



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 4, 2022

Sent Electronically

Nicole Poulin

Family and Children's Trust Fund of Virginia

801 East Main Street, 15th Floor

Richmond, Virginia 23219

Dear Ms. Poulin:

The Virginia Department of Social Services (VDSS) commends the Child Abuse and Neglect Advisory Committee of the Family and Children's Trust Fund of Virginia for their continued work as a Citizen Review Panel (CRP) as part of Virginia's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The feedback of our CRPs is critical to the improvement of our program for the children of the Commonwealth.

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 2021, there were 52,263 children reported as possible victims of child abuse or neglect in 30,223 completed reports of suspected child abuse or neglect. Of those children, 5,261 were involved in founded Investigations, 7,801 were involved in unfounded Investigations, and 38,107 in Family Assessments (differential response). In SFY 2021, Family Assessments accounted for 73% of all CPS reports accepted by local Departments of Social Services, and as of 12/15/21, 55 children died as a result of abuse or neglect. There were 23 children involved in 15 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, VDSS continues to prioritize working towards meeting our federal outcomes related to child protection including responding to reports of abuse with a timely consistent response, providing ongoing services to children who are at high or very high risk (In-Home Services) and ensuring timely case closure. Additionally, VDSS is prioritizing family engagement through the use of Family Partnership Meetings, and Child and Family Team Meetings.

VDSS continues to closely monitor the two key protection safety measures—timeliness of first completed face-to-face contact with the victim child and referral time open. The first safety measure, Child Family Service Review (CFSR) Item 1, outcome 1- is the federal measure for the timeliness of initial response and the completion of face-to-face contact with the alleged victim within the determined response priority. Each Regional Protection Practice Consultant has closely monitored data to identify the agencies with the lowest performance on this federal measure. They have worked diligently with their agencies by conducting individual calls, reviewing the data, and strategizing ways to improve their practice in this area. We continue to see consistent improvement in this measure, with the State meeting the PIP goal of 86%. Of particular note is the Western Region, who in July of 2022 met the measure at 90.2%.

The second safety measure, referral time open, measures the completion of Family Assessments and Investigations within the required time frames. The Regional Practice Consultants continue to identify and to work with the agencies in their respective regions with the highest number of overdue referrals. Overdue referrals means valid referrals that have been open beyond the 45 to 60 day time frame. Each Regional Practice Consultant has been working closely with the identified agencies in their respective regions to discuss the circumstances contributing to the high number of overdue referrals. They have identified both technical (ie, OASIS system issues, time management, etc.) and adaptive (ie, supervision, agency culture, etc.) challenges with their agencies. They are providing ongoing technical assistance and monitoring of this measure.

We have reviewed your recommendations and thank you for your input. VDSS offers the following responses to your recommendations:

1. Recruitment, compensation, and retention of Child Welfare professionals and the child abuse and neglect Hotline staff

The Department of Social Services (DSS) requested an appropriation of \$52,914,688 in FY 2024 to provide 609 local Child Protection staff, 122 CPS supervisors, 5 Regional Child Protective Services Practice Consultants, and 23 State Hotline specialists. This appropriation included 28 new MELs. In Virginia, Child Protective Services (CPS) is a continuum of specialized services designed to assist families in safely caring for their children. It encompasses the identification, assessment, investigation, and treatment of abused or neglected children and is designed to support and strengthen families. In SFY 21, local Department of Social Services staff received 76,632 reports of child abuse or neglect and responded to 30,223 of those reports involving 52,263 children. Assessing child safety, determining the risk of future maltreatment, and providing necessary services are the key functions of local Child Protective Services staff.

The State Hotline has received an average of 2,073 calls per week in 2022. The average call takes 35 minutes to process from start to finish. The number of worker minutes needed per week is 72,555 based on this call volume; however, we only have 44,543 worker minutes currently available. This leaves 800 calls that we cannot answer per week due to our staff shortages and additional responsibilities required by Hotline specialists, such as processing Mandated Reporter Portal (MRP) reports. In SFY 20, the State Hotline received 1,838 MRP reports. In SFY 21, 5,397 MRP reports were received - a 193.63% increase in one year. The average wait time for completed calls is 20 minutes. The average wait time prior to calls being abandoned is 8 minutes. The longest wait time in 2022 was 372 minutes or 6.2 hours.

The State Hotline understands the need to reduce the wait times for reporters. The Hotline is currently focused on improving our outcomes and increasing staffing numbers. The recent addition of a Program Manager will provide consistency and assist in meeting the overall strategic goals of the State Hotline. The Hotline recently added 3 full-time and 10 part-time contractors. There are currently vacancies for one P-14 and three full-time contractors. With the addition of these 17 new employees, the number of calls that cannot be answered will be reduced to 224. The State Hotline is in need of 5 full-time positions to increase the total number of available worker minutes to 73,392, thus reducing the estimated number of unanswered calls to 0. An additional 18 full-time positions have been requested so that the Hotline can remove contractor positions, thus freeing up CAPTA funds. The addition of full-time positions, as opposed to contractor positions, would also improve morale and increase staff retention at the State Hotline. The training curriculum is being updated by the shift supervisors to provide more support to onboarding staff. This curriculum includes online trainings through COVLC that cover VDSS policies, CPS, APS, and the MRP. The course CWSE6000 was designed for State Hotline employees and reviews the process for taking CPS and APS calls in OASIS and Peerplace. An employee handbook is being developed by the shift supervisors. During the training period, new employees will participate in group and one-on-one training with shift supervisors, complete mock calls with data entry practice, observe seasoned workers take live calls, and complete call assessments prior to being released to work independently.

The elimination of this staff shortage, increased retention and boost in morale will result in optimal responsiveness of emergent reports when children may be in danger, thus building a stronger Child Protection System and meeting the needs of at-risk children and their families. This aligns with the mission of the Virginia Department of Social Services, which is to design and deliver high-quality human services that support Virginians to achieve safety, independence, and overall well-being.

2. In-Home Services and Family First implementation

VDSS remains committed to consistent and timely data sharing with key stakeholders and the general public, as transparency in data is an important function of public government. Prevention services in Virginia are provided on a continuum that includes primary, secondary, and tertiary activities. Both LDSS, VDSS and a variety of partners provide services across the continuum in the state. In April 2021, the Prevention Services Program within Virginia Department of Social Services (VDSS) launched an aligned In-Home Services program which targets resources and services that prevent foster care placements and help children remain safely in their homes. In-Home Services guidance has been incorporated into Chapter B. Prevention Services of the VDSS Child and Family Services Guidance Manual and became effective in April 2021. The guidance presented in the Prevention chapter reflects the concept that Prevention Services are an integral part of the continuum of all Child Welfare services. VDSS will continue to enhance Prevention Services and programs to ensure that all local Departments of Social Services (LDSS) have the resources needed to provide In-Home Services for children and families, particularly those at risk of entering foster care. 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 living arrangement. 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 alternate living arrangements when needed. The In-Home Services framework includes three safety scenarios and the practice requirements needed to support families based on their unique needs. These scenarios are child/youth residing in their own home but are at risk of removal, child/youth temporarily residing with relative/kin caregivers with goal of return home within 6 months, or child/youth permanently residing with relative/kin caregiver(s).

