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

Division of Family Services

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Frequent Acronyms

APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
DBHDS	Virginia Department of Behavioral Health and Developmental Services
CAPTA	Child Abuse Prevention and Treatment Act
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.

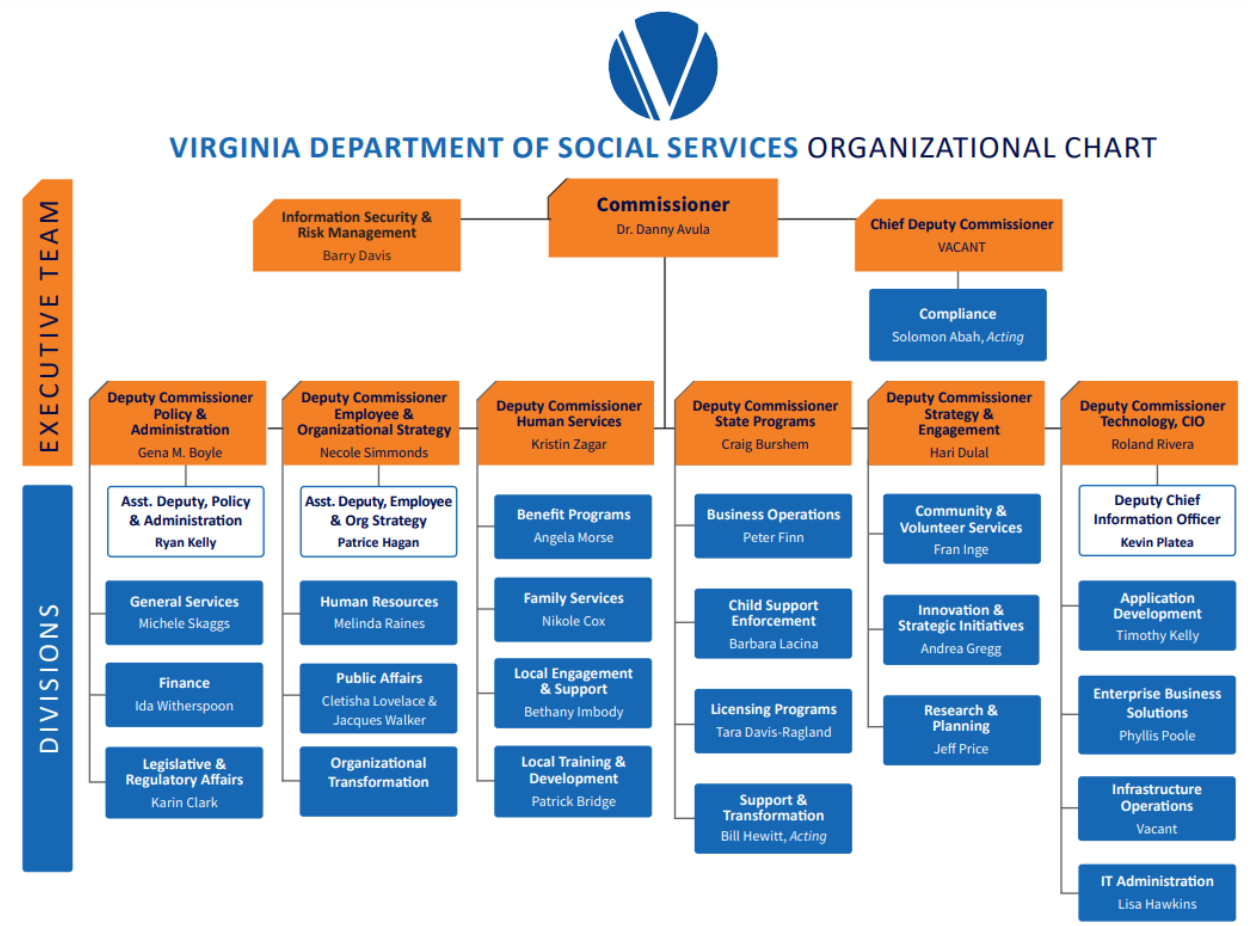
The Division of Family Services (DFS) promotes well-being, safety, and permanency for children, families, and individuals in Virginia. It is responsible for providing leadership and developing policies, programs, and practice. DFS leadership is committed to providing guidance, training, technical assistance,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

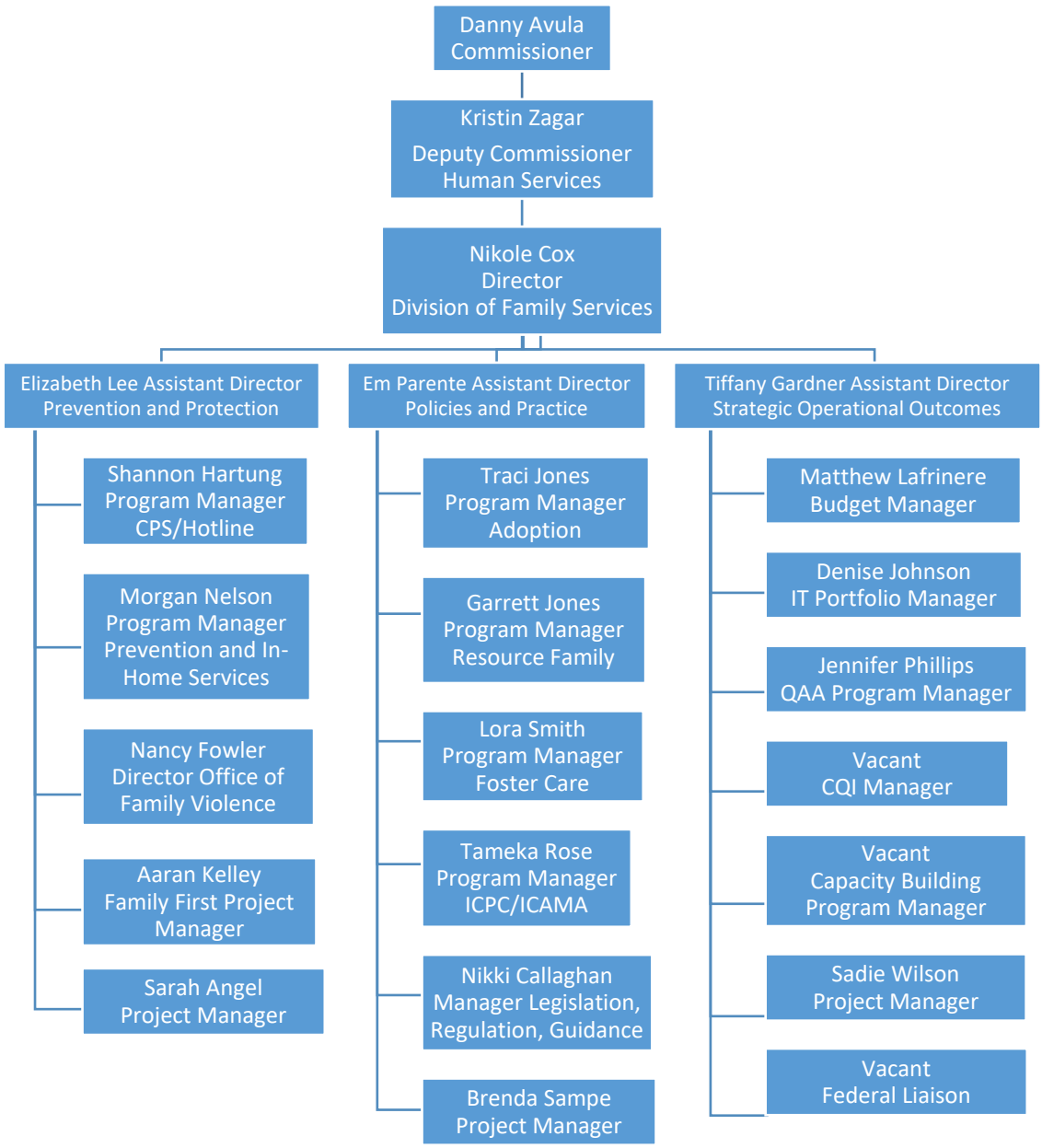
- Prevention (prevention services, safe and stable family services and In-Home services),
- Child protective services (child abuse and neglect),
- Permanency (adoption, foster care, independent living, and interstate/inter-country placement of children),
- Quality assurance and accountability (Continuous Quality Improvement (CQI), title IV-E review,

Child and Family Service Review (CFSR)), and
- Legislation, regulations, and guidance.

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

The VDSS and DFS organizational charts follow.





Vision

VDSS Vision: A commonwealth in which all Virginians have the resources and services they need to shape strong futures for themselves, their families and their communities.

VDSS Mission Statement: To design and deliver high-quality human services that help Virginias achieve safety, independence and overall well-being.

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 Children's Services. The practice model is central to decision-making. It is present in all meetings and in

every interaction with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, the 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 the work. The basic tenets of the practice model are:

- We believe that all children and communities deserve to be safe.
- We believe in family-, child-, and youth-driven practice.
- We believe that children do best when raised in families.
- We believe that all children and youth need and deserve a permanent family.
- We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.
- We believe that how we do our work is as important as the work we do.

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 2021, unless otherwise noted. Strategies and activities reported on will include information up through the present time.

This report will also include information about VDSS efforts to prevent children from coming into foster care, support kinship caregivers, ensure youth leave foster care better than when they entered, and develop and enhance the child welfare workforce. In last year's APSR, VDSS highlighted the work that had begun to create a culture of diversity, equality, and inclusion. At all levels of DFS, staff are engaged in activities and conversations to work towards creating a more equitable workplace and community. DFS recognizes the importance of bringing attention to disparity, discussing it, and developing strategies to make meaningful change. This year's APSR will include an update on progress made with this important work. Other initiatives that will be included are implementing the In-Home Services prevention program, adding well-supported evidenced based programs to the Family First prevention plan, continuing to work with Kinship Navigator programs throughout the state, focusing on Kin First culture in Virginia, continued work with youth in foster care and in the Fostering Futures program, and programs funded through Division X of the Consolidated Appropriations Act.

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 received 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.

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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Develop prevention workflow to include prevention services including planning, case management Processes, practice guidance & training.	1.1 Identify various levels of prevention services, funding streams, service availability & gaps in services (primary – CBCAP, Healthy Families, VOCA, PSSF, DVPS; secondary; tertiary) **Completed**	PS1 PIP 2.3 CAPTA III	• June 2020 • June 2021 • June 2022 • Yearly 1.2 In-home guidance release April 2021. 1.6 Statewide rollout of VA HEALS toolkit begins July 1, 2020 1.7 July1 2020– June 30 2021	• Completed plan identifying preventions services, funding streams, service ability, & gaps in services • Completed In-Home Policy Guidance • Percentage of In-Home cases using new Policy Guidance (25%, 50%, 75%, 100%) • Completed development of In-Home training • Completed PP Plan • Approval of collaborative Primary Prevention Plan by	•Annual % increase in families served by Kinship Navigator program **2020 update** **# of Kinship caregivers 414** **2021 update** **# of Kinship caregivers** **790 (FFY 19/20)** **2022 update: 738 youth and 564 caregivers** • % annual change in staff that have received training on In-Home Policy Guidance **2020 update** **In-home guidance and training will**	• Specific In-home Training will be developed and provided by VDSS staff, current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. • State staff will provide TA via implementation project management. Also, change management staff, CQI staff, and prevention specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support.
	1.2 Develop and Implement In-Home Policy Guidance to provide consistency for In-Home cases (including Diversion cases). **Completed**	JLARC 2; PS1 PIP 2.2 CAPTA I.Q				

	1.3 Identify In-Home Workforce Professional Development Needs **Completed**	PIP 2.2 CAPTA I.Q Workforce		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 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	**be implemented with Family First, which has been extended to January 2021. 2021 update In-home practice alignment December Kick-off meeting Directors: 130 Supervisors/FSS: 569 Random Decision Maker: 322 January In-home: 292 February In-home: 393 March In-home: 333 April In-home: 315** • Kinship navigator program caseload **2020 update 6 Kinship navigator programs, 414 caregivers 2021 update 790 (FFY 19/20)**	• VDSS will use the CQI process to monitor and evaluate progress. • As part of Family First Implementation activities, VDSS may engage in a full evaluation. *Awarded contract for development of resource directory • Receive TA from the National Governors Association to address post-grant sustainability (participating in Learning Collaborative to Prevent and Mitigate Adverse Childhood Experiences)
	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 **Moving reporting to Prevention 5.3**					

	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	**2022 update: 738 youth and 564 caregivers** •# of localities and service providers participating in Community Resource Mapping events **2021 update:** **3 localities** **59 service providers** **2022 update: 1 locality, 37 service providers** • # of service providers participating in facilitated Referral and Response Protocol trainings **2021 update:** **161 service providers** **2022 update:** **231 service providers** •# of individuals accessing online training modules of the Virginia HEALS Referral	

					and Response Protocol and Community Resource Mapping **2021 update:** **35 unique page view** **(20 Community Resource Mapping** **15 Referral and Response Protocol)** **2022 update:** **43 completed the Community Resource Mapping e-course,** **66 completed the Referral and Response Protocol e-course** • 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 **2022 update** **See CFSR Statewide**	

					Assessment Section	
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. **Completed**	PIP 3.1 CAPTA I.C	• 2.1 - June 2020 • 2.2 - January 2020 • 2.3 - August 2021	• Evidence-based practices identified for all areas and implemented ·Identification of EBS providers that receive Family First Funding · Expansion of EBS providers that receive Family First Funding as the Federal Clearinghouse are developed	• UPLC organizational improvements documented on post assessments **2020 update** **This has been delayed due to the COVID 19 pandemic** **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.** **2022 Update:** **The second UPLC Cohort ends in June, 2022. A closeout evaluation report will be available in 2023.**	• This strategy not require specific training needs • The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS. • The state has partnered with The University of Richmond to conduct and analyze survey results • Ongoing involvement of UPLC Workgroup and Virginia Underserved Population Advisory Committee
	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 Underserved Population	FVPSA				

	Learning Collaborative				• % increase in services to underserved populations (VAdata) **2021 update: 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 **2020 update** **The implementation date of Family First has been extended to January 30, 2021. VDSS provided training to providers to become established in the following evidence based programs:**	

					five Multisystemic Therapy teams, 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. **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.** **22 children/youth received EBPs through Family First funding July – December 2021** •% annual increase	

					in children and/or caregivers who receive EBS through Family First Funding **2020 Update** **The implementation date of Family First has been extended to January 30, 2021.** **2021 update: The implementation of Family First has been extended to July 1, 2021.** **VDSS implemented Family First on July 1, 2021, making this the first year that families could receive EBPs through Family First funding. VDSS will be able to track the annual increase beginning July 2022.**	

3. Improve ease of access to prevention services and funding.	3.1 Strengthen partnerships in order to increase potential funding streams to better meet the needs of children and families.	PS2, R3 PIP 2.2 CAPTA III.B	June 2020	• Annual accounting of funding streams and resources • Implementation of new prevention contracts •Use of LSC Grant Application Development Menu for Funders • DV Promising Practices Guide posted on a public website	• # of active prevention contracts **2020 update** **130** **2021 update:** **130** **Domestic Violence Prevention & Services (DVPS): 53** **CBCAP: 19** **Healthy Families:33** **DV Underserved Populations: 6** **Child Advocacy Centers: 19** **2022 update:** **135** **Domestic Violence Prevention & Services (DVPS): 53** **CBCAP: 20** **Healthy Families: 33** • % of contracts using trauma informed practices **2020 update** Not currently tracking	• Training will be developed and offered to local staff and community partners. • The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS. • The state has partnered with The University of Richmond to conduct and analyze survey results. • The Virginia HEALS Grant Application Menu for Funders will be presented to all grant administrators • Involving the Domestic Violence Action Team, local DV programs and survivors to review and approve all PPG entries.
	3.2 Collaborate with partners to identify and decrease barriers to family engagement, current planning, service provision (including domestic violence services) and timely permanency.	PS2CAPTA I.E, CAPTA I.CChap H CW Manual				
	3.3 Collaborate with partners to develop and implement prevention contracts (CBCAP; HHF, VOCA, PSSF, DVPS).	PIP 3.1 CAPTA III.B				
	3.4 Clearly define Maintenance-of-Effort MOE as it relates to Family First. **Completed**					

	3.5 Incorporate trauma informed practices into funding solicitations (RFAs) intended for local stakeholders.				**2021 update:** **DVPS: 52** **DV UPOP: 6** **2022 update:** **DVPS 52** **DV UPOP 10** **Healthy Families: 33** • 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 **2022 update** **See CFSR Statewide Assessment section** • # of PPG topics completed and posted **2021 update:** **11 Topics have been completed and reviewed by DVAT.** **Publication is waiting of**	

					survivor input (IRB pending approval) **2022 Update: 16 entries have been developed and posted on the DSS website. 3 additional reports are also posted providing an introduction, acknowledgements and survivor voices.**	
4. Create a well-designed and rigorous evaluation system for Family First funded services.	4.1 Establish clear goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes.	PIP 2.1, JLARC 30	2020-2024	• Defined implementation plan for EBS • Established goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes • Monitoring plan developed • Monitoring plan implemented • Monitoring plan evaluated bi-annually	• # of programs referred to federal clearinghouse **2020 Update The implementation date of Family First has been extended to January 30, 2021. 2021 update: The implementation date of Family First has been extended to July 1, 2021.** **2022 update: VDSS has not referred any**	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.				**programs to the federal clearinghouse. High Fidelity Wraparound, which is well established in Virginia, was added as a "promising" program in early 2022. VDSS plans to add it to the Prevention Plan in 2022 which will include an evaluation component that will be submitted to the clearinghouse.** • 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 **2022 update** **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	• Distribution of a final screening tool report • 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. • E-learning courses on SEAS developed and promoted on website • E-learning courses on other toolkit items (Family Engagement and Trauma Informed Screening) developed and promoted on website • Facilitated Toolkit Overview course converted to a virtual format and made available to service providers statewide as part of	•# of service providers participating in facilitated SEAS Training **2021 update: 185** **2022 update: 104** • # of service providers accessing online training modules on Family Engagement and Trauma Informed Screening **2021 update: 89** **2022 update: 62 completed Family Engagement e-course** **106 completed the Trauma Informed screening course** • # of service providers participating in Toolkit Overview Training **2021 update: 788** **2022 update: 755**	Ongoing maintenance of and updates to SEAS and online training courses
	5.2 Develop online trainings to ensure fidelity to the Virginia HEALS model of service delivery **Completed**					
	5.3 Promote use of Virginia HEALS toolkit resources, including Community Resource Mapping Facilitation Guide, SEAS online training, Family Engagement Guide, Referral and Response Protocol, Trauma-Informed Organizational Self-Assessment					

				a training series and upon request • Statewide rollout and use of SEAS	• # of individuals accessing SEAS online training module **2021 update: 58 unique page views** **2022 update: 62 completed SEAS e-course** •# of SEAS screens administered **2021 update: Statewide rollout and implementation of SEAS was delayed due to COVID-19** **2022 update: 2022 focused on training and outreach as statewide implementation was delayed to support local agency capacity in the implementation of FFPSA, in-home services, and CQI initiatives**	

					•# of child/youth victims identified **2021 update: Statewide rollout and implementation of SEAS was delayed due to COVID-19** **2022 update: 2022 focused on training and outreach as statewide implementation was delayed to support local agency capacity in the implementation of FFPSA, in-home services, and CQI initiatives.**	
6. Examine data related to prevention related activities to identify and understand areas of disparity or disproportionality	6.1 Identify available data 6.2 Identify strategies to improve outcomes	VDSS DEI initiative	Yearly	• Data identified • Complete review of identified trends • Determine strategies to implement	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality	• Staff training on recognizing and understanding disparity and disproportionality

CFSP Strategic Plan

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

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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Ensure a primary focus on engagement through the Virginia Practice Model and Practice Profiles	1.1 Hold structured meetings facilitated by a neutral moderator during critical decision points.	JLARC 13 CAPTA I.E, II.E	• 20 PIP LDSS implementation by July 2021 • % Regional implementation by 2024	• All 20 PIP LDSS are implemented by June 30 2021 • All 5 regional plans are developed in 2022 • Implementation in regions by 2024	• % annual change in FPM and CFTM use **2020 update- 15%** **2021 update - 14%** **2022 update: +18%** • 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	• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles • TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants • The Practice Profiles initial
	1.2 Install the Engagement Profile of Virginia's Practice Model **Completed**	JLARC 14 PIP 1.1 CAPTA I.E, II.A				
	1.3 Develop and/or enhance the knowledge, skills and abilities of workers in an effort to deliver consistent	PIP 1.2 and 1.3 CAPTA I.E				

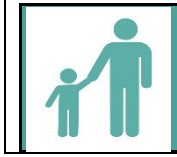
	engagement practices.				**2022 update See CFSR Statewide Assessment section**	implementation of 20 LDSS (between 2015-18) were evaluated and are expecting final results in the coming months. Additional evaluations are not planned at this time. VDSS CQI process will be utilized throughout the implementation process to monitor and evaluate progress.
2. Respond to reports of abuse and neglect with a timely consistent response.	2.1 Develop and initiate timelines for contact with child through child protective services.	PIP 2.1 CAPTA I.A, I.C	June 2021	• Increase timely face to face response with identified victim and increase use of individualized safety services early in the process • Annual maintaining of	• 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 **2022 update**	• Training and coaching are built into the implementation plan and will be provided by internal training staff and Regional Consultants as part of the implementation

	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		progress towards PIP goals	**See CFSR Statewide Assessment section**	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. **Completed**	PIP 2.3PIP 2.1, 2.3 CAPTA I.A, I.C				
3. Implement and monitor a Statewide response to all reports involving victims of Child Trafficking	3.1 Engage with stakeholders to receive input on Virginia's response to victims of child trafficking.	HB2597SB1661	• 3.1 target- December 2019• 3.2 Target- December 2021• 3.3 Target- yearly December 2022-24	• Developed and implemented response to victims of child trafficking• Completed policy guidance•	• # of service referrals **2020 update 25** **2021 update: 19** **2022 update: 21**	• VDSS is seeking consultation from subject matter experts for TA and implementation support• VDSS is looking into

	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	3.4 Statewide rollout beginning July 2020	Completed technical assistance curriculum *SEAS online training module posted	•# of screens completed **2020 update 74,929** **2021 update: 64,715** **2022 update: 67,157** • 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 **2022 update See CFSR Statewide Assessment section** • # Human Trafficking Assessments completed **2021 update: 19** **2022 update: 19**	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.					

