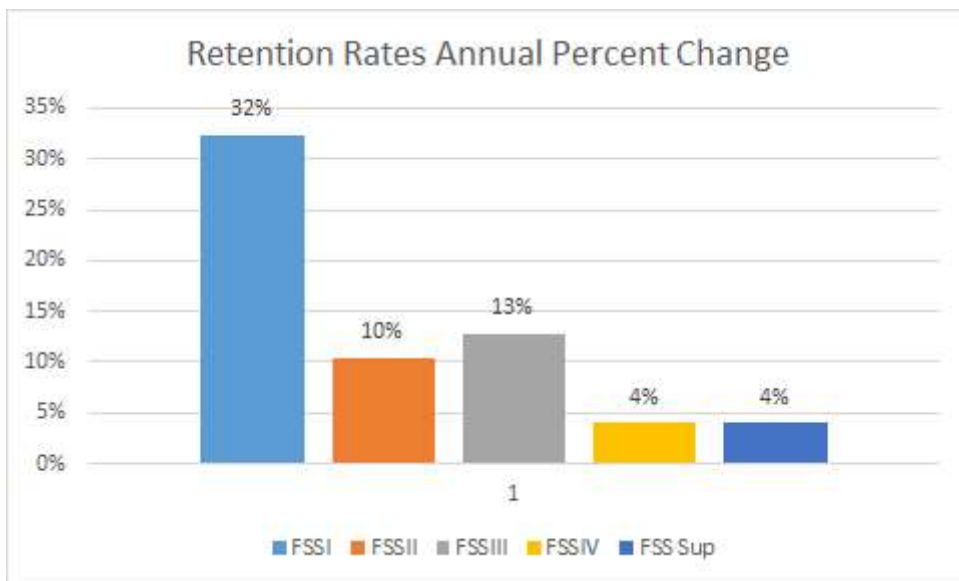


Regionally, retention rates are highest in Central (88%) and lowest in the Northern region, with Eastern and Western regions at 86% and Piedmont at 85%.



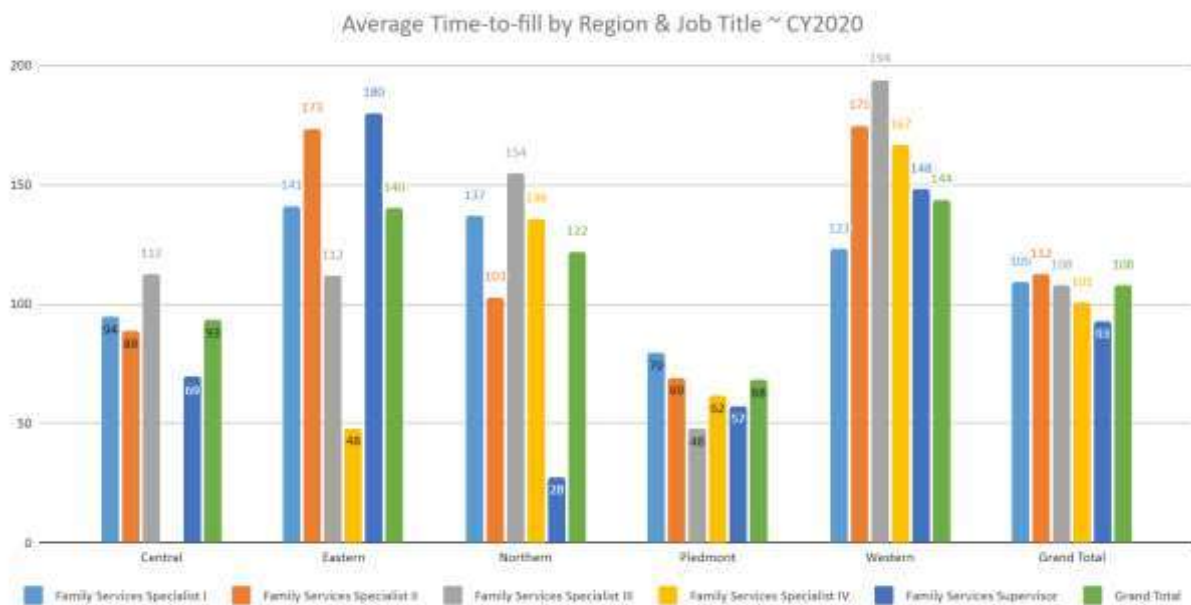
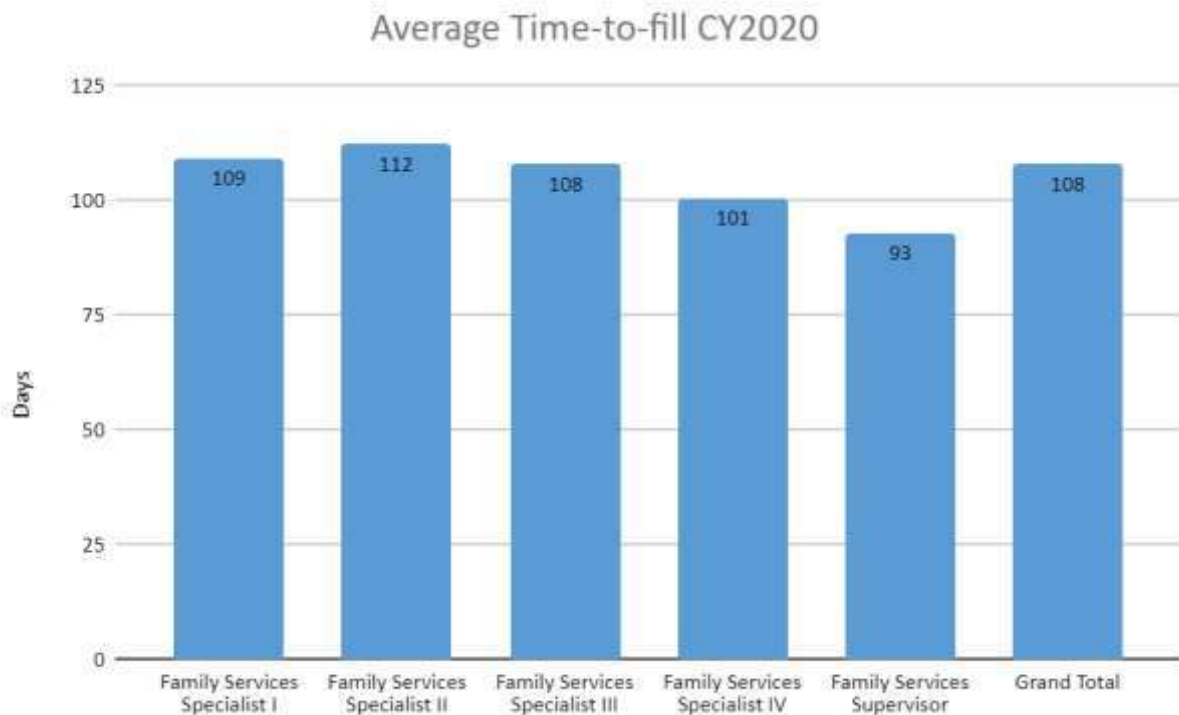
### **Retention Annual Percent Change**

Across all OTDs, retention rates increased in 2020 as compared with 2019 data. The greatest increase in retention was seen at the FSSI level, although retention increased in all FSS series OTD categories from 2019 to 2020. This could be in part due to the hiring freezes that many localities experienced due to COVID-19, or other factors yet unidentified.



### **Time to Fill**

The time it takes to fill positions impacts the efficacy of local department teams and services, with lingering vacancies putting pressure on existing staff. For 2020, filling the FSSII positions took the longest on average, and filling FS Supervisors positions was completed most timely. Average time to fill in local agencies for the FSS series was 108 days.



**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 the 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 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.

In 2020, 67 BSW and MSW students were enrolled in the CWSP across the five partner universities. Recruitment for the 2019-20 academic year was robust, with 143 applications received and 58 accepted, for an overall acceptance rate of 40%. A total of 48 CWSP students graduated in academic year 2020, of which 25% graduated with a BSW degree and 75% graduated with an MSW degree. These graduates have gained full-time, qualifying foster care and/or adoption employment throughout the five regions of the state: 19% in the northern region; 39% in the eastern region; 11% in the central region; 11% in the piedmont region; and, 19% in the western region of the state. In 2020, universities recruited for the 2020-21 academic year as well, receiving 136 applications and accepting 63 new students for a cross-cohort acceptance rate of 46%. These new students joined returning students to total 75 CWSP students for the academic year 2020-21. Forty-four of these CWSP students are set to graduate in May, 2021.

Three CWEEAP students (full-time LDSS employees) graduated in 2020, 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. In 2020, four slots were vacated due to students' pandemic-related barriers to remaining in school. DFS is recruiting currently to fill the remaining four slots for the 2021-22 academic year. Until increased state funds are available to facilitate more CWEEAP slots, the program will continue to offer 10 slots each year, anticipated to be filled by, 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. These committees are designed to support the CWSP and offer a mechanism for ongoing feedback and guidance on workforce needs and desired training topics relevant to the region served by the university. 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, address 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 2020, 25 LDSS and three child serving agencies across the state actively participated on a Regional Committee in their respective regions. Additionally, DFS staff works closely with the Professional Development Committee of VLSSE, which serves as a state-level advisory group. Regional Committees are instrumental in connecting CWSP graduates with LDSS child welfare vacancies, supporting interns in LDSS, and the program is recruiting strategically, and is responsive to agency needs.

VDSS continued to expand the use of technology for CWSP students in 2020, with expansion moving rapidly due to the in-person restrictions that resulted from the COVID-19 pandemic. The program quickly adapted meetings to virtual and webinar platforms for seminars, events, and trainings. This resulted in many university-specific CWSP seminars and events being opened up across cohorts, statewide. It has also resulted in creative solutions to programming, for instance case simulations, where the student is meeting virtually with a 'client', and a trained professional is coaching the student via an earpiece by phone. Technology, in addition to the flexibility and creativity of university partners, has made these innovations and adaptations possible. COMPASS and the CWSP continued to partner to provide iPads and related mobile technology training to second year, case carrying MSW stipend students in LDSS field placements. Many first year students in LDSS had the opportunity to receive COMPASS devices and training through their LDSS agencies, as a result of virtual work environments during their field placements and were had the opportunity to incorporate technology into their practice.

In 2020 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. George Mason University hosted a half-day training on Kinship Care on the intersection of domestic violence and child welfare, which was presented by Fairfax County Office of Domestic and Sexual Violence. The goals of the training aimed to provide the full CWSP cohort with: 1) a deeper and holistic understanding of domestic violence and the layers of power and control; 2) an understanding of how children and teens are impacted by witnessing domestic violence and intervening during a violent attack; and 3) tools to engage children, parents, and families who have experiences and/or perpetrated violence. University partners and DFS worked together to provide a virtual orientation to all students in the CWSP cohort in August 2020. This training provided a program overview and enabled them to interact with other students in breakout rooms in order to continue to bolster statewide cohesion among each new cohort.

Two CWSP University partners continue to offer new worker/CWSP alumni 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, helping to prepare new graduates for what to realistically expect as they enter their new roles. 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. In 2020, the groups began to meet virtually, which has allowed for statewide expansion to include all CWSP alumni who have a desire for peer support.

VDSS has expanded CWSP enrollment consistently each year of operation, with a 14% increase in enrollment between academic year (AY) 2018-19 and 2019-20; and, a 13% increase in enrollment between AY19-20 and AY20-21. VDSS continues to explore ways to secure funding to expand the CWSP/CWEEAP, which requires a state match to draw down federal IV-E dollars. VDSS continues to have interest in the CWSP from four prospective new university partners (Christopher Newport University,

Virginia State University, James Madison University, and Longwood University); however, without funding for the state match these prospective partners remain on hold. 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.

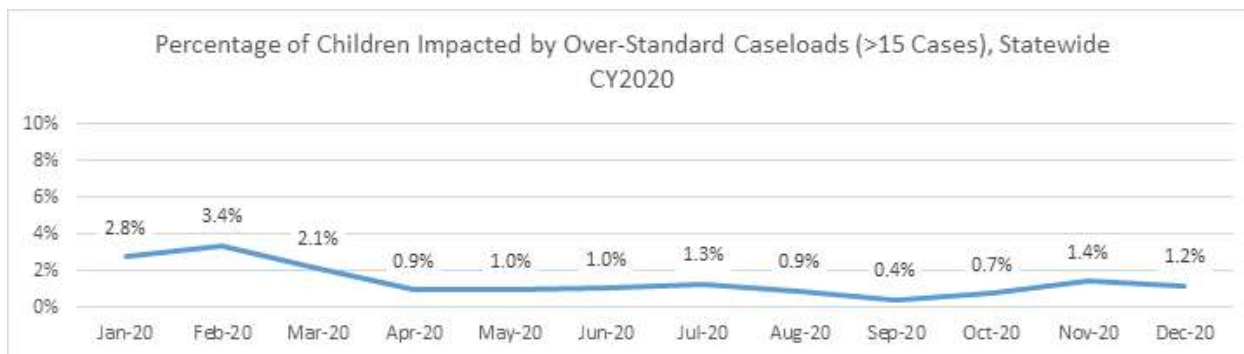
**Workforce Strategy 2.2** Based on provisions within S.B. 1339 specifically aimed at foster care caseload maximums, DFS continues to work with localities to ensure that, on average, caseloads do not exceed 15. DFS will provide technical assistance and capacity building support to agencies through an ongoing CQI process, Practice Consultants (existing staff members, with subject matter expertise in each program area), and Strategic Consultants anticipated to come on board spring 2021 (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.

#### 2020 Foster Care Caseload Standards:

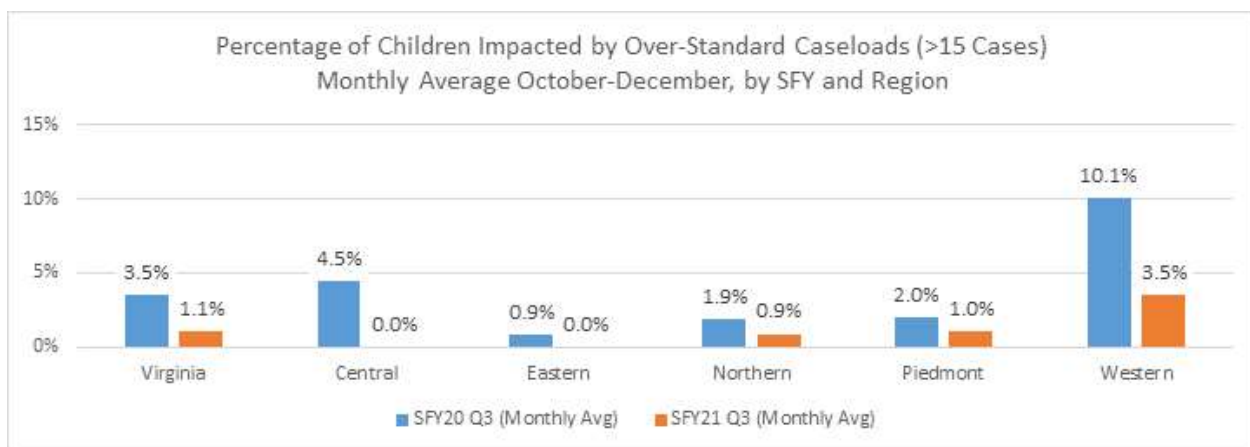
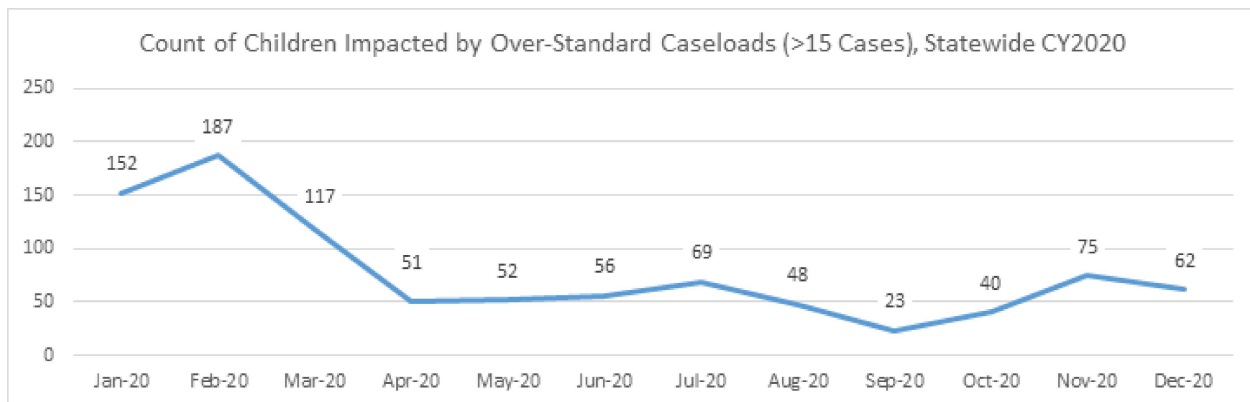
Caseloads have provided a consistent barrier to effective service provision as well as worker retention. DFS anticipated that a reduction of average caseloads to 15 or less among FSS will bolster the ability to retain the workers and improve the quality of services provided by those FSS. Compared with 2019 data, 2020 retention data does show improvement that may correlate with the notable drop in caseloads exceeding 15 cases in the past year. Data from calendar year 2020 indicates significant progress toward caseload reduction and in turn, a significant reduction in the number of children impacted by high caseloads, in terms of worker capacity and efficacy.

For CY2020:

- Statewide, the number of children impacted by workers carrying a caseload exceeding 15 cases has dropped notably in the last year, from a high of 187 children in February to a low of 23 in September.
- Comparing the monthly average of last quarter of CY2020 (October through December) to the same period in the previous year, all regions decreased their activity of over-standard caseload assignments to workers. Statewide, the percentage of children impacted decreased from 3.5% in 2019 to 1.1% in 2020. Central's and Eastern's averages fell to 0%, while Western decreased its percentage by 6.6 percentage points (3.5%).







Source: SafeMeasures Active Foster Care: Length of Stay (From Last Removal Date), 2/4/21 extract date

### **Supervisory Span of Control**

SB472 passed during the 2020 General Assembly, requiring the VDSS Commissioner to establish a workgroup to review the 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. The workgroup established consisted of local department Directors, Assistant Directors, and Program Managers from agencies of all sizes and from each of the five regions. The workgroup looked at national standards adopted by the CWLA and agreed that these standards were applicable to practice. The workgroup used input from the regional permanency consultants to get a baseline measurement of the number of current family services specialists to supervisor ratio and calculated estimates on how to meet the CWLA recommended 1:5 ratio. It was determined that approximately 43 new supervisor positions would be needed across the state of Virginia to achieve the 1:5 ratio in all 120 LDSS. The current average salary of a Family Services Supervisor in Virginia is \$71,301. After including fringe benefits, operating costs, and a one-time average cubicle cost, the total cost of a new Family Services Supervisor equals \$116,458.00 for the first year of hire. The estimated total amount of General Funds needed for 43 new supervisor positions would equal \$2,832,337. A final report with these findings and recommendations of the workgroup was submitted to the Chairmen of the Senate Committee on Finance and the House Committee on Appropriations.



**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.

With the COVID-19 onset and the need to convert all classroom training to virtual webinar platforms, limited work has continued on the new Leadership Institute established and implemented with twenty PIP agencies. The advanced leadership skills, including the Leadership Institute, is a part of the Phase Four: Advanced Skills and Leadership courses that are needing conversion. Once the Leadership Institute is fully converted and made available, we will follow-up with a training needs survey, in addition to each course completion survey, to receive data on the impact of the new Leadership Institute has had on increasing adaptive supervisory skills.

There is a new FUSION Supervision and Coaching Corner websites to provide additional training materials and resources. The Practice and Supervision Quick Guides were created as a component of Virginia's Leadership Institute. The Quick Guides are intended to promote ways to critically think through the complex information and processes of working with families and their networks. As the worker and the supervisor coordinate their practices through the use of the guides, individuals and teams develop deliberate and consistent adaptive skill sets. The guides are meant for a variety of best practices and approaches to child welfare work for workers and supervisors across the spectrum of child welfare programs. The Practice Quick Guides are for workers and provide an overview of the topic practice, provide areas for application, are structured approaches to implementing and provide a visual model with intentional language to use with families, children, and youth. The companion Supervision Quick Guides for supervisors provide an overview of the topic practice and ways to support workers in application, implementation, and continued development of skill/practice. The Supervision Quick Guide provides a parallel process of the specific topic, potential challenges, and intentional language to use with workers in supervision. Currently, the following Best Practice Quick Guides have been develop for the following topics: Solution-focused Questions, Three Houses, Safety Assessment, Protective Capacity, Safety and Support Circles, Safety Planning, Child and Family Team Meetings, and Behavior-Based Plans. Quick Guides are distributed and discussed in numerous topic specific related training sessions and will be included in In-Home Best Practices webinars and future training. Additionally, a special training was provided to the PIP agencies on the use of the Quick Guides in practice and the regional practice consultants will be using them in their regional communities of practice sessions.

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.

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

**Workforce 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 state. 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 the strategic plan (Strategic Consultants). The additional Consultants will work toward addressing special populations, including children placed in congregate care, and youth at risk of aging out of care, 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 the JLARC report and resulting legislation should make a positive impact in relieving some of the stressors that the workforce has experienced. Due to the COVID-19 pandemic, VDSS was on a hiring freeze from April through August 2020. Therefore, the full benefits of the legislatively provided staffing was not experienced this year. However, recruitment for the remaining unfilled JLARC positions began in late 2020 to fill vacancies and address the identified outcomes and target areas to the fullest extent possible. Through bolstered support around capacity building to achieve outcomes, intensive focus and support around recruitment of foster families, and full integration of a human services-wide CQI process, retention of staff should be positively impacted 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 Bill which were authorized and funded in 2019. The positions are as follows: five additional Permanency Consultants (one based in each state region); five Strategic Consultants (one based in each state region); five Resource Family Consultants (one based in each state region); one Resource Family 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 one out of five Permanency Consultants hired; five out of five Resource Family Consultants hired; one Resource Family 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; however, was halted in April 2020 due to the hiring freeze instigated by the pandemic. Recruitment for the Director of Health and Safety for Foster Care, five Strategic Consultants and four Permanency Consultants (the latter are supervised and recruited at the Regional Office level) is underway.

**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, and due to the hiring freeze aforementioned for the majority of 2020, the position remains unfilled. 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 unallotted later in the year due to COVID-19 fiscal impacts and budgetary constrictions. Once funded, the Office of the Ombudsman for Child Welfare will not reside under VDSS. Whichever state agency that houses the office will be responsible for hiring.

DFS currently provides analogous services for constituent concerns or complaints, 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** Moving out of the pandemic crisis era into more predictable work flows, DFS anticipates ability to again begin exploratory efforts toward the five priority areas for improving recruitment and retention, as identified by Organizational Development and DFS collaboration in the preceding year. 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, including continuing peer support groups sponsored by DFS university partners, George Mason and Radford Universities, with a base of stipend program graduates and extended to any interested staff in LDSS. With the ability to conduct these groups virtually due to the pandemic work environment shifts, these groups continue to thrive and participants anecdotally note the benefits. Efforts to engage in focus groups for the larger Child Welfare Stipend Program (CWSP) and to include assessing the benefits of these support groups are underway for 2021, as well as ongoing assessment for feasibility of spread. DFS also disseminated a 2020 statewide worker/supervisor/Director survey to gain insight into what supports are currently being provided to address secondary trauma in LDSS.

The 2020 Stakeholder Survey was sent out in mid-April 2020 and closed on May 14, 2020. 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). Workforce related questions included, *What is your agency doing to address secondary trauma;* and *What would provide better support to address secondary trauma?* Results indicated 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) and debriefing events held after a traumatic occurrence (43% n=143). Other methods through included 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).

While 2020 was largely devoted to supporting the workforce through the pandemic, providing personal protective equipment, designating workers as essential, rapidly revising practice guides and job aids to fit the needs of the crisis environment, and so forth, in 2021 DFS anticipates greater ability to again explore the survey recommendations gleaned from voices from the workforce, as well as Organizational Development's recommendations. As Virginia progresses through subsequent phases of the pandemic,

DFS should have increased capacity to revisit these suggestions from Organizational Development's research and the workforce's voice, to prioritize and implement innovations to support the workforce in a long term, sustainable way. In 2021, VDSS intends to begin efforts toward increasing equity, addressing disparities and disproportionalities in the workforce both within the Division and across local departments. For 2021, this will entail exploratory stages of designing workgroups, focus groups, collaborative task forces and sponsored initiatives reliant on lived experience voice, active participation from the workforce, and based on best practices for equity in the workplace, to gain an understanding of potential interventions to increase diversity, equity and inclusion for Virginia's child welfare workforce.

*College recruiting, career path/web, cluster recruiting:* Throughout 2020, DFS staff worked regularly with universities and local agencies to develop child welfare internships, support students and field instructors, and enhance learning experiences to bolster interest in and recruitment opportunities for child welfare positions at the state and within local departments. Risks and shifting workforce needs brought on by the pandemic initially posed significant barriers to field placements in local departments; however, as the year progressed, LDSS and university partners were able to re-establish capacity to place student interns, often providing remote services. DFS partners particularly with CWSP partner universities to host employment workshops, informational sessions, and panels for students to learn more about the profession. Stipend graduates are provided with vacancy information across the state; however, there is opportunity to further explore the development of incentives and pipelines for CWSP graduates to enter hard to fill agency positions. 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. CWSP partners and VDSS engaged in dialogue and planning sessions throughout 2020 to design effective ways to address equity in recruiting and retaining CWSP students reflecting diversity, equity and inclusion. In 2021, partners will continue to engage to better understand the recruiting gaps and needs at each university and within hiring procedures in local agencies to bolster and support a diverse and inclusive workforce.

*Addressing trauma:* In 2020, DFS worked significantly to support the workforce throughout the COVID-19 pandemic, including promoting and delivering self-care tools and resources; job aids and practice guides to adjust to virtual environments and the unprecedented stressors accompanying the crisis; and, collaborating with state and local partners, private providers and those with lived experience to design and publish myriad resources, prevention guides, PSAs, social media campaigns and toolkits to support the LDSS workforce. Efforts identified in 2019 and 2020 to address secondary trauma in the workforce will be revisited throughout 2021 as the pandemic phases shift and allow for more capacity. DFS is exploring 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 will also revisit initial 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' university partners continue to provide 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 developed a Leadership Institute and supervisory training courses to address this aspect of retention. DFS will revisit exploration of the potential to designate peer support networks and groups (piloted initially by stipend university partners for new workers) in the future toward supervisors, rather than solely new workers or recent graduates. As referenced, in 2020, DFS surveyed LDSS frontline workers, supervisors and administrators to solicit stakeholder input on a wide variety of topics. The two specific workforce questions asked pertaining specifically to how to best address secondary trauma produced feedback that will help to guide and inform approaches in the future to best support the 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).