Regardless of where the child may be temporarily or permanently residing, the framework ensures routine 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 Child and Adolescent Needs and Strengths (CANS) assessment, and determination of Title IV-E Candidacy to guide service planning. Consistent contact with the family and collaterals is also required, including Child and Family Team Meetings (CFTM) to be held every 90 days and Family Partnership Meetings (FPM) to be held at all critical decision points.

VDSS remains committed to advancing how LDSS engage and support relatives and fictive kin caregivers across the entire Child Welfare continuum, to include children and families being served in Child Protective Services (CPS) and In-Home Services cases. The VDSS Protection and Prevention Teams have established a workgroup of LDSS representatives to discuss the need to formulate clear and consistent guidance for LDSS regarding the practice of serving children and families in alternate living arrangements and to establish tools and practice resources for Family Services Specialists.

VDSS will continue to prioritize the use of data to drive decisions, support recommendations, and conduct thorough practice-informed analyses in this area of focus. In January 2022, VDSS launched a monthly Continuous Quality Improvement (CQI) Review process with the “Core Team” from every LDSS. VDSS has also launched monthly Communities of Practice on specific topics and overall progress towards goals that promote in-depth discussion among LDSS about the strengths and areas for improvement of Child Welfare practice. The recent alignment of the In-Home Services model has been a focus of the CQI meetings and Communities of Practice in 2022. Quarterly CQI rounds have had an emphasis on the following: case opening behaviors of Very High / High risk referrals to In-Home Services, entries to Foster Care from In-Home Services; utilization of the Suite of Tools to improve the consistency and validity of decision-making; impact of family engagement and teaming to influence practice and outcomes; quality and meaningful visits to promote family participation in case planning; and reducing subsequent harm or repeat maltreatment through the provision of In-Home Services. Altogether, solidifying and enhancing this tertiary prevention practice will allow VDSS to continue to partner and focus on earlier (primary and secondary) prevention activities to ensure a well-resourced Prevention continuum.

Additionally, VDSS is working closely with the Center for Evidence-based Partnerships in Virginia (CEPVa) around the utilization of evidence-based services in In-Home Services cases. VDSS has contracts with CEPVa for capacity building and fidelity monitoring. A key aspect of the capacity building contract is that CEPVa engage in ongoing needs assessment and gaps analysis (NAGA). CEPVa submitted its first NAGA report to VDSS in October 2021. This report is publically available on Virginia's Family First website. CEPVa will submit a second NAGA report in Fall of 2022. These reports merge quantitative and qualitative data regarding evidence-based services to report needs and gaps across the state to VDSS, as well as make recommendations for improvement. As fidelity to the evidence-based service model is a requirement of the Children's Bureau for utilization of title IV-E Prevention funds, CEPVa is monitoring fidelity of service providers for all services within Virginia's Family First Prevention Plan. While this monitoring is specific to fidelity, it also provides some information about outcomes of these services. VDSS is working to add additional evidence-based services to the Prevention plan including additional "well supported" services and at least one "promising" service. As is required by the Children's Bureau, Virginia will evaluate any promising services for effectiveness. VDSS and CEPVa are developing an evaluation plan and contract that will meet

the Children's Bureau's requirements for evaluation. This evaluation will encompass outcomes of In-Home Services cases that use the promising services. These outcomes will include safety (new Child Welfare involvement during and after an In-Home Services case) and permanency (Foster Care entry at 12 and 24 months after an In-Home Services case).

3. Regional Child Death Review teams

The Virginia Department of Social Services (VDSS) engages in a plethora of ongoing activities aimed to prevent child maltreatment deaths, as the prevention of child maltreatment deaths is essential to ensuring the well-being, safety, and permanency of Virginia's children. The prevention of child maltreatment deaths remains a top priority for VDSS. Regional Child Fatality review was created in the spirit of public health to identify injury and violence patterns, to direct prevention and intervention efforts and to make recommendations to improve child death investigations. Regional Child Fatality Review Teams (CFRT) convene to examine deaths that local departments of social services (LDSS) investigated. CFRT focus on identifying risk factors, trends and patterns, developing recommendations and creating action plans. The Code of Virginia, specifically §32.1-283.2 provides the authority for the work of CFRT. There is a CFRT, which is multidisciplinary in structure, in each of the five VDSS regions. Virginia is one of 45 states that utilize the National Center for Fatality Reviews and Prevention of Child Death Case Reporting Tool to document child fatalities. Review teams are required to enter results of the review process into the National Center for Fatality Review and Prevention's database. The regional teams review all cases investigated by CPS within each respective region. The interdisciplinary nature of fatality review also helps to foster the belief that child fatality prevention is a community's responsibility as a whole, and the prevention strategies need to be created in a multi-agency, multi-pronged approach. These recommendations help inform our policy, training and practice. Each region may not always have the same needs or resources, some recommendations will be more effective utilizing the community partnerships that localities have developed.

VDSS has recently joined the National Partnership for Child Safety. NPCS is a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the application of safety science and shared data. Members of the collaborative have a shared goal of strengthening families, promoting innovations and a public health response to reducing and preventing child maltreatment and fatalities. VDSS is excited to be part of this innovative partnership and will collaborate with other states in the effort of creating a culture of safety to promote our workforce, develop our own process for the review of child fatalities/near fatalities and improve our child fatality prevention work. Virginia has seen an increase in the number of child deaths reported to VDSS in the past few years, excluding 2020 during the Pandemic. This increase may be due to a change in Child Protective Services (CPS) practice that resulted from improved monitoring and oversight by VDSS.

VDSS annually reports on child deaths that were reported to local Departments of Social Services (LDSS) and investigated during the State Fiscal. The Preliminary Report on Child Death Investigations in Virginia is published by the Protection team and can be accessed at https://www.dss.virginia.gov/geninfo/reports/children/cps/all_other.cgi. This report includes a synopsis of data for all child abuse or neglect fatalities, including demographic information pertaining to the victims, alleged abuser/neglector (s) and households impacted by those fatalities. It also highlights changes or trends from previous years. The information is used to evaluate and modify Virginia Department of Social Services (VDSS) policies, Guidance, procedures and best practices where warranted. VDSS will also plan to annually present updated information to the FACT Citizen Review Panel team.