					•SEAS trainings offered in person and online. **2021 update: 243 providers** **2022 update: 166 providers**	
4. Provide support to those who report abuse and neglect.	4.1 Develop and implement Mandated Reporter Online Reporting System—VaCPS **Complete**	CAPTA I.I	• 4.1Target- June 2021 • 4.2 Target- June 2021 • 4.3 Target- October 2020 • 4.4 Target- June 2020 and ongoing • 4.5 Target- December 2022	• Completion and implementation of VaCPS • Completed development of training curriculum • Completed business process reengineering	• Percentage of Hotline staff trained **2020 update NA** **2021 update: Due to COVID-19 pandemic, implementation of training has not occurred. Development of curriculum is complete.** **2022 update: 100% of staff have been trained on the Mandated Reporter Online System.** **100% of staff have completed the Hotline online course (CWSE6000)**	• Training will be developed and delivered by VDSS training staff and will be offered to current hotline staff and incorporated into new worker training • TA supports are provided by training staff, IT staff, CQI staff, and change management staff • VDSS will use the CQI process to monitor and evaluate progress. •VDSS requests peer-to-peer support from the Center for States related to the operations of the State Hotline

					• 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 **2022 update See CFSR Statewide Assessment section**	
5. Examine data related to child maltreatment reports to identify and understand areas of disparity or disproportionality	5.1 Identify available data 5.2 Identify strategies to improve outcomes	VDSS DEI initiative	Yearly	• Data identified • Complete review of identified trends • Determine strategies to implement	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality	• Staff training on recognizing and understanding disparity and disproportionality



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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Increase family engagement and placements based on individual needs for children/youth.	1.1 Enhance birth family engagement through involvement in planning and decision making whenever possible.	PIP 1.1, 1.2	• Target- 2024, yearly updates • 1.2 June 2021 • 1.3 June 2021 • 1.4 October 2021	• Engagement plan developed based on identified engagement points • Monitoring plan for parent visits established • Notification system developed for cases with over 5 months between parent visits • Annual maintaining of progress towards PIP goals	• % of cases using concurrent planning and decision making **2020 update 54%** **2021 update: 88%** **2022 update: 87%** • % of cases with at least one caseworker visit with birth parent every two months **2020 update 99%** **2021 update: 63.1%** **2022 update: 63%** • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10%	• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles. • TA on implementation and practice will be provided by Regional Consultants. • CQI process will be utilized throughout the implementation process to monitor and evaluate.
	1.2 Identify and ensure engagement points with birth parents; relatives/foster parents; residential staff and other critical adults in youth's life, including the child/youth.	JLARC 6, 13, PIP 3.1, R3C; CC1 and CC2				
	1.3 Ensure caseworker visits with birth parents at least every two months.	JLARC 13				
	1.4 Monitor the frequency of birth parent	JLARC 13				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	visits with caseworker.				increase between April 2022-October 2024 **2022 update See CFSR Statewide Assessment Section**	
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 2.2 October 2021 root case for dissolutions 2.2 June 2022 post adoptive resources 2.2 December 2021 LCPA meetings	• Identification of all cases needing a review of TPR eligibility • Complete list of acceptable reasons for not filing TPR after 15 months of foster care • All localities submitting reasons for not initiating TPR in foster care cases open for 15+ months • Identify root cause(s) related to increase in adoption dissolution from foster care •Develop educational/training	•% of timely permanency planning hearings **2020 update 91%** **2021 update 92%** **2022 update: 97%** • % of timely TPR petitions **2020 update 53%** **2021 update: 56%** **2022 update: 69%** • 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15	• TA will be provided by state staff and CIP staff to regions and LDSS • Training will be jointly developed and delivered by VDSS and CIP to supervisors, workers, GAL, attorneys, judges, CASA etc. • VDSS and CIP CQI process will monitor and evaluate progress.
	2.2 Develop the focus on the post adoption and ensuring long-term permanency for adopted youth.					
	2.3 Continue concurrent planning options during contact points.	CIP Priority 4, Outcome 5 JLARC 19 JLARC 16 JLARC 17 PIP 3.3				
	2.4 Court orders to locate relatives and extended family	CIP Priority 4, Outcome 4 CIP Priority 7 JLARC 4				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	members for placement.	JLARC 5 PIP 3.3		resources for LDSS and foster/adoptive families about the role of adoption and post adoption resources based on root cause analysis • Facilitate meeting with private LCPAs who are certified to provide adoption services to review state post adoptive resources	reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2022 update See CFSR Statewide Assessment Section**	
3. Increase the number of children in family-based settings by Strengthening Diligent Recruitment of foster families.	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	• 3.1, 3.2, 3.3, yearly updates • 3.4, 3.5 September 2020 and yearly updates • 3.6 February 2021 adoptive family identified with visitation for children with TPR	• Annual percent change of children in family-based settings • Family recruitment and retention implemented throughout entire length of the case • Completed resource parent recruiting and retention strategic plan • Implemented resource parent	• % increase in children in family-based settings **2020 update 87% in a family based setting** **2021 update 89% in a family based setting** **2022 update: 88%** • % decrease in	• The Center for states will provide TA support on recruitment efforts. The state staff will provide TA implementation supports to LDSS and regional staff. • Training will be developed and delivered by VDSS training staff and incorporated into new worker training.
	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				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	3.3 Develop and implement statewide strategic plan for recruiting and retaining foster parents. and kinship guardian assistance program	JLARC 8PIP 3.2	•3.6 September 2021 realign foster and adoptive family recruitment contract scope and contractors to support LDSS recruitment efforts	recruiting and retention strategic plan • Completed model licensing standards for foster care placements • Annual review of all children placed in residential care • Implemented qualified residential treatment program • Finalized 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.	children placed in congregate care **2020 update** **11% foster children place in congregate care** **2021 update** **9% foster children in a congregate placement setting** **2022 update: 9%** • % of children in relative care **2020 update** **6%** **2021 update** **10%** **2022 update: 12%** • % of foster homes serving sibling groups **2020 update** **~~1,172~~ 48%** **2021 update**	• VDSS CQI process will monitor and evaluate progress. • Monthly case staffing (Permanency, Family Resource and Adoption programs) •Collaborative training and TA provided by the permanency program, regional consultants, contract administrator and the Foster and Adoptive Family Recruitment (FAFR) contractors, Mutual Family Assessment staff
	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	JLARC 11, 12 Adoption Call to Action (ACTA) (ended 12/20)				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	maintaining oversight.			• Realign the Foster and Adoptive Family Recruitment contract scope to align with the state's Kin First vision and training plan with a focus on foster parent recruitment • Align the Mutual Family Assessment contractors to support LDSS recruitment efforts to include ICPC and adoptive home studies	**74%** **2022 update: 71%** **# of families approved** **2020 update** **~~1,825~~** **4,604** **2021 update** **5,498** **2022 update: 5,560** • 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 **2022 update** **See CFSR Statewide Assessment section**	
	3.7 Implement qualified residential treatment program (QRTP) requirements as it relates to Family First.	FBP3				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					• % of children with TPR with identified adoptive family visitation and participation in planning **2021 update** **71%** **2022 update: Program no longer tracking**	
4. Increase availability, accessibility and effectiveness of Independent Living (IL) services to support successful transition to adulthood.	4.1 Implement the Youth Exit Survey (YES) statewide.		• 4.1 June 2022 Completed • 4.2 ongoing yearly • 4.3 December 2021 • 4.4 June 2021 • 4.5, 4.6, 4.7, 4.8 ongoing yearly	• Finalized and implemented YES • Data analysis and evaluation system in place for YES results • Defined feedback loop to provide NYTD data to youth and key stakeholders • Updated guidance on Fostering Futures • Annually analyzed credit check data shared with youth and stakeholders	• # of Youth Exit Surveys taken **2020 update** **40** **2021 update:** **36** **2022 update:** **33** • Annual % change in Youth Exit Surveys taken **2021 update:** **10.2%** **2022 update:** **11%**	• Specific training will be developed and provided by VDSS staff (training unit and Foster Care unit), current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. Youth voice (panels, videos, written content) will be incorporated. • State staff will provide TA via
	4.2 Continue to collect and analyze quality data through NYTD to indicate Virginia's trends, barriers, and gaps in IL services.					
	4.3 Update Fostering Futures guidance	JLARC 23				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	to address practice issues; promote quality engagement of older youth receiving services				• Continued data analysis via NYTD **See NYTD section** • % of eligible youth participating in Fostering Futures **2020 update 37.7%** **2021 update: 57.6%** **2022 update: 56%** • # of months which Fostering Futures participants remain in the program **2020 update 5.6** **2021 update: 23.3** **2022 update: 18**	change management staff, CQI staff, and IL/ETV/Chafee specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support. • VDSS will use the CQI process to monitor and evaluate progress.
	4.4 Incorporate principles of Positive Youth Development and Youth Engagement in training and services for youth.	PIP 1.1				
	4.5 Increase participation in the Education and Training Voucher (ETV).					
	4.6 Increase compliance with expectations around the use of skills assessments, transition plans, and team meetings to	JLARC 22				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	support youth transition to adulthood.				• # of ETV participants **2020 update 258** **2021 update: 176** **2022 update: 172** • % of cases where identified credit check issues have been resolved **2020 update 25%** **2021 update: 32%** **2022 update: 28%** • 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between	
	4.7 Compile and analyze annual credit check data to improve technical assistance and training for LDSS workers.					
	4.8 Continue commitment to soliciting youth voice and incorporating feedback into VDSS decisions.					

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					April 2022-October 2024 **2022 update** **See CFSR Statewide Assessment section**	
5. Increase the well-being of children in foster care.	5.1 Create a Director of Health and Safety position and Recruit additional members for Health Planning Advisory Committee.	JLARC 3	• 5.1 October 2019 • 5.2 July 2021 • 5.3 July 2021 • 5.4 ongoing yearly	• Hired Director of Health & Safety • Developed reporting and data sharing structure for Director of Health & Safety findings and recommendations • Completed development of Psychotropic Medication Protocol and Training • Implemented Psychotropic Medication Protocol and Training • High-risk case review process established and implemented • Data sharing agreement with	• # of workers trained in Psychotropic Medication Protocol **2020 update** **# of workers 39** **2021 update: 118** **2022 update: 296** • % of children in foster care prescribed psychotropic medications **2020 update** **27%** **2021 update**: **30%** **2022 update: 33%**	• VDSS training staff will develop training for supervisors and workers • The Director of Health and Safety, Foster Care Program Manager and regional office staff will provide TA on implementation and policy guidance. • VDSS will use CQI processes to evaluate and monitor progress.
	5.2 Collaborate with partners to address service needs, gaps, and barriers.	CC1,CC2, PIP 3.1				
	5.3. Develop and implement Psychotropic Medication Protocol and Training per the Health Oversight Policy.					

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	5.4 Maintain successful strategies for school stability for youth in foster care.			Department of Education to get complete information on school attendance for children in foster care • Annual maintaining of progress towards PIP goals	• 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 **2022 update See CFSR Statewide Assessment section**	
6. Collaborate with Leadership from Tribes to Ensure VDSS Support	6.1 Notification of Indian parents and Tribes of state proceedings involving Indian children and their right to intervene		2020-2024	•Formalized and regular roundtables established to share knowledge and ides •Formalized methods for collaboration and shared knowledge of ICWA laws •Technical Assistance developed for how ICWA and Federal laws interact •Formal guidelines	•# of ICWA cases collaborated on between states **2020 update: 0** **2021 update: 6 (5 FC, tribes outside VA, 1 VA tribe)** **2022 update: 4 (4 FC with tribes outside of VA)**	•TA implementation supports are provided by the Center for States and Tribal partners. TA will also be provided in identifying NICWA cases, and properly training Tribes in responding to NICWA case claims. DFS will request assistance in gather information from
	6.2 Placement preferences of Indian children in foster care, pre-adoptive,					

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	and adoptive homes			developed on ICWA and cultural competencies	# of potential ICWA cases collaborated with Tribes **2020 update: 1** **2021 update: 0** **2022 update: 3 (2 FC with Monacan Indian Nation, 1 In-Home with Chickahominy)** # of FSS that complete ICWA training as part of new worker training **2020 update** **CPS: 333** **FC: 273** **2021 update** **CPS: 320** **FC:** **2022 update:** **CPS: 284** **FC:101**	other locally administered states on how to increase inquiry of Indian Status. **Complete – consult with New York state** •Annual attendance of the NICWA Conference **-Seek assistance through Casey Family Programs for the next year to provide ICWA training to VA's seven federally recognized tribes.** **-CPS guidance will include an update in July 2022 release that mirrors FC guidance re: documenting Indian Status in OASIS under I&I - this is contingent upon IT being able to make the change in OASIS.**
	6.3 Create guidelines to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption					
	6.4 Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe					

Strategy	Activities	Alignments	Time Frames	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	• Data identified • Complete review of identified trends • Determine strategies to implement	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality	• Staff training on recognizing and understanding disparity and disproportionality

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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
1. Provide staff with innovative technology to assist with practice in the field and allow the workforce flexibility in how, when and where casework is completed.	1.1 Continue work with the Quality Improvement Center on Workforce Development.	PIP 4.2	• 1.1 July 2022 • 1.2 September 2021 **Full implementation of COMPASS Mobile was April 2021** • 1.3 September 2024 • 1.4 Ongoing	• Full implementation of Compass Mobile • Full implementation of Compass CCWIS system	• Annual % changes in staff retention rates **2020 update** **2019 retention** **FSSI – 43%** **FSSII – 73%** **FSSIII – 77%** **FSSIV – 76%** **FS Sup – 88%** **Overall – 73%** **2021 update:** **FSSI 75%** **(+ 32%)** **FSSII 83%** **(+ 10%)** **FSSIII 90%** **(+ 13%)** **FSSIV 88%** **(+ 4%)** **FS Sup 92%** **(+ 4%)** **Overall 86%** **(+ 13%)** **2022 update:**	• TA implementation supports are provided by the QIC-WD and by private provider, Red Mane. Additional TA project management supports and change management are provided to LDSS by state staff. • Training is developed with the support of the QIC, and state staff develops and deliver training to supervisors and workers. Technical training is incorporated into new worker training. • The QIC-WD is providing
	1.2 Implement Compass Mobile application **Completed**	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	OADP CAPTA I.B				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
	Document (OAPD).				**(+/- Change compared to 2021)** **FSSI 70% (- 5%)** **FSSII 80% (- 3%)** **FSSIII 84% (- 6%)** **FSSIV 89% (+ 1%)** **FS Sup 89% (- 3%)** **Overall 82% (- 4%)** • # of Compass Mobile users **2020 update 1,574** **2021 update: 1,744** **2022 update: 2,094** • 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by	evaluation TA on 1.1. • VDSS will also use CQI processes to monitor and evaluate.

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					PIP completion in April 2022. Additional 10% increase between April 2022-October 2024 **2022 update** **See CFSR Statewide Assessment section**	
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	• 2.1 Ongoing yearly updates • 2.2 June 2020 • 2.3 Ongoing yearly updates	• Annual cohort update from Stipend Program • Annual worker retention/turnover update • Average caseload of 15 or below	• # of participants in Child Welfare Stipend Program **2020 update** **59 BSW and MSW students** **38 graduated in 2019, 44% BSW, 56% MSW** **2021 update:** **2019-2020 academic year** **67 total BSW/MSW students** **48 graduated in 2020**	• VDSS provides stipend program TA supports to LDSS and students; VDSS will also provide TA supports to LDSS to help maintain foster care caseloads of 15 or less. • VDSS offers new worker training to stipend students. • VDSS will use CQI processes to
	2.2 Reduce caseloads for those foster care workers carrying caseloads of more than 15 children.					
	2.3 Decrease turnover rate for case workers and increase retention of two years or more.					

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					25% BSW **75% MSW** **2020-2021 academic year 76 total BSW/MSW students** **44 scheduled to graduate in May 2021** **14% increase in enrollment between academic year 2018/19** **13% increase in enrollment between academic year 19-20 and 20-21** **2022 update: 2021-2022 academic year 78 total BSW/MSW students enrolled; 45**	evaluate and monitor progress.

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					expected to graduate May 2022 • Average caseload per locality **2020 update** **SFY20: Q 1 15 staff had case load over 15, Q 2 12 staff had case load over 15** **2021 update:** **Statewide:** **• Percentage of children impacted decreased from 3.5% (2019) to 1.1% (2020)** **• Number of children impacted by a worker with a caseload exceeding 15 dropped from**	

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					187 (Feb. 2020) to 23 (Sept. 2020) **2022 update:** **19 FSS carried a caseload over 15 at some point in CY2021. These FSS worked with 387 children (5.3%)** • Turnover and retention rates **2020 update** **2019 turnover rate** **FSSI – 35%** **FSSII – 19%** **FSSIII – 14%** **FSSIV – 9%** **FS Sup – 8%** **2021 update:** **2020 turnover rate** **FSSI 32%**	

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					(- 3%) **FSSII 23%** **(+ 4%)** **FSSIII 15%** **(+ 1%)** **FSSIV 15%** **(+ 6%)** **FSS Sup 8%** **(no change)** **2022 update:** **2021 turnover rate** **(+/- change compared to 2021)** **FSSI 34%** **(+2%)** **FSSII 24%** **(+ 1%)** **FSSIII 16%** **(+ 1%)** **FSSIV 14%** **(-1%)** **FSS Sup 9%** **(+1)** • Annual % change in	

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					turnover and retention rates **2021 update:** **Annual % change in retention rates (2019 to 2020)** **FSSI 32%** **FSSII 10%** **FSSIII 13%** **FSSIV 4%** **FS Sup 4%** **Overall 13% increased retention rates** **2022 update:** **(2020 to 2021)** **FSSI - 5%** **FSSII - 3%** **FSSIII - 6%** **FSSIV + 1%** **FS Sup - 3%** **Overall - 4% decreased retention rates** • 10% increase in	

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					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 **2022 update See CFSR Statewide Assessment Section**	
3. Follow Butler Study recommendations by providing more advanced training supporting and enhancing supervisor skills and coaching.	3.1 Create Child Welfare Leadership Institute. 3.2 Support cohort learning and peer-to-peer networking.	PIP 4.1	June 2021	• Development of Leadership Institute curriculum • Implementation of Leadership Institute	• # of participants in Family Services Leadership Institute **2020 update Central: 15 Eastern: 39 Northern: 44 Piedmont: 30 Western: 6 TOTAL: 134 2021 update: SUP5701 - 53 SUP5702 – 18**	• VDSS training team provides implementation TA, project management, change management, and communication support to LDSS. • VDSS training team will provide training • VDSS CQI process will

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					SUP5703 – 22 **SUP5704 – 26** **SUP5705 – 27** **2022 update: These classes were not offered due to COVID and conversion of other classes to virtual.** • 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 **2022 update See CFSR Statewide Assessment Section**	evaluate and monitor progress.
4. Hire additional staff and provide workforce	4.1 Increase workforce to support	JLARC 26-28 JLARC 34	June 2020	• Child Welfare Ombudsman office created	• # of positions hired **2020 update**	• VDSS receives support from the Office of

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
resources as suggested by JLARC report.	caseworkers special populations, and broader workforce.			• Ombudsman reports and recommendations regularly reviewed and implemented • Recruiting and retaining strategy developed and implemented	**6 positions hired:** **1 Permanency Consultants,** **3 Diligent Recruitment Consultants,** **1 Diligent Recruitment Program Manager,** **1 Data analyst,** **(2 additional Diligent Recruitment Consultants transferred into the position)** **2021 update:** **Recruitment in progress for:** **- Dir of Foster Care Health and Safety*** **- 5 Strategic Consultants** **- Additional permanency**	Development with recruitment and hiring. • Training will be provided to new staff. • VDSS will utilize CQI processes to determine needs, and track outcomes.
	4.2 Create independent office of Child Welfare Ombudsman.	JLARC 32				
	4.3 Identify LDSS assistance needs with recruiting and retaining case workers.	JLARC 9 JLARC 26; 28 CAPTA I.J				

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
					consultants (4, 1 hired in 2019) **2022 update: Ombudsman office opened -4 permanency consultants hired (4/2021) -3 Strategic consultants hired (1 in 2021, 2 in 2022)**	
5. Examine data related to maintain the workforce to identify and understand areas of disparity or disproportionality	5.1 Identify available data 5.2 Identify strategies to improve outcomes	VDSS DEI initiative	Yearly	• Data identified • Complete review of identified trends • Determine strategies to implement	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality	• Staff training on recognizing and understanding disparity and disproportionality

	Continuous Quality Improvement (CQI) Objective Strengthen Virginia's CQI system by applying data to inform, manage and improve practices and outcomes for permanency, safety and well-being.					
Strategy	**Activities**	**Alignments**	**Time Frames**	**Benchmarks**	**Measures of Progress**	**Implementation supports - staff training needs, technical assistance, evaluation processes, etc.**
1. Create foundational CQI system that is data driven and outcome focused to support overarching engagement strategy.	1.1 Create written policies, practices, and procedures describing foundational administrative CQI structure. 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	• Written policies and procedures by December 2020 • Training development completed by December 2019 • Training and technical assistance provided through 2024 • Statewide implementation plan completed by June 2020 • Implementation	• Written CQI policies and procedures finalized and incorporated into programmatic operations • Reporting structure related to outcomes developed and used to inform management decisions • Training developed and incorporated into	• % of staff at each level trained in CQI operations **2020 update 50 staff from DFS Home Office and Regional Offices participated in the CQI Training Academy Learning Collaborative that ran from**	• Assist leadership in CQI training via the CQI Training academy • Technical assistance provided by the Center for States for evaluation plan and CQI Training Academy implementation • Training on data-driven management decision making

	1.3 Create training program for all staff levels with a focus on CQI operations and data consumption		of administrative CQI system across entire state through 2024	staff development plans • Administrative CQI system implemented and operationalized	**June 2019-October 2019.** **2021 update CQI has identified further training opportunities that will be provided to staff in 2021** **2022 update: 2 League presentations (LDSS audience), Commissioner calls (internal state staff LDSS), and November 2021 Lunch & Learn (internal state staff). November CQI Kick-Off virtual meeting (state staff, LDSS)**	
	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	2.1 Perform a review of data sources, methodologies,		• Complete Data Plan review – December 2020 • Implement	• Data plan finalized and recommendations incorporated into	• % of LDSS and staff trained in data-driven	• Training on new dashboards will be provided to VDSS, LDSS, and Regional

all programmatic areas	and storage in all programmatic areas.		recommendations from Data Plan – 2021-2022 • Develop and implement dashboards – 2020-2024 • Connect data to outcomes – 2020-2024	daily operations • Completed plan for data analysis and dissemination	management practices **2021 update Data-driven management training is in the Division's long-term future and will continue to be evaluated.** **2022 update: 2 League presentations (LDSS audience), Commissioner calls (internal state staff LDSS), and November 2021 Lunch & Learn (internal state staff). November CQI Kick-Off virtual meeting (state staff, LDSS)**	Staff
	2.2 Develop tools to assess organizational data readiness and provide comprehensive data-informed management training.					
	2.3 Create functional dashboards to communicate data and progress towards outcomes for all levels of organization and types of users.					
	2.4 Identify opportunities to coordinate and connect data entry, data sources, and databases within the Division of Family Services.					
	2.5 Connect DFS data to desired outcomes for the CFSP, PIP, IV-E, JLARC, and all other reporting requirements					