#### *Workforce in CQI and Shared Accountability*

In 2018, the Joint Legislative Audit and Review Commission (JLARC) studied Virginia's foster care system, producing a series of recommendations for improvements: [\*Recommendations: Improving Virginia's Foster Care System\*](#). In response to this report, Senate Bill 1339 (S.B. 1339), also known as the Foster Care Omnibus Bill, passed in 2019, mandating requirements for a corrective action process, including ability for the Commissioner to assume temporary control of an agency's foster care services and related funding if the LDSS/local board fails to provide services. Guidance was drafted to address the legislative mandates and need for greater accountability for outcomes through joint VDSS-LDSS workgroups over the course of 2020. Over 30 local Directors co-created with VDSS staff the mechanisms for accountability to include assessments of workforce data, including turnover and time to fill statistics in local agencies, when determining root cause of poor outcomes or considering interventions for improving outcomes. The impact of workforce barriers and deficits on local agencies' ability to perform services is significant and the new guidance will formalize these criteria in the context of explicit plans enacted at the local level for improving targeted performance areas. Time to fill and turnover data will be regularly examined in the course of performing CQI at state, regional and local levels, with areas of improvement as well as correlates to safety and permanency outcomes identified.

CFSR items Requiring Measurement	PIP Baseline	Baseline Sampling Error	PIP Goal	MP 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11
Item 1 –Timeliness of initiating investigations of reports of child maltreatment	76.9%	0.10576 4658	87.5%	68%	69.6%	73.9%	71.4%	71.7%	69.7%	75.6%	82.6%	77.8%	83.7%	86.05%
Item 2 - Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	67.6%	0.10269 5604	77.9%	60.6%	60%	74.2%	71.4%	62.2%	48.8%	58.8%	77.1%	84.8%	82%	79.4%
Item 3 – Risk and safety assessment and management	48.6%	0.07646 3402	56.2%	50%	58.6%	58.6%	58.5%	60%	54.2%	51.4%	67.1%	71.4%	71.4%	78.5%
Item 4 - Stability of foster care placement	70.5%	0.08804 0698	79.3%	61.4%	72.7%	86.4%	70.4%	70.4%	77.2%	79.6%	88.6%	95.5%	88.6%	81.8%
Item 5 - Permanency goal for child	65.9%	0.09146 9348	75.1%	72.7%	72.7%	65.1%	74.4%	76.7%	54.7%	58.1%	81.4%	81.4%	79.5%	81.8%
Item 6 - Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	38.6%	0.09395 8765	48.0%	38.6%	34.1%	30.2%	27.2%	29.5%	36.3%	45.5%	56.8%	61.4%	61.4%	72.7%

Item 7 - Placement with siblings	63.2%	0.14165 0859	77.3%	55%	87.5%	92.6%	81.4%	79.3%	77.4%	76.9%	75%	74.1%	81.2%	90.4%
Item 8 - Visiting with parents and siblings in foster care	33.3%	0.09662 0974	43%	46.2%	51.6%	51.7%	51.2%	51.2%	48.7%	43.1%	51.2%	65%	81.1%	86.8%
Item 9 - Preserving connections	62.8%	0.09435 1576	72.2%	52.3%	52.3%	58.1%	60.4%	64.2%	76.1%	77.3%	68.2%	72.7%	86.4%	90.9%
Item 10 - Relative placement	46.5%	0.09736 1264	56.2%	52.4%	59.5%	58.5%	58.5%	60.4%	54.5%	58.1%	72.1%	72.7%	84.1%	93%
Item 11 - Relationship of child in care with parents	34.2%	0.09850 9078	44.1%	48.4%	47.6%	52%	50%	48.6%	43.2%	35.7%	42.9%	44%	56.8%	69.4%
Item 12 - Needs and services of child, parents, and foster parents	38.6%	0.07446 9600	46.0%	27.1%	30.0%	42.9%	32.8%	31.4%	28.5%	25.7%	37.1%	42.9%	46%	52.8%
Item 13 - Child and family involvement in case planning	35.3%	0.07417 8588	42.7%	29.9%	41.3%	43.8%	34.7%	40.5%	44.9%	42.9%	51.4%	54.3%	64.2%	81%
Item 14 - Caseworker visits with child	57.1%	0.07571 0050	64.7%	55.7%	65.7%	64.3%	61.4%	70%	75.7%	75.7%	82.9%	80%	77.1%	85.7%
Item 15 - Caseworker visits with parents	34.4%	0.07599 3421	42%	19.0%	22.4%	41.5%	41.5%	36.3%	33.3%	34.2%	42.9%	50.7%	62.1%	76.9%

Item 16 - Educational needs of the child	83.7%	0.07206 2207	90.9%	85.7%	87.8%	86.4%	82.6%	80.9%	80.9%	82.9%	83.7%	86.9%	89.5%	85.2%
Item 17 - Physical health of the child	72.2%	0.07801 8440	80%	72.7%	81.8%	90.4%	84%	72.5%	74%	75.4%	80.7%	81.5%	69.4%	72%
Item 18 - Mental/behavioral health of child	39.1%	0.09210 6121	48.3%	58%	76.6%	59.5%	52.1%	59%	55.3%	51.1%	62.2%	76.5%	74.5%	83.3%



### *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: OASIS (**Workforce Strategy 1**); 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). A description of Information Systems can be found beginning on page 94.

#### ***OASIS: Case 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. The existing legacy systems do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. 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.

#### ***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**). COMPASS|Mobile-Portal is connected to Virginia's current case management system (OASIS). As of the writing of this report, there are 1,744 COMPASS Mobile users. Over the past year, 1,430 users have logged into COMPASS|Mobile-Portal to access data and upload and print document that are not stored in OASIS.

#### ***Overview of CCWIS process***

DFS requires a CCWIS-compliant system. Once implemented, CCWIS will be fully compliant with state and federal requirements (**Workforce Strategy 1.4**). It will also provide uniform and reliable information about children currently being served by Virginia's child welfare system, supporting 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. 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.

VDSS continues to work towards LDSS workers having access to the CIP case-management system. The goal is for workers to retrieve court orders in a timelier manner (**Permanency Strategy Plan 2**). Access will allow workers to immediately utilize court orders to assist in locating relatives and extended family members for placement consideration (**Permanency Strategy 2.4**), make 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. 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 Strategy 2.1**)

**Percent of Cases with Case Plans Completed within 60 Timeframe  
CY2020**

	#	%
Total Children with Case Plans Completed During Timeframe	1,429	
Children with Goal Approved Within 60 Days After Removal	861	60%
Children with Goal Approved between 60 and 75 Days After Removal	461	32%
Children with Goal Approved More than 75 Days After Removal	107	7%
Average Number of Days after Removal	58 days	

Source: ROASIS, Active Foster Care Report - children entering care between Nov-2019 and Dec-2020, where 60 days available for dispositional hearing and goal approval during CY2019

A total of 1,429 children entered foster care for whom case planning should have occurred during CY2020. Sixty percent of these cases had hearings where a qualified goal was approved within 60 days of child removal, up from 50% in CY2019. Thirty two percent of these cases had a hearing where a qualified goal was approved between 60 and 75 days after a child's removal. Seven percent of these cases should have had a hearing where a qualified goal was approved during CY2020, but one did not occur in this timeframe. The average number of days after removal for plan approval is 58 days which is down from an average of 76 days in CY2019. Ninety-two percent of all cases had a goal approved by the court within 75 days of 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 the system 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 by Purpose of Meeting CY2020**

Meeting Purpose	CY2020 Totals	% of Total
Grand Total	6.730	100%
Concurrent Planning	137	2%
Concurrent Planning/Change of Goal	1,888	28%
Emergency Removal	644	10%

High Risk / Very High Risk Assessment Planning	3,008	45%
Permanency Planning / Change of Goal	121	2%
Placement/Placement Change	932	14%

Source: SafeMeasures Family Partnerships Meetings in Year

There were a total of 2,566 Child and Family Team Meetings purposes recorded for calendar year 2020. A meeting could have more than one purpose, therefore only the meeting purposes are displayed here. The meeting purposes have been grouped by topic area.

#### **CFTM by Purpose of Meeting CY2020**

Adoption	9
Court	68
Concurrent Planning	58
Contact with parent or custodian	331
Medical	20
Case Consultation/Staffing	200
Education	16
Placement	76
Progress Report	248
Service Planning	415
IL/Transition Planning	16
Worker Visit	187
Visitation	19
High/Very High Risk Assessment Planning/Safety Assessment	74
Permanency Planning/Change of Goal	41
Other	794

Source: SafeMeasures Child and Family Team Meetings in Year

Overall, there has been a 14% decrease in the number of Family Partnership Meetings and Child and Family Team Meetings from CY2019 to CY2020. Challenges associated with the COVID-19 pandemic are attributed to this decline.

#### ***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

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

Once the case is at initial foster care review, the date for the next hearing is scheduled at the conclusion of the current hearing. For example: the four-month foster care review is scheduled at the conclusion of the dispositional hearing. The date for the initial permanency planning hearing is set at the end of the four-month foster care review. The date for the second permanency planning is set at the end of initial permanency planning, if an interim plan is approved at 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, CY2020**

	<b>CY2020 Monthly Average % Current</b>
60 Day Dispositional	92%
Administrative Panel Review	92%
Court Review	86%
Permanency Planning	89%

Source: SafeMeasures, AFCARS-Approved Court Hearing Status report

All of these court hearing statuses have declined slightly from the CY2019 averages. The 60 day dispositional was at 96% and the Administrative Panel Review was at 97%. Court Reviews were at 92% and Permanency Planning hearings were at 91%.

Working with Virginia CIP, VDSS has reviewed continuance data for permanency planning cases and termination of parental rights (TPR) cases since the beginning of the COVID -19 pandemic. A Declaration of Judicial Emergency began on March 16, 2020. The Declaration suspended all non-essential, non-emergency court proceedings in circuit and district courts and tolled and extended all deadlines. Many Juvenile and Domestic Relations Courts closed due to illness throughout 2020 and many shifted to

virtual hearings. The Declaration has been extended several times, with the most recent extension occurring on March 15, 2021.

The Juvenile Case Management System (JCMS) does not collect the reason for continuance of a court hearing. In reviewing a report covering cases with hearings dated between March 16 and June 28, 2020, VDSS found that permanency planning and TPR hearing continuances increased (56%) and hearing finalizations (i.e., final order entered) decreased (15%) compared to the same time last year. Continuances were by agreement of all parties in 93.9% of the cases. The data showing continuances and finalizations of permanency planning and termination of parental rights hearings by date indicate that courts and parties adjusted during the Judicial Emergency, moving from higher continuance and lower finalization rates at the front end of the period under review and approaching 2019 levels by the 3rd 4-week period after the Declaration of Judicial Emergency (approximately May 11, 2020 to June 5, 2020). VDSS has requested updated information and Virginia CIP is currently working on processing that request.

#### *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.) 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. The initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed at the disposition hearing, which is held within 60 days of the child’s placement in foster care in cases of abuse or neglect and at-risk of abuse or neglect, or within 45 to 75 days of filing a petition for approval of an entrustment agreement. These timeline requirements support a permanency hearing being held within 12 months of a child entering foster care.

##### ***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. The board must 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 for Children with the Goal of Adoption  
(CY2020)**

<b>TPR Status</b>	<b>#</b>	<b>%</b>
Total Children in Care with Goal of Adoption Under 18	2,652	
Not Filed	306	11.5%
Filed- Not Ordered	34	1.3%
Denied	11	0.4%
Parent Missing TPR	85	3.2%
Ordered- With Appeal	168	6.3%
Ordered- Not in Adoptive Placement	777	29.3%
Ordered- Pre-Adoptive	361	13.6%
Adoption Non-Finalized	910	34.3%

Source: SafeMeasures TPR Status report

Compared to CY2019, there were fewer children where a TPR had not been filed; 366 in 2019 compared to 306 in 2020. There are slightly more children in 2020 with a TPR ordered than in 2019, with the largest difference shown with TPR ordered – not in an adoptive placement. For 2019 there were 906 children not in an adoptive placement, with 777 children in 2020 in that same category. There are fewer parent missing TPR in 2020, 85, with 121 parents missing TPR in 2019. There are more TPRs filed but not ordered in 2020, 34, with 17 in 2019. The number of TPR denied are 10 and 11 in 2019 and 2020 respectively. Below is a table describing the TPR status for children who do not have the goal of adoption. As noted, 19% of children without the goal of adoption do not have a petition filed or exception noted.

**TPR Status for Children Not with Goal of Adoption in Care for 15 Months+  
(CY2020)**

<b>TPR Status</b>	<b>#</b>	<b>%</b>
Total Children in Care Not with Goal of Adoption	2,378	
No Petition for TPR Filed and No Exception Noted	452	19%
Petition for TPR Filed	497	20.9%
Pre-Implementation – No Petition or Exception	1,429	60.1%

Source: SafeMeasures TPR Status report

**Timely TPR and Timely Permanency Planning Hearings**

	<b>CY2020 Monthly Average</b>
<b>% children with Timely TPR Petitions</b>	51%
<b>% children with Timely Permanency Planning Hearings</b>	92%

*Timely TPR Source: SafeMeasures®, TPR Status*

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

There is not much variation with these percentages between CY2019 and CY2020. In CY2019, 53% of children had timely TPR petitions and 91% of children participated in a timely permanency planning hearing.

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. Language in subsection 16.2.6.5 of the Foster Care chapter of the Child and Family Services manual was added to 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.

Senate Bill 472 (SB 472), effective July 1, 2020, required LDSS to submit documentation when an exception to the requirement to file for TPR at the 15 month mark was claimed. SB 472 required VDSS to compile this information and publish an annual, de-identified report of any errors for LDSS claiming an exception as well as create a training plan to address any errors. Once the yearly annual report is produced, VDSS will include that data in the APSR. As part of these ongoing efforts, VDSS has created a monthly report in SafeMeasures to monitor children and youth in care who are approaching 15 months in care. The preliminary report in SafeMeasures shows that since implementation of this requirement (July 2020) to submit exception reports to regional consultants when not filing for TPR, there were 497 children who reached 15 months in care and who the agency did file for TPR. Since July 2020, there were 452 children who reached 15 months who the agency did not file for TPR. In 2021, VDSS will be releasing a final TPR at 15 months SafeMeasures report, along with an additional requirement in the child welfare information system to document these exception reports, to LDSS staff as a resource to track and monitor their cases specific to this requirement.

LDSS that do not file for TPR when a child has been in care for 15 out of the last 22 months must submit a report to the regional practice consultant within five business days. This requirement began July 1, 2020. Of the reports received, consultants noted that in 82.4% of cases ongoing efforts to engage parents or prior custodians was a strength. Also noted, consistent concurrent planning throughout the life of the case and appropriate transition planning for older youth were identified as recurring needs.

The COVID-19 pandemic has caused a delay in achieving permanency for some children and youth as evidenced by these reports. Of the reports received, 44.4% indicated the pandemic caused a delay in achieving permanency because of services were unavailable or visitation was suspended. The majority of decisions (88.9%) not to file for TPR are based on the exception of a compelling reason and TPR is not in the best interest of the child. Out of the exceptions claimed, 62.5% fell into the category that “parent has made substantial progress toward eliminating the problem that caused the child’s placement in foster care; it is possible for the child to safely return home within six months, and the child’s return home will be in the child’s best interest.”



### ***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](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. Virginia CIP created a benchcard binder for each Virginia J&DR district court judge. Virginia CIP has notified all guardians ad litem for children (who also serve as parents’ counsel), counsel for LDSS, and the state CASA program coordinator (for distribution to Virginia’s CASA network) about the availability and how to access them online.

### ***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.

Reviews include interaction with staff, supervisors, and the local department director. They included debriefing meetings where findings are discussed with agency leadership and staff. After the debriefing, regional consultants may connect the LDSS with a regional practice 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, and 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 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, Virginia has been able to build its process requiring 10% secondary oversight of CFSR cases; a reduction from last year at 25% secondary oversight, demonstrating continued federal confidence in the process and skill of reviewers. The results of the CFS 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 around: 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. A portion of the VDSS CQI process work is being done to create written policies, practices, and procedures describing foundational administrative CQI structure.

In response to the COVID-19 pandemic, QAA established an electronic review process, in coordination with the LDSS in March 2020. The QAA team ceased in person contact following the DFS COVID-19 guidelines for face-to-face interaction. The QAA team utilized the COMPASS|Portal and OASIS platforms to search hard file information and continued to use the structured interview process to gain information not retrieved in the hard file case review. For agencies that had difficulties uploading cases into the COMPASS|Portal, electronic case files were scanned and emailed using encryption software. In lieu of face-to-face communication, the QAA Consultants used doxy.me as a virtual meeting platform to conduct interviews and hold conversations with the localities. Doxy.me permitted the QAA staff to have conversations with the locality and the case participants in a platform that was dependable and confidential.

### **2021 updated process**

The QAA Team, in order to further integrate the current QAA review process into the CQI model (**CQI strategy 3.3 and 3.5**), 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 for every 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 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.

In response to the COVID-19 pandemic, QAA established an electronic review process, in coordination with the IT Portfolio team, to continue the review of new foster care funding cases effective October 2020. Prior to October 2020, agencies scanned and emailed electronic case files using encryption software. QAA Consultants utilized the COMPASS|Portal and OASIS platforms to maximize time and manage efforts while continuing to conduct electronic case reviews. All title IV-E case files were required to be converted to an electronic file, and the COMPASS|Portal was the recommended platform. A COMPASS|Portal Title IV-E Naming Convention document was created that detailed the location documents should be uploaded in the COMPASS|Portal, and how they should be named.

For agencies with an established electronic eligibility file that QAA has remote access to, QAA continued with the virtual review process already in place. For agencies that had difficulties uploading cases into the COMPASS|Portal, electronic case files were scanned and emailed using encryption software.

### **Virginia Child and Family Services Reviews**

The VDSS recognizes the relevance of data in driving improved outcomes at the local level. The Virginia Child and Family Services Review (VCFSR) was established in 2019, and installed in 2020. While 2020 offered a scaled back version of the planned VCFSR schedule due to COVID-19 restrictions, the QAA Team implemented the strategies set forth in the 2019 APSR.

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 selection of cases for the VCFSR follows the same criteria for selection as the PIP CFSR. The VCFSR gives each department the opportunity to know how well they are functioning with regard to their child welfare case practices. The VCFSR utilizes the federal CFSR Online Monitoring System (OMS) and Online System Review Instrument (OSRI) allowing for detailed reports, better capturing trends resulting from agency practice. The QAA team reviews automated data, hard file documents, and conducts an interview with the assigned case workers or designee to secure the most accurate and up to date information. Each local department participates in a thorough and comprehensive exit conference process with the reviewer to discuss the cases' strengths and areas needing improvement. During the exit conference process, the LDSS will receive valuable and relevant feedback on current practice that is aligned with best practice.

VCFSR have been conducted using the electronic review process described above.

### **IV-E Review**

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 been added to the local agency dashboard. 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 the 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 Virginia.

As part of the QAA review system, the QAA team reviews and validates the eligibility determination made for every child and youth that enters foster care. The QAA team reviews every new foster care funding determination made in the previous three months. In addition to the new foster care funding determinations, the QAA team also reviews a percentage of ongoing cases, based on the previous year's review outcome, 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 new case validation. This review process is known as the quarterly QA review. The findings for both new foster care funding determinations and ongoing cases are reported to the local departments quarterly providing the number of cases reviewed, number of IV-E errors found, and an error percentage. The data is provided by region and by LDSS.

The QAA team changed the way IV-E errors were reported in the quarter that ended December 2020. Beginning with that quarter, findings for both new foster care funding determinations and ongoing cases were combined. Errors that could be found include agency practice errors, OASIS errors, and AFDC errors. Comparing the quarter that ended in December 2019 to the quarter that ended in December 2020, QAA reported some improvement in the accuracy of title IV-E eligibility decisions across the state. The percentage of both new foster care funding determinations and ongoing cases that had an AFDC error found during the reviews fell from 4.73% to 1.63%. By combining findings for the purpose of quarterly reporting, the combined total error percentage of cases that had an error found during the review increased from 8.86% to 9.12%. **(CQI strategies 3.3 and 3.5)**

As a result of the COVID-19 pandemic, the QAA Team rescheduled 51 of the 101 previously scheduled reviews. Twenty-four reviews were rescheduled to 2021, another 24 reviews were rescheduled and completed in 2020 and three were rescheduled but not completed in 2020.

### **Congregate Care Review**

The QAA team provided a second level review of all congregate care placements for youth in care. Planning for the Congregate Care (CC) review stemmed from the JLARC's 12th recommendation to "review, at least annually, the circumstances of every child in foster care who is placed in a congregate care setting, and identify children for whom such a placement is not justified by their needs". This plan was implemented in three phases along with the CQI Data Unit, QAA Team, and the Permanency

Practice Consultants. The CC planning team implemented a strategy to look at each congregate care case through a three tiered review process, considering the number of youth in congregate care, their length of stay, age, and diagnosis. The first stage of review was a data pull from the CQI unit, compiling all youth that met the criteria set forth by the CC review group. The second stage of review was completed by practice consultants, who were looking at cases that were “flagged” for multiple negative data points, i.e. no diagnosis, in care for more than 36 months without a permanency goal documented in OASIS, and youth under the age of 12 in congregate care. The third level of the review was completed by the QAA Team, looking at each case for specific details related to age, time in care, diagnosis, and other variables found in the cases not eliminated from the data pull, or reviewed by the practice consultants. **(CQI Strategy 3.5-3.6)**

During CY2020, and in three phases, the QAA team reviewed 1,306 cases. The information gained in these reviews was used to provide regional and statewide data to the localities, the CQI Unit, and Practice Consultants. The focus of the review is to provide the various participants with concrete information so that decisions can be made about what is needed to move each qualifying child forward to permanency.

The QAA Team used a tool designed to collect quantitative and qualitative data from OASIS. The quantitative data consisted of information such as regional and demographic data, foster care episodic data, quantity and duration of contacts with the youth and parent(s) with the caseworker, and age range of youth. The qualitative data consisted of diagnostic and medication data, contact with the youth and parents to assess quality and convenience, court detail, and any reasons for circumstances mitigating requirements in guidance about length of stay. This data was then put into spreadsheets and was made available for access by the CQI, CC and Permanency Team.

### **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 QAA team has constructed a document that 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. During each quarter, the QAA team compiles all OSRI data and creates a data summary and data slides for the PIP meeting. This is shared with all program managers and regional practice consultants. This data is then incorporated in most program discussions,

webinars, and regional meetings with LDSS. The data is sent to the PIP teams, and placed on FUSION so that the data can be accessed statewide.

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 Office of Research and Planning and provides reports directly from the state electronic case-management system OASIS. 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 obtains 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 Risk referrals. The results 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.

In CY2020, Family Services training provided 279 classes from January 1, 2020 to December 31, 2020, with a total of 3,758 completions. With the COVID-19 crisis, these statistics are greatly reduced from the statistics in CY2019 of 703 events, and a total of 9,008 completions. CY2019 saw the highest number of events and completions of training in recent history. The necessary time it took to convert the training curriculum to a virtual platform and the need to have more than one trainer to deliver the virtual training webinars, reduced the total number of training offerings in CY2020. In contrast, the total number of completions of online courses in CY2020 was 17,963 up from 15,532 for CY2019.

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
- CWSE4050: Psychotropic Medications and the Child Welfare System

##### **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
- 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

**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
- CWS4020 Engaging Families and Building Trust-Based Relationships
- CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5011: Case Documentation
- CWS5307 Assessing Safety, Risk & Protective Capacity
- CWSE6010: Working with Families of Substance Exposed Infants

**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
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- 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 FY2020 for the preservice trainings for permanency and CPS workers.

<b>FAMILY SERVICES ONLINE COURSES</b>	<b>Total Completions</b>
VDSS - CWSE1002: Exploring Child Welfare (Module 1) - 1 hour	482
VDSS - CWSE1002: Exploring Child Welfare (Module 2) - 1 hour	484
VDSS - CWSE1002: Exploring Child Welfare (Module 3) - 1 hour	467
VDSS - CWSE1002: Exploring Child Welfare (Module 4) - 1 hour	465
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 1: Introduction) - .5 hours	200
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 2: Intake) - .5 hours	364
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 3: Search and Merge) - .5 hours	341
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 4: Family Assessments) - .5 hours	315
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 5: Investigations) - .5 hours	165
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 6: CPS Ongoing) - .5 hours	174
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 1: Introduction) - .5 hours	318
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 2: Opening Cases and Recording Pertinent Information) - .5 hours	148
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 3: Search and Merge) - .5 hours	292
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 4: Documenting Placements and Funding) - .5 hours	276
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 1: Introduction and Intake) - 1.5 hour	340
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 2: Safety Assessment) - 1.5 hour	312
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 3: Risk Assessment) - 1.5 hour	312
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 4: Family Strengths and Needs Assessment) - 1.5 hour	309
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 5: Risk Re-assessment) - 1.5 hour	309

<b>FAMILY SERVICES ONLINE COURSES</b>	<b>Total Completions</b>
VDSS - CWSE3030: Normalcy for Youth in Foster Care - 1.5 hour	333
VDSS - CWSE4000: Identifying Sex Trafficking in Child Welfare - 1.5 hour	301
VDSS - CWSE4015: Introduction to Trauma-Informed Child Welfare Practice - 1.5 hour	428
VDSS - CWSE4050: Psychotropic Medications and the Child Welfare System - 1.5 hour	410
VDSS – CWSE5011: Case Documentation	541
VDSS - CWSE5692: Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect - 1.5 hour	636

<b>FAMILY SERVICES INSTRUCTOR LED COURSE LIST</b>	<b>Total Completion</b>
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development - 2 days	142
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice - 2 days	173
VDSS - CWS1041: Legal Principles in Child Welfare Practice - 1 day	170
VDSS - CWS1061.1: Family Centered Assessment in Child Welfare - 2 days	186
VDSS - CWS1071: Family Centered Case Planning - 2 days	165
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving - 2 days	188
VDSS - CWS2000.1: Child Protective Services New Worker Training with OASIS - Blended 4 days	320
VDSS - CWS2010: CPS Ongoing Services - 2 days	48
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services - 3 days	162
VDSS - CWS2020: On Call for Non-CPS Workers - 1 day	120
VDSS - CWS2021: Sexual Abuse - 2 days	77
VDSS - CWS2031.1: Sexual Abuse Investigations - 3 days	45
VDSS - CWS2141: Out of Family Investigations - 2 days	87
VDSS - CWS3000: Foster Care New Worker Training With OASIS - 4 days	276
VDSS - CWS3010: Adoption New Worker Training With OASIS - 2 days	115
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships - 2 days	45
VDSS - CWS3041: Working With Children in Placement - 2 days	140
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections - 2 days	31
VDSS - CWS3071: Concurrent Permanency Planning - 1 day	16
VDSS - CWS3081: Promoting Family Reunification - 1 day	33
VDSS - CWS4015: Trauma-Informed Child Welfare Practice:: Identification and Intervention - Blended 2 day	95

<b>FAMILY SERVICES INSTRUCTOR LED COURSE LIST</b>	<b>Total Completion</b>
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships - 2 day	209
<b>VDSS - CWS5011: Case Documentation - Blended 1 day</b>	119
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	64
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare - 2 days	240
VDSS - DVS1001: Understanding Domestic Violence - 2 days	75
VDSS - DVS1031: Domestic Violence and its Impact on Children - 2 days	61

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 ask to complete the Individual Action/Learning Plans. These course specific plans are a tool to document the learner’s self-assessed strengths in mastering new materials and identify possible issues to follow-up on in the field, along with identified support and resources to enhance their learning
- b) Field Practice Activities in New Worker Policy Training – following the end of the second day of 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 has been created to develop foundational and advanced training for all supervisors. **(Workforce 3.1)** Phase 1: Foundational Supervisor Series is now five two-day training classes including 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.