Child Fatalities- SFY 2018 to SFY 2021^[1]

Fiscal Year	Founded Fatalities	Unfounded Fatalities	Other (pending or appealed)	Total
2021	55	93	22	170
2020	42	93	4	139
2019	51*	89*	4*	144*
2018	43	74	1	118

^[1] Data collected from Local Departments of Social Services as of 12-14-2020; *previous year updated.

The Division of Family Services is currently collaborating with Local Engagement Support on the creation of an internal child fatality staffing process. This will help us identify themes, improve practice and monitor the work being completed across the state. We are collaborating with the Training Department to develop upcoming classroom and virtual training specific to the investigation of child fatalities. We have been working with Public Affairs to develop campaigns centered on safe sleep, gun safety, and water safety. DFS will be adding more staff to assist in Child Fatality Case Reviews and coordinating prevention activities for the state.

4. Problematic sexual behavior between children

VDSS recognizes that child-on-child Sexual Abuse is a priority for this Citizen Review Panel committee. We also recognize the complexity of these cases and the lack of information available to understand the full scope of the issue in the Commonwealth. At this time, VDSS does not gather any data related to child-on-child sexual abuse cases due to the limited role of CPS. However, the Protection team is currently working with our Data Program to ensure the need for data collection is understood. We have added this as a need for our new CCWIS system to ensure we have proper data collection around this issue. The Protection Program Manager is currently participating in the Problematic Sexual Behavior workgroup. This group was formed by FACT in partnership with VDH. All members have the necessary expertise and/or experience working on this topic. The group will be working on the development of a comprehensive system response guidance document for cases of Problematic Sexual Behavior/child-on-child sexual abuse. VDSS will continue to support and participate in efforts to explore this issue.

5. Human trafficking cases involving children

VDSS was required to address sex trafficking for youth through amendments to Child Abuse and Prevention Treatment Act (CAPTA) beginning in 2015. In December 2015, VDSS developed and published an online training course for all child welfare staff, community partners and the public on sex trafficking and child welfare. VDSS also updated OASIS to capture data on sex trafficked victims in December 2015. In January 2016, VDSS implemented new CPS guidance statewide that addressed sex trafficking as it pertained to universal screening of all children and services for victims of sex trafficking. Numerous webinar sessions were conducted to brief CPS staff on the needs of sex trafficked victims. On July 1, 2016, the Code of Virginia, § 63.2-100 added a new section to the definition of “child abuse and neglect” to include an identified victim of sex trafficking or of severe forms of trafficking as defined in P.L. 114-22. In April 2017, sex trafficking was added as a specific type of sexual abuse in OASIS. Effective July 1, 2017, Virginia’s regulations included sex trafficking as a type of sexual abuse. Virginia provides sample trafficking screening tools and resources on working with victims of sex trafficking in CPS and Foster Care guidance.

In 2019, Virginia worked with the Virginia State Crime Commission on a statewide study on sex trafficking that was introduced and approved by the General Assembly. The Code of Virginia was updated in July of 2019 and LDSS are now required to respond to all complaints or reports of child sex trafficking. The Code of Virginia now establishes that the alleged victim's parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allows LDSS assume emergency custody of child victims of sex trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the Child Welfare system's new response to all complaints involving the human trafficking of a child. VDSS provided five virtual training sessions on the new legislation and program guidance in June of 2019 to approximately 500 participants. Training was provided to ensure LDSS were prepared for implementation on July 1, 2019. Additionally, VDSS made regulatory changes to 22VAC40-705 Child Protective Services to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in the Commonwealth. VDSS also made a number of system enhancements to the Child Welfare information system, OASIS, in order to improve the system's ability to capture data on the prevalence of child trafficking.

In June of 2019, VDSS convened a child trafficking workgroup comprised of stakeholders from the public and private sectors to improve Virginia's response to the human trafficking of children and to expand the availability of services. The workgroup is now a subcommittee of the Anti-Human Trafficking Coordinating Committee and is co-facilitated by the Virginia Department of Juvenile Justice. The workgroup was meeting bi-monthly prior to the COVID-19 pandemic. The workgroup has not met since the start of the pandemic.

In 2020, § 63.2-1506.1 of the Code of Virginia was updated to change the name of the sex trafficking assessment to the human trafficking assessment and allowed LDSS conducting human trafficking assessments to interview the alleged child victim or their siblings without the consent of and outside the presence of the child's or sibling's parent, guardian, legal custodian, or other person standing in loco parentis, or school personnel. Additionally, labor trafficking was added as a subcategory of physical neglect in CPS Guidance and the OASIS.

In 2021, § 16.1-228 of the Code of Virginia was updated to align the definition of "abused or neglected child" in Title 16.1 with the definition of the same term in Title 63.2. The definition of an "abused or neglected child" was expanded in Title 16.1 to include a child whose parents or other persons responsible for the care of the child commit or allow to be committed any act of sexual exploitation. Additionally, in 2021, VDSS participated in the Identifying and Addressing Human Trafficking in Child Welfare Agencies Project conducted by RTI International on behalf of the Administration for Children and Families within the Children's Bureau. Furthermore, VDSS was invited to collaborate with the Department of Criminal Justice Services (DCJS) and Virginia State Police (VSP) on the development and presentation of the Interdiction for the Protection of Children (IPC) training statewide.

In 2022, VDSS continues their ongoing collaboration with the State Trafficking Response Coordinator at DCJS. VDSS remains in partnership with DCJS and VSP to deliver the IPC training across the Commonwealth. VDSS has begun a new collaboration with the Child Trafficking Recovery Services Unit at the National Center for Missing and Exploited Children to help enhance the Commonwealth's response to children in the Child Welfare system who are trafficked.

Trafficking Data:

VDSS continues to identify, track, and serve victims of child trafficking as a population at greatest risk of maltreatment. Since 2011, 210 victims of sex trafficking have been identified in Virginia's automated data system. In SFY22, 34 children and youth involved with the Child Welfare system were identified as victims of sex trafficking. The victims identified in SFY22 were predominantly female (94%), White (39%), and in their adolescence (77%). In regards to race, the victims identified as 39% White, 23% Hispanic or Latino, 23% Black or African American, 10% multiracial, and 6% did not have race identified. With respect to age, 77% were between the ages of 12 and 17, 13% were over the age of 18, and 10% were under the age of 12. Based on the most recent recorded case type, 13% were involved in foster care, 19% were involved with a human trafficking assessment, 3% were involved with In-Home Services, 0% were involved with adoption, dual In-Home Services and Foster Care and family support, and 65% did not have a case type reported, which may indicate these youth were still involved in a CPS Investigation or Family Assessment.

In SFY22, LDSS completed 28 human trafficking assessments involving 31 children and youth. The children and youth involved in the human trafficking assessments were predominately female (84%), Hispanic (39%), and between 12-17 years of age (77%). Additionally in SFY22, LDSS conducted 8 CPS Investigations on allegations involving the trafficking of a child. The outcomes of those investigations were three founded, two unfounded, and three dispositions still pending.