	2.6 Develop systemic capacity to analyze and disseminate data and outcomes	PIP 1.2, 2.1				
3. Integrate current QAA review process into CQI model.	3.1 Ensure CQI components are factored into case reviews in IV-E reviews, CFSR, VCFSR, and Sub-recipient monitoring, and identify opportunities to align the review processes.		• Report findings of CANS Assessment in case planning (JLARC 2) to Virginia Board of Social Services by April 2021 •Develop plan to phase in structured comprehensive annual quality assurance reviews to Virginia Board for Social Services (JLARC 30) by June 30, 2020	• All JLARC recommendations incorporated into CQI & QAA operations • All serious case-specific or systemic safety-related concerns from 2019 and 2020 recommunicated	• % decrease in children in foster care for more than 36 months **2020 update 1002 children 2021 update 578 children 42.3% decrease** **2022 update: 594 2.7% increase** • % of children in in Virginia in foster care for over 12 months, 24 months, and 36 months **2020 updates Over 12 months - 58.7%, Over 24 months - 31.9%, Over 36 months - 17.9%**	• QAA staff will provide technical assistance on opportunities to combine QAA reports into the CQI model • QAA staff received training on the COMPASS Portal to include uploading, document placement and using the naming convention
	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,	JLARC 29				

	monitor performance and report to Virginia Board of Social Services.				**2021 update: Over 12 months: 54.4%, Over 24 months: 26.2%, Over 36 months: 12.4%** **2022 update: Over 12 months: 57.1% Over 24 months: 52.7% Over 36 months: 14.6%** # of agency case reviews **2021 update: 139 CFSR cases, 2.497 IV-E new case validations, 740 ongoing case reviews (3.237 total IV-E cases), 33 VCFSR** **2022 update: 140 CFSR cases,**	
	3.4 Develop a plan to phase in annual quality assurance reviews for a representative sample and report findings to the Virginia Board for Social Services.	JLARC 30				
	3.5 Continue conducting agency case reviews at all localities, examine the results of agency case reviews, work with localities on identified opportunities for improvement, and monitor progress.	JLARC 31				
	3.6 Develop a list of children in foster care for more than 36 months, review each case, and	JLARC 20				

	respond with required technical assistance or referrals to minimize unnecessarily lengthy stays in foster care.				**2,093 IV-E new case validations, 1,248 ongoing case reviews (3,341 total IV-E cases), 25 VCFSR**	
	3.7 Prepare reports each quarter to provide: • Percentage of children in each locality in foster care for over 12 months, 24 months, and 36 months. • Regional and state average lengths of stay in foster care.	JLARC 21				
	3.8 Review all information collected via agency case reviews from 2017 and 2018, and re-communicate all serious case-specific or systemic safety-related concerns from the previous reviews. A letter from the	JLARC 1				

	commissioner should be submitted to the House Health, Welfare and Institutions Committee and the Senate Rehabilitation and Social Services Committee to certify all safety-related concerns identified have been resolved no later than November 1, 2019.					
4. Develop systemic capacity to analyze and disseminate data and outcomes	4.1 Create routine processes for collecting, organizing, and tracking data related to outcomes.		• 2020-2024	• Longitudinal data sets created and used to improve services and identify trends in services	• # of data trainings provided annually **2022 update Data-driven management training is in the Division's long-term future and will continue to be evaluated.** •# of available reports **2020 update**	• Training will be developed and provided for VDSS staff on improving data consumption and use in daily operations
	4.2 Develop organizational capacity to store and analyze longitudinal case and cohort data					
	4.3 Define dedicated processes for data analysis and regularly available					

	data-related trainings for staff at all levels.				**DFS has not had the capacity to build out the reporting to be independent of existing Departmental data reporting 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**	
	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					

					a department-wide COVID-related dashboard. **2022 update: DFS posts a quarterly report that includes Prevention, Protection, and Permanency outcomes, Data is shared bi-weekly with home office and regional staff on selected topics**	

Diversity, Equality, and Inclusion

On January 19, 2022, Virginia's newly elected Governor, Glenn Youngkin, renamed the former Office of Diversity, Equity, and Inclusion to the Office of Diversity, Opportunity and Inclusion. Angela Sailor was named the Director of Diversity, Opportunity, and Inclusion. At the time of writing this report, there have not been any statewide initiatives launched since the renaming of the office and appointment of the director. As noted in the 2021 APSR, the "ONE Virginia Plan" was put forth by former Governor Ralph Northam, the Governor's Office of Diversity, Equity, and Inclusion, and the Department of Human Resource Management.

VDSS and newly appointed Commissioner, Dr. Danny TK Avula, are committed "to design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being," which involves inclusion of diverse populations and being equitable. VDSS plans to recruit a Diversity, Equity and Inclusion Officer to support the continued work towards a culture of diversity, equity, and inclusion (DEI). Included in the VDSS strategic framework are goals related to DEI, reinforcing and prioritizing the commitment to this important work. The agency has developed an evolution plan which highlights intersections of populations most often affected by poverty and most likely to receive support and services from social services. The plan includes a long term roadmap to increase community involvement which would eventually lead to a decrease in unwarranted involvement with social services.

VDSS' agency-wide 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.

VDSS is committed to fostering a workplace that is diverse, inclusive, and prioritizes equity in all matters. DFS also 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.

DFS hosts 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, 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 VDSS, 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 (VCU) is a partner in the CWSP and they hosted a webinar series in FY21 focused on DEI. These webinars were hosted by CWSP students at VCU and had a cross-section of diverse panelists. Topics included: Systemic Racism, Disproportionality, and Equity in Child Welfare: Our history and where to focus our change efforts?; Systemic Racism and Equity in Child Welfare: The Role of Social Work Education in Perpetuating and Challenging Inequities; and Fostering Truth: A Conversation About Best Practices in Working with and Engaging Youth in Foster Care who Identify as LGBTQ+.

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 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. The VDSS participants are working on a project specific to increasing diversity and inclusion through work with contracted community partners through the procurement process.

VDSS developed a DFS Parent Advisory Council in partnership with the Children's Trust Fund Alliance (CTFA) and Casey Family Programs in 2021. Development of the Parent Council is part of the effort to ensure equity in policies and guidance through input from parents with lived experience. The technical assistance received for the development of the Parent Advisory Council 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

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, Diasopora 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 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.

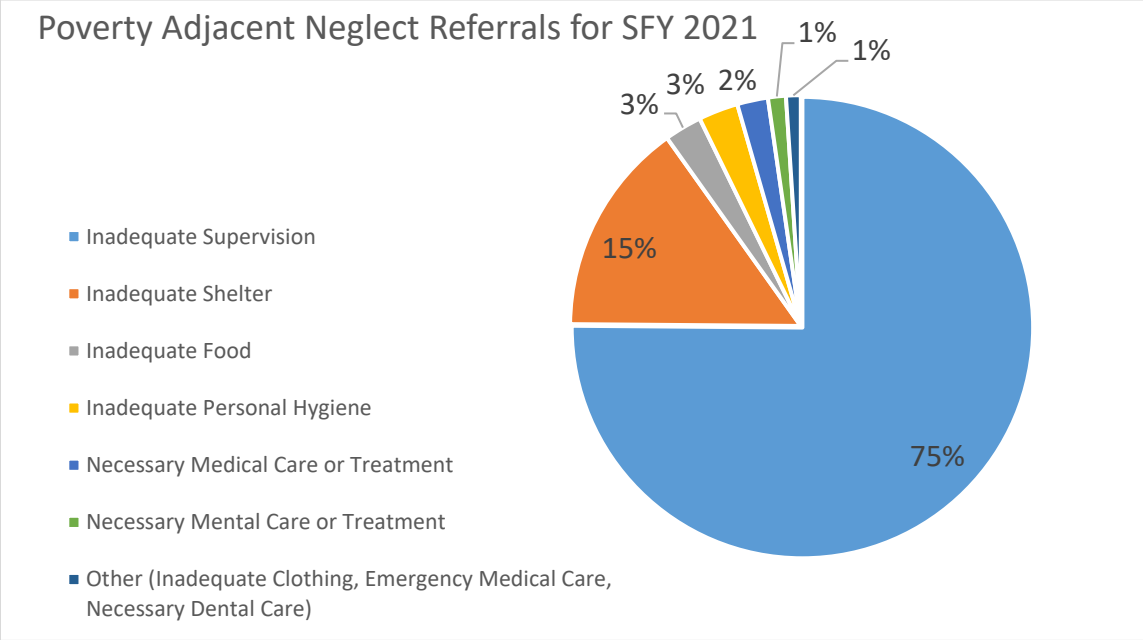
Child Welfare Evolution

Working with Chapin Hall at the University of Chicago and Casey Family Programs, VDSS introduced the concept of a child welfare evolution in October 2021. Bryan Samuels and Clare Anderson with Chapin Hall presented "Family and Child Well-being System: Economic & Concrete Supports as a Core Component[1]" to VDSS staff from the Divisions of Family Services, Benefit Programs, Local Engagement and Support, and Workforce Development and Support. This presentation highlighted the intersection of poverty and neglect and covered information from multiple studies showing how experiencing any type of material hardship is associated with an elevated risk of CPS involvement, children in foster care take longer to reunify with their families when the reason for placement is neglect, and over half of all Black or African American children experience a child welfare investigation. The presentation also looked at studies that focused on what happens when economic and concrete supports are increased. It is estimated that for each additional $1,000 that states spend on public benefit programs per person living in poverty there is: 4.3% reduction in child maltreatment reports, 4% reduction in substantiated child maltreatment, 2.1% reduction in foster care placement, and 7.7% reduction in child fatalities due to maltreatment.

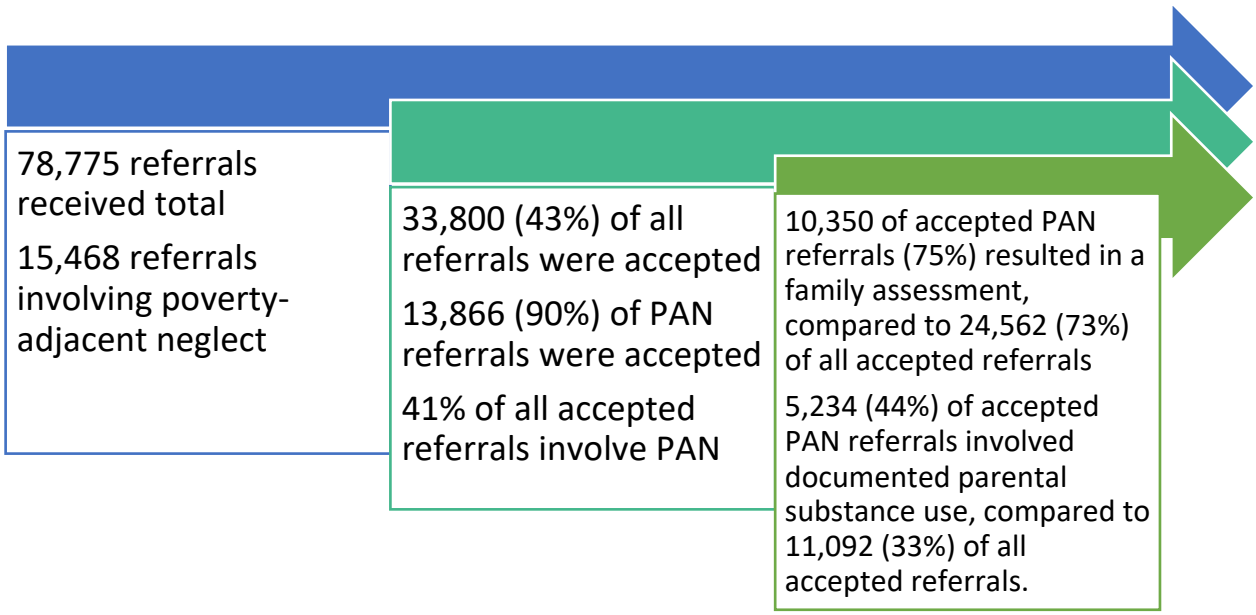
The presentation from Chapin Hall and the studies connected to the analysis VDSS had been doing on referrals since the beginning of the COVID-19 pandemic. VDSS data showed that school personnel CPS referrals represented 23% of all referrals in SFY 2019 and just under 15% of all referrals in SFY 2021. This led quickly to inquiry into understanding more about those referrals: how often were teacher/school personnel referrals actually leading to open cases and how many of the open cases ended in founded reports, were the cases referred to ongoing services and family assessments; and, most significantly, what were the referral reasons that were caused by family economic instability, or, poverty adjacent neglect (PAN) factors.

[1] Anderson, C., Grewal-Kol, Y., Cusic, G., Weiner, D. & Thomas, k. (2021) Family and child well-being systems: Economic and concrete supports as a core component. [Power point slides]. Chapin Hall at the University of Chicago. https://www.chapinhall.org/research/economic-supports-child-welfare/

Based on data from SFY 2021, VDSS identified the PAN factors of all CPS referrals and reporting sources in Virginia to include inadequate supervision (indicating lack of affordable child care options) (75%), inadequate shelter, food, hygiene or clothing (21%) and medical neglect (4%).



Virginia does not have a way to directly correlate poverty to cases in the case management system. The categories of neglect in the pie chart are most closely related to instances of poverty. As mentioned below, there were over 15,000 referrals in SFY 2021 involving PAN and 90% of those referrals were accepted. Seventy five percent of those accepted referrals resulted in a family assessment.



Race/Ethnicity	% of VA Child Population	% of VA Child Poverty Population	% of PAN Referrals	% of PAN Screen-ins	% of PAN Substance Use Cases
American Indian/Alaska Native	0.3%	0.2%	0.3%	0.3%	0.1%
Asian	7.2%	2.6%	1.1%	1.2%	0.7%
Black or African American	21.2%	38.0%	27.0%	26.2%	21.6%
Hispanic or Latino	15.0%	20.2%	11.1%	11.2%	7.9%
Multi-Race	6.5%	7.0%	6.4%	6.4%	6.5%
White	49.9%	32.0%	48.3%	49.3%	56.4%
Unknown	NA	NA	5.7%	5.4%	6.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

The orange numbers on the graph represent disproportionality from the population of children in poverty. Black or African American children are slightly over represented when looking at the overall Virginia child population, but under represented when looking at the Virginia Child Poverty Population. The inverse is true of White children, with White children being slightly under-represented in the overall population, but over-represented when looking at the poverty population.

VDSS is beginning this conversation internally as well as with the League of Social Services Executives. It is anticipated that there will be strategic planning beginning in June 2022 that will include aligning roles within the Human Services portfolio. After internal alignment, VDSS will examine how to align partner roles and look to begin implementation in 2024.

High Quality Legal Representation for All Parties in Child Welfare Proceedings

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

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

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

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

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

These Parent Defender Offices are based on similar interdisciplinary law offices in New York and Pennsylvania and would include attorneys, a social worker, and administrative staff. These centers would claim title IV-E funds as reimbursement, submitted to VDSS as the title IV-E agency. Benefits of this type of program include greater involvement by parents in child welfare cases, decreased stay in foster care, and potential cost savings. VDSS participated in several meetings concerning the pilot program, along with CIP, and had conversations with states who are in the process of implementing or have already implemented this type of program (Delaware, Maryland, Pennsylvania, and Washington). VDSS supports the creation of parent defender offices that include attorneys, social workers, and parent advocates as part of the team. The pilot has laid the groundwork for further discussions about creation of this type of center in the future.

Collaborations

VDSS has collaborated with a myriad of 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, 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 to strive towards better informed, child/youth/family-driven services and approaches to whole family well-being.

Lived Experience

In 2021, 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 to meeting virtually during 2020, and continued to meet virtually in 2021. During these meetings VDSS provided state updates on VDSS activities and shared opportunities for participation in workgroups. VDSS has continued to administer the Youth Exit Survey, enabling regular and ongoing collection of feedback from youth who were exiting foster care. (**Permanency Strategy 4.1**)

VDSS 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 includes parents and caretakers who have experience across all areas of child welfare from CPS, Prevention/In-Home through Foster Care/Adoption. 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 began the work of creating the council in January

2021 developing a recruitment plan and mission statement. DFS began taking applications for membership in April 2021 and conducted interviews before inviting parents to participate on the council. Parent Council orientation was held in the fall of 2021 and there are currently 11 members, representing all five regions of the state. The Parent Council has provided input on several projects including: participating in stakeholder interviews for the Virginia Department of Health's ARPA Substance Misuse and Suicide Prevention Project; feedback on the Domestic Violence Team Project strategic plan; providing input on a foster parent recruitment video script and questions; providing input on a statewide kinship website; and review of CFSR materials that will be shared with family members participating in review. The council has also provided feedback on potential legislation from the 2022 General Assembly session.

In June 2020, Regional Practice Consultants organized Resource Family Advisory Committees within each of Virginia's five regions. Local departments, private agencies along with foster, adoptive and kinship families participate on the committees. During 2021, Regional Resource Family Advisory Committees focused on expanding partnerships between LDSS and private agencies to offer increased support to kinship caregivers. Committees have worked to define the role of foster parents as a support, not a substitute for the families of children in foster care. Committee meetings have been utilized to share data related to placement location and outcomes for children and families in order to create a shared understanding of the importance of first placing children who enter foster care with relatives. During July 2021, Regional Resource Family Practice Consultants were engaged each committee in discussion related to the implementation of Kin First policies within LDSS across the state.

Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CBCAP, which includes parent leadership within communities. CBCAP funding also supports Families' Forward Circle of Parents and the Virginia Parent Council which coordinates parent voice in planning and implementing family services in support of child abuse prevention programming in Virginia. Feedback gained from the Virginia Parent Council and community-based projects and parent leadership 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. 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.

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 the NICWA conferences and supported participation of tribal members as well. Tribal members shared their experience and takeaways from the conference with other tribal members during a roundtable meeting. 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. VDSS is planning on providing an ICWA training for the federally recognized tribes in 2022.

Court Improvement Program

VDSS Foster Care, Adoption, and QAA Program Managers are members of the CIP Advisory Board and regularly attend meetings. The CIP and VDSS partnered in 2021, 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 and provide, in general, updates and technical assistance to court partners including judges and guardians ad litem. CIP meets bi-weekly with DFS staff, the Children's Bureau and the contracted partners (JBS staff), and the representative from the Center for States to talk through questions or issues that have arisen. During 2021, CIP and VDSS staff met several times to discuss the use of title IV-E for legal representation for parents during child welfare proceedings.

Child Welfare Advisory Committee (CWAC)

The Child Welfare Advisory Committee (CWAC) meets three times a year in March, June and September. As with many meetings, CWAC has pivoted to meeting virtually. A bonus of this shift has been greater representation from across the state, as people who would not normally be able to travel for the meeting have been able to attend. The agenda set for CWAC always includes collaborative work towards meeting the outcomes for Virginia's children and families. Topics covered in 2021 CWAC meetings included review and input for the APSR; Consolidated Appropriations Act funding for older youth who had previously been in foster care, Kin First Virginia and the continuum of care from informal kinship care to kinship foster care, KinGAP, and adoption; Kin First Culture and youth aging out of care; Kin First Culture and Substance Use Disorders; Family First Prevention Services Act and evidence based services; State Funded Kinship Subsidy; and children in foster care without formal placement. These topics involved breakout planning time to gather input from those in attendance. The feedback, which can include recommendations for policy changes, training strategies, and resources or tools, is taken back to the respective program areas and incorporated into the program planning and guidance as appropriate.

Practice Advisory Groups

During 2021, VDSS continued to participate in quarterly advisory meetings for child welfare program areas, including Permanency and Prevention and Protection groups, to solicit input and feedback from

LDSS and stakeholders. The Permanency group includes local foster care, adoption, resource family, as well as Interstate Compact for the Placement of Children (ICPC) supervisors and family services workers in addition to VDSS program staff. Meetings continued to be held in a virtual format and participation has remained steady. The Permanency Advisory Committee informed VDSS on the implementation of Qualified Residential Treatment Placements, state funded kinship subsidy programs, Kin First policies, providing support to families post-adoption, as well as updating ICPC guidance. VDSS developed a mechanism by which the LDSS can request specific topics for each meeting.

The CPS Advisory Committee merged with the Prevention Advisory Committee in September 2021, to form the Prevention & Protection Advisory Committee. The committee is composed of local CPS, In-Home, and Prevention supervisors and workers, plus VDSS program staff. Similar to the Permanency advisory committee, this committee has also continued in a virtual format and participation has remained steady. The group provides input into the CAPTA plan, legislative proposals, regulatory review, policy and guidance, and overall program direction. In 2021, the committee members provided practice input on issues of new valid reports on in-home cases, business process for assigning referrals after hours, and underutilization of the Mandated Reporter Portal. Committee members reviewed and provided feedback on additional strategies to improve performance on CFSR Item 1, provided input on the PSSF Service Directory, and provided feedback on Virginia's implementation plan for Family First and evidence based services available in Virginia. The committee also reviewed and finalized VDSS' Child Fatality Decision Tree Tool.

Additional Collaborations

Community Based Child Abuse Prevention Grant

As the Community Based Child Abuse Prevention (CBCAP) grant lead agency, VDSS is involved with all sectors engaged by CBCAP, the efforts of which address elements in **Prevention Strategy 1**. Funds awarded to Virginia through this grant are used to support the development, operation, and expansion of community-based, prevention-focused programs and activities with the goal of prevention of child abuse and neglect. During 2021, 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; DBHDS; VDH; DCJS; DJJ; 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 (CRAFFT)

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 (CRAFFT) 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 while taking care of children in foster care.

High Acuity Youth in Foster Care

Throughout 2021, VDSS has been working closely with LDSS and other stakeholders to address placement needs of youth in foster care with high acuity needs. VDSS home office staff, along with regional staff, meet with LDSS to staff individual cases and develop a solution for youth who do not have a placement, often resulting in regional staff providing additional technical assistance to the agency and identifying ways to build capacity within the agency, as well as gathering necessary information to better understand the systemic issues. Additionally, VDSS is working with DMAS, OCS, and DBHDS to address the systemic issues contributing to the problem. These state agencies are working together to utilize available funding to develop programs to support youth with high acuity needs outside of acute hospitalization, whether it is a step-down placement following acute hospitalization or serving as a diversion to acute hospitalization.