With the COVID-19 onset and the need to convert all classroom training to virtual webinar platforms, limited work has continued on the new Leadership Institute established and implemented with the twenty PIP agencies. The advanced leadership skills, including the Leadership Institute, is a part of the Phase Four: Advanced Skills and Leadership courses that are needing conversion. Once the Leadership Institute is fully converted and made available, the Training Unit will follow-up with a training needs survey, in addition to each course completion survey, to receive data on the impact the new Leadership Institute has had on increasing adaptive supervisory skills.

There is a new FUSION Supervision and Coaching Corner websites to provide additional training materials and resources. The Practice and Supervision Quick Guides were created as a component of Virginia's Leadership Institute. The Quick Guides are intended to promote ways to critically think through the complex information and processes of working with families and their networks. As the worker and the supervisor coordinate their practices through the use of the guides, individuals and teams develop deliberate and consistent adaptive skill sets. The guides are meant for a variety of best practices and approaches to child welfare work for workers and supervisors across the spectrum of child welfare programs. The Practice Quick Guides are for workers and provide an overview of the practice topic, provide areas for application, are structured approaches to implementing and provide a visual model with intentional language to use with families, children, and youth. The companion Supervision Quick Guides for supervisors provide an overview of the practice topic and ways to support workers in application, implementation, and continued development of skill/practice. The Supervision Quick Guide provides a parallel process of the specific topic, potential challenges, and intentional language to use with workers in supervision. Currently, the following Best Practice Quick Guides have been developed for the following topics: Solution-focused Questions, Three Houses, Safety Assessment, Protective Capacity, Safety and Support Circles, Safety Planning, Child and Family Team Meetings, and Behavior-Based Plans. Quick Guides are distributed and discussed in numerous topic specific related training sessions and will be included in In-Home Best Practices webinars and future training. Additionally, a special training was provided to the PIP agencies on the use of the Quick Guides in practice and the regional practice consultants will be using them in their regional communities of practice sessions.

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.

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

Summary of classroom survey responses:

Measure	Average
Response rate	44%
Overall effectiveness of course	4.2
Understanding before course	3.1
Understanding after course	4.1
Will improve my ability to perform	4.3
Stated learning objectives achieved	4.4
Job aids effectiveness	4.3
Classroom training tools effectiveness	4.2

Scored on a Likert scale of 1-5, where 1 is lowest and 5 is highest

Summary of new webinars responses:

Measure	Average
Response rate	46%
The web training instructions were clear and helpful	4.6
The web training tool was easy to use	4.6
The stated learning objectives for this training was achieved	4.6
The course content will improve my ability to perform my responsibilities	4.5
The course materials and job aids I received will be useful in the field	4.5
The trainer(s) presented information in a clear and well-organized manner	4.6
The trainer(s) related the training to direct practice in the field	4.7
The training was effective	4.5
I would recommend this training to others	4.5

Scored on a Likert scale of 1-5, where 1 is lowest and 5 is 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 training, 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.

#### *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 state. Training is composed of two major components: pre-service training and in-service training. Providers are required to complete pre-service 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 in foster care. The pre-service training includes specific core competencies consistent with the parent resource for information, development and education (PRIDE) pre-service curriculum. The core competencies include: protecting and nurturing children; meeting children's developmental needs and addressing their delays; supporting relationships with birth families; connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and working as a member of a professional team. PRIDE is 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.

The Foster and Adoptive Parent Home Approval Standards (22VAC40-211) require both pre-service and ongoing training. In-service training is for current foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. Families are surveyed no less than bi-annually to determine training needs. Although a specific number of hours is not required, guidance recommends that 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.)

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 Resource Family 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. Additionally, DFS provides the Community Resource, Adoption and Foster Family Training (CRAFFT) program to support LDSS with foster and adoptive parent training. 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 curricula used are the PRIDE training curriculum and *A Tradition of Caring* (Kinship PRIDE).

CRAFFT delivers state-wide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each LDSS. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or *A Tradition of Caring* training. CRAFFT staff serve as PRIDE co-trainers with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT coordinators also conduct the following activities:

- 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; 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 state 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. 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, bridging communication between CRAFFT, LDSS, and community partners. These 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 capacity for offering training more frequently. The table below describes the training for fiscal year 2020 for foster and adoptive families.

<b>Region</b>	<b>PRIDE/Traditions of Caring hybrid pre-service training sessions</b>	<b>Foster/adoptive in-service training sessions</b>	<b>1-on-1 pre-service training sessions</b>	<b>Number of participants</b>
Central (position vacant for quarters 1 and 2)	15 sessions	0 sessions	0 sessions	55 participants
Piedmont	77 sessions	15 sessions	0 sessions	513 participants
Northern	72 sessions	10 sessions	0 sessions	374 participants
Western	67 sessions	4 sessions	0 sessions	244 participants
Eastern	57 sessions	7 sessions	0 sessions	293 participants
Total	288 sessions	36 sessions	0 sessions	1,479 participants

Throughout the pandemic, CRAFFT coordinators utilized virtual meeting platforms to conduct pre-service trainings for Virginia's kinship families and prospective foster and adoptive foster families. Use of virtual platforms allowed coordinators to hold PRIDE series more frequently and to include larger numbers of families. The pandemic limited the 1-on-1 pre-service training sessions and foster/adoptive in-service training sessions. In 2019 there were 119 1-on-1 sessions and 62 in-service sessions. During 2019, there were vacancies in the western and eastern regions. Filling those positions allowed for a significant increase in pre-service training sessions in those regions.

CRAFFT coordinators also revised CWS 3101 Introduction to PRIDE and CWS 3103 Mutual Family Assessment in accordance with revised and updated Resource, Foster and Adoptive Family Home



Approval Guidance. Beginning in October 2020, CRAFT coordinators and Regional Resource Family Consultants have offered both curriculum in each of Virginia's 5 regions. During 2021, both CWS 3101 and 3103 will be offered monthly to ensure that all local department staff charged with training and assessing kinship, foster and adoptive families have access to preparatory trainings.

#### *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 most recent survey, 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](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	

PIP Strategies 2.3. and 3.1 include a focus on LDSS and community partnerships to address the array of services and funding for services. Key activity 2.3.3 instructs local departments to collaborate with partners and maximize the use of funding sources; such as Medicaid and PSSF, to address service needs, gaps, and barriers. PIP localities heard a discussion by Dr. Alyssa Ward, Behavioral Health Clinical Director, DMAS and Dr. Alexis Aplasca, Chief Clinical Officer at the February PIP meeting about Medicaid expansion. Medicaid expansion in Virginia seeks to progressively build a full continuum of evidence-based, trauma-informed and prevention-oriented care that focuses on bolstering resiliency and recovery. The presentation covered 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. The services are: Partial Hospitalization Program (PHP), Program of Assertive Community Treatment (PACT), Multi-Systemic Therapy (MST), Intensive Outpatient Program (IOP), Comprehensive Crisis Services (Mobile Crisis, Intervention, Residential, 23Hr Observation), and Functional Family Therapy (FFT). Funding for MST, FFT, and PACT were scheduled begin in January 2021 and the remaining services beginning in July 2021. Due to the COVID 19 pandemic, this roll-out has been delayed. Several localities indicated the presentation was the first time hearing that Medicaid may be able to cover several of the services.

The service array workgroup developed a Strengths, Needs, Gaps, and Barriers Guide to help local departments assess and determine what is needed to provide appropriate services in their community. The guide is broken into several sections. The first section provides instructions on how to focus an assessment, convening a workgroup and engaging stakeholders, collecting and analyzing data, and using data to guide decision making. The guide also includes a resource directory and a sample survey that could be used. Medicaid eligibility and expansion is included in the guide. The guide was reviewed during the September PIP meeting and posted to the intranet site for use by any locality.

In addition to Medicaid funding, PIP localities explored the use of PSSF funds. The service array workgroup created a PSSF inventory tool that was introduced at the September 2020 PIP meeting. This tool includes questions:

- How does your agency track and monitor use of PSSF expenditures, CANS data/CSA expenditures, and Medicaid to support PIP outcomes?
- How does your agency use PSSF data/expenditures and other community assessment data (i.e. LDSS Profile report that includes population demographics, benefit demographics, and unemployment rates) to ensure a racial equity lens is applied in decision making?
- What internal process for monitoring will be used? What internal process for adjustments will be made?
- Who will be responsible for communicating progress to the LDSS Core Team and entire staff?

Practice consultants have worked with local departments to examine how they are using PSSF funds and how to integrate PSSF expenditure decisions into the CSA structure. Two PIP localities shared innovative ways they are utilizing PSSF funds for safety services, child care, visitation, and providing needed resources to families that remove barriers to reunification. (**Prevention Strategy 3.1, 3.3**)

Key Activity 3.1.1 focuses specifically on services for reunification. The PIP includes local departments revising guidance around visitation to include considerations of alternative locations for visitation, use of “family time” language, using teaming in developing family time plans with a regular review of those plans. Family Time examples and language were included in the Strengths, Needs, Gaps and Barriers Guide that was developed for PIP localities. Additionally, Virginia Beach Department of Social Services

shared information about their Family Time program. The presentation included resources such as: birth mother and birth father assessment forms, child assessment form, a visitation plan guide, an excel spreadsheet for developing a visitation plan, the family partnership meeting brochure, and the power point used for training staff on Family Time.

The current pandemic had a significant impact in the service delivery to children and families for 2020. In March of 2020, Governor Northam issued a stay-at-home order that only permitted people to leave their homes for essential activities. Families experienced housing and financial instability, children were unable to attend in-person school and families became isolated due to not being able to leave their home. Services previously provided in-person had to be temporarily stopped until agencies could safely provide the services in a virtual setting or the risk of exposure to in-person service delivery had been reduced. During 2020, Virginia spent \$220,344.52 less PSSF funds than in 2019 correlating to the challenges and underspending reported by local agencies. Challenges experienced by staff included the closure of agency buildings, unable to locate families, children and families being placed in quarantine, shifting in-person settings to virtual, and providing education to families on how to operate technology needed to attend meeting and services virtually. In addition, localities were able to access CARES funding to assist localities with meeting family needs associated to the pandemic.

VDSS supports six locally-established Kinship Navigator Programs throughout Virginia. The local programs serve 40 localities (33% of the state). 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. Between July 1, 2019 and June 30, 2020, 2-1-1- Virginia provided 112 referrals to the six kinship navigator programs. Between October 2020 and April 2021, 13 calls have been received on the dedicated kinship toll-free number and 20 referrals have been made to the kinship navigator programs. VDSS provide 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 2020.

Locality	Youth Served	Kinship Caregivers Served
Arlington	108	57

Bedford	90	95
Dickenson	141	163
James City County	35	38
Smyth	28	16
Virginia Beach	110	104
<b>Total</b>	<b>512</b>	<b>473</b>

### *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 state. Virginia is actively working with other internal Divisions, state agencies, private sector and non-profit organizations to improve service delivery to individuals involved in the constellation of family services. Continual collaborative communication loops are critical to 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, Tribal partners, LDSS, Three Branch Model participants, 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. A description of collaborative partners can be found in the Collaborations section of this document.

### **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.

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 developing guidance in Family Services. Information is shared between divisions through a collaborative process and on an as needed basis. The Divisions of Family Services, Benefit Programs, and Early Childhood Development report to the same Deputy Commissioner.

### ***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 resource family, 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 DFS 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 2020, 127 waivers were requested and 127 were granted. Of those, 75 temporarily waived the completion of preservice training for a relative, and 21 temporarily waived the completion of a written mutual family assessment. In 29 cases waivers were granted for physical and/or tuberculosis screening or testing and the remaining 2 waivers were granted related to sleeping space in the home environment.

LCPA cannot approve 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 2020, 287 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 2020, 47 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.

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. During the period of January 1, 2020 to December 31, 2020, the Office of Background Information (OBI) completed 7,722 criminal history record checks involving prospective foster and adoptive parents and other adults in the home; 4,556 for LDSS and 3,155 for LCPS. OBI determined that 204 applicants were not eligible while 130 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. Of the ineligible applicants 74 were relatives seeking approval, one with an LCPS and the remaining 73 with LDSS. During this time period there were 7,361 applicants were found to be eligible.

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 LCPS 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.

There were 287 inspections (all inspection types) conducted for LCPS from January 1, 2020 to December 31, 2020. Background check violations for LCPS foster homes from resulted from 19 of those inspections:

Standard:	Violation description:
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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	5 violations – (1) Agency failed to obtain a complete sworn statement; (4) Agency failed to obtain searches of child abuse and neglect registries maintained by any other state the individuals have resided in the last 5 years.
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) Agency failed to obtain a sworn statement for another adult residing in the home and (2) an agency failed to obtain a search of the child abuse and neglect registry by another state where the household member resided in the last 5 years.
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 – Agency failed to obtain sworn statements, central registry searches, and criminal history record checks for foster parents after three years from the dates of the first checks
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.	5 violations – (1) Agency failed to request a search of a child abuse and neglect registry maintained by another state the other household member resided in the last 5 years; (2) Agency obtained search of child abuse and neglect registry maintained by another state more than 30 days after the household member became 18 years old; (3) National background checks for persons living in the home obtained late -- not within 30 days of becoming 18 years old; (4) Agency failed to obtain sworn statements, a central registry search, and a national criminal background check within 30 days of the persons residing in the home; (5) Agency failed to obtain a national background check within 30 days of a household member becoming 18 years old.
22 VAC 40-191-40-D-5-a Central registry search required for household members age 14 and older	1 violation - An agency failed to obtain a central registry search for a 14-year-old household member.
22 VAC 40-191-40-D-6 Agency must not accept criminal history records or central registry findings dated more than 90 days prior to approving the foster home	4 violations - (1) Agency accepted criminal history record checks for an adult household member and for foster parents that were more than 90 days old; (3) Agency accepted central registry results for foster/adoptive applicants that were more than 90 days old.
22VAC 40-191-50-A-1-a A satisfactory sworn statement is a fully completed original.	4 violations - (3) Agency did not ensure that sworn statements for foster parents were complete; (1) Agency did not ensure that the sworn statement for an adult household member was complete.

There were 47 inspections (all inspection types) conducted for CRF licensed by DSS from January 1, 2020 to December 31, 2020. Background check violations for CRF staff resulted from one of those inspections:

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.	1 violation - Agency failed to obtain sworn statement prior to employment.

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.

Effective in January 2021 guidance was updated to allow LDSS to approve and reapprove foster and adoptive families if background checks were received within 120 days prior to issuing a certificate of approval. Previously local departments were permitted to approve foster and adoptive families if the results of the background checks were received within 90 days prior to issuing a certificate of approval. The extension of 30 days was enacted to allow local departments to complete the process of approval and re-approval timely and without requiring that foster and adoptive families submit to background checks a second time unnecessarily.

### ***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 Resource Family Program Manager and five Resource Family 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 few 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.

For the CFSR 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 foster and adoptive families.

While the Covid-19 pandemic initially impacted traditional efforts to recruit foster and adoptive families, local departments and private agencies quickly moved to expand the use of social media recruitment campaigns. Throughout CY2020, Regional Resource Family Consultants worked with local departments to encourage the use of data specific to demographic profiles of their children to develop targeted messaging to recruit for children in foster care in their communities. Local departments were also encouraged to utilize their approved foster parents to aid in recruitment and regional consultants assisted some local departments to develop plans for providing financial incentives to foster families who refer prospective families. Pre-service trainings were moved to virtual platforms as were mutual family assessments.

During May, to celebrate foster care month, Virginia highlighted the importance of foster families through "Our Families are our first responders," campaign. Local departments were encouraged to create video montages, thanking foster families for their unwavering support of Virginia's children in foster care. While many local departments also posted the video tributes to their social media pages, VDSS also utilized them to create a video tribute that included VDSS staff that was posted to VDSS public website. Virginia's Kids Belong has partnered with VDSS in the development of the "I Belong" project to focus on children free for adoption without adoptive families identified. In November in accordance with the Adoption Call to Action, the "I Belong" project coordinated child specific recruitment videos to profile children in Virginia who are free for adoption without an adoptive homes identified. Virginia's Kids Belong has indicated that beginning in March 2021, they will coordinate child specific video shoots every 6 weeks for Virginia's waiting children.

When the pandemic began in March, under the authority of Executive Order 51, Virginia waived the requirement that LDSS complete the process of foster home re-approval. Virginia also waived the requirement that Mutual Family Assessments be completed prior to approval. In order for children to be placed immediately with relatives, LDSS were permitted to approve relatives in advance of completing pre-service training, the written mutual family assessment, physical examination and TB screening. In January 2021, these waivers were lifted and local departments were given a period of 90 days to complete foster family renewals and all elements necessary for initial approval.

Early in the pandemic, local departments expressed concern that foster families would be unwilling and unable to accept placement due to fear of exposure to Covid-19. Families who accepted placement of children were often asked and in some cases required, to quarantine by employers. To provide additional support to parents who accepted placement of children believed to have been exposed to Covid-19, positive for Covid-19 or exhibiting symptoms of Covid-19, an enhanced maintenance payment was developed and utilized by local departments.

Due to the financial impact of Covid-19 on Virginia, the contract with the foster, adoptive, and kinship association, Newfound Families was not renewed in July 2020. However, until July, Newfound Families coordinated virtual trainings for Virginia's foster and adoptive families and maintained a list of on-line resources to support efforts of families to preserve the quality of education that children placed in their homes received. When it became clear that Newfound Families would no longer operate under its contract with VDSS, regional consultants worked with local departments to develop support groups for foster parents. Local departments were also assisted in connecting foster families with community supports to offer additional support as needs were identified.

During the fall, Virginia updated and revised Resource, Foster and Adoptive Family Approval Guidance to reflect placing children with relatives as the priority when children enter foster care. Revisions aligned the process of approving relative and non-relative foster parents and further clarified the use of waivers to allow for timely placement of children with relatives upon entering foster care. Under revised guidance local departments may utilize temporary waivers for a period of six months to allow for the completion of pre-service training, mutual family assessment, physical and tuberculosis screening or assessment of relative caregivers. A physical home environment safety checklist was also developed to aid local departments in evaluating safety of the home environment and to determine where permanent waivers may be utilized to ensure that children are placed with relatives.

Regional resource family consultants have worked diligently to support the efforts of local departments to expand and improve their family engagement efforts. Consultants also have worked with CRAFT regional consultants to revise 3103- Mutual Family Assessment training for local department workers to support the use of assessments of relative caregivers to connect them with supports and services necessary to ensure placement stability. As a result Virginia has experienced over a 2 percent increase in foster children placed with relatives during 2020. To ensure Virginia's continued transition to a kin first culture, regional resource family consultants will assist PIP agencies in developing kinship firewall policies within their departments. The firewall policies will ensure higher level oversight related to placement decisions when children enter foster care or when placement changes are necessary, to ensure the leadership is included in decision making when children are not placed with relatives. After firewall policies are developed within PIP agencies, Virginia will require those agencies to submit placement exception reports to Regional Consultants whenever children are not placed with relatives. Exception reports will allow Regional Consultants to review efforts to engage relatives and provide practice assistance to local departments to ensure that all options are exhausted before children are placed in non-relative foster homes or congregate care facilities.

The delivery of CWSE 4060 Family Search and Engagement has been delayed by the pandemic. However, the curriculum has been developed along with scripts to support conversations with relatives and tools to support family engagement practices in local departments. The online training course will be made available by May 2021, Regional Consultants will begin utilizing the scripts to provide practice assistance in April 2021.

#### *Foster and Adoptive Family Recruitment*

There are several grant funded programs that support foster and adoptive family recruitment. A more detailed summary can be found in the Permanency narrative section beginning on page 250.

Due to the impact of the COVID-19 pandemic, contractors were unable to host many in-person events. Family recruitment activities were moved to a virtual environment which had mixed success. This caused a significant decrease in the number of families recruited for the fiscal year and number of families that

attended an orientation or completed a PRIDE training. Activities that continued despite the COVID-19 pandemic include Heart Gallery displays, community presentations, and virtual trainings. The Extreme Recruitment program continued through June 30, 2020.

*Extreme Recruitment highlights in FY2020*

Data Element	Cumulative Total
Number of Foster Care Youth Served	73
Number of relatives identified during the search process	2,041
Number of youth matched with an adoptive family	12
Number of finalized adoptions	7
Number of youth reconnected with a network of safe, appropriate adults	41
Outcome	Cumulative Result
85% of youth will be reconnected with a network of safe, appropriate adults	95%
70% of youth will be matched with an adoptive family	46%

*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.

Virginia uses the NEICE System for case management of ICPC cases. On January 24, 2020 there were approximately 25 LDSS that were on the NEICE System. As of Dec 31, 2020, there are now 90 LDSS in Virginia that are using NEICE. (Accomack, Alleghany Co/Covington, Albemarle, Alexandria, Appomattox, Amherst, Arlington, Bedford, Botetourt, Bristol, Brunswick, Buckingham, Buchanan, Campbell Co, Caroline, Charlotte Co, Charlottesville, Chesapeake, Chesterfield, Culpeper, Danville, Dinwiddie, Essex, Fairfax, Floyd Co, Fauquier, Franklin City, Franklin Co, Frederick, Fredericksburg, Galax, Giles, Gloucester, Goochland, Grayson, Halifax, Hampton, Hanover, Harrisonburg, Henrico, Henry/Martinsville, Hopewell, Isle of Wight, James City, King George, King William, Lancaster, Lee Co, Loudon, Louisa, Lynchburg, Madison, Mathews, Mecklenburg, Middlesex, Montgomery, Newport News, Norfolk, Orange, Patrick, Petersburg, Pittsylvania, Portsmouth, Prince George, Prince William, Pulaski Co, Richmond City, Richmond Co, Roanoke City, Roanoke Co, Rockbridge, Russell, Scott, Shenandoah Co, Shenandoah Valley, Smyth Co, Spotsylvania, Stafford Co, Suffolk, Surry, Tazewell, Virginia Beach, Washington Co, Warren Co, Westmoreland, Winchester, Wise Co, Wythe, York/Poquoson )

This increase of LDSS using the NEICE system has assisted with the continuation of referrals being sent out of state and to LDSS without any delays in the referral process. Since January 2020, the VA ICPC office has processed over 2,200 cases through the NEICE System for both incoming and outgoing referrals. During CY2020, the ICPC process was completed on 458 referrals for children to be placed out of the state. Out of those 458 referrals, 278 referrals (61%) were for Regulation 2 referrals (placement for public adoption or foster care in family setting and/or with parents), 123 (27%) for a Regulation 4 referral (residential placement), four (>1%) for a Regulation 7 (expedited placement) and 53 (12%) for a Regulation 12 (private adoptions). There were another 474 referrals that were pending as of 12/31/2020. From July 1 to Dec 31st 2020, approximately 65% of LDSS referrals for a Regulation 2 referral were made for possible relative placements.

VA ICPC completed a total of 894 referrals being sent into the state for potential placements; 83 were pending and 294 home studies were overdue as of 12/31/2020. From the 894 referrals that were completed, 6 (>1%) were a Regulation 1, 448 (50%) were a Regulation 2, 336 (38%) were a regulation 4, 26 (3%) were a Regulation 7 and 78 (9%) were completed for a Regulation 12. The overdue referrals consisted of five Regulation 1, 235 Regulation 2, seven for Regulation 4, two for regulation 7 and 45 for Regulation 12. Out of the completed referrals sent into Virginia, 81 were placed during the year. Fifty seven children were placed outside of Virginia in 2020. This includes all regulation types.

## 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, DFS IT Portfolio 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;
- Support LDSS staff in providing quality, best-practice service to children and families served;
- Implement statewide public awareness campaigns;
- Explain programs, policies, and services to mandated reporters and general public;

- Coordinate and provide training;
- Fund special grant programs;
- Maintain and disseminate data from the child welfare information system; and
- Utilize data to identify and support the installation of systems or practice changes which lead to improved outcomes.

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 and the PSSF program specialist. The Prevention Team is supported by the Family First Team comprised of a special project managers and a change management specialist. A constituent program consultant responds to citizen concerns.

The Permanency team is divided into four teams: Foster Care, Adoption, Resource Family 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 15 regional permanency consultants that provide foster care and adoption technical assistance, case consultation, training, and monitoring to LDSS. A constituent program consultant responds to citizen concerns.

The Adoption Program is led by a Manager and supported by a Policy Specialist. The team also has an Adoption Supervisor who is responsible for direct supervision of Adoption Resource Exchange of Virginia (AREVA) Coordinator, the Virginia Birth Father Registry Specialist, two Adoption Records Specialists and two Adoption Disclosure Specialists. The Virginia Birth Father Registry Specialist is responsible for managing the database of search requests, responding to inquiries and promotion of the registry. As noted above, there are 15 regional permanency practice consultants that provide both foster care and adoption support as a part of the permanency continuum. The consultants directly report to the one of five regional offices but are assigned tasks by DFS program managers. These positions provide case consultation and monitoring to LDSS. There are five regional adoption negotiators who are responsible for negotiating all new and amended adoption assistance and KinGap agreements. A constituent program consultant responds to citizen concerns. The contract administrator who is assigned to adoption contracts is assigned to the Contracts Unit. This position works in collaboration with the Adoption Program unit to procure services to support adopted youth and adoptive families across Virginia.