6. Virginia's Safe Haven Laws

As a result of the 2022 General Assembly session, there were a number of changes to the Code of Virginia that impacted Virginia's Safe Haven laws.

The first change was as a result of House Bills 16 and 50 and Senate Bill 63 which increased the amount of time after a child's birth that a child may be safely surrendered by a parent under a Safe Haven defense and updated §§ 16.1-228, 18.2-371, 18.2-371.1, 40.1-103, and 63.2-100 of the Code of Virginia. House Bills 16 and 50 and Senate Bill 63 increased the safe surrender timeframe from 14 to 30 days after the time of the child's birth.

The second change, also as a result of House Bill 50, was to § 8.01-226.5:2 of the Code of Virginia, which requires hospitals or emergency medical services agencies that voluntarily install newborn safety device for the reception of children to ensure that: (i) the device is located inside the hospital or emergency medical services agency in an area that is conspicuous and visible to employees or personnel, (ii) the device is staffed 24 hours a day by a health care provider or emergency medical services personnel, (iii) the device is climate controlled and serves as a safe sleep environment for an infant, (iv) the device is equipped with a dual alarm system that sounds 60 seconds after a child is placed in the device and automatically places a call to 911 if the alarm is not deactivated within 60 seconds from within the hospital or emergency medical services agency, (v) the dual alarm system is visually checked at least two times per day and tested at least one time per week to ensure the alarm system is in working order, (vi) the device automatically locks when a child is placed in the device, and (vii) the device is identifiable by appropriate signage that shall include written and pictorial operational instructions.

The last change, also as a result of House Bill 50, requires the Virginia Department of Social Services (VDSS) to establish a toll-free, 24-hour hotline to make information available to the public about the Commonwealth's Safe Haven laws, infant relinquishment locations, and support and resources available for parents. VDSS shall also undertake a campaign to increase public

awareness of the Commonwealth's laws providing for relinquishment of an infant and the hotline established pursuant to this act.

To this end, VDSS intends to contract with the National Safe Haven Alliance to provide toll-free, 24-hour safe haven hotline services to the residents of the Commonwealth. The Division of Family Services will also be collaborating with the Division of Public Affairs at VDSS on the development of a statewide safe haven public awareness campaign.

Safe Haven Data

Since 2018, 19 infants have been surrendered under Virginia's safe haven law. Of these infants, 53% were African-American, 42% Caucasian, and 16% Hispanic. Further analysis of how, where, and why these infants are being surrendered is needed to better understand what paradoxes or contradictions in Child Welfare lead to these decisions and what changes may be needed to policies, Guidance and law to support the complex reality of these cases.

We look forward to continuing to work together. We are available to answer any additional questions. Again, we thank you for serving as one of our Citizen Review Panels.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Hartung".

Shannon Hartung
Protection Program Manager

Cc: Kimberly Huhn Murphy, Children's Bureau



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 4, 2022

Melissa O'Neill
CASA/CJA Citizen Review Panel Coordinator
Virginia Department of Criminal Justice Services
1100 Bank Street, Richmond, VA 23219

Dear Ms. O'Neill:

The Virginia Department of Social Services (VDSS) commends the Court Appointed Special Advocate Program and Children's Justice Act Committee for their work as an active Citizen Review Panel (CRP) as part of Virginia's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The feedback for our Child Protective Service Program by our Citizen Review Panels is crucial to the improvement of our program for the citizens of the Commonwealth.

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;
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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.

VDSS continues to prioritize working towards meeting our federal outcomes related to child protection including responding to reports of abuse with a timely consistent response, providing ongoing services to children who are at high or very high risk (In-Home Services) and ensuring timely case closure. Additionally, VDSS is prioritizing family engagement through the use of Family Partnership Meetings, and Child and Family Team Meetings.

We have reviewed your recommendations and thank you for your input. VDSS offers the following responses to your recommendations:

1. Prevention/FFPSA

Prevention Services in Virginia are provided on a continuum that includes primary, secondary, and tertiary activities. Both LDSS, VDSS and a variety of partners provide services across the continuum in the state. 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.

Title IV-E Prevention Services are 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 ensures that children and families have a wide array of funding and services to meet their unique needs.

The implementation of Family First provides Title IV-E funding for specific evidence-based services to support families who have been identified as high/very high risk for maltreatment or removal from the home. The evidence-based services include: Multi-systemic Therapy (MST), Functional Family Therapy (FFT) and Parent Child Interaction Therapy (PCIT). VDSS is working towards increasing IV-E eligible services and has partnered with the Center for Evidence-based Partnerships in Virginia (CEPVa) to assist in expanding service eligibility and availability. CEPVa conducted a Needs Assessment and Gaps Analysis (NAGA) and prepared a report that highlighted which areas of the state are in need of evidence-based services and what the service needs are for Virginia's families. Based on the findings in the NAGA report, Virginia is adding the following evidence-based services to the Prevention Plan: Brief Strategic Family Therapy (BSFT), Family Check Up, Homebuilders, High Fidelity Wraparound, and Motivational Interviewing (MI). A Request for Applications (RFA) was issued to allow Virginia service providers to apply for training funding to increase the availability of evidence-based services across the state. MI will be implemented among local Department of Social Services (LDSS) In-Home staff. Studies have shown that MI may help to support workforce capacity by providing staff with skills to increase job satisfaction, which may reduce burnout and turnover.

Virginia has taken a multi-pronged approach in expanding evidence-based services throughout Virginia. The LDSS were invited to attend a Kick-off session and purveyor open house to learn

more about the additional evidence-based services mentioned above. The NAGA report highlighted 13 Community Services Boards (CSBs) jurisdictions with the highest rate of foster care entries, showing areas of special need. Targeted outreach was conducted to the 13 CSBs to encourage them to apply for the RFA. VDSS is also utilizing the state CQI Communities of Practice model to build capacity within the LDSS to open In-Home cases and utilize evidence-based services. VDSS and CEPVa are partnering with the National Implementation Research Network (NIRN) to assist with additional capacity building within the LDSS. Lastly, VDSS has added a 5 module online training series, “Family First in Virginia”. This training provides an overview of Family First, along with practices related to opening In-Home Cases, Service Planning, monitoring the delivery of In-Home Services and goal achievement and case closure for In-Home cases.