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

Unique to Virginia, the Children's Services Act (CSA) is a single state pool of funds to support services for eligible youth and their families. In addition to DBHDS and DMAS, the OCS is the primary funding source of services for children, parents, and caregivers who are involved in the child welfare system. OCS has been a critical collaborative partner helping with implementation planning for Family First. OCS has collaborated with VDSS around the implementation of KinGAP for IV-E eligible and state funded children. OCS is a collaborative partner serving on the Three Branch leadership team and is advancing policies that support the implementation of Family First and alignment with OCS policies and practices, as well as a broad continuum of care to meet the holistic needs of children and families. OCS is 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 2021 to enact the Center for Evidence Based Partnerships (CEPVa), a unique partnership developed from the Three Branch team to implement Family First, 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 2021, VDSS and QIC-WD partners met via teleconference twice a month 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 their final surveys for the project in 2021 and worked towards obtaining all necessary data for the project. QIC-WD's initial time frame of work was scheduled to end in September 2021; however, they received a no cost extension from the Children's Bureau and the work is continuing into 2022.

Statewide Prevention Plan

VDSS led the development of a five year plan to prevent child abuse and neglect, prompted by Budget Amendment HB30 in Virginia's 2020 General Assembly Session. 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.

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 2021, VDSS provided agency representation and participation at the Trauma Informed Community Network (TICN) 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 the 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 offers the Child Welfare Stipend Program (CWSP) and Child Welfare Employee Education Assistance Program (CWEEAP) throughout all regions of the state. VDSS continues to partner with George Mason University, Radford University, Virginia Commonwealth University, and Norfolk State University. Each university partner has established Regional Advisory Committees, which are composed of LDSS leadership, university child welfare faculty, state CWSP leadership, and community partners. Meetings 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 2021, 33 LDSS actively participated on a Regional Committee, and four child serving agencies contributed actively. Additionally, VDSS works closely with the Professional Development Committee of the VLSSE, which serves as a state-level advisory group. All partner universities are entering a new contract phase of the memorandum of understanding (MOA) process and VDSS anticipates entering into new agreements with partner universities to be effective July 1, 2022.

Center for Evidence-Based Partnerships in Virginia

VDSS partnered with the newly established Center for Evidence-Based Partnerships in Virginia (CEPVa) in 2020. CEPVa is a newly formed partnership between state agencies 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 CEPVa includes DBHDS, DMAS, DJJ, DSS, OCS, and VDH. VDSS partners with CEPVa to conduct fidelity monitoring of evidence based practices (EBP), particularly those in the Title IV-E Prevention Services Plan, and provide data from fidelity monitoring to utilize in the VDSS CQI process. VDSS also partners with CEPVa to continually identify needs and gaps in EBP across the state to make recommendations for the implementation of additional EBP.

Virginia Department of Criminal Justice Services

The Department of Criminal Justice Services (DCJS) is a critical partner with VDSS on grant funded services for children and victims of domestic violence. In 2021, DCJS provided Victims of Crime Act (VOCA) funding to VDSS to support Child Advocacy Centers. VOCA funds from DCJS provide financial support to local domestic violence programs that are also funded by VDSS. 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. VDSS

also participates in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in trauma informed, domestic violence programming. VDSS partners with the State Trafficking Response Coordinator for the Commonwealth, based at DCJS, and provides annual, aggregate data on children and youth who are suspected victims or are victims of trafficking.

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 that 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 VDOE 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. 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 continue collaboration, 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 training 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-19 crisis during 2020 and into 2021 as schools began to reopen and provide in-person instruction.

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. DJJ has continued to use Functional Family Therapy (FFT) and Multisystemic Therapy (MST) throughout Virginia to serve youth. DJJ has been an asset to VDSS throughout the implementation process, sharing lessons learned and resources, which made the implementation successful. LDSS are 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 began using the VDSS Virginia HEALS screening tool, Screening for Experiences and Strengths (SEAS), statewide. VDSS staff worked 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 2021, VDSS worked closely with DBHDS and DMAS on implementation of Project Bravo of the Children's Behavioral Health redesign, which promotes 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 the 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

implementation of Family First policy, protocol and practice, particularly around determining responsibility around use of congregate care and Qualified Residential Treatment Providers (QRTPs).

Virginia's Kids Belong

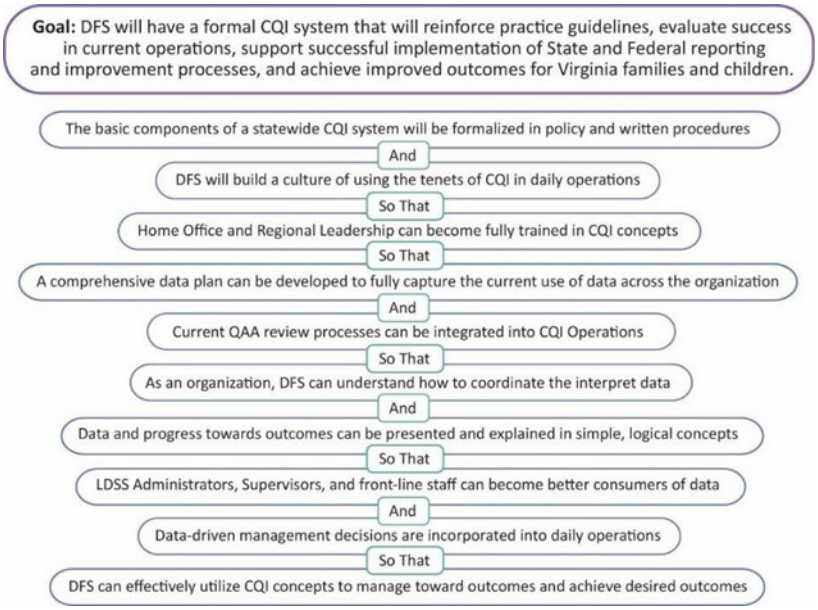
Virginia's Kids Belong Regional Coalitions have continued to assist with recruitment of foster families, supporting kinship caregivers and supporting child welfare workers. Virginia's Kids Belong "I Belong Project" (IBP) in collaboration with Regional Resource Family and Permanency Practice Consultants coordinated six child specific video shoots to develop child specific recruitment pictures and videos for children placed in congregate care and awaiting adoptive families. The IBP shoots were strategically coordinated in areas throughout the state in close proximity to congregate care facilities where targeted children were placed. Regional Practice Consultants worked with LDSS to register children for the video shoots and supported efforts to coordinate transportation to and from the locations of the shoots. As a result 45 children in need of adoptive families participated resulting in 274 family inquiries during 2021.

Continuous Quality Improvement (CQI)

Virginia's CQI system 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.

- 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 LDSS 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 for 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 three full-time Data Analysts, one for each programmatic area – In-Home, Protection, and Permanency - and a Data Manager. The Permanency Data Analyst is focused on permanency services including foster care, adoption, and resource family retention and recruitment. The In-Home Data Analyst is focused on prevention activities and the Protection Analyst is focused on Child Protective Services activities. The Data Manager is responsible for supervising the Data Analysts and determining the best methodology for reviews to include data reliability and validity activities and ensures a seamless quality control process.

The Strategic Consultant positions, which were established in response to JLARC recommendations and S.B. 1339 legislation in 2019, also play a critical role in the CQI system. The Strategic Consultant positions are dedicated to improving outcomes and increasing shared accountability between LDSS and VDSS, within the CQI context; specifically, leading CQI State meetings, supporting regional Communities of Practice 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 support the regional level CQI process and serve to connect the bridge between state and regional efforts. The COVID Pandemic halted efforts to onboard consultants in 2020; however, one consultant was hired in 2021 and two consultants were hired in 2022. There are two additional consultant positions which should be hired in late 2022.

The CQI Process

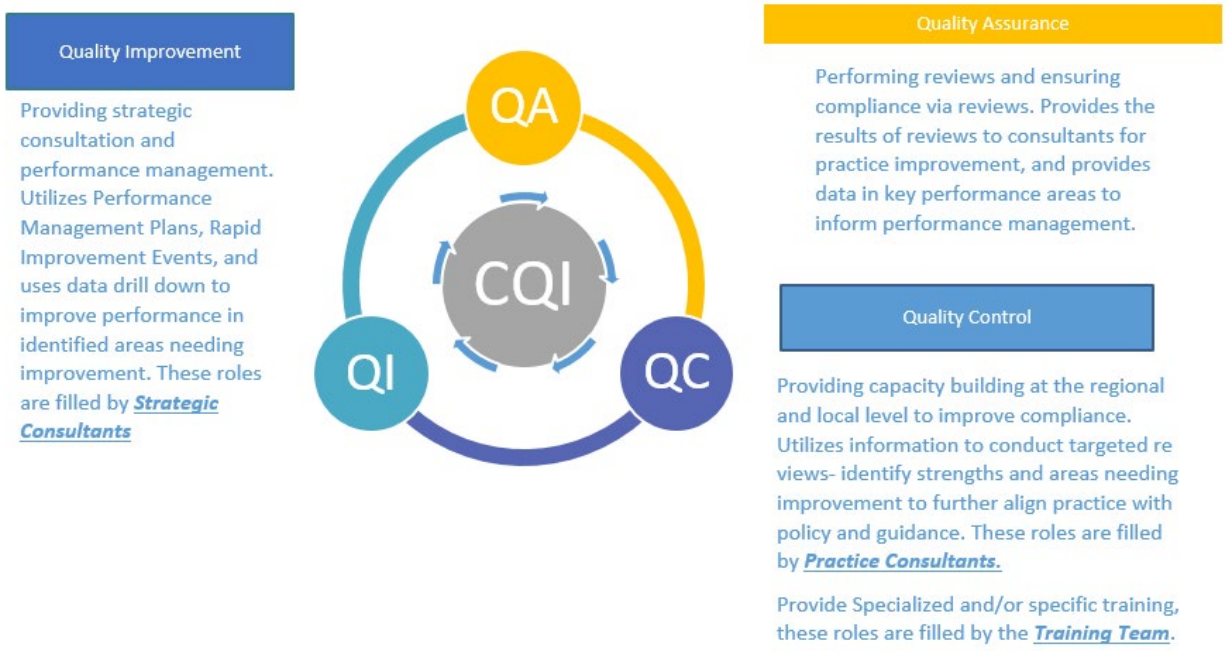
Virginia's CQI system is built upon the APHA'S Define-Assess-Plan-Implement-Monitor (DAPIM) model[2]. The steps include:

- Defining the Problem – The Who or the What
- Understanding the Root Cause – The Why
- Identifying a Solution & Planning for the Implementation – The How

[2] https://aphsa.org/OE/OE/consulting_practice.aspx

- Implementing the Solution – The Action
- Testing the Solution, Monitoring Performance, Adjusting as Needed – The Evaluation and Revision

This process was implemented 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.

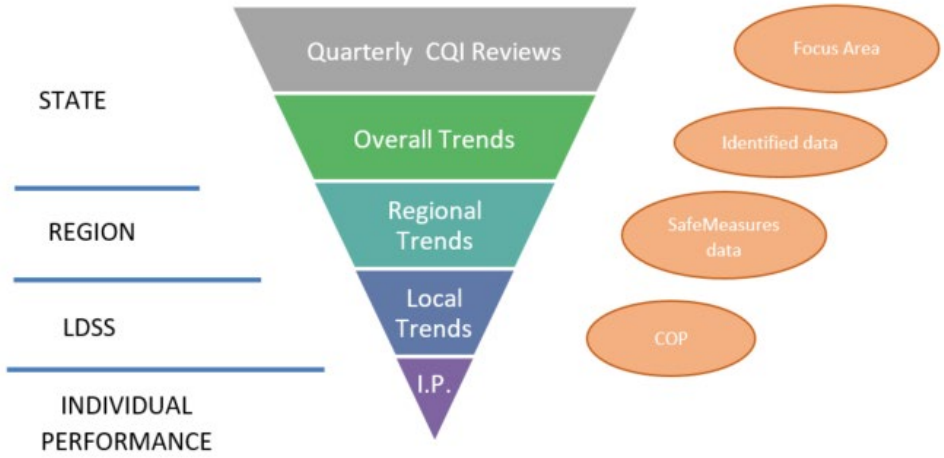
Quality Control is enabled through title IV-E reviews (also conducted by the QAA team) to address and predict financial penalties and gaps in compliance; and, fully enacted through Practice Consultants who support localities in aligning practice with policy and guidance. The Training team also addresses gaps in practice/policy knowledge that are made evident through reviews by offering targeted and consistent development opportunities through courses including micro-learnings, e-learnings, and traditional classroom learning.

The Strategic Consultants and Data Analysts will facilitate data alignment between programs, divisions and regions and leading state and regional CQI events. Throughout 2021, VDSS worked to operationalize the state and regional events which allows for a deeper dive into regional trends, local strengths and needs, peer to peer resource sharing and learning collaborative oriented, and targeted improvement of outcomes.

There has been a shift in the format of state and regional events from what was reported in last year's APSR. State CQI meetings are occurring monthly, examining outcomes and goals related to pre-determined focus areas, identifying measures of progress, discussing and sharing strengths and developing solutions for areas needing improvement. Each LDSS is encouraged to identify a core team for their agency to attend the state meetings and bridge information gleaned from the state meetings to other team members in their LDSS. Drawing on strengths of the PIP learning collaborative model, these meetings share data related to the focus area at the state, regional and local level. LDSS who are performing well are spotlighted in the meetings to share their practices, which show promising outcomes. The meetings also include regional breakout time to discuss data, promote LDSS peer sharing and brainstorm strategies. In the same month as the state CQI meeting, there are regionally based Communities of Practice (CoP) meetings. Each LDSS is encouraged to send front line workers to the regionally based CoP to engage in conversations regarding data and the development of strategies to improve performance. Participants are encouraged to coordinate with their LDSS Core Team as well as other members of their agency in bridging the information from the CoP and the LDSS. The purpose of the CoP is to take a deeper dive reviewing locality specific data and examining what strategies agencies are utilizing that is leading to improved performance. LDSS have the opportunity to present situations and ask questions, learning from other LDSS in that region. The CoP looks at policies and practices within the agencies that may be influencing outcomes, and creates implementation guides to take back to agencies to work on over the next quarter.

A CQI kick-off event was held in November 2021 and set the stage for state and regional CQI meetings. There are three focus areas in 2022: In-Home, Kinship, and Youth Aging Out of Care. The first state CQI meeting was held in January 2022 and focused on In-Home, the second meeting was held in February and focused on Kinship and the third meeting was held in March and focused on Youth Aging Out of Care. The cycle will repeat throughout 2022. As this process becomes routine, the strategic consultants will begin to identify trends and themes and regional consultants will work directly with LDSS to address issues that arise.

Below is a visual example of the regional state CQI meetings.



Statewide Information Systems

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 and portal; 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
COMPASS|Portal	A web based version of the mobile application for users who do not access information via the mobile application.	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 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 demographic characteristics, location, status, 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 CPS Intake. The COMPASS|Mobile-Portal based SDM 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 tools other than the intake tool 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 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 staff with industry-leading tools is a major step and core

focus in advancing the 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, a mobile component will be integrated into the new system. COMPASS|Mobile-Portal was implemented in October 2019 for 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; and
- complete SDM assessments for risk and safety.

As of the writing of this report, there are 2,094 COMPASS|Mobile users. Over the past year, 2,696 users have logged into COMPASS|Mobile-Portal to access data and upload and print documents that are not stored in OASIS.

In addition to the efficiency and effectiveness that COMPASS|Mobile-Portal 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-Portal 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 access adoption of COMPASS|Mobile-Portal and its impact on workforce retention. The official report has not yet been published by QIC-WD but early indications are that COMPASS|Mobile-Portal has had a positive impact on staff retention.

SafeMeasures

VDSS entered into a contract with Evident 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.

VDSS previously reported that a data analytics solution to replace the SafeMeasures contract was being developed in-house in collaboration with the VDSS Office of Research and Planning. The agency has since determined that an outside vendor would be best to develop this solution. The project has been approved by the VDSS Information Technology Investment Council and the agency is currently in the very early stages of the procurement process. The contract with Evident Change continues at this time in

order to provide continued support to local workers and supervisors while a replacement solution is in development.

Overview of Comprehensive Child Welfare Information System (CCWIS) process

VDSS's mission is to design and deliver a high-quality human services case management system that helps Virginians achieve safety, independence and overall well-being. Current in-house applications fall short of the agency'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 agency 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, VDSS 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 involved with VDSS, supporting the agency'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 may 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 overall 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 3,408 reports submitted via the MRP in calendar year 2021.

CARES Act Funding

VDSS has utilized all of the CARES Act Funding. VDSS utilized CARES Act funding to provide a virtual meeting platform, Doxy.me to all LDSS. The importance of face to face contacts in child welfare cases remained a priority for VDSS. However, in recognition of the fluctuating COVID rates, LDSS were provided with a tool to conduct virtual visits when a family refused a face-to-face visit due to a COVID concern or if anyone in the home has tested positive for COVID, has been exposed to someone who has tested positive for COVID within 14 days, or had symptoms within 14 days. VDSS developed a home visiting screen tool for LDSS to consider when assessing COVID health/safety related concerns prior to the scheduled visit. VDSS also used CARES Act funding to maintain and expand critical data platforms to ensure that VDSS and LDSS were able to track child welfare requirements, progress to outcomes, the needs of families, and the fluctuating needs of COVID. CARES Act funding was used for the following

data platforms and systems: CANVaS 2.0, Locality Expenditure, Data and Reimbursement System (LEDRS), Safe Measures, RedMane, and Chapin Hall).

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

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 were still areas needing improvement. Specifically, VDSS was not in substantial conformity with seven out of seven CFSR outcome areas and three out of seven systemic factors.

Key areas 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.

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

Outcome measures: CY2021

Safety outcome 1: Children are, first and foremost, protected from abuse and neglect.		
Substantially achieved 83%	Partially achieved 0%	Not achieved 17%
Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		
Substantially achieved 68%	Partially achieved 14%	Not achieved 19%
Permanency outcome 1: Children have permanency and stability in their living situations.		
Substantially achieved 53%	Partially achieved 44%	Not achieved 3%
Permanency outcome 2: The continuity of family relationships and connections is preserved for children.		
Substantially achieved 70%	Partially achieved 27%	Not achieved 2%
Well-being outcome 1: Families have enhanced capacity to provide for their children's needs.		
Substantially achieved 53%	Partially achieved 36%	Not achieved 11%
Well-being outcome 2: Children receive appropriate services to meet their educational needs.		
Substantially achieved 88%	Partially achieved 8%	Not achieved 4%
Well-being outcome 3: Children receive adequate services to meet their physical and mental health needs.		

Substantially achieved 81%	Partially achieved 9%	Not achieved 10%

All Items with federal oversight from the CFSR Round 3 PIP; Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15, have met the established PIP goal. Virginia has tracked progress on all items. Below is the chart for all items with PIP goals.

	Item Description	PIP Goal[5]	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP13	MP14
Item 1	Timliness to first contact	87%	68%	70%	74%	71%	72%	70%	76%	83%	78%	84%	86%	78%	83%	88%
Item 2	Services to protect children from removal or reentry	77%	61%	60%	74%	71%	62%	49%	58%	77%	85%	82%	79%	86%	83%	79%
Item 3	Risk and Safety assessment and Services	56%	50%	59%	59%	59%	60%	54%	51%	67%	71%	71%	79%	73%	66%	64%
Item 4	Stability of FC Placement	79%	61%	73%	86%	70%	71%	77%	80%	89%	95%	89%	82%	75%	70%	77%
Item 5	Permanency Goal	75%	73%	73%	65%	74%	77%	55%	58%	81%	81%	80%	82%	79%	84%	86%
Item 6	Achieving Permanency Goal	48%	39%	34%	30%	27%	30%	36%	45%	57%	61%	61%	73%	75%	73%	73%
Item 7	Placement with Siblings	77%	55%	88%	93%	81%	79%	77%	77%	75%	74%	82%	90%	81%	69%	81%
Item8	Visiting with Parents and Siblings in FC	43%	46%	52%	65%	51%	51%	49%	43%	51%	65%	81%	87%	77%	69%	68%
Item 9	Preserving Connections	72%	52%	52%	58%	60%	64%	76%	77%	68%	73%	86%	91%	84%	82%	86%
Item 10	Relative Placement	56%	52%	60%	59%	56%	60%	55%	58%	72%	73%	84%	93%	86%	86%	93%
Item 11	Parent and Child Relationship	44%	48%	48%	52%	50%	49%	43%	36%	43%	44%	57%	69%	64%	66%	66%
Item 12	Needs and Services	46%	27%	30%	43%	33%	31%	29%	26%	37%	43%	46%	53%	63%	61%	46%
Item 13	Involvement in Case Planning	43%	30%	41%	44%	35%	41%	45%	43%	51%	54%	64%	81%	80%	70%	63%
Item 14	Caseworker Visists with Child	64%	56%	66%	64%	61%	70%	76%	76%	83%	80%	77%	86%	86%	81%	77%
Item15	Caseworker Visits with Parent	42%	19%	22%	42%	42%	36%	33%	34%	43%	51%	62%	77%	75%	70%	64%
Item 16	Education Needs of the Child	91%	86%	88%	86%	83%	81%	81%	83%	84%	87%	89%	85%	86%	87%	90%
Item 17	Physical and Dental Health	80%	73%	82%	90%	84%	73%	74%	75%	81%	81%	69%	72%	90%	96%	88%
Item 18	Mental and Behavioral Health	48%	58%	77%	58%	52%	59%	55%	51%	62%	76%	74%	83%	93%	84%	73%

Safety Outcomes 1 and 2

As of PIP Measurement Period 14, Item 1; agency response and face-to-face contact made within established time frames, was rated as an ANI and was only substantially achieved in 88% 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 79% substantially achieved. Item 3; assess and address the risk and safety concerns, is an ANI with 64% 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.

"Recurrence of Maltreatment" investigates the recurrence of maltreatment within 12 months of an initial founded disposition. National performance is 9.5% and Virginia risk standardized performance (RSP) falls below that at 5.8%. "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 victimizations and Virginia's RSP is below that at 5.71 victimizations per 100,000 days in care. "Reentry into Foster Care" shows what percentage of children in care in a 12 month period who exited to permanency, re-entered care within 12 months of discharge. National performance is 8.1% and Virginia's RSP is below that at 6.5%.