The Resource Family Team is led by a Program Manager supported by a Policy Consultant. There are five regional consultants supporting diligent recruitment. The resource family 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 Resource Family team are responsible for the Contingency Program and Respite Care.

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, VCFSR, and 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 DFS IT Portfolio 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 2020 to December 2020		
Service Type	Total Children	Total Families
Preservation	7,810	10,794
Support	11,826	8,297
Reunification	1,808	1,285
*Adoption	45	42
Total	21,489**	20,418**
*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	
* Denotes the services used most frequently used by localities	

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 state and community resources.

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

The current pandemic had a significant impact in the service delivery to children and families for 2020. In March of 2020, Governor Northam issued a stay-at-home order that only permitted people to leave their homes for essential activities. Families experienced housing and financial instability, children were unable to attend in-person school and families became isolated due to not being able to leave their home. Services previously provided in-person had to be temporarily stopped until agencies could safely provide the services in a virtual setting or the risk of exposure to in-person service delivery had been reduced. In 2020, Virginia spent \$220,344.52 less than in 2019 correlating to the challenges and underspending reported by local agencies. Challenges experienced by staff included the closure of agency buildings, inability to locate families, children and families being placed in quarantine, shifting in-person settings to virtual, and providing education to families on how to operate technology needed to attend meeting and services virtually. In addition, localities were able to access CARES funding to assist localities with meeting family needs associated to the pandemic.

In March 2020, guidance for SFY 2020 Promoting Safe and Stable Families funding was posted to the VDSS internal website. The guidance serves as a tool to support and strengthen prevention efforts and to achieve permanency for children and families. A thirty minute recorded webinar was created and posted to the Knowledge Center which highlights guidance for the use of PSSF. By the end of the webinar, participants should have a better understanding of the legislative history, application process, budget requirement, funding requests, ongoing requirements, case documentation and sub-recipient monitoring for this funding stream.

As part of the CFSR PIP, the service array workgroup developed the PSSF inventory checklist to serve as a guide for agencies to assess practice to promote and enhance the use of PSSF funds. The checklist was

presented and discussed at the September PIP meeting. The PIP meetings have served as an opportunity for peer sharing and have highlighted some strategies on how to maximize PSSF funding to help children safely return home to their families (**Prevention Strategy, 3.1 and 3.2**).

#### Consolidated Appropriations Act

The Consolidated Appropriations Act, 2021 (Act) awarded Virginia with supplemental funding of \$1,337,210 to be used for the same purposes as the regular annual PSSF grant, i.e., to provide community-based family support, family preservation, family reunification and adoption promotion and support services, consistent with the purposes and definitions in sections 430 and 431 of the Act. Funds for this supplemental grant are awarded with a 100 percent Federal Financial Participation (FFP) rate for program costs. Matching requirements remain in effect for the regular 2021 PSSF grant awards.

The supplemental funding will be designated for the direct purchase of services and goods. Because there is no local match, agencies will not be allowed to transfer funding to budget line 855- Staff and Operations. Access to funding will require agencies to submit an application detailing how the supplemental funding will be used to meet the needs of children and families. Based on the agency's approved application, each locality receiving PSSF supplemental funding will be required to submit quarterly reports listing the type of services provided, number of families and children served, and outcomes achieved. The reports will address whether the services prevented foster care placement, child abuse, recurrence of maltreatment, or neglect. The outcomes will be reported in the 2022 APSR report. Supplemental funding will be tracked on a monthly basis and agencies will be provided with quarterly projections for spending. In addition, the PSSF consultant will provide technical assistance and work closely with agencies that consistently underspend. A webinar will be developed with the focus being on how PSSF funding can align with Family First services.

The PSSF consultant regularly provides training, technical assistance, and peer sharing to assure local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. The PSSF consultant also provides ongoing monitoring through review of quarterly reports to ensure the appropriate use of funds and uses data from those reports to guide training and technical assistance topics.

## 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 2020, there were 52,554 children reported

as possible victims of child abuse or neglect in 33,880 completed reports of suspected child abuse or neglect. Of those children, 5,792 were involved in founded investigations, 7,777 were involved in unfounded investigations, and 38,985 in family assessments (differential response). In SFY 2020, family assessments accounted for nearly 72% of all CPS reports accepted by local departments of social services, and 34 children died as a result of abuse or neglect. There were 23 children involved in 19 Human Trafficking Assessments which are required when a report alleges a child is a victim of human trafficking, sex or labor, and does not meet the validity criteria for an investigation or family assessment.

Over the last year, there has been a 10% decrease in the number of completed reports accepted by local departments of social services and a 10% decrease in the number of child victims, both likely due to the COVID-19 pandemic. Founded dispositions continue to decrease by 10%. The number of completed family assessments continues to increase slightly (1%). Child deaths decreased 8% from last year.

The Practice Model focus on family 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 34-35 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 28-31 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 the 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 to reduce risk for Virginia's youngest children.

Of the 88 unfounded child death investigations, 69 of the reports (78%) involved a child less than one year of age; 36 of the 88 reports (41%) were sleep-related.

### **Safe Sleep Campaign**

The state child fatality review team has provided valuable information and assisted in developing recommendations for the state to address child deaths involving children who die as the result of unsafe

sleep environments. In addition to the work with the state child-fatality review team, VDSS (in partnership with Virginia's Children's Cabinet) received a briefing from the Alliance for Strong Families and Communities regarding the Commission To Eliminate Abuse And Neglect Fatalities and used this information to inform policies and practices.

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 state, 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. The Safe Sleep 365 microsite had over 2,640 views in CY2020. 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**

Virginia experienced its second annual decrease in the number of reported SEI due to increased training by public and private agencies on the legal definition of a SEI, which was revised to require a medical impact on the child as a result of en utero substance exposure.

<b>Year</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Number of SEI Reported</b>	985	1071	1099	1334	1543	1957	1577	1294

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 Virginia. The workgroup has a diverse representation of key public and private stakeholders. The workgroup identified five re-occurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate and long-term objectives to achieve these goals. An example from the Screening Workgroup is to create a portal with all Plans of Safe Care that can be accessed by any provider involved in the patient's care. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health.

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

and sudden unexplained infant death. The development of this protocol was delayed by the pandemic but VDSS is excited for its completion and implementation by the vendor.

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 Virginia 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 more of the most vulnerable populations. For fiscal 2019, 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.

On December 31, 2020, there were 1,251 children under the age of five in foster care. The number of children in this age range in foster care has remained relatively stable over the last five years, ranging between 1,366 in 2018 and 1,251 in 2020. Of the children under the age of five in care in 2020, 46% were female and 54% percent were male.

The majority of the children (58%) were white. Twenty-seven percent were black and 11% were of mixed race. For these children, 93 (7%) were in pre-adoptive homes, and 34 (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 1,124 were in placements that were not permanent, although 151 (12%) of all children under the age of five were placed in kinship foster homes. Compared to last year's placements of this age group in relative homes (8.8%), placements in kinship homes have increased over the past year.

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 or visitation 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. Foster Care guidance was updated in July 2020 in Section 9: Achieving Permanency Goal Adoption that LDSS service workers should not wait until the TPR order is final to

begin adoption recruitment. The intent of concurrent planning is to place children in prospective permanent homes as early as possible, to prevent delays in finalizing permanency. The guidance update also reemphasized determining paternity early to ensure that paternal relatives are explored early in the case, as well as, exploring adoptive home recruitment. An additional update in July 2020 guidance release was the requirement that if return home is not the goal for the child, the LDSS must provide information to the child's parent regarding the voluntary relinquishment of parental rights.

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. The July 2020 foster care guidance release included a directive to consider whether reunification can be achieved with supports outside of the foster care system. Rather than extending trial home visits, LDSS should explore whether the child's custody can be safely transferred to their family with prevention services, including court ordered prevention services, in place.

Throughout the COVID-19 pandemic VDSS has taken steps to ensure that foster care cases continue to move forward so that permanency would not be delayed. VDSS collaborated with CIP to understand the courts response to the pandemic and ensure that foster care cases continued to be prioritized. Additionally, VDSS provided guidance to LDSS around visitation and trial home visits. For a child who had extended unsupervised visitation with a parent, agencies were encouraged to consider whether reverting to virtual visitation would be detrimental to both the child/family and the progress towards permanency and to consider moving toward a trial home visit sooner than originally anticipated. If a case is ready to move towards a trial home visit, the LDSS were to work towards supporting that transition in a way that protects the child, while also supporting their path to permanency.

A new section was added to foster care guidance in July 2020 titled 3.9.1 Pregnant and parenting youth in foster care. In order to support the health and safety of pregnant/parenting youth in foster care and their children as well as to prepare the field for the upcoming implementation of Family First, VDSS included guidance on best practices for working with pregnant/parenting youth in foster care and their children, including services, requirements for their foster care and prevention plans, and edits to the information regarding minor children of youth in foster care. For all pregnant or parenting youth in foster care, their foster care plan must include (§ 16.1-281) a list of the services and programs to be provided to or on behalf of the child to ensure parental readiness or capability, and a description of the foster care prevention strategy for any child born to the child in foster care.

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, 138 victims of sex trafficking have been identified in Virginia's automated data system. In CY2020, 32 victims were identified. The victims were predominantly female (97%), white (34%), and in their teens (91%) at the time of identification. In regard to race, 34% were white, 31% African American, 9% multi-racial, and 6% did not have race identified. In regard to age, 91% were between the age of 12 and 17 years, 3% were over the age of 18, and 9% were younger than the age of 12. Based on the most recent case type recorded for each child victim, 41% were involved in foster care, 6% in CPS ongoing, 25% in Human Trafficking Assessment, 9% Prevention, and 16% 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 to assume emergency custody of child victims of sex trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the child welfare system's new response to all complaints involving the human trafficking of a child. Changes were made to 22VAC40-705 Child Protective Services regulation to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in the state. VDSS also made 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 staff participate on a subcommittee of the Anti-Human Trafficking Coordinating Committee which meets bi-monthly.

In CY2020, local departments completed 19 human trafficking assessments involving 23 children. The children involved in the human trafficking assessments were predominately female (87%), Caucasian (48%), and between 12-17 years of age (87%). In CY2020, local departments conducted 21 Child Protective Service investigations on allegations involving the human trafficking of a child. This was a continued increase (33%) in the number of investigations compared to CY2019 when only 14 investigations were conducted statewide. In regard to disposition, 6 investigations were determined to be founded, 6 investigations were determined to be unfounded, and nine investigations did not have a



disposition available.

VDSS intends to deliver and strengthen the LDSS response to child trafficking through the following efforts over the next three 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, 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 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 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Child-death investigations	131	129	124	118	143	139
Founded disposition*	52	46	46	40	47	34
Unfounded disposition*	72	80	69	71	80	88

As of February 10, 2021, there were 139 child-death investigations. There were 34 deaths found to be the result of abuse or neglect and 88 deaths were unfounded. There are 17 pending investigations, which overall is consistent with data from previous years at this time.

Of the 88 unfounded reports in the previous chart, 69 of the reports (78%) involved a child less than one year of age; 36 of the 88 reports (41%) 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 contributed to the child's death. In SFY2019, of the 89 unfounded reports, 66 (74%) involved a child less than one year of age; 32 (36%) were sleep-related. As of February 10, 2021, the preliminary aggregate number of child deaths that occurred in state fiscal 2020 are as follows: 139 child-death investigations, 34 founded dispositions and 88 unfounded dispositions. Noteworthy, VDSS has seen an 18% increase in gun-related child deaths since SFY 2018 with nine deaths in SFY2018 and 11 deaths in SFY2020.

VDSS staff discuss how to reduce child maltreatment deaths. Strategies that were identified include:

training (improve thoroughness for staff so they in turn can better educate families); better partnerships and collaboration with community stakeholders and providers (understanding the services they provide and the unique knowledge they have of the families they work with); improved screening of families (so they can receive the tools that will maximize their opportunities for success).

VDSS also engages in a plethora of activities with public and private stakeholders regarding child maltreatment death prevention. VDSS, with input from the Practice Consultants and regional child fatality teams, identify themes in practice regarding safe sleep and substance abuse education, as well as, gun safety awareness. VDSS will utilize these themes to help guide the work with local agencies and communities.

### COVID-19 Impacts to the CPS Program

The Governor of Virginia declared a state of emergency on March 12, 2020 and issued a Stay at Home order on March 30, 2020 in response to the COVID-19 pandemic. VDSS and local departments were immediately activated to ensure the continuation of protective services. In the early phases of the COVID-19 pandemic, VDSS effectively prioritized and streamlined all efforts to address emergency tasks. VDSS prioritized efforts to provide critical guidance, resources and supports to the field through collaborative efforts and partnerships to address the unique risks and challenges of the unfolding pandemic. VDSS developed and disseminated job aids for conducting home visits during a pandemic; procured and provided Doxy.me, a HIPAA compliant virtual platform and created resources to guide LDSS in conducting virtual visits when necessary. VDSS produced resources to support children, families and workers in navigating crisis and worked with partners to ensure child abuse prevention messaging was disseminated and made available to community members and professionals.

### Resources and Job Aids

VDSS provided resources to the local departments including an ongoing and frequently updated FAQ, tools and tip sheets, broadcast communications, self-care resources, and technological resources. The job aids were distributed to local departments, uploaded on COMPASS|Mobile, and posted on the FUSION intranet.

- The “Home Visiting Screening Flow Chart”, was developed to provide screening questions for family services specialists (FSS) to ask about COVID-19 exposure and symptoms prior to and upon arrival of a home visit.
- The “Tips for Home Visiting” guide, was developed to provide health and safety tips for FSS when preparing for and arriving at home visits.
- The “Virtual Worker Visits” guide, was developed to provide guidance on how to virtually assess child and family well-being, the home environment, safety and protective factors, and develop a safety plan.
- The “Preparing for a Virtual Worker Visit”—Tips for Families” guide, was developed to assist FSS in preparing families for virtual worker visits.

VDSS also compiled a resource list for parents and caregivers to collectively ensure well-being and safety for their children and family. While acknowledging the unprecedented pandemic and the significant impact of additional stress, anxiety, and isolation, the resource list provided vetted resources in the following areas: economic relief, financial and housing assistance, physical distancing practices, educational and learning from home support, and self-care. This list was provided to the LDSS so the FSS could make it available to families.

VDSS also created a campaign to address concerns of family violence during the period of social isolation. Public service announcements included a series of social media posts and the creation of flyers that were provided to community partners and LDSS to share across Virginia to assist families with needed resources. The social media post and flyers provided the hotline numbers for Child Protective Services, Adult Protective Services, Family Violence and Sexual Assault.

### Essential Personnel and PPE

The Governor declared family services specialists as “essential personnel” on March 25, 2020 which helped in obtaining personal protective equipment (PPE) which was needed to protect specialists when they visited with families. VDSS tip sheets related to critical child protection functions were uploaded to the COMPASS|Mobile app for easy access by frontline staff. VDSS also published a Broadcast with suggestions for LDSS on how to acquire PPE. FSS who responded to a survey sent in April 2020 indicated there was access to PPE in most offices. In some cases, the PPE was provided by the local department but in other cases the individual had to provide their own PPE. VDSS continues to provide ongoing support to LDSS related to obtaining PPE, tracking the purchase of PPE, and guidance on obtaining reimbursement for PPE. On May 1, 2020, VDSS issued a Broadcast for LDSS’ in the use of federal title IV-B and title IV-E administrative funds for PPE expenditures and the cost of cell phones. Most of the local departments closed physical office locations to the public and maintained contact virtually and by phone. LDSS closures due to COVID exposure were regularly posted publicly on the VDSS website. Several smaller local departments had to close due to staff that tested positive for the virus; when the department closed, case work was covered by nearby local departments.

### Virtual Visitation

During the pandemic, CPS operations were unchanged and face-to-face contacts with the child and family continued as required by policy. After receiving guidance from the Administration for Children and Families that virtual visits were acceptable when there were safety concerns that prohibited a face-to-face visit with the family, Virginia quickly procured doxy.me, a HIPAA compliant virtual platform. Doxy.me is the only VDSS approved software for virtual face-to-face visits as it is HIPAA and HITECH compliant to enable the agency to comply with state and federal privacy and security laws and standards. Instructions were provided to FSS on how to set up an account and how to document contacts with families conducted using doxy.me in the case management system. VDSS committed \$287,000 to provide this tool at no cost to local departments and all family services specialists who have been issued an Apple iPad for purposes of accessing the COMPASS|Mobile application have access to doxy.me. As Virginia is opening back up, more LDSS offices are open and more visits are occurring in person.

### Community Partnerships

Throughout the Covid-19 pandemic, VDSS has strengthened existing partnerships in targeted and intentional ways, including leveraging relationships and collaborative opportunities with other state agencies, advocate partner organizations, LDSS stakeholders, and non-profit providers and partners. In this way, resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of the workforce and communities during the crisis.

## 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 state. 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. Those projects include:

- 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 99) also addresses key prevention services activities. This plan is an overarching guide for the implementation of the Family First. There are also two additional projects that have been occurring since 2016 and have driven the work in the prevention

program over the past several years:

- Diversion data pilot project
- Safe families project

VDSS has used the information obtained from the Diversion Data pilot and the Safe Families Pilot project to drive the in-home services framework that launched in December 2020. VDSS will no longer report on this item in future APSR submissions, but related information will be incorporated in the In-Home services program.

In addition, primary and secondary grant-funded services and supports are included throughout the strategic plan in **Prevention Strategy 3**. 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 Strategy 1.1**)

#### *Child Abuse Prevention Play*

VDSS annually contracts with Virginia Repertory Theatre (VRT) 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 is a partnership between VRT, Families Forward Virginia, and VDSS. Families Forward Virginia receives funding from a VRT subcontract and from VDSS for continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast. The VRT provided 98 performances of the musical play, Hugs & Kisses in FY2020. The number of Virginia elementary school age children that participated in the interactive child abuse prevention play was 30,460. VDSS reimbursed VRT \$73,500 for live performances of Hugs & Kisses in FY2020. The VRT traveling company stopped touring on March 13, 2020 due to COVID-19 related school closings or transition to virtual learning.

Two modifications were made to their current sole source contract for FY21 in response to VRT’s inability to perform live in elementary schools because of the pandemic. FY21 funds were used to develop a virtual Hugs & Kisses video and teacher’s guide for use with second through fourth grades. VRT is currently reaching out to schools to confirm bookings of virtual performances for the remainder of the school year. VDSS, VRT and Families Forward prohibit the virtual performance for at-home students should potential abusers be in the home. As a result, the number of planned virtual performances was decreased from 75 to 30 for FY2021.

For FY2022, VRT is proposing to use grant funds to provide a mixture of virtual and live Hugs & Kisses performances during the academic year, along with recording a Kindergarten through first grade Hugs & Kisses video and teacher’s guide for future use.

*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. CACs are funded through a formula that takes into consideration the agency's certification level, the number of localities served, and the rate of child abuse/neglect and the population of children under 18 years in the service area.

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.

***2020 Child Abuse & Neglect Prevention Conference:***

Unfortunately, due to the COVID-19 pandemic, the child abuse prevention conference was not held in April 2020. Information about partnership and activities promoting prevention are listed below in the child abuse prevention month description. It is anticipated there will be a Child Abuse & Neglect Prevention Conference in 2022.

***Child Abuse Prevention Month Proclamation:***

Since 1983, the VDSS has provided leadership in Virginia's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month.

VDSS ongoing partnership with Families Forward served as the foundation to be able to continue to recognize April as Child Abuse Prevention Month despite the COVID-19 pandemic and served as a catalyst for additional targeted Child Abuse Prevention activities as a result of the pandemic. Families Forward Virginia provided materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates and opportunities for engagement. They developed and disseminated their child abuse prevention advocacy agenda; led and participated in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services attended their advocacy days at the General Assembly, sharing stories of how prevention programs have changed their lives. Families Forward Virginia shared toolkit resources to advocates, home visiting leaders and trainees, and LDSS.

As operations and activities were curtailed by the COVID-19 pandemic, Families Forward Virginia made a number of activities virtual. In partnership with Families Forward, a prevention services campaign was launched in May 2020 which included a number of child abuse prevention resources specifically targeted to protecting children in times of isolation. Virtual information and flyers were made available to the Department of Education, LDSS and other community partners to promote statewide hotlines (Virginia Child Abuse and Neglect Hotline, Adult Protective Services Hotline, and the Family Violence and Sexual Assault Hotline) to support families. Additionally, a specific prevention campaign was targeted for older youth in July 2020. The campaign included four messages and images that were created with and vetted by older youth (ages 12 to 26) and was shared with community partners via social media platforms where older youth may be the audience.

The following table provides the statistics for public awareness/education activities provided by CBCAP agencies.

<b>Public Awareness &amp; Education Activities</b>
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FY 2020 – CBCAP Programs		
Activity	# of Activities	# Reached
Prevention Month Activities including Blue Ribbon	65	49,894
Speaking Engagements	148	6,193
Radio/TV PSA announcements distributed for broadcast	5	94,000
Radio/TV Appearances	15	131,500
Newspaper Articles	62	378,000
Public awareness materials by CBCAP grantees (brochures, flyers, pamphlets, etc.)	772	53,977
Internet/web-based activities	712	544,328
Other Public Awareness	6	9,663
Parent Support Helpline	115	722
<b>Totals</b>	<b>1,900</b>	<b>1,268,277*</b>

\*Duplicated count

#### *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. In SFY 2020 VDSS awarded 19 contracts under RFP #FAM-18-069. A total of \$678,780.52 in CBCAP funds was awarded to 18 programs and a total of \$500,000.00 in state Virginia Family Violence Prevention Plan Child Abuse and Neglect Prevention funds was also awarded to 19 programs. Eighteen programs received a combination of CBCAP and VFVPP Child Abuse and Neglect Prevention funds. CBCAP funded projects provide a 20% cash match in non-federal funds. 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 2020.

<b>Populations served by CBCAP programs</b>	<b># served</b>
Unduplicated total number of adults served	1,624
Unduplicated total number of children served	1,217
Unduplicated total number of families served	1,086
Unduplicated total number of children with disabilities served	98
Unduplicated total number of ALL parents/caregivers with disabilities served	133
Unduplicated total number of homeless families with children served	15

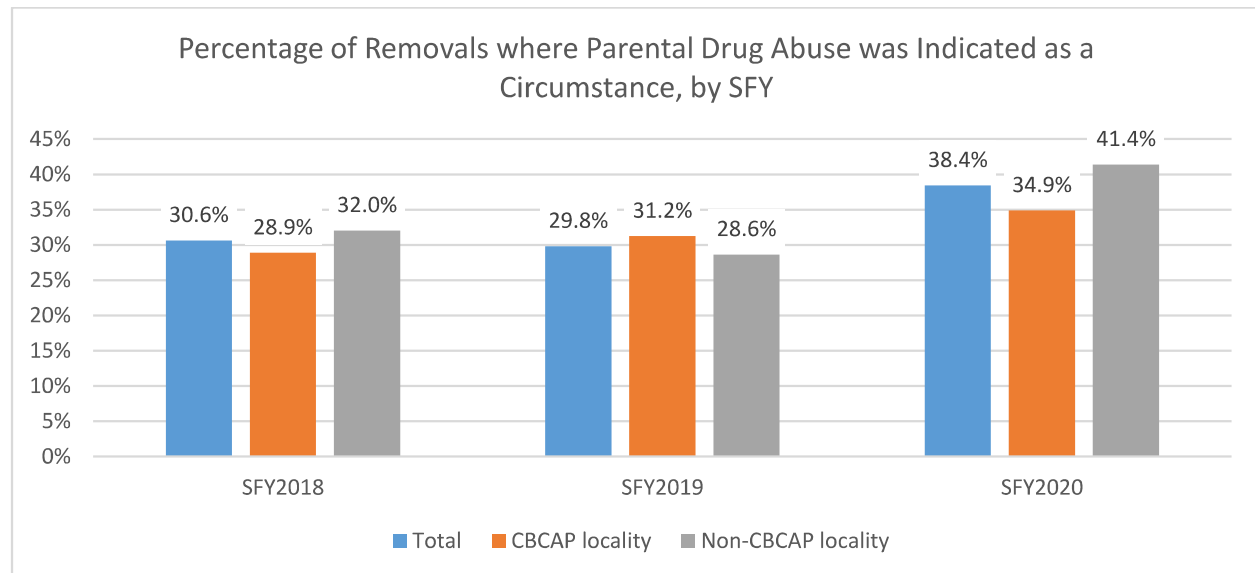
Virginia is a state of geographic, ethnic, cultural, and linguistic (language) diversity. Its geography and terrain create unique populations and communities including rural, urban, mountainous, and coastal regions that are as diverse as the languages, cultures, and circumstances seen across the state. Virginia's Northern region is a largely urban community that is culturally diverse and has the fastest growing population in the state (the Spanish-speaking population has seen the most growth). The Western Region is a rural community located in the southwest corner of the state, in the heart of rural Appalachia (and the Appalachian Mountains). This creates some geographic and cultural isolation from the rest of the state. The Western and Piedmont Regions also have the highest poverty rates. The Eastern and Southeast regions are a combination of rural, coastal and urban communities and home to a largely military population. The Eastern, Central, and Piedmont Regions have the highest percentages of children living in single-parent households. There has been a continuing trend towards increased racial and ethnic diversity in the state. The racial and ethnic groups in Virginia include African Americans, Asian/Pacific Islanders, Native Americans, and Hispanics in addition to the non-Hispanic White population. VDSS has made a commitment to looking at programs and policies to ensure that services, practices and policies are equitable and meet the unique and diverse needs of children and families we serve, and CBCAP funds are designed and promoted to help serve underserved populations.