2. System Improvement

Workforce

The Department of Social Services (DSS) requested an appropriation of \$52,914,688 in FY 2024 to provide 609 local Child Protection staff, 122 CPS supervisors, 5 Regional Child Protective Services Practice Consultants and 23 State Hotline specialists. This appropriation included 28 new MELs. In Virginia, Child Protective Services (CPS) is a continuum of specialized services designed to assist families in safely caring for their children. It encompasses the identification, assessment, investigation, and treatment of abused or neglected children and is designed to support and strengthen families. In SFY 21, local Department of Social Services staff received 76,632 reports of child abuse or neglect and responded to 30,223 of those reports involving 52,263 children. Assessing child safety, determining risk of future maltreatment, and providing necessary services are the key functions of local Child Protective Services staff.

Collaboration

The Virginia Department of Social Services will encourage local Departments of Social Services to improve cross systems collaboration to support thorough investigations of child abuse and neglect. Upon commencement of dependency proceedings, VDSS should encourage inclusion of attorneys, relatives and other actors in service planning (i.e., FPMs and team meetings). Quality legal representation for a parent or guardian and child outside the courtroom is as important to achieving positive outcomes for children and families as in-court representation. At Family Partnership Meetings and other team meetings, crucial decisions are made regarding the child’s placement, the services for the child and family, and to propose a permanency goal. Some local Departments of Social Services (LDSS) invite Guardians ad Litem for children to the meetings consistently or more often, and some invite attorneys representing parents or guardians less often. By providing notice of FPMs and other team meetings to the attorneys consistently and considering their schedules in calendaring the meetings, a local Department of Social Services promotes participation. A parent’s attorney or Guardian ad Litem may be able to facilitate family preservation, reunification, or other earlier permanency, for example, with a relative. The attorney-client relationship is built on trust, and a parent may more readily engage in the FPM or team meeting process if they have an advocate present that is on their side. There are many types of advocacy through which an attorney diligently represents the client, e.g., mediation rather than an adversarial approach, which can facilitate the overall planning and meeting process. The Court Improvement Program is sponsoring an in-person, recorded training for child dependency attorneys - parents’ counsel, Guardians ad Litem for children, local Departments of Social

Services counsel - on September 30, 2022. Two sessions will cover constructive communication and advocacy styles. These sessions are titled *How to effectively advocate for your client in a foster care case* and *Round Table Discussion – the development of the foster care plan*.

VDSS continues to encourage improved communication and collaboration across jurisdictions when investigating reports of child maltreatment. VDSS made a number of Guidance enhancements to Section 3 Complaints and Reports of the Child Protective Services Manual to promote multi-jurisdictional coordination.

Continuous Quality Improvement

The Virginia Department of Social Services uses a Continuous Quality Improvement system that is designed to operate at all levels within the Child Welfare system. There are three core principles of the CQI system: collaboration, data-driven and solution-oriented, and informed by practice. VDSS utilizes this process with all three of our programmatic areas; Prevention, Protection and Permanency. VDSS also participates in the federal Child and Family Services Review which includes the tracking and monitoring of safety, permanency, and well-being outcomes. The data pulled is discussed at CQI meetings and is shared at the state, regional and local levels. The CQI model allows VDSS to ensure all levels are informed, understand trends occurring in data, facilitate conversations, and hold the Department accountable to regularly monitor the data.

As part of the CQI process, VDSS regularly monitors all three of our programmatic areas; Prevention, Protection and Permanency. Alternative Living Arrangements (ALA) are jointly looked at by both the Prevention and Protection programs. If there are significant safety and/or risk needs identified in the home, the child may be placed in an ALA. An ALA is when a child is temporarily placed outside of their primary caregiver(s)' home with a relative or fictive kin. In SFY21, there were a total of 5,208 referrals opened to cases with 36% identified as having an ALA. Of these cases 41% were opened to In-Home cases, 22% were opened to Foster Care cases, 3% were opened to a Family Support case, 1% were opened to other cases, and 34% did not have a case opened. Due to system limitations, ALA data is only available at the referral-level and not yet available at the case-level. The Division of Family Services is committed to providing case-level data and is actively working on system improvements in order to gain access to this critical information. As this information becomes available, VDSS plans to conduct deeper dives into ALAs at the case-level and how this impacts outcomes for children and families.

Virginia HEALS

Virginia HEALS is a statewide cross-systems initiative to prevent and mitigate childhood trauma through the implementation of Virginia's **Trauma-Informed Model of Service Delivery**. The Model, supported by a toolkit and e-learning courses, promotes policies and practices to identify children who have experienced trauma and to provide them with coordinated support based on their individual needs and identities. By encouraging local Department staff to implement the Model and participate in training on key components of it, such as Community Resource Mapping and the Referral and Response Protocol, cross-systems collaboration will improve.

Pandemic Response

As a result of the Global COVID Pandemic, Virginia Department of Social Services (VDSS) had to assess, evaluate and revise all existing Disaster Plans, as they did not address the unique challenges that the pandemic presented. Many of the elements of the existing Disaster Plan were established or revised in response to the lack of preparedness discovered with Hurricane Katrina in 2005. The state and the country were not prepared for the significant impact of COVID-19 on all aspects of Child Welfare, both at the local agency or state level.

Immediate steps were taken at the state and local level to ensure the safety of the staff, children, families, students, clients and communities. Of particular concern was the shift to conducting business virtually, which included public education. Educators have traditionally been our top mandated reporters of child abuse and neglect. When schools closed down and went virtual, both VDSS and the Department of Education (DOE) were concerned about the ability of educators to fulfill their mandate to identify and report suspected child abuse and neglect. A state level work group was formed. It was quickly discovered that there was a lack of existing resources to address this need.

Numerous meetings were held with VDSS and DOE and other community partners resulting in the following:

- An educators' guide was produced by Families Forward, which subsequently became a two page educators' reference resource for DOE. This guide was disseminated via a DOE Student Services newsletter, reaching over 2,000 specialized instructional support staff.
- The Virginia Center for School and Campus Safety (VCSCS) at the Department of Criminal Justice Services (DCJS) developed a **webinar series** for educators that was focused on supporting students during the Pandemic.
- DOE created a series of virtual courses within the "Mental Health in Schools" conference. One of these courses was done in collaboration with Families Forward, titled "Preventing Child Maltreatment in a Virtual Learning Environment" and can be found [here](#). A [discussion guide](#) was created to accompany the session.
- DOE also created an entire learning series related to COVID-19. It can be found by topic search [here](#).

3. Diversity, Equity and Inclusion in Child Welfare

VDSS is committed to fostering a workplace that is diverse, inclusive, and prioritizes equity in all matters. DFS has a Diversity, Equity, and Inclusion Committee that is charged with developing initiatives that bolster diversity of thought and perspective within the division, including, but not limited to, providing educational materials, raising awareness and collaboration to encourage change. The DEI Committee strives to foster awareness-raising in matters of DEI on behalf of people with marginalized identities and experiences, inclusive of DFS staff, local stakeholders and the people they serve, support the collection and dissemination of relevant resources related to diversity, equity and inclusion, and develop and share DEI recommendations for DFS. The Committee has 14 members representing all programs with a diverse representation. The committee is developing the charter, ground rules and developing a communication plan in order to share information and ideas with Leadership, State staff and local Departments of Social Services.