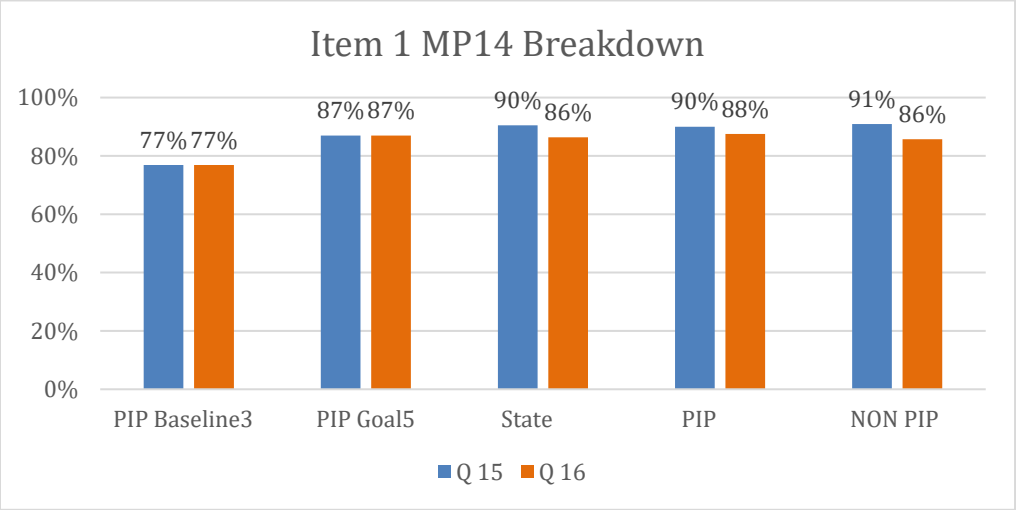
The State and Regional Teams at VDSS identified and implemented practice strategies and set performance goals for the LDSS to enhance performance on key protection measures. The strategies included layered communication at each operational level of the LDSS, targeted training for the LDSS, and utilization of tools to assist in meeting the performance goals. With the support of VDSS, the Regional Practice Consultants were instrumental in outlining performance expectations and sharing agency data on a monthly basis in order to ensure optimal performance on key protection measures. The monthly efforts of the Regional Practice Consultants created an accountability loop for the LDSS to identify practice strengths and areas of improvement for the LDSS. The information garnered from the accountability loops has been used by the Regional Practice Consultants to provide targeted technical assistance, inform policy and best practice development, and make system enhancements. For example, based on feedback from the LDSS, several report enhancements have been made in SafeMeasures to help agencies more accurately and efficiently monitor their data and performance on key protection measures. Additionally, the Regional Practice Consultants review data and discuss practice strengths and areas of improvement at their monthly Supervisor Check-In Calls and Quarterly Child Welfare Supervisors Meetings. Furthermore, LDSS with promising practices on key performance measures are highlighted in "agency spotlights" at the Policy Advisory Committee Meetings. Lastly, in the upcoming year (2022), statewide monthly CQI meetings will focus on strategies for the LDSS to improve practice and performance in the areas of prevention, protection, and permanency and also include "agency spotlights" to highlight promising practices and performance on key measures occurring at LDSS.

SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.

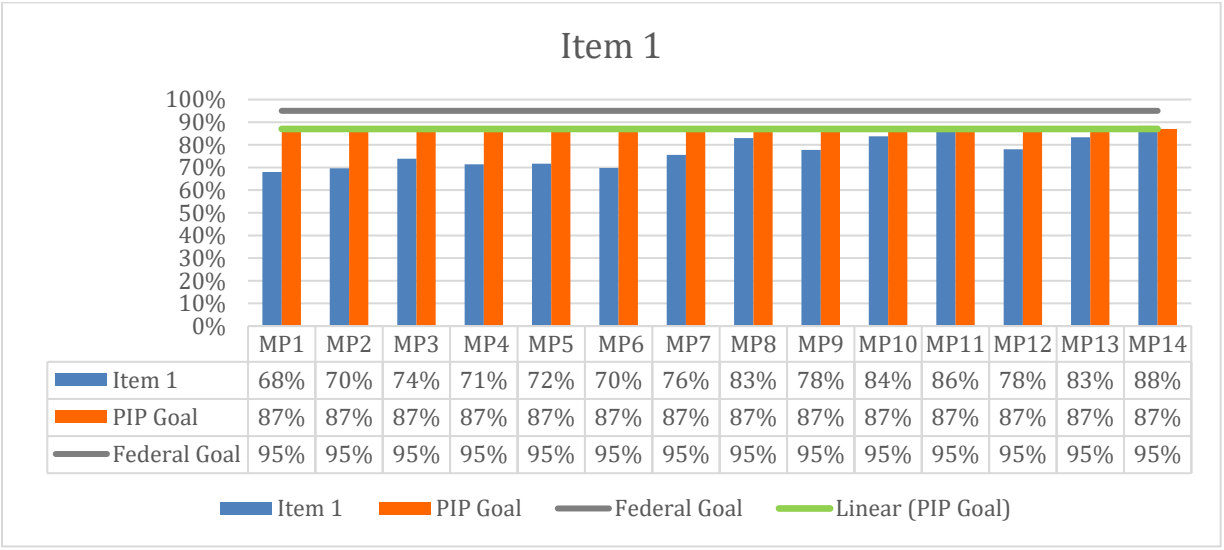
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

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

CFSR Timeliness of First Contact with Victim



The above chart shows the comparison between the state, PIP localities, and non-PIP localities for MP14. During this measurement period, the PIP localities outscored the non-PIP and State during quarter 16. This data is consistent with the ongoing efforts throughout the PIP process.



	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP13	MP14
Item 1	68%	70%	74%	71%	72%	70%	76%	83%	78%	84%	86%	78%	83%	88%
PIP Goal	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%
Federal Goal	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The above chart shows Item 1 during each measurement period. Measurement Period 1 ran six months consecutively and started in May of 2018. Each measurement period overlapped the next by one quarter, or three months. This chart shows the growth of percentage in Item 1 by an overwhelming 20% from the onset of the PIP in MP1 to the passing of Item 1 in MP14, or August of 2021 through January of 2022. Virginia passed Item 1, which required an overall score of 87.5%, with an 88% during MP14. The most significant change was after MP7, when the overall percentage jumped from 76% to 83%. Since that time, Virginia has seen an upward trend in Item 1.

During the two measurement periods, Virginia had a total of 16 cases that received an Area Needing Improvement (ANI) in Item 1. Nine of the cases were cases listed as foster care, five of the cases were In-

Home, and in two cases the case type was In-Home, differential response. In seven of the reports, the LDSS did not initiate the case in a timely manner as they received information that the alleged victim child was currently in a safe setting. In five of the cases, the LDSS did not make concerted efforts to physically locate the child in a timely manner. In four cases, the LDSS scheduled a visit outside of the timeframe. The lack of visit in a timely manner was the result of needing an interview at a Child Advocacy Center, and/or needing Law Enforcement involvement. Other areas measured as an ANI were:

1. A delay in determining jurisdiction
2. Failure to formally investigate a valid report of maltreatment
3. High caseload volume
4. Child out of the jurisdiction temporarily and no efforts were made to seek a courtesy interview or interview the child in a virtual format

Practice Enhancements for Item 1:

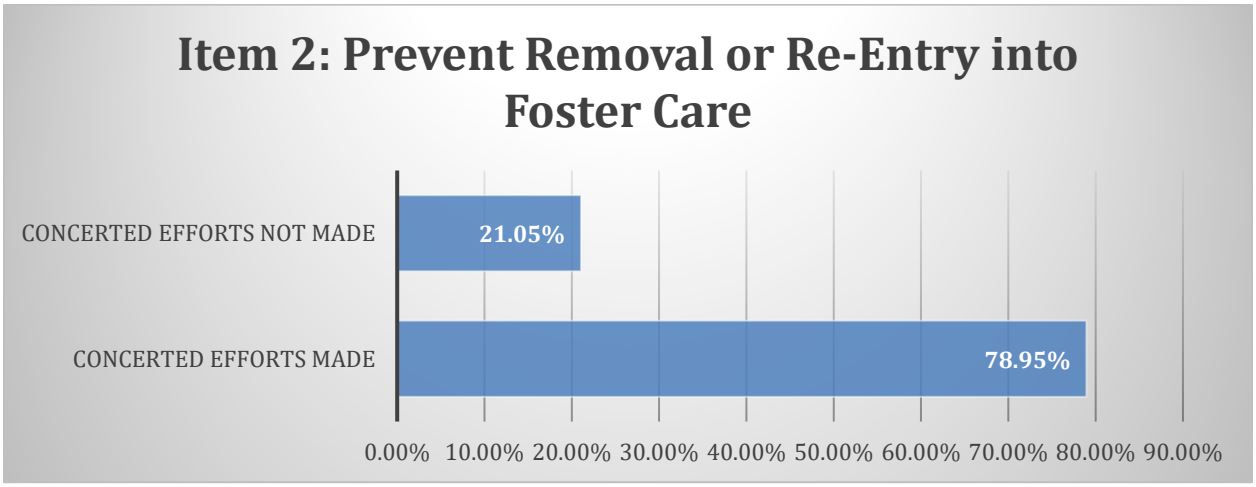
Marked improvement has been made in Item 1 since the PIP implementation strategies. To mitigate the areas of concern in Item 1, Virginia implemented a process (PIP strategy 2.1) where the LDSS supervisor is responsible for consulting and triaging all new CPS referrals to ensure timeliness deadlines are met. In addition, agencies are being more flexible with staff work schedules, including designating staff to meet timeliness deadlines, implementing timed response protocols, and treating all referrals as a priority response, or 24 hour response. Since statewide implementation of this strategy, Virginia has seen steady improvement in Item 1.

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

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

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

Item 2: Services to Family to Prevent Removal



The above chart represents the concerted efforts made by the LDSS to provide or arrange for appropriate services for the family to protect children and prevent entry or reentry into foster care. During MP14, there were 38 cases applicable for this item. Concerted efforts were made in 30 cases, for a total strength rating of 78.95%. In eight of the cases, concerted efforts were not made. The PIP goal for Item 2 is 77%. Virginia passed the PIP goal in MP9 with an overall 85% and has maintained that overall goal.

During the two measurement periods, Virginia had a total of 18 cases that received an Area Needing Improvement in Item 2. Nine of those cases had a foster care case type, seven of the cases had an In-Home case type, and two cases the case type was In-Home, differential response. In 15 of the cases, services were not provided to prevent removal of a child and placement in foster care. In 12 of those cases, there was evidence that services were warranted, but that the there was no referral for services, and no services were provided. Some other reasons listed were:

1. There were inadequate risk/safety assessments or monitoring of the safety plan by the LDSS
2. There was inadequate monitoring of service provision

Virginia continues to build out and focus on efforts to prevent removal. During this measurement period, there was a decrease in the number of service providers, and /or services available in an emergency basis. The protection team continues to work on assessments done on the front end and through the duration of the case, regardless of case type.

Practice Enhancements for Item 2:

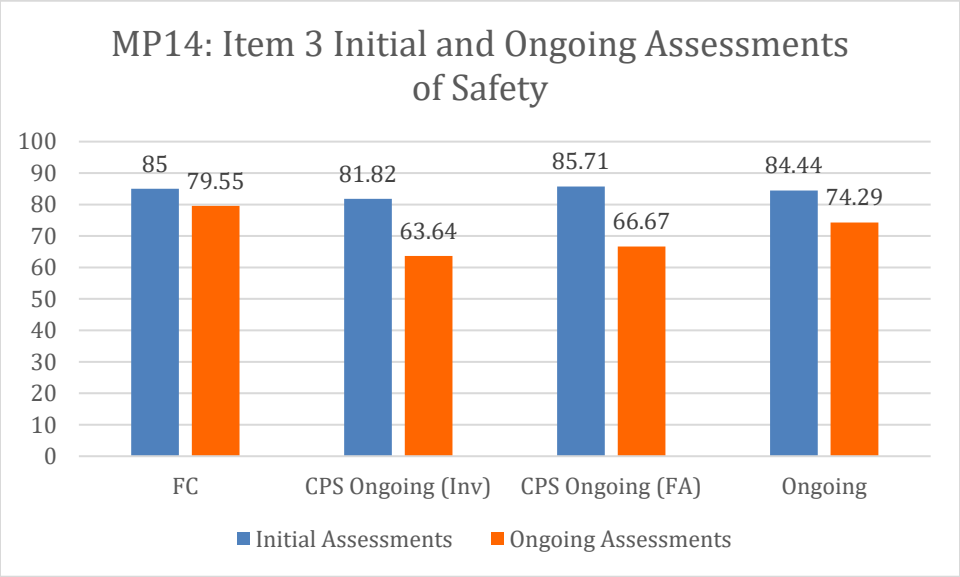
Virginia launched the In-Home services program in April of 2021, which included new guidance for In-Home services cases and prevention services, a multi-pronged training program, and significant changes to the child welfare information system (p. 187-191). In July 2021, Virginia implemented the Family First Prevention Services Act, which allowed title IV-E funding for three identified prevention services (p. 204-207). Additionally, in 2021 there were multiple guidance changes to Foster Care and Child Protective Services to provide services to protect children and prevent re-entry, including:

- Safety services guidance added to Foster Care and Child Protective Services guidance manuals; and
- Trial home visit guidance revised to include a requirement that one worker visit per month must occur in the family's home and with all household members.

Item 3: Risk and Safety Assessment and Management

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

Item 3 Risk and Safety MP14 (August 2021 – Jan 2022)



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 – 14. When safety concerns were present in foster care and CPS on-going (INV) cases, 83% of cases reviewed developed an appropriate safety plan. Safety plans were developed for 82% of CPS on-going cases and with 85% on CPS on-going (FA) cases.

During the two measurement periods, Virginia had a total of 44 cases that received an Area Needing Improvement in Item 3. Virginia had a high percentage of cases that lacked concerted efforts to assess and monitor risk and safety ongoing with a total of 16 ANI's. In nine cases, there was a lack of effort to monitor risk and safety initially and ongoing and in 6 cases, Virginia did not initially assess risk and safety. In three cases, the LDSS did not monitor risk and safety in visits, and in three cases, there was a lack of monitoring in face-to-face visits. Some other reasons listed were:

1. All children in the home were not assessed
2. Lack of contact with an involved parent in the home
3. Agency failed to open an In-Home case when the assessed risk was high

Practice Enhancements for Item 3:

The Structured Decision Making (SDM) tool has been published in COMPASS|Portal so that it can be accessed during case management in real time. In addition, LDSS can also access Safety Plans through COMPASS on their tablets during their case management and in the field. Additionally, as mentioned in item 2, guidance was updated in 2021 for foster care cases to ensure that the worker is visiting with all the household members every month when a child is on a trial home visit.

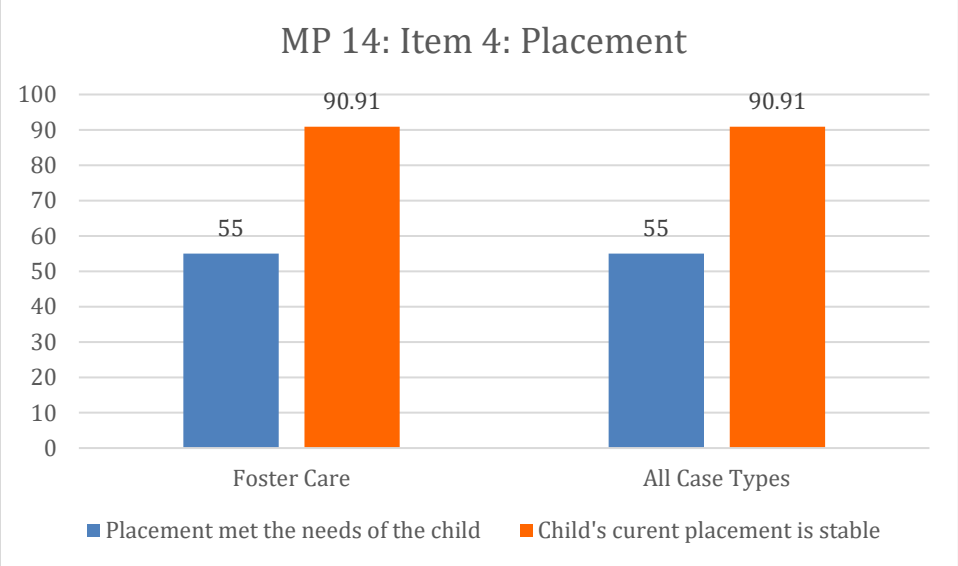
Permanency Outcomes 1 and 2:

The permanency in 12 months for children entering foster care indicator measures whether the agency reunifies children with parents or caregivers or places children in safe and permanent homes as soon as possible after removal. Virginia's RSP is 26.3%, 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 42% 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 33.3%. Placement stability measures the rate of moves per 1,000 days in care. Virginia's RSP is slightly below the national performance at 4.18.

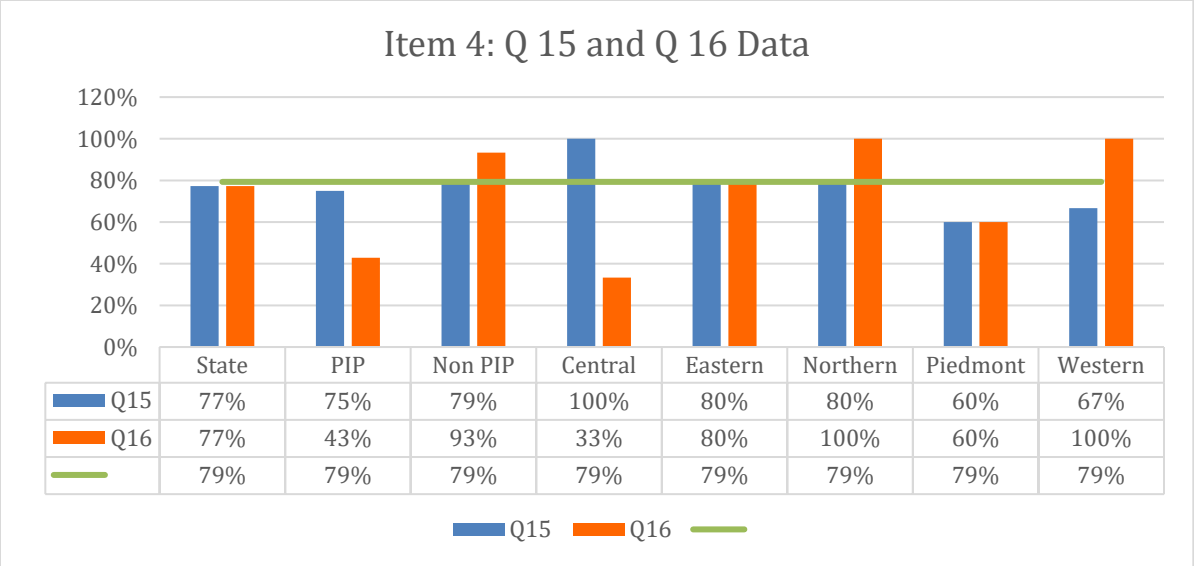
PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Item 4: Stability of Foster Care Placement

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



The above chart represents two different areas: in blue, the placement met the needs of the child in the foster care setting, and in orange, the child's current placement was stable. During MP14, Virginia scored an overall 55% in the area of the placement meeting the needs of the child. Virginia has seen an overall reduction in this item since the onset of COVID. While placement stability for most youth has remained stable, ensuring that the placement is meeting all of the needs of the child has been the overarching issue.



	State	PIP	Non PIP	Central	Eastern	Northern	Piedmont	Western
Q15	77%	75%	79%	100%	80%	80%	60%	67%
Q16	77%	43%	93%	33%	80%	100%	60%	100%
	79%	79%	79%	79%	79%	79%	79%	79%

The above chart is a comparison of the data gathered in quarter 15 and quarter 16 (both quarters in MP14). This chart shows the stability of the foster care placement broken down by State, PIP, Non PIP, and regions. While there were significant changes in regional scores, the overall quarter score remained the same at 77%. Item 4 has been affected by COVID, in that Virginia has had issues with finding placements for children entering foster care and for children after a disruption in their foster care placement. Virginia needed to pass the established PIP Goal of 79% for Item 4. In MP3, Virginia scored an overall percentage of 86, then maintained a passing score in MP7-MP11, with the highest score being 89% in MP10. Virginia fell short of meeting the PIP Goal in MP12-MP14. The period under review for MP12 was February 2020-July of 2020, which coincides with the beginning of the pandemic, and Virginia has seen a slow increase in the numbers since that time. In MP12, the overall score for this item was 75%. In MP14, that percentage had increased to an overall 77%. Virginia is focused on reaching the PIP Goal, and maintaining the PIP Goal.

During the two measurement periods, Virginia had a total of 21 cases that received an Area Needing Improvement in Item 4. All 21 cases were foster care case type. In 13 of the cases, the LDSS placement provider requested placement change. There were a myriad of reasons that include the LDSS providing insufficient support to preserve the placement, and in four cases there were allegations of abuse and neglect against the placement provider or the target child. In addition to the reasons listed above, other areas of concern were:

1. The placement was inconsistent with the permanency goal
2. The placement was based on availability rather than the needs of the child

Enhancements to Practice Item 4:

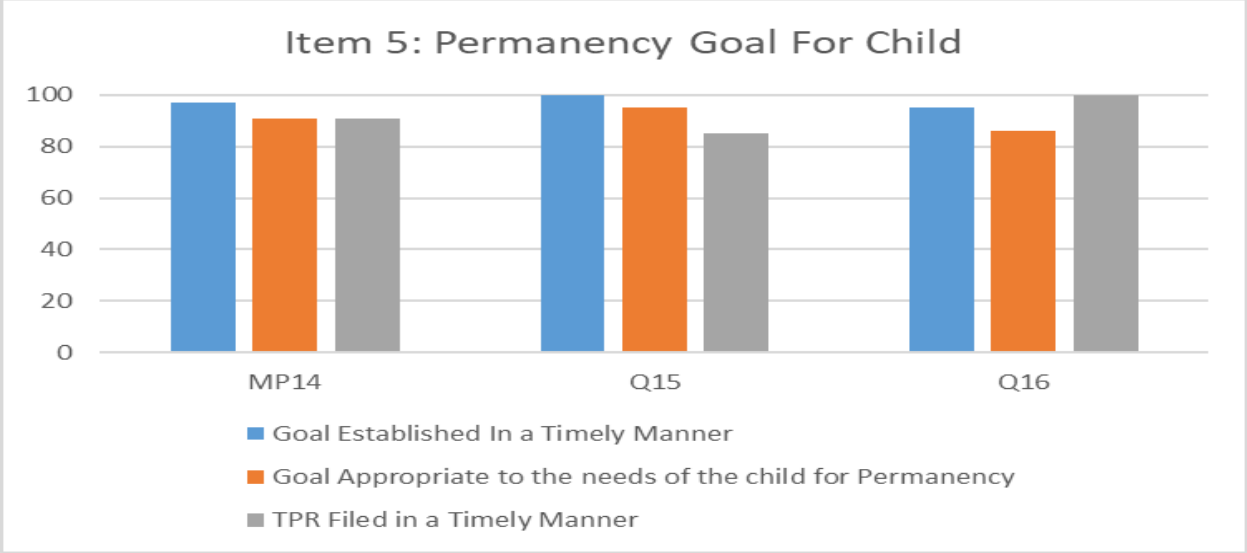
Virginia continues to work to improve placement stability with a majority of the work supporting a Kin First framework, with the actions outlined in the items 9 and 10 practice enhancement. In addition to the kin first related activities, Virginia continues to monitor placements in congregate care facilities to prevent inappropriate placement and promote discharge planning at time of placement to support reduced stays in congregate care. Virginia conducts congregate care reviews through regional practice consultants who provide ongoing technical assistance (p. 241, p. 10, 12 of Foster Care Health Plan).