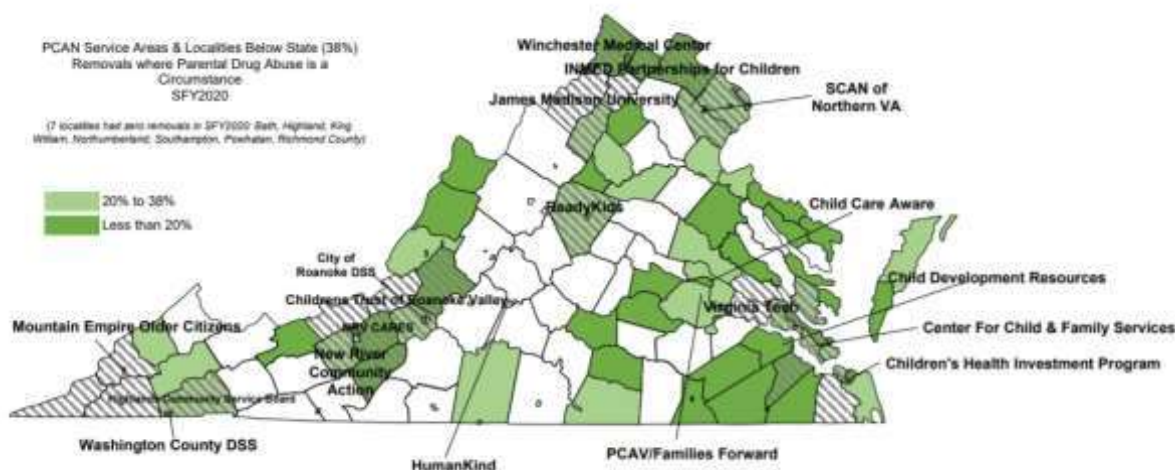
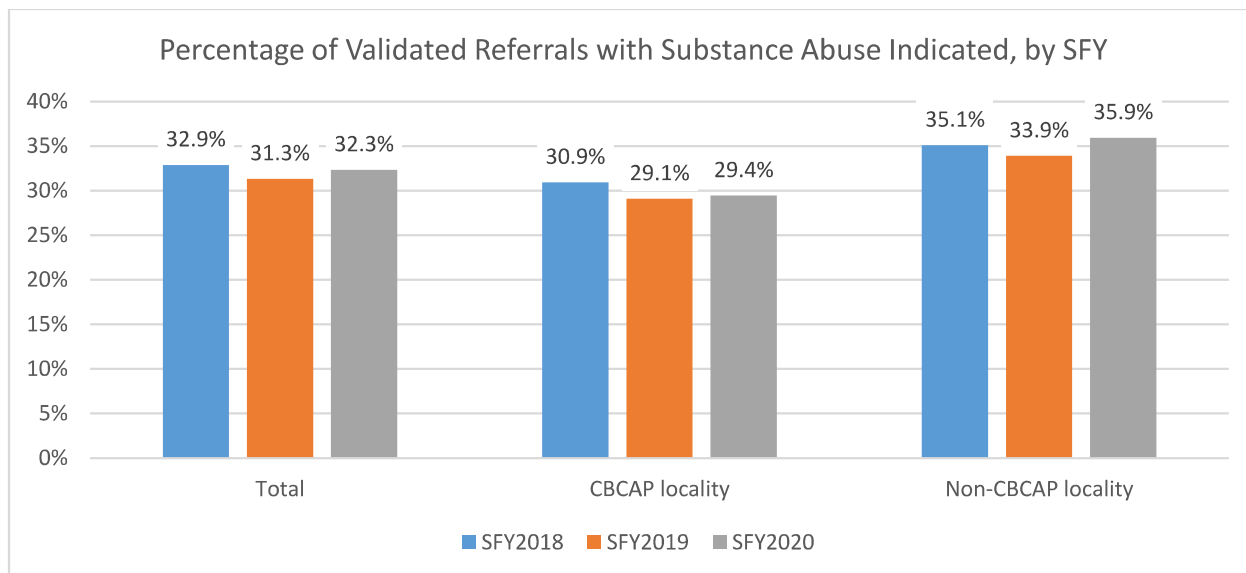
In addition to serving Hispanic families, African American families, fathers and families facing homelessness, outreach services were also provided for single parents, incarcerated parents, teens, families with parents and/or children with disabilities, families with low income and families that live in rural communities. The table below reflects the numbers of agencies targeting each of these special populations. Not all programs provide detailed demographic information so reported numbers may not reflect all individuals or families in special populations receiving services.

<b>Special Populations Served in SFY 2020</b>		
<b>Special Population</b>	<b>Number of Agencies Providing Services</b>	<b>Total Number Served</b>
Hispanic parents & children	14	559
Fathers*	6	N/A
Families with low income	11	609
African American parents & children	14	214
Single parents	8	379
Incarcerated parents	4	152
Families facing homelessness	6	14
Pregnant/Parenting teens**	8	15

Parents with disabilities	4	133
Children with disabilities	4	98
Urban populations	12	N/A
Rural populations***	16	N/A
Children ages 0-5	14	N/A
Parents/Children with other special needs	6	N/A
Unaccompanied homeless youth	1	4
Adult former victims of maltreatment	4	128
Adult former victims of domestic violence	4	N/A
Tribes	0	0

Below are some of the success of CBCAP programs and substance abuse referrals/removals received:





In SFY 21, VDSS will issue a new RFA for the next 3-year cycle of CBCAP grants. VDSS will seek to align this new grant cycle using child welfare data to address areas where early prevention efforts may be needed to promote family wellbeing and reduce contact with the child welfare system. VDSS will also seek to utilize technical assistance available through the FRIENDS network to begin strategic planning and alignment of CBCAP funding with all of the other prevention-focused efforts the Division is undertaking.

#### American Rescue Plan Act (ARPA)

VDSS has been allocated an estimated \$6,232,000 funding in CBCAP funds under the CAPTA State Grants provided within the 2021 ARPA. Funds will be used to encourage community-based primary and secondary prevention initiatives aimed at child and family wellbeing in an effort to reduce child abuse and neglect. DFS recommends utilizing this funding in conjunction with the national Thriving Families Safer Children initiative, by offering grants to local communities to review the needs of their community and develop solutions to meet family's needs (housing, child care, increase parental protective factors,

reduce family and parental risk factors) in order to decrease child abuse and neglect. CBCAP funding can be used for evidence based primary prevention strategies, available to all families, to increase parental protective factors, ensure basic needs are met which can decrease the reports made to the child welfare system.

The expected outcomes of utilizing this supplemental CBCAP funding are:

- Request for Applications/Proposals for Community Grants
- Reduced number of poverty-adjacent Child Protective Services reports
- Reduced number of child abuse and neglect reports
- Reduced number of children entering foster care

#### *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 FY2020, 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. Current sub-recipients include:

<b>Funded Community Based Organization</b>	<b>Underserved Population</b>
Boat People SOS, Inc.	Vietnamese
Ethiopian Community Development Council	African immigrants & refugees
Greater Washington Jewish Coalition Against Domestic Violence	Jewish and other religious beliefs
Hampton Roads Community Action Program	African Americans
LGBT Life Center	LGBTQ
Sacred Heart Center	Latinx populations

- Through a sole source contract to the state domestic violence coalition, and in collaboration with VDSS and the DCJS, a unique 24-month training/mentoring project called the Underserved Population Learning Collaborative (UPLC) was developed. The UPLC accepts up to 20 local domestic and sexual violence programs per cohort. In FY 20, the first cohort concluded and a

second one began. VDSS, as a state agency, joined cohort 2 and is going through the UPLC, identifying opportunities for individual, organizational and collaborative changes.

### *In-Home Services*

The Prevention Services program spent a significant amount of 2020 finalizing the In-Home Services program guidance which includes the prevention services workflow, prevention services planning, case management processes (**Prevention Strategy 1.2**). A subset of the Prevention Advisory Committee, the In-Home Services workgroup, was instrumental in making final recommendations for the In-Home Guidance throughout this reporting period. The In-Home Services framework is structured around three “safety scenarios” where there is a consistent set of practice, assessment, engagement and monitoring to ensure that families identify the services they need, are connected to those services, and monitoring occurs to support the family.

- Child or youth maintained with parent(s) or relative/kin caregiver(s).
- Child or youth temporarily maintained with relative/kin caregiver(s) and will return to the parent(s) or caretaker/guardian(s) within six (6) months.
- Child or youth permanently maintained with relative/kin caregivers(s).

The implementation of In-Home Services was impacted due to the Covid-19 pandemic and while the official guidance is expected to be released in April 2021, the Division was able to launch the framework and begin the implementation activities, to include training, in October 2020, meeting projected goal of January 2021 implementation. The Division, in conjunction with the IT Division, completed several technical changes to the case management system in 2020, and launched in 2021, to support the In-Home Services framework and practice.

In addition to the concerted focus on advancing tertiary prevention services and broadening the focus to more wellbeing for families, work continued on the 5-year plan for Virginia to prevent child abuse and neglect (General Assembly 2020, budget amendment item 354 #10h). In September 2020, the DFS launched the work to complete the 5-year plan by bringing together community and state agency partners together in an Executive Committee and a Steering Committee to build out a high level 5-year plan to prevent child abuse and neglect. The Steering Committee held 4 meetings in 2020 and the Executive Committee held 2 meetings to develop the goal, objectives and high level strategies. The Plan is expected to be completed and submitted to Virginia’s General Assembly in June 2021.

**Prevention Strategy 1** is to develop a prevention workflow to include prevention services. 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 other DFS program areas, to develop a repertoire of prevention strategies and best practice guidelines that can be used by LDSS in their delivery of prevention services.

In-Home services play an integral role in targeting resources and services that prevent entry into foster care and help children remain safely in their homes or with relative/kin caregivers. In 2021, a subset of the In-Home Services workgroup will convene with local Children's Services Act (CSA) coordinators to further make recommendations to improve access to prevention services, promote blended funding streams to meet families' needs and align existing practices, such as the FAPT multidisciplinary team approach to assessing families' needs. Additionally, in 2021, the prevention program will continue work towards developing and implementing a quality assurance and continuous quality improvement process.

#### *Virginia HEALS (Helping Everyone Access Linked Systems)*

The Virginia HEALS Referral and Response Protocol was developed in 2019. In 2020, 161 child, youth, and/or family serving providers from across the state have received facilitated training on how to use the protocol. **(Prevention Strategy 1.6)** The Community Resource Mapping Facilitation Guide was also developed in 2019. Virginia HEALS staff facilitated a resource mapping event for service providers in the Eastern Shore (Northampton and Accomack Counties) in January. Following the onset of the pandemic, the mapping process was revised to be conducted virtually, and project staff provided technical assistance on a virtual mapping event in Loudoun County. A total of 59 service providers participated in these events. In addition, the development of online training modules for the Referral and Response Protocol and Community Resource Mapping was completed in July 2020, and another 35 service providers accessed these courses. OFV was 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. Funding uncertainty due to the pandemic delayed that project indefinitely. However, the Governor of Virginia allocated a portion of CARES Act funding to support the development of a comprehensive platform (Unite Virginia) for both making and tracking referrals to a broad range of resources, and it was made available statewide in the latter part of the year.

#### *Promoting Primary Prevention Activities*

The 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. **(Prevention Strategy 1.7)** 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 2020 meeting was canceled due to COVID-19 but will resume virtually in the summer of 2021.

#### *Underserved Population Learning Collaborative*

The 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. **(Prevention Strategy 2.3)** 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

During FY 2020, VDSS agreed to extend the length of the cohort from 18 to 24-months, to give the participating agencies additional time working with the Coaches to implement the changes that each had developed. An evaluation report illustrated the degree of change that the participating agencies incorporated into their respective organizations. The first cohort presented their capstone projects virtually, in an event that overlapped with the orientation gathering of the second cohort. The three state level agencies that developed the UPLC each put together 4-person team to participate in cohort 2. The VDSS team is made up of four representatives from the Division of Family Services who will work together for 24-months to address the goals listed above within the state agencies.

#### *UPLC Workgroup*

The workgroup developed the UPLC continued to meet regularly in FY 20 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. The pandemic continues to shape many changes in how the UPLC is conducted. All gatherings and networking will be conducted virtually for the foreseeable future.

#### *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.

#### *Improving Access to Prevention Services and Funding*

The 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. In FY 20, VDSS provided funding to the Action Alliance for the provision of training and technical assistance to local domestic violence agencies, and for the collection of statewide data on services provided. **(Prevention Strategy 3.2)**

Combining Family Violence Prevention and Services grant with other state appropriated funds, OFV distributed \$8,827,778 for the provision of domestic violence services and intervention. Including



eleven agencies that provide primary prevention activities in addition comprehensive domestic violence services. **(Prevention Strategy 3.3)**

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 VFVPP (\$500,000), totaling \$1,178,780.52 in combined funding to support evidenced-based and evidenced-informed programs and practices

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 3.5)**

#### *Identifying Children and Youth Who have Experienced Crimes and Connect Them to Needed Services*

The Screening for Experiences and Strengths (SEAS), a brief screening tool to identify children and youth who have experienced crime and trauma, was piloted by service providers in seven Virginia communities for more than three years. The piloting and evaluation of SEAS was completed early in the year; and, in July 2020, VCU (Principal Investigator) and Virginia HEALS project staff prepared and released a final [report](#), which concluded that the tool is evidence-informed and effective in identifying children and youth who have experienced crime and trauma. Informed by that report and the expertise of trauma expert at the National Child Traumatic Stress Network, Virginia Heals project staff made final revisions to the tool and made it available to anyone who has completed training. As with the Referral and Response Protocol and Community Resource Mapping, trainings facilitated by staff were offered virtually and an e-Learning module was developed. A total of 185 service providers from across the state participated in facilitated trainings, and another 58 accessed the online training module.

#### **(Prevention Strategy 5.1)**

In addition to the e-Learning modules on the Referral and Response Protocol, Community Resource Mapping, and SEAS, online courses were also developed on Trauma-Informed Screening and Family Engagement. **(Prevention Strategy 5.2)** The development of these courses was also completed in July 2020. Seventy-four service providers accessed the course on Trauma-Informed Screening, and 15 accessed the course on Family Engagement.

The Virginia HEALS toolkit that supports the implementation of the Virginia HEALS model of service delivery includes: Trauma-Informed Agency Self-Assessment, Family Engagement Guide, Community Resource Mapping, SEAS, and the Referral and Response Protocol. Virginia HEALS project staff provided Toolkit Overview trainings to 788 service providers over the course of 2020. In addition to offering and providing these trainings as part of a training series to any individual that registered, project staff also presented to Trauma-Informed Community Networks and other multi-disciplinary teams as well as system-specific conferences and meetings. True to the cross-system approach of the project, participants in these and other Virginia HEALS trainings represented child welfare, behavioral health, education, juvenile justice, healthcare, etc. **(Prevention Strategy 5.3)**

## Permanency Services

Foster care in Virginia is required by Virginia 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. There were 27 youth who discharged with KinGAP in CY2020. This is an 80% increase since CY2019 when 15 youth discharged from KinGAP. VDSS supported this increase in utilization through the addition of fictive kin to our legal definition of kinship care in 2020 (through legislative change), regional technical assistance, and revisions to guidance, forms, and kinship brochure. VDSS will continue to increase utilization of KinGAP with planned guidance changes in 2021.

On December 31, 2020 there were 4,369 children between the ages of birth and 17 in foster care. This is a decrease to the overall number of children in care at the same point in time last year (4,744). An additional 837 youth between the ages of 18 and 21 were also being served. This is an increase to this population group from last year (791). All of those youth were receiving foster care services through Fostering Futures as all youth who had only been eligible for 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, 2021, there were 3,558 children in foster care under the age of 18 (81%) in foster homes with 3,167 (72%) placed in non-relative foster homes. An additional 341 youth (8%) were placed in pre-adoptive homes. The percentage of children placed in relative homes increased slightly, from 6.59% on January 1, 2020 to 9% on January 1, 2021. This increase is due in part to an increased emphasis on placing children with kin and with the addition of “fictive kin” as persons eligible to provide kinship care on July 1, 2020. Of children in foster care under the age of 18, 12% (527) were in congregate care placements, which is consistent with the percentage in 2020. On January 1, 2021, 79% of youth over the age of 18 in foster care were in independent living placements.

Virginia’s permanency rate for calendar year 2020 was 78%, which is a slight increase from the permanency rate of 74.7% for 2019. Virginia continues to have a high percentage of youth aging out of foster care without permanency, and the CFSR results show that achieving permanency for children in foster care continues to be an area needing focus.

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**). 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 pandemic led to a hiring freeze for most of CY2020. Now that the hiring freeze has been lifted, VDSS has been working on a plan to recruit high quality candidates for this position.

Additionally, the foster care omnibus bill established two additional regional consultant positions in each office, permitting VDSS to significantly increase the level of technical assistance support and ongoing review of case work at the LDSS level. Since July 2019, VDSS focused on restructuring the current positions and hiring to fill vacancies, with the goal of having three permanency consultants and a family recruitment consultant in each region. A total of six regional consultants had been hired and after two rounds of advertising and interviewing, four positions remained vacant. Since the lifting of the hiring freeze, hiring has been ongoing and the consultant positions will be filled as of late April 2021. The permanency consultants have been tasked with providing ongoing review of all placements of children in congregate care, to ensure that such placements are medically necessary and to support the movement of these children to family-based placements as soon as possible. (**Permanency Strategy 3.6**) Additional tasks include monitoring utilization of the psychotropic medication oversight protocol and providing oversight for the provision of physical, mental, and behavioral health screening and services. Additionally, the consultants will review all cases where children have been in care for 24 months or longer and cases where youth are at risk of aging out of foster care and assist LDSS to find permanent homes for these children while also building capacity to improve permanency outcomes in the future.

The resource family 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 the 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. More information is included in the Diligent Recruitment plan submitted along with this APSR.

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.

The regional practice consultants 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. More information about these activities are provided in the Chafee section of this APSR.

LDSS also provide direct adoption services to children in their custody with the permanency goal of

adoption. The VDSS adoption unit is responsible for developing adoption policy and guidance and managing the adoption resource exchange, special initiatives, adoption finalizations, and the adoption disclosure processes. Virginia's special initiatives are designed and implemented to assist LDSS to ensure that children achieve permanency through adoption.

The following charts show Virginia's adoption activities and funding for fiscal 2020.

<b>Adoption Activity SFY 2019</b>	<b>Funding Source</b>	<b>Allocation and Services</b>
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 = \$1,877,881 and general fund match = \$469,470)
Adoption subsidy payments	Title IV-E and general funds	\$123,207,610 adoption subsidy (\$69,242,677 Title IV-E and \$53,964,933 general fund match)
Adoption assistance	General funds and SSBG	\$25,088,564 state adoption funds \$18,983,748 (\$7,000,000 SSBG and \$11,983,748 state funds)
Va Adopt Campaign	General funds	\$1,500,00 adoption services
Reinvesting adoption savings	General funds	\$4,414,435 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 contracts increased the use of resources and reformed practice which increased the number of foster care youth with finalized adoptions in the past year. VDSS finalized 857 adoptions in state fiscal year 2020, up from 801 adoptions finalized in FY 2019.

#### COVID-19 Pandemic Response

As mentioned throughout this APSR, VDSS and DFS responded quickly to the challenges introduced by the pandemic. DFS 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 conducting virtual visits. Waivers for several administrative regulatory requirements were granted to alleviate LDSS burden and ensure staff were primarily focused on responding to the safety needs of children. 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. More detailed information about the regulatory waivers can be found in the diligent recruitment section. An explanation of how DFS is working with older youth and Chafee/ETV Consolidated Appropriations funding can be found in the Chafee section.

## 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 97.6% and the in-residence visit rate was 85.5%. Virginia has met the federal standard for both monthly face-to-face contact and visits occurring in the child's placement for each AFCARS reporting period since October 2014.

Steps taken to address compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Regional permanency 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. Additionally, COMPASS|Mobile utilizes reminders to help support timely completion of documentation requirements
- Continued publication of a monthly visit report as part of the critical outcomes report available to all LDSS staff through SafeMeasures.® The report provides monthly updates on worker visits and 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. These reports facilitate supervisory oversight and intervention at the LDSS level, as well as identifying when technical assistance from the regional office may be beneficial.
- Continued focus on kin first culture and placing children in their home communities. When children in care are placed locally, travel time for workers is decreased. Virginia will continue to focus on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic 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**).
- Availability of an appropriate virtual platform. VDSS purchased doxy.me, temporarily, 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 aid 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.
- 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 FSS 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. This case documentation training was incorporated into the mandatory training requirements for new foster care workers in July 2019.
- 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.

Despite the pandemic, Virginia has maintained ongoing foster and adoptive parent recruitment campaigns. Regional Resource Family Consultants work with LDSS to transition from general recruitment strategies which included more traditional in-person recruitment efforts to using social media to recruit foster parents. LDSS responded by using data specific to demographic profiles of their children to develop targeted messaging to recruit for children in foster care in their communities. Local departments were also encouraged to utilize their approved foster parents to aid in recruitment and regional consultants have assisted some local departments in offering financial incentives to foster families who refer prospective families. **(Permanency Strategy 3.1)** Virginia's Kids Belong has partnered with VDSS in the development of the "I Belong" project to focus on children free for adoption without adoptive families identified. In November in accordance with the Adoption Call to Action, the "I Belong" project coordinated child specific recruitment videos to profile children in Virginia who are free for adoption without an adoptive homes identified. Virginia's Kids Belong has indicated that beginning in March 2021, they intent to coordinate child specific video shoots every 6 weeks for Virginia's waiting children.

When the COVID – 19 pandemic began in March, under the authority of Executive Order 51, Virginia waived the requirement that foster homes complete the process of re-approval and the requirement that Mutual Family Assessments be completed prior to approval. Local departments were also permitted to approve relatives in order for children to be placed immediately in advance of completing training, mutual family assessments, physical examinations and TB screening. In January 2021, the waiver were lifted and local departments were given a period of six months to complete foster family renewals and all elements necessary for initial approval.

Early in the pandemic, local departments expressed concern that foster families would be unwilling and unable to accept placement due to fear of exposure to Covid-19. Families who accepted placement of children were often asked and in some cases required, to quarantine by employers. To provide additional support to parents who accepted placement of children believed to have been exposed to Covid-19, positive for Covid-19 or exhibiting symptoms of Covid-19, an enhanced maintenance payment was developed and utilized by local departments.

VDSS continues to partner with others to provide trainings, engage families in decision making and show support and appreciation for foster families. In the last APSR, Virginia reported on the contract with Newfound Families. Due to the financial impact of Covid-19 on Virginia, the contract with Newfound Families was not renewed in July. However, until July, Newfound Families coordinated virtual trainings for Virginia's foster and adoptive families and maintained a list of on-line resources to support efforts of families to preserve the quality of education that children placed in their homes received. When it became clear that Newfound Families would no longer operate under its contract with VDSS, regional consultants worked with local departments to develop support groups for foster parents. Local departments were assisted in connecting foster families with community supports to offer additional support as needs were identified.

During the fall, Virginia updated and revised Resource, Foster and Adoptive Family Approval Guidance to reflect placing children with relatives as the priority when children enter foster care. Revisions aligned the process of approving relative and non-relative foster parents and further clarified the use of waivers

to allow for timely placement of children with relatives upon entering foster care. Under revised guidance local departments may utilize temporary waivers for a period of 6 months to allow for the completion of pre-service training, mutual family assessment along with physical and tuberculosis screening or assessment of relative caregivers. A physical home environment safety checklist was also developed to aid local departments in evaluating safety of the home environment and to determine where permanent waivers may be utilized to ensure that children are placed with relatives.

Regional resource family consultants have worked diligently to support the efforts of local departments to expand and improve their family engagement efforts. **(Permanency Strategy 3.2)** Consultants have worked with CRAFFT regional consultants to revise CWS 3103- Mutual Family Assessment training for local department workers to support the use of assessments of relative caregivers to connect them with supports and services necessary to ensure placement stability. As a result Virginia has experienced over a two percent increase in foster children placed with relatives during 2020. To ensure Virginia's continued transition to a kin first culture, regional resource family consultants are assisting PIP agencies in developing kinship firewall policies within their departments. The firewall policies will ensure higher level oversight related to placement decisions when children enter foster care or when placement changes are necessary to ensure the leadership is included in decision making when children are not placed with relatives. After firewall policies are developed within PIP agencies, Virginia will require those agencies to submit placement exception reports to Regional Consultants whenever children are not placed with relatives. Exception reports will allow Regional Consultants to review efforts to engage relatives and provide practice assistance to local departments to ensure that all options are exhausted before children are placed in non-relative foster homes or congregate care facilities.

CWSE 4060 Family Search and Engagement has been delayed by the pandemic. However, the curriculum has been developed along with scripts to support conversations with relatives and tools to support family engagement practices in local departments. The online training course will be made available by May 2021. Regional Consultants will begin utilizing the scripts to provide practice assistance in April 2021.

In accordance with Virginia's diligent recruitment strategic plan, Resource Family Consultants have supported local department within each region to remove foster family resource records that are no longer active. As a result Virginia has a much clearer picture of the recruitments needs that exist statewide and more specifically within each region. In 2021, Virginia will utilize its Foster, Adoptive and Resource Family recruitment contracts to develop messaging that identifies the role of foster parents in Virginia's kin first culture in serving as a support, rather than a substitute for the families of children. Regional Consultants will continue to utilize data to identify the recruitment needs of local departments and connect them with recruitment contractors serving each region in order to develop messaging. **(Permanency Strategy 3.3)**

In June 2020, Regional Consultants organized resource family advisory committees within each of Virginia's five regions. Local departments, private agencies along with foster, adoptive and kinship families have been included on the committees. Input from the committees was utilized to develop the process of utilizing waivers to approve relatives and to develop messaging related to the role of foster families as a support to children and their families. During 2021, regional advisory committees will focus on developing collaborative partnerships between local departments in an effort to expand recruitment and approval of foster families. Committees will also focus on developing partnerships between local



departments and private agencies to offer relative foster families enhanced support to improve placement stability for children placed with relatives.

Virginia's Kids Belong has worked to strengthen and expand its five Regional Coalitions and is poised to support Virginia's efforts to connect local departments, business leaders and the faith community to support recruitment and retention of foster families. Regional consultants will work closely with Virginia's Kids Belong coalition leaders to develop partnerships with local departments to improve foster family retention efforts and also promote child welfare worker recognition events.

Virginia has seen a slight decrease in the number of foster families serving sibling groups during 2020. However, data does identify an increase in the number of sibling groups placed together due to Virginia's effort to transition to a kin first culture that prioritizes family connections. (**Permanency Strategy 3.4**) During 2021, as Virginia promotes the role of foster families as a support and not a substitute for the families of children in foster care, an emphasis on the importance of preserving sibling connections will continue.

Resource, Foster and Adoptive Family guidance was updated in the fall of 2020 and took effect in January 2021. Guidance updates and revisions adds fictive kin to the definition of kinship foster parent. Modifications clarify the process of initiating placement of children with relatives and timeframes for when background checks must be completed in order assist local departments in minimizing Federal I-VE errors related to foster home approval. Modifications also clarify the number of foster children who may be placed in an approved foster home and outlines circumstances under which exceptions may be made. The intent of these modification is to implement requirements of legislation passed during the 2020 session of the General Assembly and to make changes consistent with waiver and foster family home capacity standards outlined in the Family First Prevention Services Act of 2018 and defined in the Social Security Act. (**Permanency Strategy 3.5**)

The Congregate Care review stemmed from the JLARC's 12th recommendation to "review, at least annually, the circumstances of every child in foster care who is placed in a congregate care setting, and identify children for whom such a placement is not justified by their needs". In the spring of 2020, VDSS conducted a review of all children placed in congregate care in Virginia to determine if there were children that were in congregate care settings without medical necessity. Out of the 568 youth in congregate care at that time, it was found that 27 children did not have a clinical diagnosis that would warrant that level of care. Regional permanency consultants conducted case meetings to gain a better understanding of those cases. It was determined that those youth were appropriately placed due to their behavioral needs.