In the past year, DFS continued to review and share data related to disparities and disproportionality among the Leadership team, in program meetings, in bi-monthly CQI meetings, during monthly "Knowledge Break" DFS meetings with State staff, and during CWAC

meetings. Programs within the Division are working to determine the best method of sharing and addressing this data with local agencies. DFS reached out to the Capacity Building Center for States to assist in initiatives to advance racial equity. A concerted effort has been made to include data in each meeting, internally, with stakeholders, and with LDSS, about racial inequalities within Virginia's Child Welfare system. A list of racial equity resources have been compiled and shared with DFS staff in an effort for individuals to begin the process of self-reflection and understanding of internal bias, prejudice, and to encourage conversations. Five DFS staff members host monthly Knowledge Break events for staff that focus on a variety of topics, including for example Child Abuse Prevention Month, Foster Care Awareness Month, and Black History Month. 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 to discuss areas for growth.

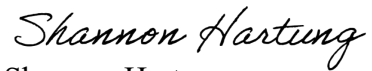
VDSS collaborated with the Virginia Department of Health (VDH), the Family and Children's Trust Fund (FACT), and Families Forward (Virginia's Prevent Child Abuse chapter) to submit a proposal for federal technical assistance to develop and implement a comprehensive prevention model based on strategic 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 the 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.

VDSS offered a bias workshop during the Fall 2021 STEP (State Engaging as Partners) meeting in September as an opportunity for personal and professional development for State staff. The Bias Workshop was hosted by the Virginia Center for Inclusive Communities (VCIC). This workshop served Virginia 2022 APSR 65 as a resource to continue to promote a diverse, equitable and inclusive climate and culture within VDSS' Human Services Portfolio. These values also permeate VDSS' work with partners and stakeholders throughout Virginia. The workshop helped participants to better understand unconscious bias and how to create empathy and understanding for one another and the communities VDSS serves. In addition, the workshop provided individual actions staff could take to foster inclusion, practical tips and approaches to implement to help eliminate bias and prejudice. During the Spring STEP meeting in May 2022, Diaspora AI presented an in-depth workshop about "Making Inclusion Actionable in 2022" to state staff. This workshop provided a deeper view of diversity and bias, specifically unconscious bias. The workshop consisted of bias refresher, building self-awareness to reduce the potential for unconscious bias and building multicultural intelligence through self-awareness, empathy and social skills. The workshop was designed to address scenarios for the work environment through several breakout sessions.

VDSS is committed to continuing conversations and examining legislation, regulation, Guidance, and practice to determine ways to improve the work VDSS does in an 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.

We look forward to continuing our work together. Please let us know if you have any additional questions. Again, we thank you for serving as one of our Citizen Review Panels.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Hartung".

Shannon Hartung

Protection Program Manager

Cc: Kimberly Huhn Murphy, Children's Bureau



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 4, 2022

Ryan Diduk-Smith, PhD, MPH
Family Violence Program Manager
Office of the Chief Medical Examiner
737 North 5th Street, Suite 301
Richmond, VA 23219

Dear Dr. Diduk-Smith:

The Virginia Department of Social Services (VDSS) provides a plethora of services to respond to allegations of child maltreatment, as well as services aimed to prevent recurrence of child maltreatment, out of home placement, and child maltreatment deaths. VDSS commends the State Child Fatality Review Team for their work as an active Citizen Review Panel as part of Virginia's Child Abuse Prevention and Treatment Act Plan. The evaluation of our Child Protective Service Program by our Citizen Review Panels is crucial to the improvement of our program for the citizens of the Commonwealth.

We have reviewed your recommendations and thank you for your input. We offer the following responses to your recommendations:

Recommendation 1: Child Protective Services Training Modules—CPS Workers are required to complete mandated training as outlined in [Section 1: Introduction to CPS](#) of the CPS Guidance Manual.

- Data Quality – During the PIP learning collaborative and development of the Leadership Institute, a new online module entitled FSWEB1038: Using Data to Improve Practice and Performance was developed in collaboration with the CQI Program Manager to support specific skills. This 30 minute course explains CQI processes, shows how supervisors can understand data, and identifies opportunities to use data in their regular supervision of staff and cases. At the end of the course, supervisors will have the basic framework of new ways to consume data and share findings, and new strategies to bring an outcomes-oriented and data-driven approach into supervision. Learning objectives covered are defining Continuous Quality Improvement (CQI) and the role of a supervisor in a CQI process; using

data in decision-making processes and understanding how to 'dig deeper' with data to inform performance management, and developing usage plans to align practice changes with outcomes. This course provides basic foundations in CQI, provides specific examples of how Virginia's CQI system is being built, uses Virginia's data to show examples of using data to identify trends, and shows how data visualization can inform and improve practice. VDSS is recommending that all staff take this course as the next phase of the CQI model is implemented.

- **Resource Availability** – An assessment for revision will be conducted by Local Training and Development to ensure curriculum content includes in-depth coverage of available resources and emphasizes direct best practices to build necessary skill development in collaboration with Regional Practice Consultants. We will include any state resource guide of subject matter experts developed by VDSS into our training curriculum.
- **Family Engagement** - Family engagement is discussed throughout our required training as a best practice, and our Practice Profiles are included as tools for supervisors and specialists to work to improve levels of practice. Local Training and Development will work collaboratively with Practice Consultants to make sure local agencies are utilizing the Practice Profiles and know how to implement them in their agencies. With the high turnover in local agencies, VDSS needs to revisit the use of the Practice Profiles throughout Child Welfare. An assessment for revision will be conducted by Local Training and Development to ensure curriculum content includes in-depth coverage and emphasizes direct best practices to build necessary skill development in the CWS4020 Engaging Families and Building Trust-Based Relationships. Additionally, Local Training and Development has developed a new online training, CWSE5010 Advocating for Child and Adolescent Mental Health Services. This new training curriculum covers key issues that many families face in Child Welfare system associated with child maltreatment and underlying trauma and recognizes skill sets needed to work with families to assist them in addressing these issues through needs-driven service planning.
- **Agency Collaboration** – Agency Collaboration is a topic currently covered in several required CPS training courses, including CWS2000.1 Child Protective Services New Worker Policy Training with OASIS, CWS2011: Intake, Assessment, and Investigation in Child Protective Services, CWS2021: Sexual Abuse, CWS2031.1 Sexual Abuse Investigations, CWS2141: Out of Family Investigations, CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare. All of these courses for CPS workers were assessed for revisions and are updated when needed, as we converted the curricula to new virtual training sessions due to COVID-19. Local Training and Development will be conducting an assessment for revision of specific curriculum content to ensure necessary skill development of staff.