Placement availability was identified in the areas needed improvement. Virginia has engaged in numerous recruitment activities (p. 242-243, Virginia's Diligent Recruitment Plan) as well as a focusing recruitment campaigns to distinguish the role of foster parents in supporting reunification and preserving family connections. Other initiatives and actions included the Virginia Kids Belong "I Belong Project" and the Foster and Adoptive Family Recruitment contract (p. 251). In the upcoming year (2022), Virginia plans to support local agency collaborations to create pools of available foster families.

Item 5: Permanency Goal for Child Foster Care Cases Only

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

Item 5 – Measurement Period 14 (Aug 2021 – Jan 2022)



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 – 14. For cases reviewed during measurement period 14, 97% of cases had permanency goals in effect during the period under review that 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 91% of cases reviewed. The agency filed a termination of parental rights (TPR) petition in a timely manner or an exception was applied in 91% of cases reviewed.

During the two measurement periods, Virginia had a total of 15 cases that received an ANI for Item 15. All 15 cases were foster care case type. In 10 of the cases, the goal remained in place, but was inconsistent with the needs of the child. Examples include, in two cases the goal remained reunification, but there were no relatives or parents found. In seven cases, the goal remained reunification but there was not sufficient progress made by the parents.

In four cases, the goal of adoption was listed as the primary goal but was inconsistent with the needs of the child. In two of those cases, Termination of Parental Rights was not filed timely.

Practice Enhancements for Item 5:

Virginia implemented several strategies in collaboration with the Court Improvement Program (CIP) to support improvement in items 5, 6, and 23, which included:

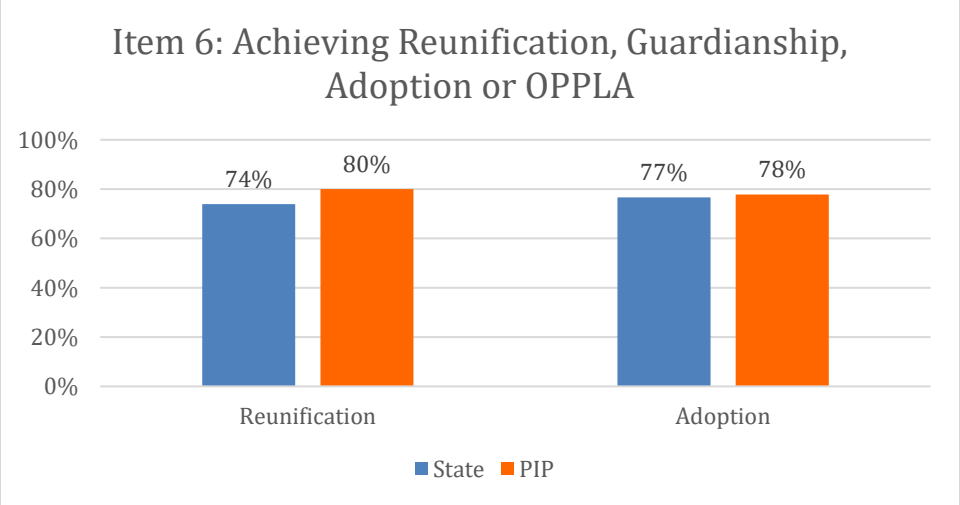
- CIP benchcards that offer a series of questions to assess agency efforts to move a child to permanency (p.127)
- CIP Information Memorandum that outlines state and federal provisions on the filing of petitions for termination of parental rights; and
- Foster Care Plan Cheat Sheet Part B and guidance updates to support workers in determining whether a compelling reason exists to not file for termination of parental rights and documenting the decisions correctly on Part B of the Foster Care Plan submitted to court.

Additionally, there were several changes made to foster care guidance in 2021, including identification that the SDM Reunification Tool can be used in the assessment process for reunification, expansion of the guidance around required efforts to determine adoption is not appropriate for eligibility for kinship guardianship assistance, requirement to determine that the LDSS will not file for TPR 30 days prior to the 15th month (p. 126), and that the Summary of the Decision Not to File form must be attached to the foster care plan submitted to the next court hearing.

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement FOSTER CARE CASES ONLY.

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

Item 6 Measurement Period 14 (Aug 2021 – Jan 2022)



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 – 14. The chart highlights the goals of reunification and adoption. In MP14, Item 6 had an overall score of 73% statewide.

During the two measurement periods, Virginia had a total of 23 cases that received an ANI for Item 6. There were 19 cases with an ANI that could have been prevented, and the reason behind the ANI was

within the agency's control. In 13 of those cases, the agency failed to engage the family in services. In five cases, the LDSS did not give an appropriate primary or concurrent goal, and in one case, the agency did not file TPR timely. There were a total of four cases that received an ANI where the circumstances were beyond the agency's control. In three of the cases, the biological parents or the target child delayed engagement in services. In one case, the court prevented permanency from being achieved timely.

Practice Enhancements for Item 6:

Practice enhancements for Item 5 are relevant for Item 6. In addition, LDSS are required to notify VDSS when they are claiming an exception to the requirement to file for termination of parental rights at 15 months. Regional practice consultants conduct a review of the case and identify areas of strengths and needs and if there is need for further intervention for the case.

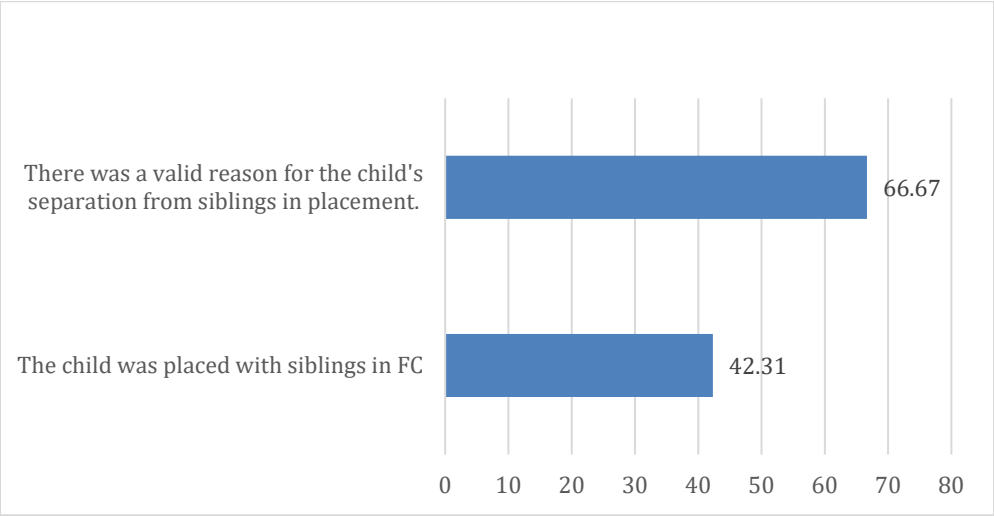
PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS

The following items were not selected to be monitored for PIP improvement and the rates are based on CY2021 reviews. Item 7, placement with siblings, was substantially achieved in 81.13% of cases reviewed for the year. An overarching theme for Item 7 is the lack of homes that can 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 ups 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.

Item 7: Placement with Siblings

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

MP 14: Item 7 Placement with Siblings



The chart shows the work that Virginia has done to ensure that youth in foster care are placed with their siblings when possible and appropriate. Virginia needed to pass Item 7 with an overall score of 77%, and passed in MP2 with an 88%. Virginia maintained this goal in all but three measurement periods, and continues to strive for all sibling groups to be maintained together. In MP14, Virginia scored 81% for Item 7.

During the two measurement periods, Virginia had a total of 10 cases that received an Area Needing Improvement in Item 7. All 10 cases were foster care case type. In eight of the cases, the LDSS was unable to find placement to accommodate all of the children from the removal home. Other areas of concern were:

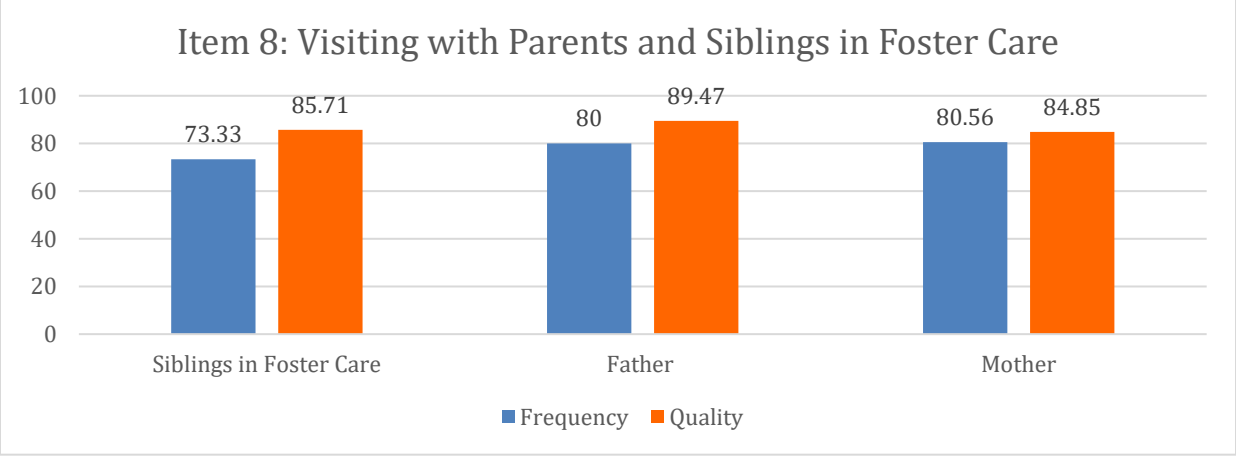
1. The LDSS moved a child due to his behaviors, however the resource parent was willing to continue to be a placement option.
2. Half-siblings entered foster care at different times in different localities; however, neither LDSS explored placing the siblings together.

Practice Enhancements for Item 7:

Virginia continues to embed kin first culture, which supports children and youth remaining together with their siblings and within family connections. Foster care guidance requires that continuing efforts to place siblings must be made unless the placement would be contrary to the safety and well-being of any of the siblings. In the January 2021 release of resource family guidance, revisions included specifying that allowing siblings to remain together is an allowable exception to the capacity of children in a foster home.

Item 8: Visiting with Parents and Siblings in Foster Care

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



A major theme for Item 8, visiting with parents and siblings in foster care, was parental incarceration. Item 8 was substantially achieved in 74.32% of cases. The PIP Goal for Item 8 is 43% and Virginia passed this item in MP 1 with a statewide score of 46%. Virginia has maintained this item all but one quarter since the start of Round 3. 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.

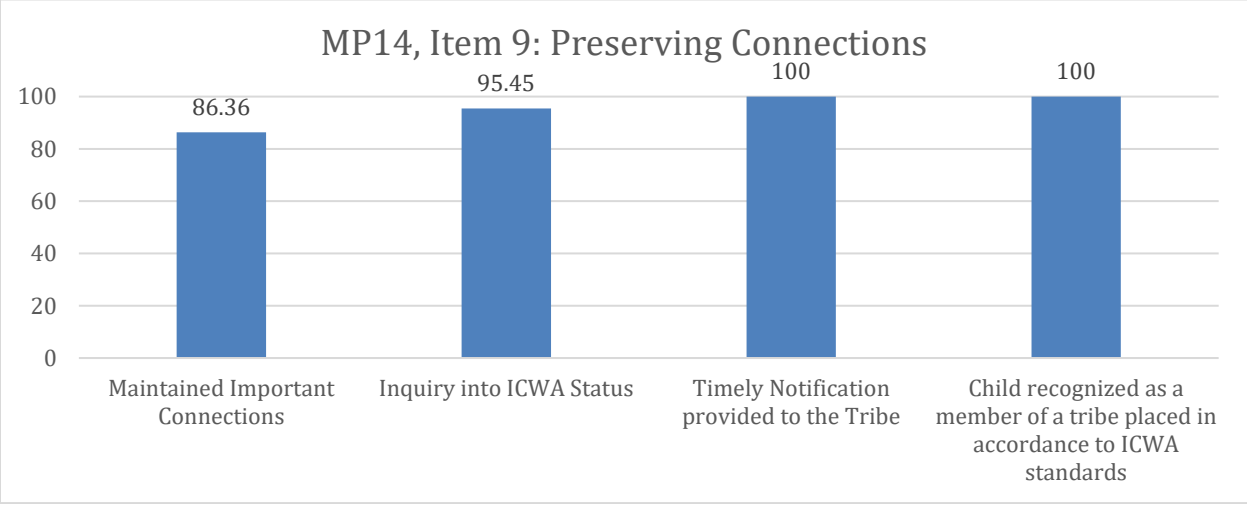
During the two measurement periods, Virginia had a total of 22 cases that received an Area Needing Improvement in Item 8. In this item, 9 of the cases reviewed showed that the LDSS did not offer the parents of the child in a FC setting visits that were of sufficient quality, and 8 cases reviewed showed that the LDSS did not offer the parents of the child frequent enough visits. The numbers in this category for siblings was lower with sufficiency of frequency and quality having both one ANI.

Practice Enhancements for Item 8:

Virginia implemented several activities through PIP strategy 3.1, including the dissemination of family time resources and job aids (as well as the CWLA presentation on family time during COVID-19), presentations and resources on creative uses of CSA and PSSF funds, and the provision of a PSSF inventory tool for localities to use to assess agency practice in use of PSSF funds. In the upcoming year (2022), improving practice around family engagement and contact will be a part of monthly CQI state meetings in multiple focus areas.

Item 9: Preserving Connections

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



Item 9, preserving connections, has a PIP Goal of 72% and that goal was achieved in MP6. Since MP6, Virginia has sustained a higher than PIP Goal percentage, and in MP 14 had an overall statewide percentage of 86%. 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 congregate care, 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. During the two measurement periods, Virginia had a total of 13 cases that received an Area Needing Improvement in Item 9. All nine cases were the foster care case type. In seven of the cases, the LDSS did not maintain the child's connection to extended family members with whom the child had a close connection. Other areas of concern include:

1. Delay in establishing visitation with family member
2. LDSS did not make efforts to place the child in their community of origin
3. LDSS did not inquire about the child's cultural preferences and/or maintain the child's cultural connections
4. Visitation room could not accommodate family members

Practice Enhancements for Item 9:

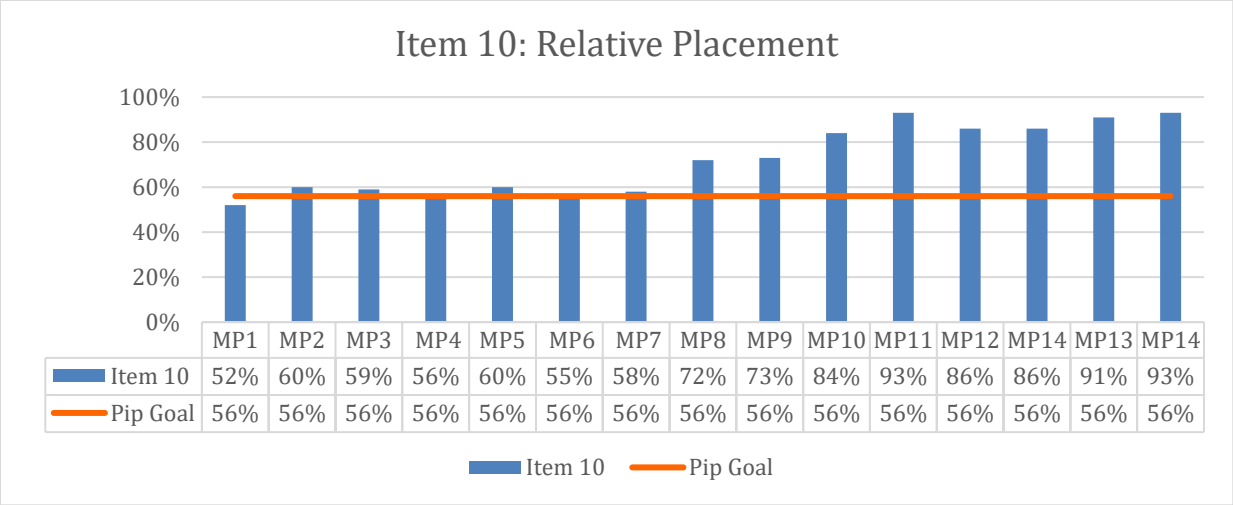
As a part of PIP Strategy 3.3, VDSS and CIP collaborated a set of CIP court forms that support identification of immediate and extended relatives of the child's mother and father, and fictive kin as well as guide discussions about possible supports for the child. Virginia distributed tip sheets and a kin assessment tool to support immediate placement with kin as a part of PIP Strategy 3.2.

At the beginning of 2021, updated resource family guidance became effective which aligned the process of approving relative and non-relative foster parents and further clarified the use of waivers to allow for timely placement with relatives upon entering foster care (p. 156). Also in 2021, Resource Family Practice Consultants began supporting PIP agencies in submitting Kinship Exception Reports whenever children enter foster care or experience a placement transition and are not placed with a kinship foster parent which will help identify systemic barriers, such as barrier crimes, along with practices within LDSS that serve as barriers to approving relatives as foster parents (p. 243). During August 2021, Local Training and Development (LTD) developed three new training courses to support Virginia's Kin First initiative, which included training on family search and engagement, family-centered and culturally responsive assessment and decision making regarding the appropriateness of relatives as placement and permanency planning resources, and strategies on using a genogram on family finding (p. 160).

In addition, in the past year, Virginia has seen an increase in the number of localities using the NEICE system which will assist with the continuation of referrals being sent out of state and to LDSS without any delays in the referral process.

Item 10: Relative Placement

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



	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP14	MP13	MP14
Item 10	52%	60%	59%	56%	60%	55%	58%	72%	73%	84%	93%	86%	86%	91%	93%
Pip Goal	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%

Item 10, relative placement, needed to reach an overall percentage of 56% to pass the PIP Goal. Virginia reached that goal in MP 2 and has sustained that goal in all but one MP. In MP14, Virginia scored a statewide percentage of 93%, Virginia's highest to date. No children reviewed were identified as American Indian or Alaska Native. For many cases reviewed, a 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 Interstate Compact on the Placement of Children (ICPC) paperwork was not filed or was not filed in a timely manner and the process had to restart.

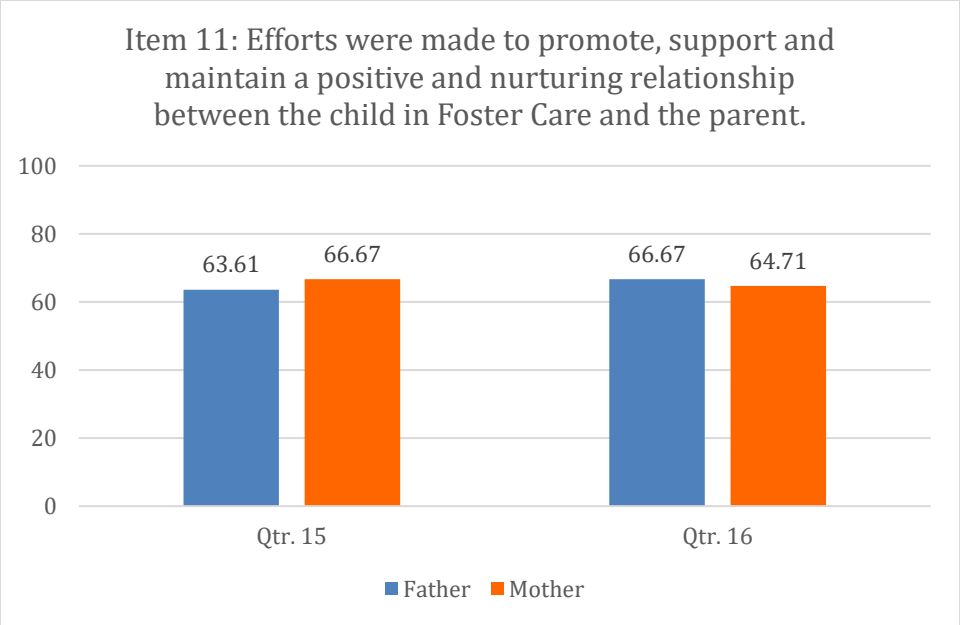
During the two measurement periods, Virginia had a total of 9 cases that received an Area Needing Improvement in Item10. All nine cases were the foster care case type. In five of the cases, the LDSS did not conduct searches for maternal/paternal relatives. In two cases, the LDSS did not search for paternal relatives, but did comprehensive searches for maternal relatives. In two cases, the LDSS did not adequately assess and identify maternal relatives.

Practice Enhancements for Item 10:

The practice enhancements outlined under Item 9 are relevant for Item 10.

Item 11: Relationship of Child in Care with Parents

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



Virginia needed to reach an overall PIP Goal of 44% and achieved that goal in MP1. Virginia has maintained a higher than PIP Goal average for all but three measurement periods throughout Round 3. 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 65.71% of cases for MP14. The local departments did not provide or facilitate opportunities for therapeutic situations between an incarcerated parent and their 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 family services worker usually attended the appointment.

During the two measurement periods, Virginia had a total of 26 cases that received an Area Needing Improvement in Item 11. All 26 cases reviewed were the foster care case type. In 23 of the cases, the LDSS failed to involve the parents in medical, dental or educational visits. In two cases, the resource parents did not promote engagement between the child in foster care and the parents. In two cases, the parent of the child in care was incarcerated, and the LDSS made no attempts to provide avenues of communication between the parent and child. Other areas of concern were:

1. The agency did not address language barriers
2. The LDSS did not engage the mother in activities that supported the parent/child bond
3. The child was in care for five days, and the LDSS did not permit access to the child in any form, and refused to discuss with the parents the whereabouts of the child.
4. During the COVID-19 pandemic, the LDSS did not explore other means of contact to promote parent involvement

Practice Enhancements for Item 11:

In the upcoming year (2022), improving engagement practices will be embedded throughout the three focus areas of the 2022 CQI monthly state meetings. Additionally, Virginia encouraged creative uses of

technology through the COVID-19 pandemic through job aids encouraging flexibility in supporting contact and involvement of parents and family members with children, including scheduling a lunch date over Skype, having the family member help with homework over FaceTime, or scheduling to have their family read a bedtime story to the child on the phone before bed.