VDSS has also developed an ongoing review process for children and youth placed in congregate care in order to continue to assess medical necessity, support the movement of these children to family based placements as soon as possible, and, reduce the use of congregate care placements across the state.

During 2020, the Quality Assurance team conducted an initial case review of 1,306 cases of children who were placed in a congregate care setting. The reviews identified 550 children who were placed in a congregate care setting not due to medical necessity. A case mining tool was developed and is utilized by resource family and permanency consultants. As trends are identified within each region, the consultants provide assistance to LDSS in developing plans to transition children into family based care. A priority will be placed on providing opportunities for children to connect with relatives and fictive kin

and to identify those relatives and fictive kin who may serve as a placement for these children. Cases are prioritized based on the child's age, permanency goal, length of time in foster care, and length of time in congregate care. **(Permanency Strategy 3.6)** The Diligent Recruitment Plan details the Adoption Call To Action activities related to the congregate care reviews.

When opportunities are identified local departments are directed to reinvest in engagement efforts to prioritize transitioning children to relatives whenever possible. Resource Family consultants also connect local departments with Resource, Foster and Adoptive family recruitment contracts and Virginia's Kids Belong to develop child specific recruitment campaigns for children for whom termination of parental rights has been achieved but who remain in congregate care.

#### *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](http://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 state. 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 2020 to promote Adoption Month celebrations by hosting its first ever virtual Adoption Conference. The conference took place over two days with a day devoted to adoptive families and a day for professionals. Featured presentations included racial disproportionality and inequities in adoption, Virginia's new Post-Adoption Consortium, navigating social security, and adoption services through a trauma lens. In 2020, the AREVA team continued working with the "30 Kids in 30 Days," program, in partnership with Connecting Hearts of Virginia, to feature children waiting for an adoptive family. The children were featured on, CBS, channel 6 in the metropolitan area of Richmond, VA 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 2020. Virginia also worked with Virginia's Kids Belong to create short video stories and update photographs of children who are waiting.

Family inquiry tracking of families through AdoptUsKids (AUKS) 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 AUKS 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-up email inquiries. The child welfare information system was updated in 2020; adding the following fields:

- Additional "Risk Factors" to the Child Characteristics Descriptors;
- Created a tracking system to determine if families who have inquired about waiting children through AREVA are being utilized by the LDSS;
- Created new parameters for the use of deferring children on the photo-listing website; and
- Created a new centralized mailbox for electronically sending and receiving required documents for AREVA photo-listing.

Inquiries received through AUKS by potential adoptive parents for children waiting to be adopted are tracked at initial inquiry, 30 and 90 days. For 2020, there were 2,417 AUKS inquiries; LDSS workers

responded to 989 of these inquiries, a 40.9% response rate. Virginia also received 1,807 adoption inquiries from the state program website and 421 from the ADOPT Hotline.

As of March 1, 2020, data from Safe Measures indicates there are approximately 1,245 children, under the age of 18, who have the goal of adoption and termination of parental right has been achieved for both parents. Of the 1,245 children, 699 are in need of an adoptive home. Currently, there are 214 children who are photo-listed on Adopt-US-Kids (AUKS) and the remaining 485 children are pending photo-listing because of missing photographs or court documents, or their status has not been updated.

## 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.

In CY2020, two children with intercountry adoptions entered foster care due to adoption dissolutions. In each of these cases, the parents filed for relief of custody and termination of parental rights during their first interaction with the courts/child welfare system. However, in one case, the judge refused to accept the parent's petition and the family was court ordered to participate in services. There were no intercountry adoptions disrupted prior to finalization.

<i>Country</i>	<i>Agency</i>	<i>Reason for Disruption/Dissolution</i>	<i>Age When Adopted</i>	<i>Plan</i>
Ethiopia	Unknown	Caretaker inability to manage child's behavior	9 y.o.	Adoption

Democratic Republic of Congo	Unknown	Caretaker inability to manage child's behavior	3 y.o.	Adoption
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## Adoptive Savings (section 473(a)(8) of the Act)

DFS and the VDSS division of finance conducted the fifth Title IV-E adoption savings calculations and case reviews in 2020. As a result of this project, more than \$7 million was calculated as adoption savings in 2020. VDSS spent the funds in 2020 on services to assist local departments of social services as well as support and sustain adoptive placements for foster care adoptions. More than \$1 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 2020, the MFA specialists received more than 328 referrals from across the state and completed approximately 243 mutual family assessment home studies. In 2019, the MFA specialists received more than 372 referrals from across the commonwealth and completed approximately 260 mutual family assessment home studies. The decrease in referrals is likely due to the pandemic.

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. Approximately \$2.4 million was allocated to support the new statewide Post Adoption Consortium which provides a consistent array of services for adoptive families across Virginia. VDSS utilized \$200,000 to continue the collaborative efforts with Virginia Commonwealth University on the prevention of child and abuse. The state provided approximately \$1 million dollars to the more than 120 local departments of social services to assist with substance use testing and supplemental services. Three million dollars was allocated to I.T. Portfolio's work in the development a new Comprehensive Child Welfare Information System (CCWIS) platform). VDSS allocated funding to complete the conversion of approximately 165,000 closed adoption records on microfiche to digital platform.

### *Adoption and Legal Guardianship Incentive Payments*

In 2020, VDSS received approximately \$200,000 in adoption incentive awards funding. LDSS had the opportunity to apply for adoption incentive funds through proposal submissions. Approximately 38 agencies, out of 120 across the state, applied and were awarded funds in excess of \$112,000. Additional funds are currently available from the 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, hold recruitment initiatives for prospective foster-to-adopt families, and celebrate adoptions during adoption month in November. Virginia plans to utilize any future adoption and legal-guardianship incentive funds in 2021 to support adoption services for families statewide.

In the Northern Region, Arlington Department of Social Services developed an innovative project and utilized their funds to develop groups for older teens who had been in care more than 24 months in an effort to "unpack the no" and assist them in achieving permanency. The local agency partnered and sub-contracted with the Center for Adoption Support and Education also referred to as C.A.S.E., to facilitate the workgroups. Due to the pandemic, they were unable to hold in person meetings. In an effort to promote the program, they invited other localities across the state to invite their teens to the group via virtual participation. This project is on-going.

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

In 2020, there were 8,407 children served per month through federal and state funded adoption assistance. The total allocation for Title IV-E adoption assistance was \$110,022,154. There were 1,139 adopted children who received services through state adoption assistance. The total allocation for state adoption assistance was \$18,983,748, a decrease from \$25 million in 2019. LDSS provided for a total of 857 adoptions in 2020.

#### ***Adoption Month Proclamation and Awareness Events***

Governor Ralph S. Northam signed and issued a proclamation in support of November's Adoption Awareness Month. VDSS hosted its fourth annual VDSS Adoption conference in November 2020. The theme, "Engage Youth: Listen and Learn", involving children and youth in decision making and permanency was central to the adoption month activities. The conference was broken into two virtual sessions. The first session was held during the day for professionals; the field and community partners. The second session was held in the evening specifically for foster and adoptive families. Between the two sessions, there was approximately 350 persons in attendance. Both sessions had workshops which highlighted adoption stories, racial equity, post-adoption support and youth voice. It is anticipated that VDSS will continue to host annual adoption conferences.

#### ***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.

#### ***Adoption Contracts***

##### **Adoption Through Collaborative Partnerships (ATCP)**

Children's Home Society of Virginia, Commonwealth Catholic Charities, C2Adopt, DePaul Community Resources, Extra Special Parents, United Methodist Family Services, Danville DSS, and Shenandoah Valley DSS were the eight subrecipients that provided ATCP services in FY2020. This was the last year of the three-year RFA.

In FY2020, a total of \$1,460,791 was spent on ATCP activities from July 1, 2019 – June 30, 2020. Promoting Safe and Stable Families Program (PSSF) and state general funds (75% federal, 25% state) supported the ATCP program. Subrecipient outcomes for Fiscal 2020 are as follows:

- 571 children were served.
- Subrecipients finalized adoptions for 276 children, exceeding the goal of 228 for Fiscal 2020.
- 59.74% of children served were adopted, 6% more than the previous fiscal year
- Average cost per adoption (payment to subrecipients) was \$5,292.
- Overall average cost per child served under the ATCP contract was \$2,558.

VDSS community partners helped LDSS to facilitate timely adoptions in Virginia as the following table suggests:

Subrecipient	Category 1		Category 2		Category 3	
	Projected	Actual	Projected	Actual	Projected	Actual
Children's Home Society of Virginia	4	3	11	7	6	8
Commonwealth Catholic Charities	6	6	0	0	31	41
C2Adopt	2	0	19	7	12	4
DePaul Community Resources	4	19	52	93	0	9
Extra Special Parents	0	0	16	17	5	6
United Methodist Family Services	3	3	23	22	6	5
Danville DSS	1	1	14	10	0	1
Shenandoah Valley DSS	1	1	5	1	10	12
Total	21	33	140	157	70	86
FY20 Total Finalized Adoptions in Virginia	857					
FY20 Total Finalized Adoptions by Subrecipients	276					
% of Total Adoptions Finalized in Virginia by Subrecipients in FY20	32.21%					
FY20 Total Number of Adoptions Finalized within 24 months in Virginia	315					
Total Number of Adoptions Finalized within 24 Months with the Assistance of Subrecipients	33					
Total Number of Virginia Finalized Adoptions of hard to place children, sibling groups, children with more than one placement, or had disabilities or significant challenges that received assistance from subrecipients	157					
Number of children and youth in LDSS custody whereupon subrecipients assisted with Record of Investigation to the court and other administrative tasks to facilitate a more timely adoption.	86					
<b>Category 1:</b> Children and youth with a goal of adoption, termination of parental rights (TPR), who are not in a pre-adoptive home and <b>have the potential to be adopted prior to reaching 24 months of their entry into foster care</b> (i.e., children in foster care less than 16 months).						
<b>Category 2:</b> Children and youth who have a goal of adoption, termination of parental rights (TPR), who may or may not be in a pre-adoptive home, and <b>are likely not to be adopted within 24 months of their entry into foster care</b> (i.e., children in foster care 16 months or longer). These youth are at high risk of aging out of foster care due to an excessive length of stay in the foster care system.						
<b>Category 3:</b> Children and youth in foster homes, with the goal of adoption, with termination of parental rights (TPR), and an adoptive placement agreement has been signed, but the adoption is not finalized.						

Since the inception of the ATCP program in 2011, the percentage of adoptions that were timely (occurring within 24 months of the youth entering foster care) rose steadily during implementation of ATCP. Prior to implementation, the average percentage of adoptions finalized within 24 months was 25.9%. Since implementation, the average percentage is 32.5%. Based on a study completed by the VDSS Office of Research and Planning, between FY2018 and 2019, the ATCP group had a higher rate of adoption (53%) compared to non-ATCP adoptions (38%) in the same time period. ATCP youth who were adopted tended to be older, in care longer, had more placements, had disabilities or significant challenges (e.g. diagnosed with or removed from the home due to emotional disturbance), and were more likely to be part of a sibling group.

In FY2020 a new RFA, #FAM-20-076, was issued and the following agencies were selected to provide ATCP services for another three years beginning July 1, 2020: Children's Home Society of Virginia, Commonwealth Catholic Charities, C2Adopt, DePaul Community Resources, Extra Special Parents, and United Methodist Family Services.

#### FY2020 Accomplishments and Challenges Reported by Subrecipients:

##### *C2Adopt*

C2Adopt was able to quickly make adjustments for staff and collaborative partners towards remote service delivery at the start of the pandemic. Staff moved to teleworking and changed meeting formats to videoconferencing or conference calls. They worked with foster parents and facility staff to maintain connection to their ATCP youth despite the restrictions on in-person visits. C2Adopt initiated their first ever virtual match event when it was apparent that an in person event for the spring would not be an option. Staff made themselves available to their LDSS partners to complete in-person work such as full disclosures and file reviews as allowed by their policy and following safety measures (masking up, taking temperatures, staying 6 feet apart).

##### *DePaul Community Resources*

DePaul had a record number of referrals and finalized adoptions during this fiscal year. They exceeded their 2020 projects significantly (56 finalized adoptions projected; 121 actual finalized adoptions by June 30, 2020). Staff were impacted by the high turnover of DSS staff at many local partner offices, which slowed certain aspects of the adoption process since new workers were often not yet trained or well versed in adoption policy. DePaul serves a large geographic area and not all LDSS partners had the same process for completing their adoptions; many agencies do things very differently from one another. DePaul adoption specialists had to learn how each individual agency worked, which was challenging at times. Of course, the major challenge this year was the COVID-19 pandemic and the effect this had on how DePaul delivered ATCP services and their interaction with DSS regarding obtaining case file records. Even with these challenges, DePaul did not make any adjustments to their 2020 goal of finalized adoptions and actually had exceeded projections.

##### *Shenandoah Valley DSS*

Shenandoah Valley DSS finalized 14 adoptions out of the 40 children served through this contract. Additionally, 18 Adoption Placement Agreements had been signed and 16 Report of Investigations were completed. Of the 14 children adopted, all were adopted by the existing foster parent. Shenandoah Valley DSS participated in numerous recruitment activities to include social media, local agency Heart Gallery and adoption related events such as ADOPT, child specific match events, and various recruitment events.

### *Children's Home Society of Virginia*

Children's Home Society (CHSVA) worked hard to ensure that youth on their caseload did not age out of care but were adopted before turning 18. Four amazing 17 year olds were adopted with CHSVA's assistance this year. CHSVA also served 52 youth in fiscal year 2020 even though their goal was 30.

CHSVA did not meet the targeted goal for number of adoptions finalized (18/21). The primary challenges in achieving this outcome are the significant needs of children who have been in foster care for a long time. They have intense and significant behavioral and mental health needs, so identifying an adoptive home willing to meet those needs is a lengthier process. Many struggle to discharge from residential programs, disrupt placements, or have multiple pre-adoptive placements before finding permanency. Many state that they would rather do an IL program and need help "unpacking the no" of adoption. CHSVA met this challenge by providing child-specific recruitment to identify connections the children already have, and by ensuring they are receiving therapeutic services to address their needs. CHSVA recognizes that it can take longer and they will 'not give up.' An additional challenge with supporting their DSS partners was completing the finalization process. It seemed to take longer than it used to, due to the number of forms and procedures involved. CHSVA is working to become extremely knowledgeable of this process so they can assist in moving ATCP youth through the adoption process more effectively.

### *Commonwealth Catholic Charities*

At the 2019 contract renewal, the program projected 37 finalizations. At the end of FY2020, the program achieved 47 finalizations; 10 finalizations over 2019 projections.

### *United Methodist Family Services*

In the ATCP project, UMFS achieved 30 finalizations across the regions. This surpassed their original goal of 29 finalizations. The ATCP team strengthened the relationship with existing partner localities, and built relationships with five new partners this year. There has been a significant increase in referrals from Frederick, Rockingham/Harrisonburg, and Albemarle counties. UMFS had a total of 15 new referrals as of July 1st. ATCP achieved finalizations for two 17 year olds who had been in care longer than five years. In both cases, there was a significant amount of adoption work, advocacy, and supportive services that contributed to the finalized adoptions.

The COVID-19 pandemic caused major, unavoidable challenges in various ways. The completion of the Full Disclosure reports and other required documents was difficult for many cases. The major obstacle was the inability to physically complete file reviews at localities. The ATCP staff worked collaboratively with the DSS and TFC caseworkers to gather the client information needed. COVID-19 also affected the pre-placement process for a teen who was matched with his adoptive family in March, 2020. The pre-placement process was put on hold for three months, due to health concerns in both the foster family and the prospective adoptive family. Virtual meetings and phone calls continued between the teen and the adoptive dad. Additionally, many finalizations were delayed due to court closures and limited hours of operation. Recruitment was also put on hold for a sibling group of four due to the ICPC process.

### *Post-Adoption Services*

1. Case Management, RFA #FAM-18-003



In FY2020, a total of \$1,508,373.32 of state general funds were spent on post adoption case management services. The following client activity and accomplishments were reported by contractors for this fiscal year:

<b>Client Activity</b>	<b>Total</b>
Total Number of Referrals	223
Total Number of Families that Received Case Management Services	229
Most Common Type of Referral Made or Service Directly Provided	Individual counseling (child)

The three-year RFA ended on June 30, 2020. Case management was rolled into the new post-adoption RFP, #FAM-20-082. No interruption in the provision of case management occurred with families engaged in this service during the transition from the previous RFA to the new Regional Consortium model that began on July 1, 2020. The provision of case management will be slightly different in the Regional Consortium model. Changes were made based on the Post Adoption Array of Services and Supports recommended in the *VDSS Post-Adoption Consultation Evaluation Report, January 31, 2019*. Beginning July 1, 2020, there will be two levels of case management. Based on intake and assessment, families will receive assistance and guidance in improving access to needed services (Level 1 Basic) or services to improve family functioning and health outcomes (Level 2 Comprehensive).

C.A.S.E., C2Adopt, and Catholic Charities of Eastern Virginia provided post adoption case management services in the final year of the RFA. The three contractors provided services either directly or by referral to adoptive families that included post adoption education and training, individual and family counseling, school-related mediation, and support groups. In March 2020, the transition to virtual case management was necessary in response to the COVID-9 pandemic. Although services were not interrupted during the transition, referrals from local departments of social services and others dropped-off significantly as a result of COVID-19 and the contractor's inability to market their case management program.

#### FY2020 Accomplishment and Challenges Reported by Contractors:

##### *Catholic Charities of Eastern Virginia (CCEVA)*

CCEVA built wonderful connections with four LDSS in the area and have attempted to make connections with others. CCEVA has also been working on marketing the post adoption case management program for self-referrals. CCEVA developed a smooth process in reaching out to families who are referred and have seen an increase in families interested in enrolling due to this process. The case managers on staff are passionate about the work they do and that shows in their relationship with the families and the families reporting being satisfied with services.

##### *Center for Adoption Support and Education (CASE)*

Awareness of the PACM program has significantly increased throughout 2020 with continued outreach to LDSS offices, notification to private agencies, and "word of mouth" becoming a significant factor in service utilization. The Pathways to Permanence 2 training was marketed and successfully delivered in each of the three regions this past fiscal year. The satisfaction rate has risen from 91% in 2019 to 97% in 2020, with these families noting they are currently "very satisfied with the services they have

received or are receiving" on the initial survey. While 94% of families completing the closure survey in 2020 noted they would recommend the service to other adoptive families. CASE and their partners Lutheran Family Services and Commonwealth Catholic Charities, continued to build a collaborative team of adoption-competent, highly professional staff that have executed a uniquely individualized model, while keeping client satisfaction rates consistently high. CASE expects to build on this success while offering a broader array of services through the Northern Post Adoption Consortium. All families who have been served by PACM at any point in the grant now have a trusted resource that they can turn to for future support. In addition, many families served in this grant have been able to avail themselves of other services and supports that CASE provides including mental health and educational products and services.

## *C2 Adopt*

Families that engaged in services were assisted with advocacy at community team meetings (educations, residential, etc.); they were provided appropriate referrals in the community as requested and were advised of services that would be available to them upon the ending of the PACM grant program. Families were sent resource materials about trainings, services and educational opportunities on a regular basis.

## 2. Post Adoption Support Services – RFP #FAM-15-083 & RFP #FAM-16-052

A total of \$1,969,465 was spent on the last year of both RFPs for post-adoption services. Reinvestment of Adoption General Funds Savings and state general funds supported post adoption activities. C.A.S.E., DePaul Community Resources, Frontier Health, Catholic Charities of Eastern Virginia, United Methodist Family Services, and Children's Home Society provided a variety of post adoption supports and services to support families during critical periods as indicated below:

Data Point	Total
Number of Families Served	543
Number of International Adoptive Families Served	54
Number of Families Provided Adoption Competency Training	376
Number of Behavioral Health Providers Trained in Adoption Competency	188
Number of school staff or other Professionals Trained in Adoption Competency	578

- The most common types of post adoption support services provided were respite, parent coaching, parent training, peer support, information and referral, clinical services, individual and family counseling, and case management.

- The demographic make-up of the majority of adoptive families that typically receive post-adoption services are foster adoptive families that are Caucasian or white and non-Hispanic or Latino, and are two-parent households. Children aged 12 and younger are the most common age group to receive services. Beginning in July 2021, contractors will begin reporting demographic data of all the families and children they serve under RFP #FAM-20-082. Contractors had never been asked to provide this level of client detail in previous grant programs and will use the first year of the five-year grant to develop a regional client data management system to collect, record, track, and report demographic data that reflects families and children served through this new service delivery model.
- Service utilization dropped significantly in March 2020 due to the onset of the COVID-19 pandemic. Agencies transitioned most of their services to virtual, however services such as respite were difficult to provide in a virtual environment and families were not fully engaged in case management or support groups early in the pandemic.

In FY2020, VDSS, with assistance from Child Trends, developed RFP #FAM-20-082 to solicit proposals for the new regional consortium service delivery model for providing an array of post-adoption support services in each of the five regions of VDSS. These are specific services recommended in Child Trends' *Post-Adoption Consultation Evaluation Report, January 31, 2019*. The purpose of introducing the regional consortium model in Virginia is to make sure the same services are available and accessible to adoptive families, regardless of where they live in a region, and that the services offered are best practice or evidenced-based, and are provided by experienced, adoption competent providers. United Methodist Family Services was selected as the contractor (Lead Agent) for the Eastern and Central regions, CASE was selected to implement the new model in the Northern region, and DePaul Community Resources was chosen to develop and implement the consortium model in the Piedmont and Western regions for FY2021.

#### FY2020 Accomplishments and Challenges Reported by Contractors:

##### *United Methodist Family Services (UMFS)*

There were 132 unduplicated adoptive families and 196 unduplicated children served by the project this year. There were 47 families that received direct therapy services, and there were 25 trainings with 527 attendees. UMFS and C2Adopt forged new partnerships with community organizations and providers to help better serve and support adoptive families. During the COVID-19 pandemic, the transition to virtual service delivery for case management, parent coaching and support was fairly seamless to the families. Families found the Ring Central meetings easy to access and many families stated they hoped the virtual meetings would continue to be an option after the pandemic, because it was sometimes easier than traveling for an in-person session. Staff were able to quickly pivot and create programming that could be delivered remotely. Staff worked with community partners to determine what services would still be available and how families could access them (i.e., counseling, intensive in-home, services via FAPT, public mental health, school services for youth with IEPs, etc.). Staff moved to teleconference for

meetings and check-ins with families. In some cases, where it was therapeutically appropriate (and within CDC/state guidelines) there was some limited face-to-face contact with social distancing followed. Staff were also able to open cases for new families reaching out during the pandemic with significant service needs, and quickly and efficiently link them to other providers.

#### *DePaul Community Resources*

Parents and youth continued to build strong supportive networks with other families. Families continued to participate in Family Engagement Services which helped to support them during the COVID-19 pandemic. Great joint team effort from PASS and clinical programs to ensure families receive needed services as well as maintain adoptive placements. Openings for PASS clinical services for families was a welcomed event in the Roanoke office, and six clinical referrals were made the first month. Over 10 families (12 adults and 40 youth) participated. Volunteers were from a wide range of agencies in both Western and Piedmont. Coordination between five LDSS offices to participate in/refer families to NRV Adoption Celebration in November (Christiansburg and Roanoke offices). This event had an attendance of over 1,000 and was featured on WSL 10 News. Families showed strong resilience by coming together during COVID-19 pandemic. DePaul made swift changes to support staff for telework and the implementation of virtual communications with families. Many families reported that things are better for them now that they are quarantined at home and do not have the many time-consuming transitions in their daily routines. Staff had to learn new ways of providing support which included learning virtual apps and other ways of offering support to their families. PASS created a YouTube page to complete videos for families. In addition, game mailings were sent to homes for children to participate in and win prizes. The PASS staff came together during a time of uncertainty and global stress.

#### *Children's Home Society of Virginia (CHSVA)*

CHSVA had several media successes to promote post-adoption services and awareness profiles of two of their families with CBS 6, and NBC 12, and highlighting CHSVA Post Adoption clients and staff in a Fredericksburg Parent article. In a recent survey, 91% of families served reported improved family dynamics as a result of their engagement in the CHSVA Post Adoption program. 96% of youth reported improved peer dynamics after participating in respite events. Even though CHSVA held only 6 out of the 8 planned respite events, they still exceeded their goal for individual respite participants, due to high attendance of events at the beginning of the fiscal year (the goal was 70 participants and they had a total of 74 participants). Due to the COVID-19 pandemic, CHSVA had to cancel two scheduled in-person trainings. In order to address these challenges, CHSVA facilitated two virtual trainings through Facebook Live, as well as 29 bi-weekly half-hour family activities through Facebook Live. At the time of reporting, the views associated with these broadcasts totaled 8,526 views.

#### *Center for Adoption Support and Education (CASE)*

At the end of the contract period, thirty-nine mental health professionals completed the 72-hour, 12 module Training for Adoption Competency by participating in the classes offered in Charlottesville and Fredericksburg. By training an additional 39 professionals, CASE had extended the access for families to receive adoption competent clinical services, with the potential to affect a large number of children and

families throughout Virginia. The grant also provided additional adoption competency trainings to families. Also 32 children and their families received adoption competent mental health services under this grant in the Eastern and Piedmont areas. Additionally, adoption competent consultations were offered to previous TAC graduates, promoting adoption competent mental health services.

CASE performed above expectations for service delivery to families and children throughout the grant year. CASE served a total of 47 families and 63 children. In addition CASE provided year-long webinars at no cost to families throughout the year. More than 5,000 families, professionals and individuals participated in these webinars. Webinars included: "Parenting for Success: Parenting your child with Fetal Alcohol" "We are Still Family: Supporting Separated Siblings", "Emotional Regulation and Relaxation for Parent and Child", "Navigating Relationships in Open Adoption", "Strategies to Help Children with ADHD Thrive in School". In addition Webinars were made available to families via podcasts throughout the year. In addition: three WISE-Up workshops were held in the region for children and parents; KAN 22nd Annual Conference was held in November 2019 with a theme of "Sing it, Draw It, Dance It, Say It: Finding our Voice within and Beyond our Adoptive Families."