- Collection of Demographic Information – VDSS continues to improve upon its data collection processes. However, we feel this specific recommendation has been remedied. The State Child Fatality Specialist is responsible for all data that is entered in the Child Fatality National Database. The 5 Regional Practice Consultants report all child fatalities to the State Child Fatality Specialist. The State Child Fatality team then reviews the fatality to ensure that all needed information is correct within our case management system.

Recommendation 2: Leverage Funding to Develop Robust, Uniform Guidance for Statewide Prevention Services—VDSS provides prevention based services to citizens of the Commonwealth through the provision of In-Home Services for children who are at high or very high risk of recurrent child maltreatment and out-of-home placements. In-Home Services is a tertiary prevention services program. VDSS led the development of a five-year plan to prevent child abuse and neglect, prompted by Budget Amendment HB30 in Virginia’s 2020 General Assembly Session. This plan was submitted to the General Assembly in June 2021 and focused on primary prevention, using a trauma informed and public health framework on abuse prevention. This concerted focus on prevention presented a unique opportunity to begin to better align prevention activities while also identifying gaps and opportunities in the continuum of Prevention Services available in order to positively influence child well-being, safety, and permanency for children in Virginia. In developing this plan, VDSS collaborated with the DBHDS, VDH, DOE, OCS, FACT, Families Forward Virginia, Voices for Virginia's Children, Virginia Poverty Law Center, and other relevant state agencies and community stakeholders. VDSS will continue to work with stakeholders to implement the five-year plan as resources allow, ensuring the alignment and inclusion of CBCAP funding and priorities.

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

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 \$1,043,627 for use from October 1, 2018-September 30, 2022. VDSS received \$345,487 in 2021 and \$281,066 in 2022. 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. The programs are diversified and were created to meet the needs of their communities; however, all 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 provides 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 to talk on an ad hoc basis in between conference calls.

From October 1, 2020 – September 30, 2021, 738 youth and 564 kinship caregivers have received services. For children and youth, the programs have served 65% ages 0-12 and 28% ages 13-17. Caregivers served a range in age from 18-60+, with 25% in the 60+ range. Grandparents and aunts represent the majority of caregivers, at 57% and 20% 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 (739 individuals). Kinship families also received services through the provision of outreach, training and/or supportive activities, including case management, support groups, and social support activities (631 individuals).

VDSS continues to provide funding to support the 30 Healthy Families sites in Virginia, and the Division of Family Services encourages the LDSSs to refer families. Additionally, VDSS is working with Early Impact Virginia's Alliance for Early Childhood Home Visiting, a consortium of leaders from all home visiting models, to implement Virginia's Strategic Plan for Home Visiting. VDSS leadership collaborated on the 2021 DMAS Medicaid Home Visiting Workgroup to assess feasibility of a Medicaid home visiting benefit; however, funding was not made available (RD834 Report to the General Assembly).

Overall Promoting Safe and Stable Families (PSSF) spending increased from FY21 to FY22 with an increase of over \$565,744. With an overall increase of 38% in Support, 55% in Preservation, 49% in Reunification, 282% in Monthly Caseworker Visit funds, 90% in BL855 for direct/ indirect use. This has been our highest spending in the last five years; however, we ended the year with an approximate \$648,960 of funds left unspent from LDSS.

VDSS has taken a strong stance of supporting sexual and domestic violence prevention efforts and is pleased to report out on past, present and future initiatives that provide growing levels of funding for local primary prevention initiatives. Beginning in FY 2016, the VDSS Office of Family Violence dedicated a portion of funding previously dedicated to intervention services to primary domestic violence prevention. Although small in dollars, the \$600,000 set aside was the first, and only, state agency funding in Virginia dedicated specifically and exclusively to domestic violence primary prevention. VDSS staff worked with the Virginia Department of Health (VDH) and the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) to help inform and connect the preventionists working in local sexual and domestic violence agencies.

VDSS continued to promote the importance of domestic violence primary prevention and worked with VDG and the Action Alliance on the development of a state prevention

plan. Although the COVID-19 pandemic interrupted the final approval of the plan, the draft plan gave guidance to VDSS on funding strategies that were recently applied to the new Sexual and Domestic Violence Prevention Fund (SDVP Fund).

The SDVP Fund, which was also delayed due to the pandemic, is now administered by VDSS. Although VDH awarded some SDVP Funds to continue funding Rape Prevention Education sub-grantees in FY 2021, budget language now directs VDSS to administer the SDVP Fund. Accordingly, VDSS will post the SDVP Request for Applications (RFA) for sexual and domestic violence primary prevention initiatives in September 2022. The SDVP Fund increased this year by \$2 Million to the current level of \$2,650,000 a year and can now provide sufficient funds for 20 or more local organizations to provide full-time effort on their chosen initiatives. The SDVP RFA will be an opportunity for VDSS to fund new initiatives, as well as expand existing initiatives. VDSS will also enter into a statewide contract to ensure that the local grantees have the training and resources needed to develop their strategies to deliver consistent, robust Prevention programming across the state.

The VA Department of Social Services (VDSS) hosts a multitude of programs, services, and trainings which aim to improve Virginia's resources and capacity to serve families undergoing issues related to substance use disorders.

The VDSS hosts monthly Recovery Ally training sessions developed in collaboration with VCU Rams in Recovery and the SpiritWorks Foundation. This 3-hour long training explores how recovery is a long-term process with unique implications for success. The training confronts myths and stigma regarding addiction and recovery by teaching attendees how to develop listening skills and to consider their own use of appropriate and person-centered recovery language to support people in need. It also includes various resources for people in recovery who live in the state. Community partners can request a private training session for their staff, which can be helpful in supporting and understanding local recovery efforts. This training, and other educational materials, have been developed for the use of frontline workers and their clients.

A companion website to the Recovery Ally training with additional resources exists called the "SUD Ally Training Hub." This Hub provides local Departments of Social Services (LDSS) staff, partners, and the public with information to build knowledge around SUD. This information helps better connect families to resources, increase SUD prevention activities, strengthen community collaboration, and promote recovery. The videos and additional resources help to create a community of prevention, treatment, recovery, and harm reduction by enabling staff to activate strategies and solutions, and encourage advocacy.

In association with a consultant contracted by the federal government, a Parent Mentor pilot program is in development. The title of this program is "Expanding Evidence on Recovery and Reunification Interventions for Families" (R3). This project is a chance to build critical evidence in promising interventions to improve outcomes for families involved with the Child Welfare system due to parental SUD. R3 was first developed by Morrison Child and Family Services out of Portland, OR, and the study is authorized

under the 2018 SUPPORT for Patients and Communities Act. Recovery coaches, or parent mentors, will empower and motivate parents to sustain recovery by providing access to critical services. This will help foster an improvement in Child Welfare and recovery outcomes at any stage of the parents' involvement in the Child Welfare system. The parent mentors will have lived experience with Child Welfare involvement, as well as SUD recovery, and will offer peer recovery coaching. With this program and others, the VDSS will be able to better understand datasets surrounding substance use disorders around the State and the country.