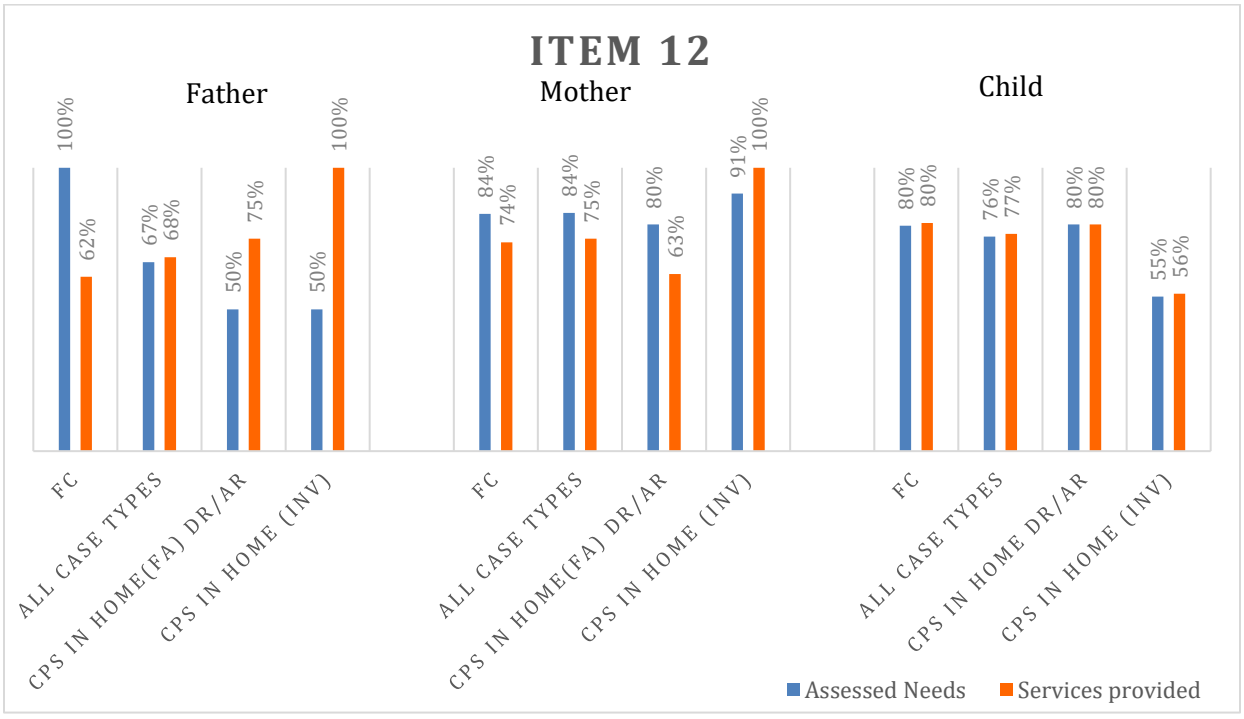
WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

Well-being outcome 1 was achieved in 52.86% of cases. As of PIP Measurement Period 14, **item 12;** assess the needs of and provide services to children, parents, and foster parents, is a Strength with 46% substantially achieved. **Item 13;** involve parents and children in case planning, is a Strength with 63% substantially achieved. **Item 14;** visits with children is a Strength with 77% substantially achieved. **Item 15;** visits with parents, is a Strength with 64% substantially achieved. Items 12, 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: Needs and Services of Child, Parents, and Foster Parents

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

Item 12 – Measurement Period 14 (Aug 2021 -Jan 2022)



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 than 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 investigation prior to the In-Home case setting, neither the mother nor the father received appropriate services across the continuum of child welfare cases (CPS, In-Home, and permanency). 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.

During the two measurement periods, Virginia had a total of 63 cases that received an Area Needing Improvement in Item 12. The breakdown of case types showed us 42 of the cases that had an ANI were foster care, 9 of the cases were In-Home, and 12 of the cases were In-Home differential response.

Focusing on the Item 12 child subset, there were a total of 25 cases that received an ANI. In the majority of the cases, 17, the LDSS made a lack of concerted efforts to conduct assessments of the child's needs and in eight of those cases, the LDSS did not provide the appropriate services for the identified needs.

In the parent subset, there was a total of 58 Area's Needing Improvement. In 32 reviews, the LDSS laced concerted efforts in conducting an assessment of the parent's needs. In 14 cases, the agency did not provide appropriate services for the parents. In seven cases, there were a lack of concerted efforts to communicate with a parent that was incarcerated. Other areas of concern were:

1. Lack of concerted efforts to establish paternity
2. Lack of concerted efforts to locate a parent

In the resource parent subset, there were a total of 22 Area's Needing Improvement. In 12 cases, there was a lack of concerted efforts to provide services needed to support the resource parents in providing for the child's needs. In five cases, concerted efforts were not made to conduct an assessment of the needs of the resource parent and in five cases the resource parents were not informed or prepared for the child's need for placement.

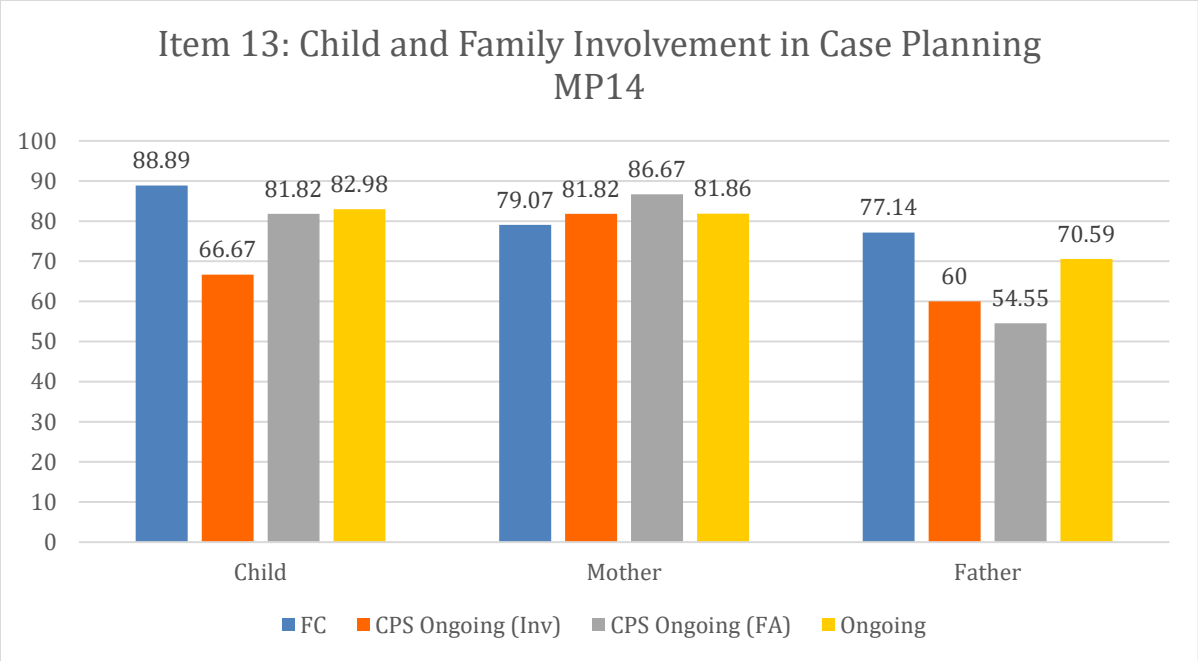
Practice Enhancements for Item 12:

Virginia launched the In-Home services program in April 2021, which included new guidance for In-Home services cases and prevention services. In July 2021, Virginia implemented the Family First Prevention Services Act, which allowed title IV-E funding for three identified prevention services (p. 204-207). In the upcoming year (2022), Virginia will be exploring adding additional prevention services to the title IV-E prevention plan. Also in the upcoming year (2022), improving engagement practices will be embedded throughout the three focus areas of the 2022 CQI monthly state meetings. In 2021, LTD developed a family search and engagement training course (CWSE4060) to support diligent search and engagement and also developed a micro-learning on the use of genograms. There is now a genogram tool available for workers to use in the COMPASS application as well.

Item 13: Child and Family Involvement in Case Planning

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

Item 13 – Measurement Period 14 (Aug 2021 – Jan 2022)



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 following 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 on average 82% of the time. Of the cases reviewed for CPS on-going (INV) mothers, fathers and children were involved in case planning on average 70 % of the time.

During the two measurement periods, Virginia had a total of 40 cases that received an Area Needing Improvement in Item 13. In 11 cases, (eight fathers and eight mothers) the LDSS did not make concerted efforts to engage incarcerated parents in case planning. In eight cases, the fathers were not included in case planning. In five of the cases reviewed, ongoing efforts to locate and engage the parent were not done. In five cases respectively, the quality of case planning with the parents was not sufficient, and the child was not included in case planning. Other areas of concern were:

1. Case planning was not sufficient with anyone in the case (Child and Parents)
2. There was a lack of contact with the family during In-Home services cases
3. The agency did not conduct family meetings, team meetings, or Family Partnership Meetings throughout the PUR

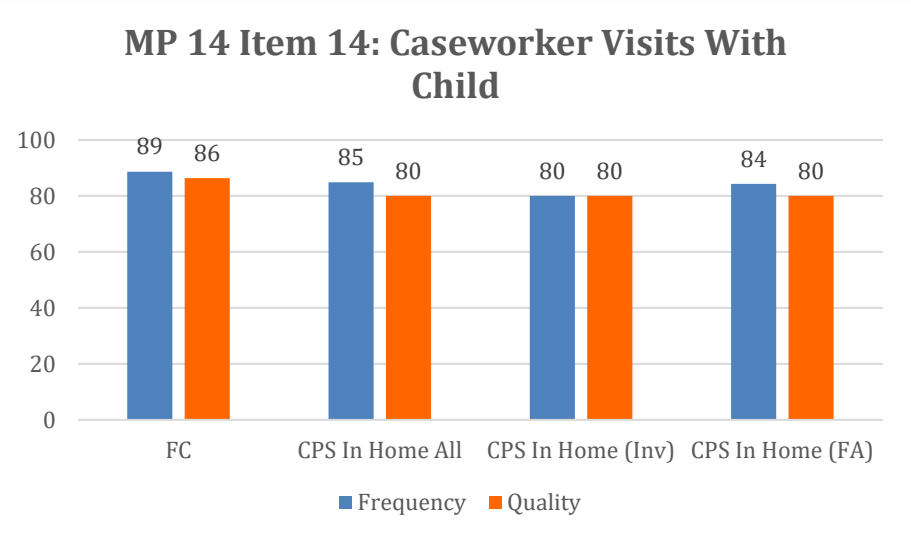
Practice Enhancements for Item 13:

In 2021, foster care guidance was revised to include reducing required child involvement and inclusion of the child's choices in case planning from ages 14 to ages 12 and older. Additionally, relative and fictive kin involvement in case planning was highlighted and both the child and relative/fictive kin changes were reflected in modifications to the child welfare information system.

Item 14: Caseworker Visits with Child

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

Item 14 – MP 14 (Aug 2021 – Jan 2022)



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 – 14. For the cases reviewed, case worker visits with children in foster care were of sufficient frequency and quality over 88% of the time. For the cases reviewed, case worker visits with CPS on-going (INV) had sufficient frequency and quality 80 % 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.

During the two measurement periods, Virginia had a total of 26 cases that received an Area Needing Improvement in Item 14. In the foster care setting, there were three areas that were noted that were of the most concern:

1. The caseworker visits did not occur monthly and the child was not seen privately to assess safety and wellbeing.
2. The quality of the visits did not adequately address the permanency of the child
3. The frequency and quality of the visits did not adequately assess and address the safety and wellbeing of the child.

In our In-Home cases, there were some overarching themes to the reviews that received an ANI. Those areas noted are:

1. The caseworker visits did not occur monthly
2. The child was not seen privately to assess safety and wellbeing
3. The caseworker visits were brief and did not assess safety and wellbeing

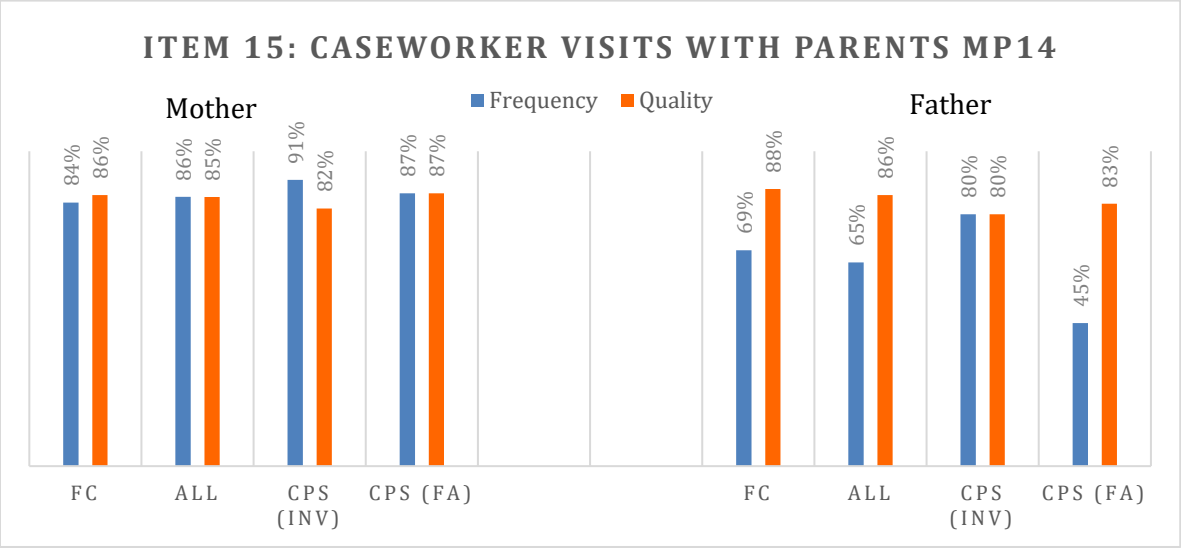
Practice Enhancements for Item 14:

In 2021, foster care guidance was updated to include the requirement to visit children in the home every month with all the household members when on a trial home visit to support better safety assessment and planning. In addition, new guidance for In-Home services cases and prevention services was released in April 2021 which included guidance for worker visits in In-Home cases. As a part of the PIP, the CFSR team developed a quality home visit guide for In-Home and foster care cases to assist in the CFSR process. Virginia continues to support better case practice through the use of existing tools such as the Monthly Caseworker Visit job aid.

Item 15: Caseworker Visits with Parents

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

Item 15 – MP14 (Aug 2021 – Jan 2022)



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 – 14. For the cases reviewed, caseworker visits with mothers were sufficient in frequency in foster care cases and CPS on-going (FA) cases in greater than 80% of cases. The quality was acceptable in 86% of foster care cases reviewed and in 87% of CPS on-going (FA) cases. For the cases reviewed, case worker visits with mothers were sufficient frequency and quality in 85% of CPS on-going cases and in 91% 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 45% of the cases reviewed for frequency and 83%. For both CPS on-going and CPS on-going (INV) the frequency of visitation was 45% and 80% respectively. The quality of the visitation was better with 83% of on-going cases rated a strength and 80% CPS on-going (INV) cases rated a strength.

During the two measurement periods, Virginia had a total of 42 cases that received an Area Needing Improvement in Item 15. In 17 cases, the agency did not have visits with the father that were frequent enough to ensure safety, permanency and wellbeing or to achieve case goals. In 16 cases, the quality of the father's visits was not sufficient and in nine cases, the father was not rated. In nine cases, the agency did not have visits with the mother that were frequent enough to ensure safety, permanency and wellbeing or to achieve case goals. In ten cases, the quality of the mother's visits was not sufficient. In 12 cases respectfully, both parents did not have frequent or quality visits. Other areas measured as an ANI are as follows:

1. The father was incarcerated, and the agency did not make efforts to engage or visit
2. The grandparents did not have frequent or quality visits

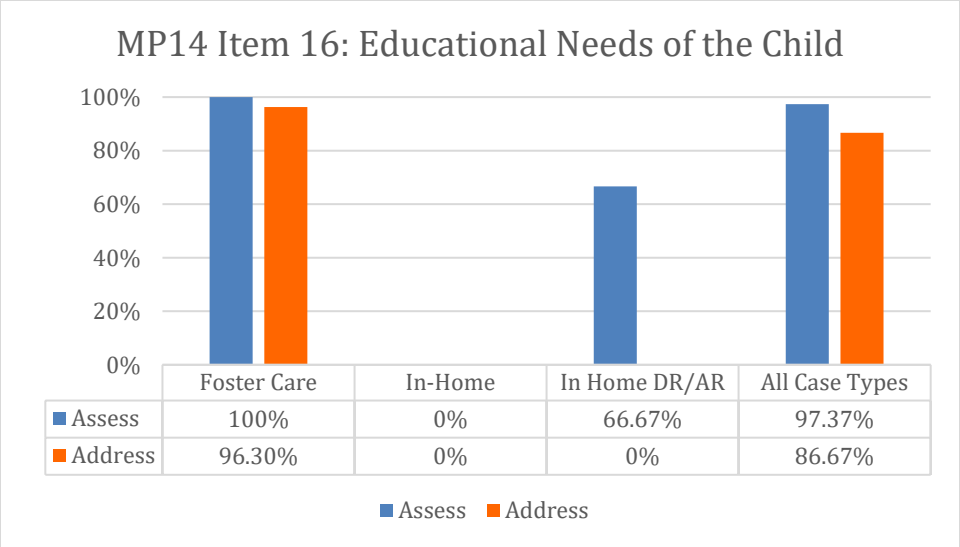
Practice Enhancements for Item 15:
In the upcoming year (2022), improving engagement practices will be embedded throughout the three focus areas of the CQI monthly state meetings. Additionally, increased use of the SafeMeasures Tool monitoring this measure during the PIP allowed for additional revisions to the tool and data correction by local staff.

WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

Virginia is not in substantial conformity with Well-being Outcome 2 with 87.84% of cases substantially achieved in CY2021 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 no 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 individualized education plans (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 support.

Item 16: Educational Needs of the Child

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



Virginia has not passed Item 16. In order to pass Item 16 for the PIP, Virginia needed to reach a PIP Goal of 91%. The closest to passing this goal was during MP10 with a score of 89%, and then again in MP14 with a score of 90%. During MP14, 100% of youth in foster care received the appropriate education assessments, and in 96.3% of the foster care cases assessed, the educational needs were addressed.

During the two measurement periods, Virginia had a total of 9 cases that received an Area Needing Improvement in Item 16. In three foster care cases, the agency did not provide academic support for a student in virtual school or a student who needed to make up work due to missing school. In three In-Home cases, the agency did not provide academic support and/or explore options for tutoring. Other areas measured as an ANI are as follows:

1. The agency did not adequately address the child's educational needs due to the child having multiple placements during the PUR.
2. The agency did not assist the child in obtaining their GED after their release from detention.

Practice Enhancements for Item 16:

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

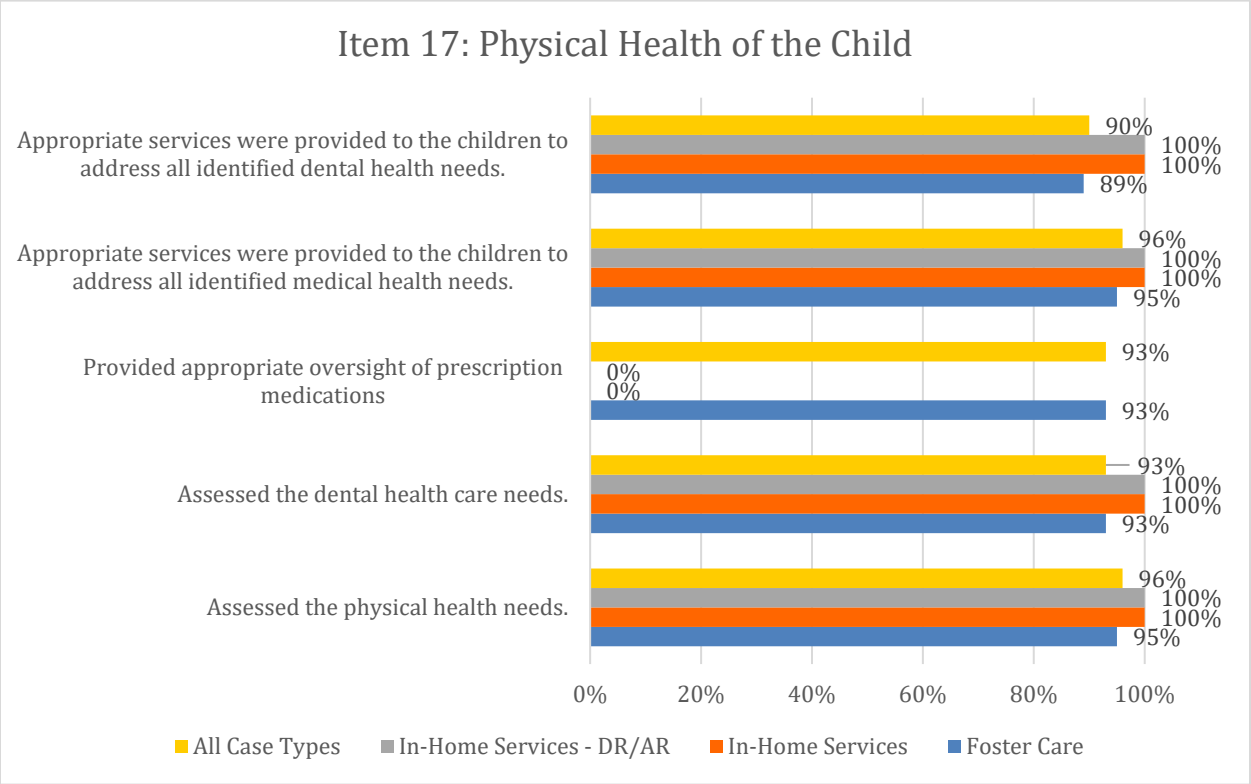
WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

In Measurement Period 14, **Item 17**, physical health of the child, was substantially achieved in 88% of cases and Item 18, mental/behavioral health of the child was substantially achieved in 73% 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. COVD limited face to face interactions with many service providers. Many of the older children did not connect with the service providers over the

telephone so there were gaps in service and delays starting services. There was confusion about funding sources for evaluations which also 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.

Item 17: Physical Health of the child

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



Item 17, physical health of the child, Virginia needed to reach an overall PIP Goal of 80% and Virginia was successful in MP2 with a statewide score of 82%. In MP14, Virginia scored a statewide score of 88% in this item.