### 3. Post-Adoption Consultant, RFP #FAM-18-038

In FY2020, Child Trends produced several deliverables for VDSS. This included audience-specific marketing materials, fact sheets, a power point presentation, and resource lists. Post-adoption contractors provided input in their final development to ensure that messages designed for the general public and families were appropriate and would capture the interest of the intended audiences. Child Trends assisted VDSS with the development of the new post-adoption RFP #FAM-20-082's statement of needs and scope of work. VDSS made the decision to adopt the consortium service delivery model for the provision of regionally provided post adoption services in Virginia. Each region will offer the same services that will be accessible to adoptive families, regardless of where they live in the region. Case management, parent education and training, youth and family peer support groups, respite, and crisis intervention are the services that will be provided in each of the VDSS five regions. These are the top basic, enhanced, and intensive post-adoption service identified as the most needed by adoptive families.

Child Trends assisted VDSS in the development of a performance reporting system guide to complement the RFP. The new RFP was released on January 24, 2020 and three contractors were selected to develop a regional Consortium and implement the array of post adoption supports and services in each of the five VDSS regions as recommended in Child Trends' *VDSS Post-Adoption Consultation Evaluation Report, January 31, 2019*. Child Trends will schedule a kick-off meeting with the selected contractors and their subcontractors in early FY2021 to share the marketing materials and some successful strategies to promote the new service delivery model to LDSS, adoptive families, and the general public.

### ***Foster and Adoptive Family Recruitment (FAFR)***

A total of \$278,237 was spent between July 1, 2019 and June 30, 2020, the final year of the three-year RFA. Seventy-Five percent of SSBG and 25% state general funds supported family recruitment activities. The following client activity and accomplishments were reported by Jewish Family Services (Connecting Hearts), DePaul Community Resources, Lutheran Family Services of Virginia, and Virginia One church, One Child for FY2020:

Family Data	Total
Number of family inquiries this year (i.e. phone calls, online, FITT)	1,307*
Number of families recruited through events this year.	117
Number of families that were in the approval matching process at the end of the contract period.	64
Number of children served that were waiting permanency during the contract period.	152

*\*Many inquiries occurred during National Adoption Month in November 2019 and the overwhelming response from two contractor's 30 Days of Hope (Western region) and 30 Kids in 30 Days (Central region) campaigns.*

Due to the impact of the COVID-19 pandemic, contractors were unable to host many in-person events. Family recruitment activities were moved to a virtual environment which had mixed success. This caused a significant decrease in the number of families recruited for the fiscal year and number of families that attended an orientation or completed a PRIDE training.

FY2020 was the last year of the three-year RFA. A new RFP, #FAM-20-093, was issued on March 27, 2020. Three contractors were selected to recruit foster and adoptive families through general, targeted, and child-specific recruitment. The goal of the new RFP is to assist VDSS to recruit and sustain foster families who are willing to partner in the State's effort to achieving timely permanency for youth in foster care. Virginia One Church, One Child was selected for the Eastern and Northern regions, Jewish Family Services/Connecting Hearts was chosen for the Central region, and Extra Special Parents was selected for the Piedmont region. The new RFP scope of work was revised and more emphasis was placed on supporting families from the referral to becoming foster parents. Contractors will be required to track and report families that were referred to a LDSS or LCPA orientation or training and the outcome of the referral (complete training, became foster parents) rather than how many inquiries led to families referred to an orientation or training. No proposals were received from the Western region. Recruitment will be provided through another grant (Adoption Through Collaborative Partnerships) for this region.

#### FY2020 Accomplishments and Challenges Reported by Contractors:

##### *DePaul Community Resources*

As a result of FAFR general recruitment activities and the Heart Gallery display, foster care and adoption awareness had increased significantly in the Western region. Many of the Heart Gallery locations had a viewership of over 1,000 individuals (Festival of Trees and Bristol City Public Library). The Lifetime Wellness Center had a viewership of over 5,000 individuals. A total of 19 Heart Galleries were featured. DePaul participated in WSLs Channel 10's 30 Days of Hope Campaign for the third year in a row. This year, the campaign was particularly successful, in that over 700 responses were received from individuals interested in learning more about foster care and/or adoption. There is at least one known success story of a teen who was interviewed by Jenna Zibton, WSLs, being placed with a family after they saw her interview on 30 Days of Hope. This teen is currently stable and doing well, with high hopes that the adoption will finalize this fall.

##### *Virginia One Church, One Child (VOCOC)*

The Heart Gallery was displayed in 21 different locations. Sixty-three adoption information presentations in churches and community settings were held. Churches across the Piedmont and Northern regions conducted the Adoption Calling Out during November 2019. VOCOC continued the use of authors to share their experiences in foster care and adoption through "Stories Worth Telling". VOCOC hosted *Empowered to Connect* and collaborated with Shenandoah Valley DSS, Prince William DSS, and Catholic Charities of the Diocese of Arlington, to provide this virtual orientation to 138 registrants. This was especially needed and supported by these partners because families could not come to group settings for training due to social distancing requirements.

#### *Lutheran Family Services of Virginia (LFSVA)*

In the last 3 years, LFSVA collected information on 378 perspective foster families in their database. Of those families, 302 or 80% were surveyed to find out if they either are still interested in fostering or have become foster parents. From that number, LFSVA received responses from 64 surveys (21%). Of the families who responded, 36 stated they planned to move forward (56%) to become foster parents. In the past three years, 11 families were approved through LFSVA or one their collaborative partners. The Heart Gallery was viewed in 16 locations prior to COVID-19, which included agency events, conferences, and church locations.

#### *Jewish Family Services/Connecting Hearts*

Connecting Hearts recruited 334 families, an 11.3% increase over goal of 330. This achievement is made more extraordinary by the fact that Connecting Hearts had almost a 100% staff turnover in February 2020. The new staff model included Denise Wise-David as Program Manager and came to blend the skills of several staff members to broaden the strategic thinking and reach or exceed the contractor's goals.

Through general recruitment efforts, 382,014 Virginians viewed the contractor's public awareness messages, an increase of 27.4% over goal. This viewership reflects the success of the 30 kids in 30 days TV partnership with Channel 6 in Richmond. The partnership generated a record number of calls and led to the high attendance of participants in the Contractor's "Connect" webinar series in the 4th quarter. Another engine in this public awareness strategy that began in 4th quarter is the move to the new JFS Connecting Hearts website on the JFS website which allows the Contractor to post an ongoing library of content. By the end of the year, the Contractor expanded the virtual Heart Gallery, which was also moved to the new website. In the 4th quarter the Heart Gallery featured 18 children with large color photos, short and engaging bios and, in some cases videos. Today the Heart Gallery includes 25 children. The growth in the number of children featured in the Heart Gallery was one of the first demonstrable results of the Contractor's growing relationships with the Richmond area LDSSs.

#### **Extreme Recruitment®**

In FY2020, \$301,721 was spent on Extreme Recruitment activities that were supported with state the general funds (VAdopts Campaign). Client activity and accomplishments reported by the four contractors in Fiscal 2020 were C2Adopt, United Methodist Family Services (Tidewater), United Family Services (NOVA) and Radford City DSS:

Data Element	Cumulative Total
Number of Foster Care Youth Served	73
Number of relatives identified during the search process	2,041
Number of youth matched with an adoptive family	12
Number of finalized adoptions	7

Number of youth reconnected with a network of safe, appropriate adults	41
Outcome	Cumulative Result
85% of youth will be reconnected with a network of safe, appropriate adults	95%
70% of youth will be matched with an adoptive family	46%

FY2020 was the last year of Extreme Recruitment®. Extreme Recruitment® 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. Training and technical assistance was provided to the contractors during the project period by the Foster & Adoptive Care Coalition, the owners of the intervention. Once the contract period ended, VDSS was unable to issue another Extreme Recruitment RFP due to Foster & Adoptive Care Coalition's decision to discontinue their expansion in Virginia.

In FY2020, Contractors were not allowed to add new clients after December 1, 2019. There would not have been enough time to implement the entire intervention with new referrals before the grant ended. With the onset of the COVID-19 pandemic and an inability to add new referrals, client activity dropped significantly during the last year. Youth that were still waiting placement at the end of the project were transitioned to the ATCP grant for continued recruitment and adoptive placement services.

VDSS extended existing Extreme Recruitment® contracts until June 30, 2020 after which a new intervention, 30 Days to Family®, was to be piloted in Virginia for FY2021. 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. Due to COVID-19 budgetary constraints, the introduction of 30 Days to Family in Virginia was postponed.

#### FY2020 Accomplishments and Challenges Reported by Contractors:

##### *Radford DSS*

Even though Radford did not meet their target number of adoptions, the adoptions that took place were noteworthy. One youth had a genetic disorder and his adopted family came from a search sponsored by that disorder's national association. The adopted family has a child with that same disorder. Another adoption ended up being an extended family member that had been a foster parent for decades and had no idea the youth was in foster care. The third youth was able to be placed with a former foster family that was uncovered during the family finding process.

##### *C2Adopt*

C2Adopt was successful in identifying large pools of birth family members in all cases. They had success connecting every youth with a supportive network of adults and many cases with a permanent resource. C2Adopt thought "outside the box" with a locality and began ICPC process to both explore reinstatement of parental rights to a biological mother and possible placement with maternal aunt. C2Adopt's expertise in the value of birth family and the belief that even when TPR has occurred that



circumstances change, helped to champion this unique approach. Their knowledge of the court process and ability to assess possible challenges with reinstatement led them to create a concurrent plan B with a relative in another state.

C2Adopt also worked with two incredibly challenging youth with significant mental health and behavioral issues and had been in residential treatment settings across the state for years. In each case, C2Adopt was successful in identifying a permanency resource, matching and moving them from their respective RTC settings into family placements. Unfortunately, in both cases their significant mental health challenges could not be managed in the community and family based setting. While their placements were not successful in achieving permanency, the ability to achieve a match and move them into placement was considered a success. Three youth who were matched will achieve permanency after the Extreme Recruitment project ends.

#### *United Methodist Family Services - NOVA*

One youth served through Extreme Recruitment was matched with a fictive kin. When this youth was in a previous foster home, he established a bond with a single dad. However, the dad was deployed for work and was not able to be considered as a placement option during Extreme Recruitment. Extended relatives of this dad had met the youth when he was in his home and went on to become licensed foster parents in hopes of taking him into their home. By the time they were licensed, the youth had been moved and they lost hope of reconnecting. Once Extreme Recruitment became involved, a family was identified and eventually matched. The family did an exceptional job of meeting the youth where he is. The family is proactive at meeting his needs. Through the Extreme Recruitment project, several youth's special needs were identified through additional assessments that were not explored prior to the project.

#### *United Methodist Family Services - Tidewater*

All youth had several relatives identified. The average number of relatives identified per child was 94. During this review period UMFS Tidewater worked with one youth who was adopted at age 4. At age 12 he came back into care and the project was able to locate his birth family. The youth was able to reconnect with his maternal family and the case has been referred to ATCP to pursue placement options.

## 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 Virginia, in accordance with the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) Program. Annually, VDSS provides the Chafee and Education and Training 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 Chafee program is a component of the VDSS foster care and the Fostering Futures (extended foster care) 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 Act.

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 state 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

The Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia requires that free annual credit checks be conducted for all youth age 14 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 state's Chafee staff and found on VDSS' internal website, as well as technical assistance provided by Chafee staff. **(Permanency Strategy 4.7)**

In compliance with federal and state laws, VDSS conducts annual credit checks for youth ages 14 through 17 in foster care. From January through December 2020, VDSS conducted credit checks for a total of 1,276 youth in care. Credit record irregularities (e.g., erroneous personal information, potentially fraudulent credit activity) were detected for 7.8 % of these youth (n = 100). Protective items (e.g., fraud alerts, credit security freezes, minor child status notes) were found in the credit records of 14.2 % of youth (n = 181).

VDSS transmits credit check results (i.e., Equifax, Experian, and TransUnion credit reports for eligible youth in care) to LDSS via physical and electronic mail. In March 2020, in response to the public health emergency posed by COVID-19, VDSS implemented a fully digital transmittal system for sharing youth credit check results with LDSS partners. All credit report documents are now provided to LDSS via encrypted email rather than physical mail. VDSS provides written guidance, training, and technical assistance to help LDSS identify and resolve problems detected in youths' credit records. VDSS also supports research investigating annual credit check outcomes for youth in foster care, and will continue to support this line of research inquiry in calendar year 2021.

By running annual credit checks, VDSS is able to detect problematic issues in youths' credit reports. Of the 106 youth for whom credit issues were detected at some point during the prior year (2019):

- VDSS verified full or partial resolution statuses for 30 youth (or 28.3% of all youth with prior-year detections).
- VDSS verified unresolved statuses for 26 youth (or 24.5% of all youth with prior-year detections).
- Resolution statuses could not be verified for 50 youth (or 47.2% of all youth with prior-year detections).

Generally speaking, VDSS is unable to verify a youth's resolution status when that youth reunifies with family, is adopted, ages out, or otherwise exits care at any point in time before an additional annual credit check is run.

**Annual Credit Checks for Foster Youth:  
January 1 – December 31, 2020**

<u>Month</u>	<u># conducted</u>	<u>Youth with issues</u>
Jan	75	4
Feb	96	5
Mar	98	9
Apr	127	14
May	116	8
June	109	7
July	102	8
Aug	138	13
Sept	126	10
Oct	112	6
Nov	91	8
Dec	86	8
<i>TOTAL</i>	1,276	100

Credit Security Freezes for Foster Youth

Per the Code of Virginia ([§ 63.2-905.2](#)), LDSS are required to initiate credit security freezes for children (0 – 15 years of age) who reach their six-month anniversary in foster care. A credit security freeze blocks the information on an individual's credit report and can help prevent identity theft. VDSS continues to monitor

LDSS compliance with credit freeze requirements for all eligible children in care. To help workers navigate freeze policies and implement best practices, VDSS provides written guidance, training, and technical assistance. SafeMeasures includes the report “Credit Freeze Completed for Youth Under 16”.

From January through December 2020, a total of 1,427 children in foster care were eligible for credit freezes. VDSS tracked freeze eligibility and provided monthly eligibility lists to LDSS through June 2020. VDSS discontinued these notifications in July, when LDSS assumed responsibility for independently tracking foster children’s freeze eligibility statuses. FY 2022, VDSS will begin sending freeze task reminder emails in an updated format to LDSS.

Also, in response to credit freeze-related challenges and concerns voiced by LDSS, VDSS created a guidance tool to aid caregivers of children who have exited foster care with an active credit freeze. Children may exit care with an active freeze in their credit records for several reasons: The LDSS with custody of the child may not have had sufficient advance notice of the child’s care exit date to execute a freeze removal; Credit Reporting Agency (e.g., Equifax, Experian, TransUnion) responses to LDSS freeze removal requests are in some cases delayed; and sometimes LDSS freeze requests are misinterpreted by the CRAs. For FY2022, VDSS will continue collaborative work with LDSS and CRAs to identify and remove barriers to policy implementation.

<b>Credit Freezes for Foster Children: January 1 – December 31, 2020</b>	
<b>Months</b>	<b># children eligible</b>
Jan	105
Feb	120
Mar	141
Apr	117
May	114
June	109
July	131
Aug	175
Sept	121
Oct	92
Nov	116
Dec	86
<b>Total</b>	<b>1,427</b>

#### National Youth In Transition Database (NYTD)

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. VDSS 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. The LDSS administer the NYTD surveys to eligible youth and provide incentives to those who participate in the surveys. (**Permanency strategy 4.2**)

During NYTD reporting periods 2020A (October 1, 2019 - March 31, 2020) Virginia surveyed 200 youth, and for 2020B (April 1, 2020 - September 30, 2020), 182 youth were surveyed. 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 17-year-olds. Virginia met the requirements for both survey completion for reporting periods 2020A and 2020B. Virginia did see increased difficulty in the timely completion of surveys during reporting period 2020B due to the onset of the COVID-19 pandemic. Approximately 975 youth received at least one IL service during each reporting period of federal fiscal year 2020. All LDSS have the ability to monitor and track their NYTD services and surveys using reports provided in SafeMeasures®. VDSS regularly communicates reminders of NYTD requirements and due dates to the LDSS through Broadcasts, emails, and virtual meetings.

For FY 2022, 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 and developmentally appropriate IL services to all eligible youth.

#### Medicaid

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. (**Permanency Strategy 5.2**)

VDSS continued to collaborate with DMAS to provide Medicaid to eligible youth. Youth 18-21 currently in foster care are eligible for Fostering Futures and Medicaid. FY 2022, VDSS has scheduled a presentation for the MCO Foster Care Work Group to inform the representatives about Fostering Futures and Chafee and ETV Programs, and will ensure youth are aware that they are eligible for Medicaid to age 26.

#### Educational Stability

VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout Virginia, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. (**Permanency Strategy 5.4**) 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 LDSS, and addresses questions and issues regarding providing appropriate notification of a student receiving foster care services, conducting the joint best-interest determination process, immediate enrollment, coordinating transportation, addressing special education

requirements, and other relevant components.

The VDSS/VDOE team adapted their in-person joint training to a virtual joint training and offered five dates and times to accommodate the schedules of school staff and foster care workers. Additionally, VDSS and VDOE continued to collaborate to provide technical assistance regarding the educational stability of children and youth in foster care. VDSS and VDOE each 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 the 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. In late 2020, the VDSS/VDOE team began the process of revising the joint guidance last updated in 2017, with an expected completion date of late summer 2021. 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 FY2022, VDSS will continue to collaborate with VDOE to provide training and technical assistance to stakeholders and complete the update of the joint guidance in order to provide appropriate services and support to youth.

#### SPEAKOUT and Youth Voice

VDSS is committed to facilitating youth voice and engagement in policy development, program planning, and the Chafee plan. (**Permanency Strategy 4.8**) As a result, VDSS partnered with the Capacity Building Center in 2018 for Virginia to develop a youth advisory board. SPEAKOUT, DFS youth advisory board, elected new officers this year. The board has a mission statement and bylaws that outline the roles of adults and alumni supports, membership, annual meetings, and strategies for communicating and working with VDSS and Project LIFE. As of December 31, 2010, SPEAKOUT has 10 members. 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 Virginia legislators when these opportunities arise.

Due to COVID-19 pandemic, effective April 2020 SPEAKOUT met virtually with VDSS foster care program staff and Project LIFE monthly. During these meetings VDSS provided state updates, which allowed SPEAKOUT to decide what areas to work on in their strategic plan. During FY2020, SPEAKOUT participated in the following events:

Event/Activities	Purpose	# SPEAKOUT Members Involved
Children's Bureau Youth Regional Roundtable-Region 3	Impact of COVID-19 and racism on youth in foster care	2
Annie E. Casey Activating Youth Engagement Summit	Activating youth engagement strategies	3
Virginia Town Hall Meeting (sponsored by SPEAKOUT)	Focus on supports and services for older youth-Chafee and ETV Programs	3

	and Great Expectations Program	
Virginia Town Hall Meeting (sponsored by SPEAKOUT)	Focus on Virginia's Fostering Futures Program	3
Meeting with Independent Living (IL) Coordinators in Central and Piedmont Regions	Presented information on SPEAKOUT at the regional IL Coordinators' meetings to inform the group about the YAB and to recruit new members.	3 (1-2 per event)
Five-year Prevention Plan Focus Group	Collect feedback from youth on Virginia's vision and goals of the five-year Prevention plan	3
Child Welfare Stipend Program- Radford University and George Mason University	SPEAKOUT members spoke to MSW students about their experience in foster care, unique needs of older youth, and ways to improve the system	2 (per event)
Pandemic Act Workgroup (Consolidated Appropriations Act 2021)	Youth's input on how to implement the Older Youth Provisions in the Act in the Commonwealth	2

#### Youth Exit Survey

Another opportunity to get youth voice is through the *Youth Exit Survey*. (**Permanency Strategy 4.1**) In accordance with Virginia state law ([H1451](#)), VDSS administers the ongoing Youth Exit Survey to gather feedback from youth exiting Virginia's foster care system. Youth who leave care altogether, as well as youth who turn 18 and decide thereafter to remain in extended care (i.e., Fostering Futures), are eligible to take the survey. The Youth Exit Survey is not intended for younger individuals (i.e., youth < 18 years of age) who leave care at any time before their 18th birthday. The focus of this survey is to learn about the relationships, resources, activities, and overall experiences of youth who have been in foster care.

VDSS provides monthly eligibility lists and individualized survey information flyers to LDSS partners for dissemination to eligible youth. Since March 2020, the Youth Exit Survey has been available only in electronic (i.e., online) form. Prior to the onset of the COVID-19 pandemic, VDSS maintained the necessary infrastructure to offer paper as well as electronic survey options for eligible youth. During COVID-19, VDSS has discontinued the paper survey option. The online survey remains accessible.

In FY 2020, VDSS received survey responses from 43 youth, or roughly 10% of all eligible youth statewide. To promote and administer the survey, VDSS provides written guidance, training, and technical assistance to local departments of social services. To incentivize participation, VDSS offers a \$15 gift card to eligible youth who choose to participate. In collaboration with stakeholders, VDSS will continue work to revise the survey instrument, improve marketing, and update administration protocols in efforts to encourage participation in FY2022.

Youth Exit Survey January 1 – December 31, 2020		
Month	# youth eligible to take exit survey	# survey responses received by VDSS
Jan	31	0
Feb	37	1
Mar	39	2
Apr	43	5
May	34	4
June	28	3
July	44	5
Aug	43	4
Sept	33	2
Oct	44	10
Nov	31	3
Dec	38	4
<b>Total</b>	<b>445</b>	<b>43</b>

#### Youth Housing Stability Coalition

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.

In addition, three localities (Newport News, Portsmouth, and Chesapeake) have received the Foster Youth to Independence (FYI) Tenant Protection Vouchers (TPV) for eligible youth. FYI provides eligible young adults with a housing voucher to assist in the prevention of homelessness among youth adults with foster care histories. VDSS has been in communication with these localities to provide FYI information, support, and Chafee funding, if needed.

For FY2022, 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. (**Permanency Strategy 5.2**)

#### FY 2020 Youth Engagement Activities

Youth engagement is an effective way to ensure that the youth's voice is incorporated in service planning, policy, committee work, and legislation. VDSS was excited to have youth and young adults participate in the various events and youth engagement activities listed below:

DFS staff, UMFS Project LIFE staff attended the annual Chafee Program Alliance Meeting presented by the Capacity Building Center for States (Center for States) on behalf of the Children's Bureau in Washington D.C. March 5-7, 2020. Per the request of the Center for States, two young adults with lived



experience in foster care and officers of SPEAKOUT accompanied staff to the meeting and were an integral part of Virginia Team. The purpose of the meeting: 1) engage and partner with young people in important conversations about services that directly impact them; and 2) create opportunities for networking and peer-to-peer learning where Chafee/Independent Living (IL) and Education and Training Voucher (ETV) coordinators and young people can engage in dynamic conversations related to the successes and challenges they are currently facing. 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.

The Jim Casey Youth Initiative Activating Youth Engagement Summit, scheduled for April 30 – May 1 in Alexandria, VA, was cancelled due to the pandemic. This summit was sponsored by the Annie E. Casey Foundation in partnership with the Children’s Bureau. Following the cancelation, a virtual Kick-off Event was held on May 27, 2020 for participants. Virginia’s nine-member team, composed of three DFS staff, two Project LIFE staff and four 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.

Further, the Virginia Team participated in the two-day (August 26-27, 2020) Activating Youth Engagement Summit hosted by Annie E. Casey Foundation. The summit supported 27 state teams in strengthening their youth engagement work with people with the goal of achieving equitable outcomes for young people who experience foster care. During the summit, Virginia Team integrated its learning from advance prep activities (i.e., reviewed the ACYF-CB-IM-19-03 (IM), participated in the youth engagement assessment, Emergent learning conversation, and webinar on historical context of racism in child welfare) and summit workshops. Also, the team developed an action plan that advances authentic youth engagement and made action commitment to continue the work post-summit. The Virginia Team Engagement Action Plan includes:

Strategy or Activity #1	Plan and conduct SPEAKOUT Youth Town Halls
Strategy or Activity #2	SPEAKOUT Empowerment -leadership, strategic sharing, public speaking, advocacy training, new member training
Strategy or Activity #3	Implement the Youth Welfare Approach-to become familiar and increase awareness of the approach (short-term) in preparation for roll out statewide (long-term)

SPEAKOUT hosted its first statewide virtual Youth Town Hall on August 18, 2020. The purpose of the town hall was to share information and to get feedback from youth in and transitioning out of foster care. The primary focus was on services and supports available to older youth, specifically post-secondary education and training support through Virginia's Education and Training Voucher (ETV) Program. VDSS ETV staff presented information on eligibility and program requirements. The town hall was targeted at youth currently in foster care, including Fostering Futures, or those who recently transitioned out of foster care but have not yet turned 26 years old. LDSS staff and community partners were also invited to participate to learn more and share information with their youth. There were

approximately 35 unique logins for the town hall with about 12 youth participating. Also, Independent Living programs tuned in and had youth present in the room to hear about the ETV services. SPEAKOUT is hoping to hold regular town halls going forward, focusing on topics youth have expressed are important to them. As with the first town hall, VDSS and Project LIFE will continue to support SPEAKOUT through helping with logistics, providing the online platform, and creating and disseminating promotional materials. On December 15, 2020, SPEAKOUT held its second town hall entitled “MY Life, My Rights, My Future,” which focused on the Fostering Futures Program presented by DFS’ Foster Care Program Manager and Policy Specialist.

On July 27, 2020, two young persons with lived experience represented the state by participating in the Youth Regional Roundtables hosted by the Children’s Bureau. The virtual roundtables occurred across the nation to hear directly from young leaders about their concerns, especially during the pandemic. DFS staff attended for support, however all professionals were in “listen mode” only. The major themes that emerged from the eleven Youth Roundtable calls included (this information provided by Kimberly Murphy with ACF):

**1) Mental health and social isolation** – The youth are feeling socially isolated from friends and people in professional networks. There was mention about feeling isolated from caseworkers.

**2) Concerns about shift to virtual meetings-** Confidentiality was a concern; access to provider; access to technology varies and there is a great deal of variation; the quality of access youth has to technology; many do not have the same level of access to internet as others.

**3) Employment** – Youth found it challenging to seek and obtain employment over summer and between semester; difficult to apply for employment benefits.

**4) Pregnant and parenting youth** – Parenting youth expressing concerns about access to childcare; and cannot maintain employment without access to childcare. They are having difficulty managing employment and family life.

There were positive responses from the youth who participated in the roundtables. Youth highlighted FSS doing outreach to youth to manage issues around pandemic and transitioning to a virtual format enabling them to be involved. Youth who participated in Town Hall events appreciated the opportunity to share their concerns and what they are experiencing.

Knowing these concerns, assisted the practitioners in being more intentional in working with youth to address their complex needs during the pandemic. VDSS was deliberate in providing guidance, technical assistance, and funding to ensure LDSS diligently support and engage the youth during this critical time. SPEAKOUT also hosted two town hall meeting that allow youth to share their concerns and receive information on services and resources.