Recommendation 3: Monitor and Evaluate the Implementation of Family First--Family First is a key priority for Virginia and in conjunction with Child and Family Services Reviews (CFSR) reviews and Virginia's Program Improvement Plan (PIP), serves as a driver of Virginia's focus on child maltreatment prevention activities. This key influencer is found throughout VDSS' strategic planning.

The Family First Prevention Services Act requires states to collect and submit data to the Children's Bureau beginning one year after implementation. In accordance with this requirement, Virginia will begin its first six-month collection period on October 1, 2022. Information submitted includes: client demographics, Prevention plan start date, type of service provided, service start and end dates, service cost, and whether the client entered foster care within 12 and 24 months of the Prevention plan start date, as well as the date of foster care entry if applicable. This data helps VDSS and the Children's Bureau to understand effectiveness of services with regard to permanency and keeping children with their families. In addition, VDSS is looking at child safety through the lens of new Child Welfare involvement during and after an In-Home Services case. VDSS will be looking at new Child Welfare involvement in the way of any new screened-in referral and subsequent interventions (Investigation vs. Family Assessment track, disposition and level, SDM risk and safety assessment result, In-Home case reopening, alternative living arrangement, and foster care entry).

In January 2022, VDSS launched a monthly Continuous Quality Improvement (CQI) Review process with the "Core Team" from every LDSS. VDSS has also launched monthly Communities of Practice on specific topics and overall progress towards goals that promote in depth discussion among LDSS about the strengths and areas for improvement of Child Welfare practice. The recent alignment of the In-Home Services model has been a focus of the CQI meetings and Communities of Practice in 2022. Quarterly CQI rounds have had an emphasis on the following: case opening behaviors of Very High / High risk referrals to In-Home Services, entries to foster care from In-Home Services; utilization of the Suite of Tools to improve the consistency and validity of decision-making; impact of family engagement and teaming to influence practice and outcomes; quality and meaningful visits to promote family participation in case planning; and reducing subsequent harm or repeat maltreatment through the provision of In-Home Services. Altogether, solidifying and enhancing this tertiary prevention practice, will allow VDSS to continue to partner and focus on earlier (primary and secondary) prevention activities to ensure a well-resourced Prevention continuum.

Additionally, VDSS is working closely with the Center for Evidence-based Partnerships in Virginia (CEPVa) around the utilization of evidence-based services in In-Home Services cases.

VDSS has contracts with CEPVa for capacity building and fidelity monitoring. A key aspect of the capacity building contract is that CEPVa engage in ongoing needs assessment and gaps analysis (NAGA). CEPVa submitted its first NAGA report to VDSS in October 2021. This report is publicly available on Virginia's Family First website. CEPVa will submit a second NAGA report in Fall of 2022. These reports merge quantitative and qualitative data regarding evidence-based services to report needs and gaps across the state to VDSS, as well as make recommendations for improvement. As fidelity to the evidence-based service model is a requirement of the Children's Bureau for utilization of Title IV-E prevention funds, CEPVa is monitoring fidelity of service providers for all services within Virginia's Family First Prevention Plan. While this monitoring is specific to fidelity, it also provides some information about outcomes of these services. VDSS is working to add additional evidence-based services to the Prevention plan including additional "well supported" services and at least one "promising" service. As is required by the Children's Bureau, Virginia will evaluate any promising services for effectiveness. VDSS and CEPVa are developing an evaluation plan and contract that will meet the Children's Bureau's requirements for evaluation. This evaluation will encompass outcomes of In-Home Services cases that use the promising services. These outcomes will include safety (new Child Welfare involvement during and after an In-Home Services case) and permanency (foster care entry at 12 and 24 months after an In-Home Services case).

Recommendation 4: Statewide Resource Guide—While VDSS values the utility of a statewide online global resource guide, due to the locally administered Child Welfare system in Virginia, it is not feasible to manage a statewide resource guide of resources, as all services are contracted at the local level. VDSS is aware that Center for Evidence Based Practice (CEBP) at VCU is working towards developing a database of evidence based providers and will continue to provide input as to what would be helpful for LDSS and VDSS in terms of understanding the resources available across the Commonwealth.

Recommendation 5: State Resource Guide for Caregivers— Current Child Protective Services Guidance (section 4.5.6.7.1) states that the local departments should be assessing safe sleep environments during Family Assessments and Investigations for all families who have a child in the home under the age of 1. All local Departments have access to free safe sleep materials that are being shared with these families. The safe sleep brochures and educational materials can be found here: <https://safetosleep.nichd.nih.gov/>. In addition, the CPS Program is collaborating with other state programs and community partners to address safe sleep with other adults whom a child under the age of 1 may have contact with, to include childcare providers, foster and adoptive parents, and kinship care providers.

Recommendation 6: Data Collection- The data collection priorities of VDSS are determined and guided by two main federal reporting requirements; Annual Progress Services Report (APSR) and Current Performance in Improving Outcomes (CFSR/PIP), as well as the VDSS Continuous Quality Improvement model. VDSS reports on and uses the CQI model with all three of our programmatic areas; Prevention, Protection and Permanency. VDSS works to ensure that all data points collected are aligned with the VDSS strategic plan, and that the data points are appropriate indicators of desired outcomes for children and families. This information is shared monthly as part of the CQI process at the state and local levels. Federal reporting is done on an ongoing basis, with the CFSR continuously monitored throughout the year and a final report

produced in the APSR. Additionally, reports regarding Child Welfare data are available for public consumption on the VDSS public website.

VDSS complies with all federal data reporting requirements and completes annual submissions to the [Adoption and Foster Care Analysis and Reporting System](#) (AFCARS), [National Child Abuse and Neglect Data System](#) (NCANDS), and [Annual Progress and Services Report](#) (APSR). VDSS publishes and maintains all public data on the agency's [public website](#). The Division of Family Services publishes annually a [Preliminary Report on Child Death Investigations in Virginia](#) and a [CPS Fact Sheet](#). VDSS also oversees the publication of data on the [Virginia Child Protection and Accountability System](#). In calendar year 2023, VDSS will continue to comply with all federal data reporting requirements and provide publicly available data on the agency's public website and the Virginia Child Protection and Accountability System.

We look forward to continuing to work together and are available to answer any additional questions. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Hartung".

Shannon Hartung
Protection Program Manager

Cc: Kimberly Huhn Murphy, Children's Bureau