### *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 July 2019, VDSS awarded UMFS the statewide IL services contract for the third time. Project LIFE continues to prepare young people for advocacy opportunities, strengthen their natural supports and connection with stable adults. Also, they provide training and technical assistance to LDSS staff. This contract emphasizes positive youth development and engagement for youth.

Due to the COVID-19 pandemic, several youth activities and adult trainings were canceled, which reduced this program's training and workshop opportunities. This created challenges for Project LIFE to facilitate their in-person events such as spring college tours, Real World events in all five regions, capitalize the spring statewide youth conference, and graduation events with agencies throughout the state.

However, Project LIFE was able to adjust to a virtual learning platform to continue to provide IL resources and services through the Ring Central application starting in April 2020. Some successes were the virtual spring conference, ongoing IL skills workshops, and virtual learning opportunities for LDSS, private providers, and stakeholders. This virtual platform opened the program's ability to serve youth and workers in multiple regions simultaneously during these virtual events. An ongoing challenge is a reduction in youth participation due to lack of interest in virtual events or lack of access to internet service. From January to December 2020, Project LIFE served the following youth:

<b>Numbers of Youth Served by Region (January – December 2020)</b>	
<b>Region</b>	<b>Numbers of Youth Served</b>
Central	110
Eastern	96
Northern	89
Piedmont	84
Western	54
<b>Total</b>	433 (total unduplicated youth)

### **Types of Services Provided**

	<b>July – September</b>	<b>October - December</b>
<b>Services</b>	<b>Cumulative Totals of Youth Participation</b>	<b>Cumulative Totals of Youth Participation</b>
Advocacy/Leadership Opportunity	19	78
Advocacy/Leadership Training	0	14
CLSA/Transition Planning	2	2
Community Engagement	17	32
Daily Living	33	30
Education	15	2
Employment/Career	13	24

Development		
Financial Literacy	0	3
Good Credit	2	20
Housing/Home Life	11	3
Permanency/Relationship Building	13	20
Public Speaking Training	5	12
Self-Care	16	12
Statewide Conference	15 (youth participants in conference planning)	26
YAP	0	12
<b>Total</b>	<b>161</b>	<b>290</b>

Project Life held their first VDSS virtual youth conference on April 30 and May 1, 2020 as the annual statewide in-person spring conference had to be cancelled due to the COVID-19 pandemic. Project LIFE coordinated and facilitated the virtual conference, which was scheduled 12:30pm – 4:30pm for two days using the Ring Central application. Youth were involved in the planning. During this virtual conference, 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.

On October 30, 2020, Project LIFE hosted a virtual pre-conference Halloween costume party to kick off the Fall Virtual Youth Conference with 12 youth in attendance. The virtual conference was three hours each day using the Ring Central application. Although 55 youth registered for this event from all five regions, only 12 actively participated. Project Life held the virtual annual fall conference November 5 to 7, 2020. Youth were involved in planning the conference. VDSS provided state updates and presented on the importance of youth voice on state committees and to improve the child welfare system. Also, there

was an open discussion on the support they need with their educational goals and needs during the pandemic.

During this virtual conference, there were 26 youth who participated. Most attended on November 6<sup>th</sup>. Project LIFE provided incentive based raffles for youth engagement throughout the sessions, a virtual Harry Potter mystery activity, and several youth engaging icebreakers/activities along with the Independent Living (IL) life skills opportunities. (**Permanency Strategy 4.4**) Youth were able to actively participate in the life skills sessions listed below:

- Daily Living Skills/Home Life through culinary arts session with a chef. Youth learned meal planning, preparation, and how to bake a holiday apple pie with pantry items and fresh apples.
- Relationship Building through an interactive discussions and role-play session, youth learned how to develop, sustain healthy relationships and work through their resilience in an appropriate manner.
- Advocacy opportunity through the SPEAKOUT, youth advisory board, with VDSS. Youth were provided with an advocacy opportunities and ways to get involved in public speaking engagements.
- Youth Adult Partnerships presentation with Advocates for Youth nonprofit organization. Youth were provided best practice approaches to develop their support teams and maintaining their permanent connections with supportive adults.
- Job Readiness/Career Development through modern day technology using LinkedIn professional social media application to connect with working professionals in their career field of choice.
- Public Speaking through role-play scenarios with an actor to encourage openly speaking in public settings.

For FY 2022, Project LIFE will collaborate with VDSS to introduce statewide the Youth Welfare approach that focuses on the unique needs of youth; as well as continue to provide training, technical assistance, resources, and tools to support youth and LDSS in the delivery of services to eligible youth.

### *Serving Youth Across Virginia*

VDSS will ensure that the Chafee program continues to serve all political subdivisions in the state, based on assessed needs. The program focuses on collaborating and coordinating IL services with other agencies and providers to prepare youth to manage adult living successfully. (**Permanency Strategy 5.2**) 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 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 UMFS, a private provider which 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 state's regions. The contractor incorporates the core beliefs of the children's practice model into their 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, and will include the implementation of the youth welfare model. 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>

In October 2020, VDSS virtually met with a Job Corps Admissions Counselor to get updated information and material for LDSS to share with youth and young people. Job Corps is free, including housing, meals, and training gear, and enables students to train hands-on in a variety of industries, learn employability skills, and earn credentials vital to finding a job. Center staff provide a supportive network for the youth. The counselor offered recruitment resources and downloadable information for youth.

### *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 Act, VDSS extended the eligibility of the ETV to youth up to their 26th birthday, while placing the five-year limit requirement 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 transition plan is available in the mobile application. VDSS wants to ensure that young people participating in the Chafee program are directly involved in designing their own activities to prepare them for adulthood and accept personal responsibility for their part. 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.

In June 2020, a Broadcast announced the release of the *Permanency Matters: Reunification* newsletter, available on the [VDSS public site](#), which highlights among other topics, the reunification in the context of LGBTQ+ youth, parents with substance use as a barrier, and fathers.

#### *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 formerly 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 with a coach and receive the community support they need to live productive and fulfilling lives. This initiative of the Virginia Foundation for Community College Education is in partnership with VDSS and LDSS, workforce investment boards, one-stop centers, community colleges, alternative-education providers, other public agencies, school-to-career partnerships, and employers. (<http://greatexpectations.vccs.edu/>)

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

**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 the Family First Act 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 state funds for additional services for youth not covered by the Chafee funds. Together, LDSS and CSA teams share the primary responsibility for ensuring that youth in foster care are provided with the services needed to enhance their transition into adulthood.

There are no restrictions on the provision of IL services to any eligible youth temporarily living out of the state, 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 Virginia 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.

Due to the COVID-19 pandemic, VDSS delivered virtual trainings as needed basis. Interest in a training open to all resulted in one virtual training. VDSS also provided in-person or over the phone training to individual LDSS, as requested, for new workers and overall staff development.

For FY2022, plans are for the Division Training Unit, with feedback from Chafee Team and youth, to revise and update a child welfare course for workers to include the Youth Welfare Approach, which



incorporate positive youth development and youth engagement. This approach is a framework for practice in engaging youth in their own service planning and transition plan. Also, the team will work with the Training Unit to improve upon new virtual training opportunities.

### COVID-19 Pandemic and National Public Emergency

The COVID-19 pandemic is truly a global event that has had a major impact on individuals, families, businesses, schools, and churches. The state of emergency and stay-at-home order required modifications to ensure the safety of the workers, youth, and all stakeholders. This public health crisis derailed daily work practices, processes, and procedures due to the required precautions (mask wearing, hand washing, social distancing, and staying at home) imposed by Virginia's Governor Ralph S. Northam in March 2020. In quick response to the needs of youth during the pandemic, VDSS developed and posted three broadcasts and FAQs beginning April 2020 to provide guidance, resources, technical assistance and financial support for older youth in foster care. For young people participating in Fostering Future and turned age 21 due the pandemic, VDSS arranged for these young people to receive monthly IL stipends from Chafee funds. LDSS requested additional Chafee and ETV funds from VDSS to support youth's needs.

In addition, the Consolidated Appropriations Act 2021, P.L. 116-260 enacted into law on December 27, 2020, provides temporary flexibilities and assistance in response to the COVID-19 pandemic and public health emergency. Division X of P. L. 116-260 titled, the Supporting Foster Youth and Families through the Pandemic Act, includes additional Chafee and ETV Program funding and programmatic flexibilities which address the critical financial needs of youth/young adults who are or were formerly in foster care regardless of the current maximum age for foster care under the laws and policies.

For FY2022, VDSS will partner with youth and local staff to expand programming and support to ensure all eligible youth and young adults are aware of and have access to the services and financial assistance available to them through the Older Youth Provisions of Division X of the Supporting Foster Youth and Families through the Pandemic Act. Below are steps that have been or will take place regarding the Older Youth Provisions:

- Broadcast posted allowing youth to remain in Fostering Futures (not aging out)
- Weekly meetings with two workgroups: Youth Messaging and LDSS Messaging (both workgroup include youth)
- Planning for virtual town hall sponsored by SPEAKOUT regarding the Older Youth Provisions and COVID-19 eligible expenses
- Created flyer and messaging to start capturing youth who have previously aged out to let them know they may be available to re-enter foster care or may qualify for funds through the Chafee program
- Created email listserv/messaging internal DFS and to providers/agencies (Statewide messaging started March 3, 2021)
- DSS messaging to LDSS Directors and supervisors/IL coordinators regarding social media campaign
- Broadcast posted regarding youth eligible to re-enter care
- Meeting held to elicit feedback from four youth with lived experience on recommendations for spending the additional Chafee funds
- Broadcast will be created and posted to provide guidance and instruction to LDSS on how to use and access additional Chafee and ETV funds for all eligible youth

- Collaborating with VDSS Finance team to create new budget lines and processes for LDSS to access funds.

### *Education and Training Vouchers (ETV)*

The ETV program provides federal and state funding to help youth in and transitioning out of foster care receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. 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 Virginia. The ETV Program Specialist responds to inquiries, 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 state program who have attained 14 years of age. In accordance with Family First Act, 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 Virginia 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	178	89

(July 1, 2019 to June 30, 2020)		
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	180 (estimate)	90 (estimate)

\* Estimated

Many youth and young adults formerly in foster care were severely impacted by the COVID-19 pandemic that presented barriers to successful academic pursuits for many ETV youth, which may explain the decrease in the number of vouchers awarded in FY2020. VDSS saw an increase in youth who dropped out or lost eligibility due to not meeting the program's academic standards. Youth faced closed campuses, job and income losses, decreased social supports, and increased mental health difficulties because of the lockdown, economic downturn, and social distancing. It is also probable that LDSS staff, burdened by the COVID-19 challenges, faced difficulty in providing their usual level of support and resources to eligible youth.

**Permanency Strategy 4.5** seeks to increase the participation in the ETV program in Virginia. In addition to coordinating Virginia'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 Virginia's postsecondary education assistance program and promote academic achievement and educational stability.

Great Expectations provides educational supports to assist youth in attaining their associate 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. During FY2020, there were 1446 young people in the Great Expectations program, 392 enrolled pursuing an associate degree, 23 pursuing bachelor's degrees, 11 in GED programs, and 20 enrolled in non-credit workforce credential programs. There were 934 students who were enrolled in Great Expectations and working with a coach to overcome barriers to enrollment (but not actively enrolled in college), and 66 who were still in high school. Seventy-five students graduated with a degree or credential.

During the late summer 2019, VDSS was thrilled to hire a foster care alumna who attends a four-year university and utilizing ETV funds to work directly with the Great Expectations Program, coaches, and eligible youth. She is also a recipient of the services and support from the Great Expectation program. The 21-year-old ETV Administrative Specialist shared her experience in this new position:

*"My role is unique because I am a former foster youth and currently receiving ETV funds. Like the position was intended, I can apply ETV information firsthand and use my own experiences to educate others, raise awareness about ETV funds and programs for youth pursuing post-secondary education, and help youth in completing the process in receiving funds."*

*In 2020, I participated in Great Expectations Coaches' monthly meetings, virtual trainings, and foster care outreach programs. In my position, I have continued to educate and raise awareness about the ETV program and address questions about ETV and the Great Expectations program. I presented at the SPEAKOUT Town Hall about the ETV program and the Great Expectations program, as well as provided presentations for Great Expectations coaches and ETV program updates to help them better serve the youth.*

*In the coming year, I plan to remain active in my role and recently joined the Great Expectations Mentors Program. This program mentors new students of the Great Expectations Program and is more hands-on involvement with the students' college success. We help with anything for college like peer mentorship, classes, administrative processes, and foster care related compliance documents like completing the ETV application or taking the Casey Life Skills Assessment. This program is impactful because it helps new students become more comfortable with the program and obtain success at the community colleges."*

For FY2022, the VDSS will continue strategic efforts to improve ETV program access and bring awareness about the ETV program to youth, local supervisors, workers, and key stakeholders. VDSS staff will continue to distribute marketing material (i.e., ETV brochures and posters) that are targeted to a broader audience, including young adults who are not connected with an LDSS. Because of agency collaboration, professionals, resource parents, and other stakeholders are better equipped to assist youth in educational attainment, a significant predictor of successful transitioning to adulthood. VDSS will continue to explore an online ETV Student application and collaborate with the Division Training Unit to revise current course offerings and improve upon new virtual training opportunities.

#### **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. During 2020, the State IL Coordinator provided a presentation on Chafee and ETV programs and services to tribal representatives. Information about the Chafee and ETV programs will continue to be shared as part of ongoing efforts to build relationships between VDSS and the tribes.

## Consultation between Virginia and Tribes

Virginia DSS has 11 state and federally recognized tribes. None of the tribes in Virginia are the Title IV-E agency for their tribe. The Division of Family Services (DFS) has made concerted efforts to build relationships with members of the 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 the tribes as well building trust between the tribes and government officials.

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 continues to use the quarterly roundtable meetings (**Permanency Strategy 6**) as 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. 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. DFS shares the APSR with all of the tribes and uses the roundtables as an opportunity to talk through the report. Each roundtable session provides an opportunity to gather feedback on the CFSP.

Transitioning the roundtable meetings to a virtual setting was initially a challenge at the start of the pandemic. Unfortunately the first meeting of the calendar year hit right as a state of emergency was put into effect for Virginia. The site visit scheduled in early April with the Monacan Tribe had to be canceled. However, virtual roundtable meetings were held in June and October and several of the tribal leaders and representatives were able to participate via telephone. The meeting held in June 2020 had representatives from Upper Mattaponi, Chickahominy, Nottoway, Nansemond, Chickahominy Eastern Division, and Patawomeck tribes present. The focus of June's meeting included the 2021 APSR; the submission and how to access the CFSP and APSR on the VDSS website. DFS shared data of children currently in care who were identified as American Indian and Alaskan Native (AIAN) and the requirements of LDSS to ask families if they are members or could be members of Native American/Indian Tribes. The Independent Living Supervisor provided information about the Chafee and Independent Living program and Education and Training Voucher Program. The Resource Family and Family Engagement Program Manager explained Kin-First culture, the foster parent approval process, and took questions from the participants. The DFS Kinship Brochure was shared with the tribes as well. The June meeting ended with time for reflection about the impacts that COVID was having on their tribes. Representatives from Chickahominy Eastern Division, Mattaponi, and Nottoway participated in the October 2020 meeting. The focus of the meeting was racial equity work and national and state data related to racial disproportionality in child welfare and disparity in child welfare outcomes. Yvonne Epps-Giddings with the Nottoway Tribe shared her experience at the Kempe International Conference and stressed how important it was for family voice to be at the table and finding community leaders to support families.

In addition to the roundtables, DFS participated in HHS Region 3 calls with some of Virginia's federally recognized tribes in May and July. Representatives from DFS presented at the Virginia Partners Summit on September 10, 2020 with representatives from DMAS and VDH. Virginia CIP attended this meeting at the request of tribal partners who sought information about court forms being updated to meet ICWA compliance. Casey Family Programs supported a large group of staff to attend the Kempe International Conference in October 2020. Yvonne Epps-Giddings, a member of the Nottoway Tribe, was invited to attend the conference as part of the Virginia delegation. Ms. Epps-Giddings works full-time as a nurse with the Navajo Nation and has demonstrated strong engagement and collaboration with DFS over the past couple of years. For the 2021 NICWA Conference, DFS submitted a nomination for Ms. Epps-Giddings for the NICWA Champion of Native Children Award. Although DFS was notified that Ms. Epps-Giddings was not chosen for award, she will be recognized for her contributions to children and families.

Ms. Epps-Giddings, along with other DFS staff, provided information about the conference to the DFS leadership and policy specialists. There will be six tribal representative; representing 4 of Virginia's tribes, attending the 2021 Virtual NICWA conference along with DFS Project Manager.

This year, the Chief of the Rappahannock tribe reached out to DFS to consult regarding a child welfare case in Maryland. The Chief did not end up needing assistance from DFS, but her contact with DFS was a significant opportunity to demonstrate a willingness to collaborate and be available to the tribes. In a separate matter around the same time, the Chief of the Chickahominy Tribe reached out to DFS with an issue unrelated to child welfare but within the scope of social services. DFS was able to connect the Chief to the local department to best meet his request. The Chief of the Cheroenhaka Tribe contacted DFS when he heard of a Governor's celebration of a treaty signed by several of Virginia's tribes. The Chief was concerned that his tribe was not invited to the celebration. DFS connected him to the Secretary's Office and their tribal liaison to express his concerns. DFS is hopeful that in being responsive and available to tribal leaders, even in matters unrelated to child welfare will demonstrate the commitment to being a partner and continue to build trustful relationships so that we can continue to collaborate on child welfare matters, whether case-specific or to inform broader policies, guidance and practice and assist us in reaching strategic goals and outcomes.

LDSS reach out to the regional practice consultants with questions and/or when problems arise regarding ICWA. The practice consultants provide technical assistance on how ICWA and Federal laws interact. This past year, DFS Project Manager assigned to manage the Tribal Roundtables, collaborated closely with the regional practice consultants during monthly case reviews of cases where a child in foster care was identified as AIAN. Examples of consultations include ensuring proper documentation on the demographic screen in OASIS and proper notification to a federally recognized tribe in another state. There were total of five cases where local departments coordinated with federally recognized tribes outside of Virginia and one case where a local department collaborated with one of Virginia's federally recognized tribes. Case summaries are listed below:

- For the in-state case, the local department was under the belief that the child was a member, but the Rappahannock Chief indicated that the child did not have membership and was not ICWA eligible.
- The local department contacted BIA regarding an infant that entered foster care through an entrustment that was quickly revoked. BIA indicated that because the child was not placed in a foster home and the parent willingly revoked the entrustment the tribe had no jurisdiction over placement preference and no notification needed to be sent to the tribe, which was a federally recognized tribe in California.
- Two Tribes were notified and involved in case planning. The case closed in 2020 with the child being adopted by a relative who also a member of the state recognized tribe.
- A federally recognized tribe provided an expert witness in support of the children being placed with paternal relatives and the goal moving towards adoption.
- A federally recognized tribe collaborated with a parent and local department to support a custody transfer to a relative out of state, where the tribe is based and both the relative and child and mother were provided cases management services by the Tribe's Family Safety Supervisor. The case is currently active and the local department is in continual contact with the tribe who is requesting updates on the child and family.

In general, if there are any themes or problem areas identified as a result of the continued collaboration with the tribes, DFS would plan to consult with the Center for States for any technical assistance that

may be beneficial. At the March 2021 tribal roundtable, DFS will seek tribal input on evidence-based services included in the Prevention Plan under Family First, specifically asking if the tribes have any concerns regarding the culture appropriateness of the service delivery of these evidence-based services.

DFS would like to consult with the CB and Center for States on how other state supervised and locally administered states are tracking proper identification of children who are AIAN and belonging to a federally recognized tribe. DFS seeks to improve its current performance of 71% of Indian Status notices documented for all children in FC. In addition, in this coming year, DFS will partner with LDSS who have had recent experiences with ICWA to assist in developing job aids and tip sheets for use across the child welfare spectrum, from prevention and CPS through permanency, for the field. Virginia continues to have small numbers of ICWA-eligible children in foster care, however, DFS will remain vigilant to ensure all child welfare staff understand ICWA law and adhere to the requirements.

Children served by VDSS Child Welfare that identify as American Indian or Alaskan Native  
Statewide Average January – September 2020

	# of Children by CPS Report Type	% Native American Children
Referrals	22,285	0.19%
Accepted	12,769	0.18%
Family assessment	9,117	0.17%
Investigated	3210	0.22%
Founded	1,309	0.23%

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 1/1/2020 -9/30/2020

Statewide Jan.-Dec. 2019	Male	Female
All children in foster care services	4,008	3,623
# Native American children	3	4
Age at current removal		
0-3 years	2	2
4-10 years	1	1
11-14 years	0	1
15-16 years	0	0
17-18 years	0	0
Diagnosed disability		
Yes	2	0
No	1	3
Unknown	0	1
Case plan goal		
Adoption	0	2

Relative placement	2	0
Return home	1	1
Other	0	1
Exits from care		
Reunification	0	1
Adoption	0	2
Custody transfer to another agency	0	0
Custody transfer to other relative (without KinGAP)	1	0
Still in care	2	1



## 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 practice, procedure and policy that improve the health and safety of 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 state 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 Virginia. 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: <a href="http://greatexpectations.vccs.edu/">http://greatexpectations.vccs.edu/</a> ) 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 Virginia. 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 state.
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 Virginia.
Permanency Advisory Committee	Serves as a stakeholder group for the Permanency Program. Permanency Program staff regularly attend the meetings and seek feedback on a variety of overlapping topics.
Prevention	Serves as a stakeholder group for the Prevention Program. Prevention Program

Advisory Committee (PAC)	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 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 state 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.
Virginia	VDH provides access to healthcare programs and providers and maintains records

Department of Health (VDH)	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 Parent Education Coalition	<i>The Virginia Statewide Parent Education Coalition (VSPEC)</i> consists of state and community stakeholders and service providers working 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

(VSPEC)	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 state-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
<b>Title IV-E New Case Validations</b>	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> )	<b>2497</b>
<b>Title IV-E Ongoing Reviews</b>	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> )	<b>740</b>
<b>Child and Family Service Reviews (CFSR)</b>	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> )	<b>139</b>
<b>Virginia Child and Family Service Review (VCFSR)</b>		Targeted to agencies that do not receive a PIP CFSR, the VCFSR is to engage the non-PIP agencies in 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. The results of which are not measured by the Children's Bureau, but	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 changes as PIP CFSR cases are selected at random per quarter.	Total cases will be the agencies who have not been pulled during the 2020 calendar year. <b>33</b> agencies were identified, each agency had two cases identified for review, one foster care

### VDSS QAA/Case Review System

Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
		are used by the QAA team to support the function at the LDSS level.		case and one CPS Ongoing Case.
<b>Subrecipient Monitoring (rM)</b>	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> )	<b>Varies</b>

#### 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. The review coincides with the title IV-E Ongoing and VCFSR reviews. For the new case validations, 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 new funding case validation, 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 review coincides with the title IV-E New Case Validations and is part of the Quarterly QAA process.

The QAA regional consultants review a percentage of Ongoing cases, based on the previous year's review outcome, 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 New Case Validation. 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. There were no Ongoing reviews in January 2020 and due to the COVID-19 crisis and state of emergency issued in Virginia, the ongoing portion of the Quarterly QA Reviews were not completed during the fourth quarter of FY2020.

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 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.

The QAA reviews includes face-to-face interaction with staff, supervisors, and the local department director. It includes a 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. During the COVID-19 pandemic, exit conferences have been scheduled by telephone with agency leadership and staff. 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 and Family Service Reviews (CFSR):**

The CFSR reviews enable Virginia to accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance their capacity to help children and families achieve positive outcomes. Ultimately, the goal of the review is to help Virginia improve child welfare services and achieve the following outcomes for families and children who receive services: Safety, Permanency, Family and Child Well-Being. Based on the Federal Round Three CFSR results, Virginia was found not to be in substantial conformity, requiring a Program Improvement Plan (PIP). As part of the PIP, Virginia is required to complete a review of 35 cases per quarter statewide resulting in 140 cases reviewed each year. The CFSR review process has been approved by the VDSS federal partners to include all federal requirements regarding sampling, case eliminations, and completion of the federal instrument. Virginia utilizes the federal CFSR portal and Online System Review Instrument (OSRI).

Each case consists of a two-day review, during which the key participants in each case are interviewed, and the case file is reviewed. The key participants include the child, the child's parents and/or caregivers, the child's foster parents, pre-adoptive parents, or other caregivers, and the family's caseworker. These interviews can occur within the agency, the community, or the home. Per case, each review requires a Regional Site Leader (RSL) who coordinates the review with the LDSS and provides the required initial Quality Assurance (QA) and two reviewers. The CFSR consists of 18 items that reviewers must assess during the 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 10% of the cases reviewed, our federal partners require federal Secondary Oversight before the case can be approved and finalized.

### **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.

### **Congregate Care Case Reviews**

The 2019 General Assembly passed SB1339 requiring VDSS to develop and implement an ongoing process to monitor the placements of children in foster care in an effort to achieve optimal permanency outcomes. Planning for the Congregate Care (CC) review derived from the JLARC's 12th requirement to "review, at least annually, the circumstances of every child in foster care who is placed in a congregate care setting, and identify children for whom such a placement is not justified by their needs". This plan was implemented in three phases along with the CQI Data Unit, and the Permanency Practice Consultants. The planning team implemented a strategy to look at each Congregate Care case through a three tiered review process, while considering the number of youth in congregate care, their length of stay, age, and relative diagnosis. The first stage of review was a data pull from the CQI unit, pulling all youth that met the criteria set forth CC review group. The second stage of review was done by practice consultants, who were looking at cases that were flagged for multiple negative data points, i.e. no diagnosis, in care for more than 36 months without a permanency goal listed in the OASIS, youth under the age of 12 in congregate care. The third level of the review was done by the QAA Team, looking at each case for specific details related to age, time in care, diagnosis, and other variables found in the cases not eliminated from the data pull, or reviewed by the practice consultants. **(CQI Strategy 3.5-3.6)**

During calendar year 2020, and in three phases, the QAA team reviewed 1,306 cases (Data Pull 1: 299 cases reviewed, Data Pull 2: 508 cases reviewed, Data Pull 3: 499 cases reviewed). The information gained in these reviews was used to provide regional and statewide data to the localities, the CQI Unit, and Practice Consultants. The focus of the review is to use data to drive decisions to move each qualifying case forward to permanency.

## APPENDIX C FAMILY FIRST STAKEHOLDER LIST

\* As of June 10, 2019

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
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