During the two measurement periods, Virginia had a total of 11 cases that received an Area Needing Improvement in Item 17. In eight foster care cases, the agency did not ensure timely physical or dental care needs. In one foster care case, the agency did not follow up on recommended services, which was the same reason for two ANI's in In-Home cases.

Practice Enhancements for Item 17:

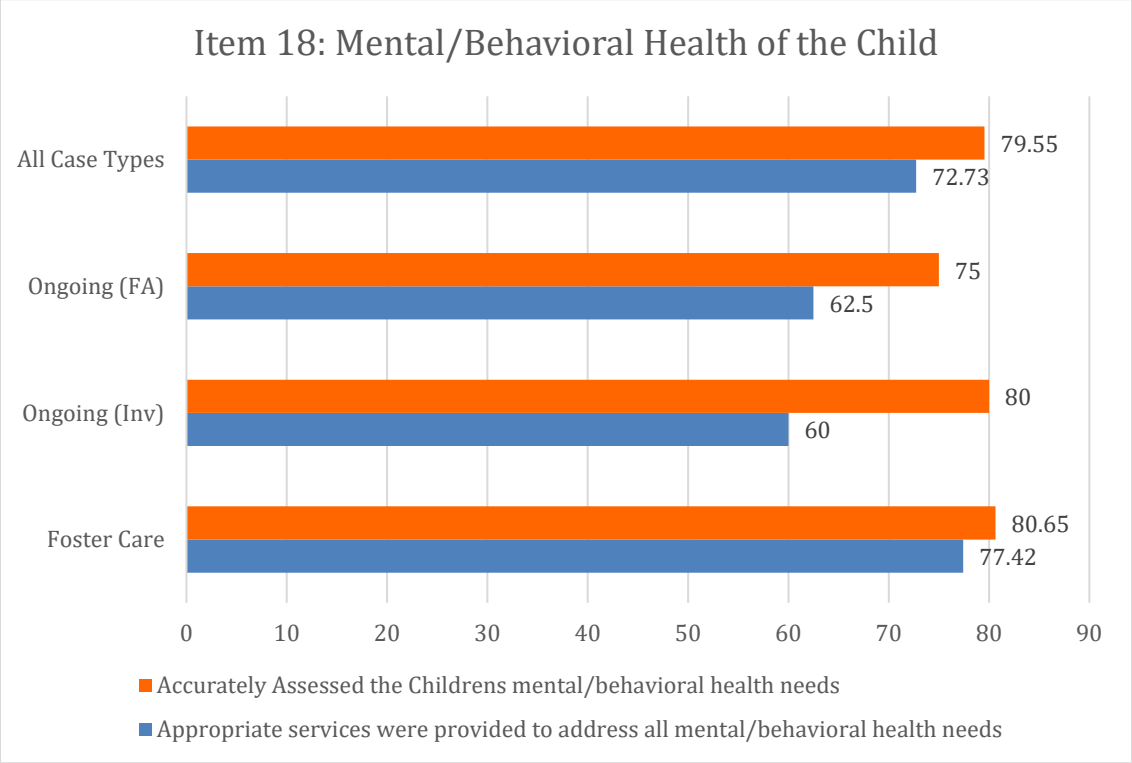
Virginia continues to follow through with established guidance in these areas and supports local staff through provision of tracking tools through SafeMeasures and COMPASS|Mobile.

VDSS and DMAS co-lead the Improving Timely Health Care for Children and Youth in Foster Care Affinity group which also includes representatives from the various managed care organizations. The aim

of the work by this group is to establish more effective workflows that will increase the percentage of children entering foster care who receive their initial medical exam within 30 days of entering foster care. The group started in late summer 2021 and will receive targeted technical assistance for a period of 12 months with the option to continue for an additional 12 months. In 2021, the DMAS/Foster Care Partnership bi-monthly meetings resumed providing increased collaboration with various stakeholders to improve the overall access to healthcare for children in and aging out of foster care. There are two smaller focus groups that are working to provide targeted interventions to improve outcomes for youth transitioning out of foster care and to improve overall service utilization. The partnership brings together various stakeholders to enhance cross-agency communication, overcome barriers to meeting the health needs of children in foster care, and to share resources and information.

Item 18: Mental/Behavioral Health of the child

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



Item 18, mental/behavioral health of the child was substantially achieved in 73% of cases during MP14. Virginia needed to pass Item 18 with an overall score of 48% and achieved that in MP1 with an overall score of 58%. Virginia has passed Item 18 in every measurement period during Round 3 of the CFSR. 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.

During the two measurement periods, Virginia had a total of 15 cases that received an Area Needing Improvement in Item 18. In four foster care cases, the agency did not follow up with mental health recommendations and in four cases, did not provide services for identified needs. In four In-Home cases, the agency did not provide services for identified needs. In two In-Home cases, the agency did not follow

up with mental health or medication needs. In one case, the agency did not adequately assess the needs of the youth to provide appropriate services.

Practice Enhancements for Item 18:

Virginia continues to follow through with established guidance in these areas and supports local staff through provision of tracking tools through SafeMeasures and COMPASS|Mobile. As discussed in the Item 17 practice enhancements, collaborations with DMAS and other stakeholders through the affinity group and bi-monthly partnership meetings support improving the health needs of children in care.

CFSR items Requiring Measurement	PIP Baseline	PIP Goal	MP 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP12	MP13	MP14
Item 1 – Timeliness of initiating investigations of reports of child maltreatment	76.9%	87.5 %	68%	69.6 %	73.9 %	71.4 %	71.7 %	69.7 %	75.6 %	82.6 %	77.8 %	83.7 %	86.05 %	78%	83.33 %	88.37 %
Item 2 - Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	67.6%	77.9 %	60.6 %	60%	74.2 %	71.4 %	62.2 %	48.8 %	58.8 %	77.1 %	84.8 %	82%	79.4%	85.71 %	82.93 %	78.95 %
Item 3 – Risk and safety assessment and management	48.6%	56.2 %	50%	58.6 %	58.6 %	58.5 %	60%	54.2 %	51.4 %	67.1 %	71.4 %	71.4 %	78.5%	72.86 %	65.71 %	64.29 %
Item 4 - Stability of foster care placement	70.5%	79.3 %	61.4 %	72.7 %	86.4 %	70.4 %	70.4 %	77.2 %	79.6 %	88.6 %	95.5 %	88.6 %	81.8%	75%	70.45 %	77.27 %
Item 5 - Permanency goal for child	65.9%	75.1 %	72.7 %	72.7 %	65.1 %	74.4 %	76.7 %	54.7 %	58.1 %	81.4 %	81.4 %	79.5 %	81.8%	79.07 %	83.72 %	86.05 %
Item 6 - Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	38.6%	48.0 %	38.6 %	34.1 %	30.2 %	27.2 %	29.5 %	36.3 %	45.5 %	56.8 %	61.4 %	61.4 %	72.7%	75%	72.73 %	72.73 %

CFSR items Requiring Measurement	PIP Baseline	PIP Goal	MP 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP12	MP13	MP14
Item 7 - Placement with siblings	63.2%	77.3 %	55%	87.5 %	92.6 %	81.4 %	79.3 %	77.4 %	76.9 %	75%	74.1 %	81.2 %	90.4%	81.48 %	69.23 %	80.77 %
Item 8 - Visiting with parents and siblings in foster care	33.3%	43%	46.2 %	51.6 %	51.7 %	51.2 %	51.2 %	48.7 %	43.1 %	51.2 %	65%	81.1 %	86.8%	76.92 %	69.23 %	67.5%
Item 9 - Preserving connections	62.8%	72.2 %	52.3 %	52.3 %	58.1 %	60.4 %	64.2 %	76.1 %	77.3 %	68.2 %	72.7 %	86.4 %	90.9%	84.09 %	81.82 %	86.36 %
Item 10 - Relative placement	46.5%	56.2 %	52.4 %	59.5 %	58.5 %	58.5 %	60.4 %	54.5 %	58.1 %	72.1 %	72.7 %	84.1 %	93%	86.05 %	86.36 %	93.18 %
Item 11 - Relationship of child in care with parents	34.2%	44.1 %	48.4 %	47.6 %	52%	50%	48.6 %	43.2 %	35.7 %	42.9 %	44%	56.8 %	69.4%	63.89 %	65.79 %	65.79 %
Item 12 - Needs and services of child, parents, and foster parents	38.6%	46.0 %	27.1 %	30.0 %	42.9 %	32.8 %	31.4 %	28.5 %	25.7 %	37.1 %	42.9 %	46%	52.8%	62.86 %	61.43 %	45.71 %
Item 13 - Child and family involvement in case planning	35.3%	42.7 %	29.9 %	41.3 %	43.8 %	34.7 %	40.5 %	44.9 %	42.9 %	51.4 %	54.3 %	64.2 %	81%	79.71 %	70%	62.86 %
Item 14 - Caseworker visits with child	57.1%	64.7 %	55.7 %	65.7 %	64.3 %	61.4 %	70%	75.7 %	75.7 %	82.9 %	80%	77.1 %	85.7%	85.71 %	81.53 %	77.14 %
Item 15 - Caseworker visits with parents	34.4%	42%	19.0 %	22.4 %	41.5 %	41.5 %	36.3 %	33.3 %	34.2 %	42.9 %	50.7 %	62.1 %	76.9%	75%	70%	64.29 %
Item 16 - Educational needs of the child	83.7%	90.9 %	85.7 %	87.8 %	86.4 %	82.6 %	80.9 %	80.9 %	82.9 %	83.7 %	86.9 %	89.5 %	85.2%	86.11 %	87.18 %	89.47 %

CFSR items Requiring Measurement	PIP Baseline	PIP Goal	MP 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP12	MP13	MP14
Item 17 - Physical health of the child	72.2%	80%	72.7 %	81.8 %	90.4 %	84%	72.5 %	74%	75.4 %	80.7 %	81.5 %	69.4 %	72%	90.2%	96%	88.24 %
Item 18 - Mental/behavioral health of child	39.1%	48.3 %	58%	76.6 %	59.5 %	52.1 %	59%	55.3 %	51.1 %	62.2 %	76.5 %	74.5 %	83.3%	93.02 %	84.44 %	72.73 %

Systemic Factors

Item 19: Information Systems

The Information Systems systemic factor was found to be in substantial conformity during the last CFSR review. VDSS relies heavily on the functionality of and information maintained in several in-house legacy systems including OASIS, the case management system. 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 case management system currently gives the department the ability to collect and maintain status, demographic 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.

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

Virginia is actively working with federal partners to reinstate an APD for CCWIS development in order to better serve the families in Virginia and to better meet federal reporting mandates. While the current systems gather information needed to meet current AFCARS requirements they do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Modifications to the AFCARS elements as a result of the 2020 Final Rule will require extensive front-end and back-end 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. These deficiencies will be corrected with the design, development, and implementation of a CCWIS compliant system.

Data	OASIS Screen
Basic Demographic Information	Client General Information Screen Path: Workload/Case/Client/Gen Info
Indian Status	Client General Information Screen Path: Workload/Case/Client/Gen Info
Disabilities	Client Disabilities Screen Path: Workload/Case/Client/Health/Disabilities
Adoption Status (if child has previously been adopted)	Client General Information & Prior Adoption Disruption/Dissolution Screen Path: Workload/Case/Client/Gen. Info

	Path: Workload\Case\Cust Status\Phys Rmvl\Prior Adoption Disruption/Dissolution
Removal/Circumstances at Time of Removal	Physical Removal Screen & Legal Basis for Custody Screen Path: Workload\Case\Cust Status\Phys Rmvl Path: Workload\Case\Cust Status\Legal Status
Foster Care Case Plan (includes goal)	Foster Care Service Plan Path: Workload\Case Plan\FC\Service Plan\Srv Plan
Court Hearings	Hearing/Review Screen Path: Workload\Court\Court\Cl Crt Info\Hearing/Rev
Caretaker Demographics	Client General Information Screen Path: Workload/Case/Client/Gen Info
Termination of Parental Rights (TPR)	Termination of Parental Rights Screen Path: Workload\Court\Court\Cl Crt Info\TPR
Placement Setting(s)	Placement Enter/Change/Discharge Screen Path: Workload\Case\Placement\Place\Enter/Chg
Foster Family Demographics	Resource General Information Screen & Resource Household Members Screen Path: Workload\Resource\Directory\Info Path: Resource\Directory\Homes\Members
Caseworker Visits/Family Partnership Meetings/Child and Family Team Meetings	Case Client/Collateral Contact Information Path: Workload\Case\Contacts\Contacts
Funding Information	Client Funding Screen Path: Workload/Case/Client/Finances/Funding

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

- Active Foster Care Children
    - This report can be printed based on statewide, regional, locality, unit or unit/worker data
- Resource (Foster Family/Placement Providers)
    - The data for this report can be filtered by all or current resources, locality, a specific resource ID, resource category and resource type.
- Foster Care Face Placement Sheet
- Case Information
- Client Hearing Detail
- Client Health
- Placement History
- Foster Care Service Plan
- Summary of Hearings
- Client Funding Report
- Termination of Parental Rights

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

Section 4.3.1 Information for every child in foster care shall be entered into OASIS as soon as possible but no later than five 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 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.

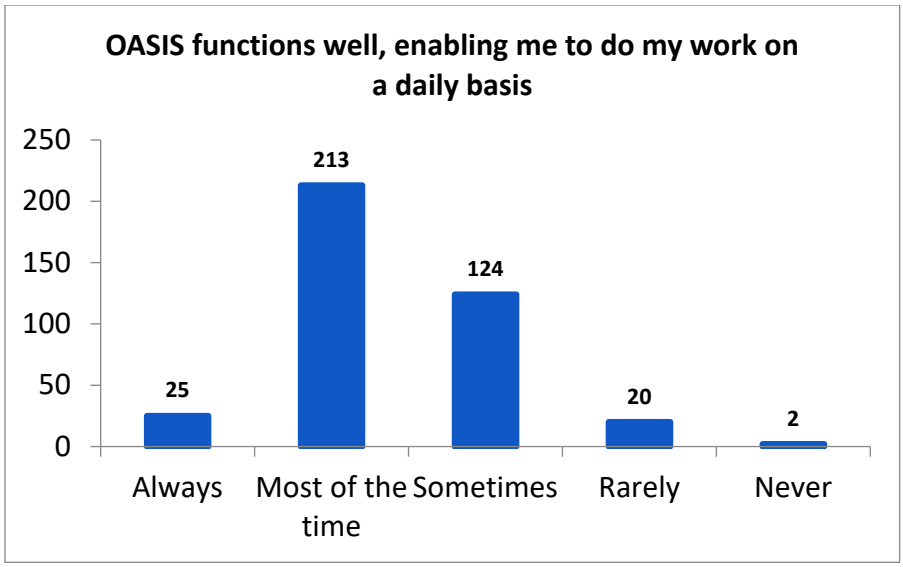
Section 17.8.7 Face-to-face contacts shall be entered into OASIS immediately but no later than 30 days following the contact. Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five business 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 FSS worker is required to gather necessary information and enter that information into OASIS in a timely manner.

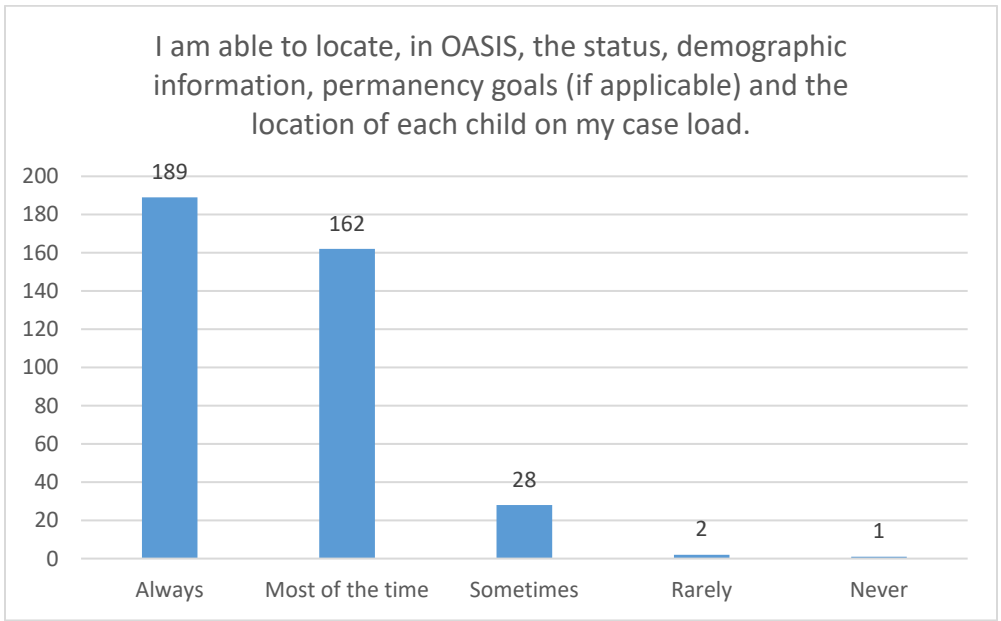
Data validation and reconciliation relies on federal data quality reporting. The CFSR 3 Data Profile from August 2021 provided an assessment of data quality. For the AFCARS data quality checks for submissions 16A through 21A, there was only one area where the data quality performance exceeded the data quality limit; Missing number of placement settings for submission 19A at 8.8%. There were no data quality issues noted for the NCANDS data quality check.

In a survey of FSS workers, 62% of respondents indicated that OASIS functions well; enabling them to work on a daily basis. An additional 32% indicated that OASIS sometimes functions well.



N=384

When asked if they were able to locate the status, demographic information, permanency goals (if applicable) and the location of each child in their caseload, 49% responded always and 42% responded most of the time.



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Item 20- 21: Case Review

Item 20: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

The Code of Virginia § 16.1- 281, Section 15 of Chapter E, Foster Care of the Child and Family Services

Manual, and the Social Security Act, Title IV, §475(1)[42USC 675] include requirements for development of a foster care plan. Subsection 15.5 "What should be included in foster care plan" in the Foster Care chapter outlines what should be included in Part A and Part B of the foster care plan.
Part A must include:

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

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

In a survey conducted of FSS who carry a foster care caseload, workers reported what is addressed in foster care plans:

	Always	Most of the time	Sometimes	Rarely	Never
Educational needs	80%	17%	3%	0	0
Dental Health needs	73%	22%	5%	0	0
Medical Health needs	81%	16%	2%	1%	0
Mental/Behavioral Health needs	79%	20%	1%	0	0

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. 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 Day Time Frame CY2021

	#	%
Total Cases	1,244	
Dispositional hearing held	1,127	90%
Dispositional hearing held within 75 days	996	80%

Source: ROASIS, Active Foster Care Report - children entering care between Oct 2020 and Sept-2021 who were not discharged within 75 days, ROASIS "60 day dispositional hearing" within 75 days of custody

A total of 1,244 children entered foster care for whom case planning should have occurred during CY2021. Eighty percent of these cases had hearings where a qualified goal was approved within 75 days of child removal, down from 92% in CY2020. There were 1,127 who had a dispositional hearing and 996 of those hearings were held within 75 days of the date of custody.

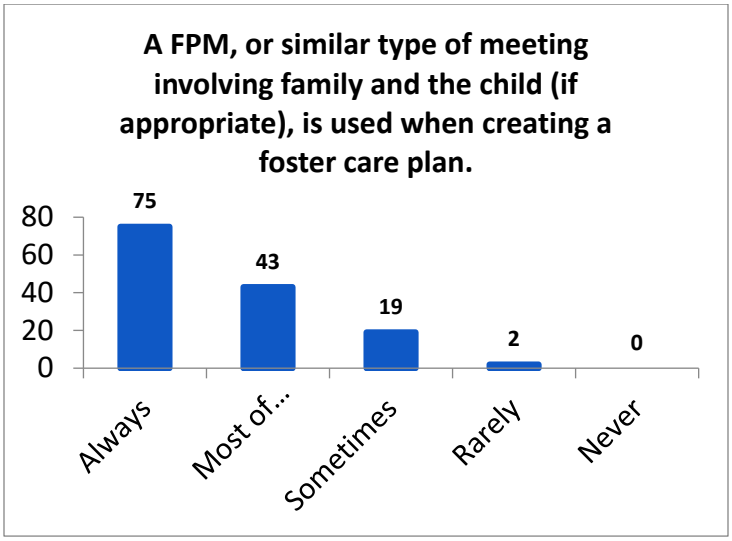
VDSS continues to try to ensure that all parties have input into the development of case plans through the use of family partnership meetings (FPM) or child and family team meetings (CFTM). Subsection 15.3 in the Foster Care Chapter of the Child and Family Services manual instructs workers to involve and engage parents, prior custodians, foster parents, other family members and others identified as significant to the family in developing the foster care plan through FPMs. Children are also encouraged to participate in the planning and if the child is 12 years of age or older, that child may invite two people to participate in the planning team. 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 FPMs, as foster care guidance requires that a FPM be held prior to the filing of court documents in preparation for each hearing. Overall, there has been an 18% increase in the number of FPMs and CFTMs from CY2020 to CY2021. There were 1,795 FPMs and CFTMs in CY 2021 held for concurrent planning and/or goal change. These meetings involved 1,176 different cases. There were 1,021 (87%) cases that had a parental role included at one of their meetings in CY 2021. There were 1,061 (90%) cases that had a relative/fictive kin included at one of their meetings in CY 2021.

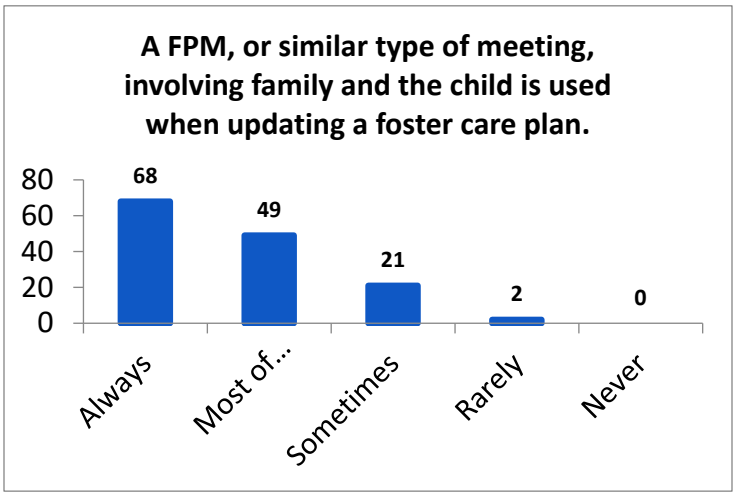
In a survey conducted of Kinship, Foster, and Adoptive Families, 52.8% of respondents reported they take an active role in the development of the permanency plan and 47.5% indicated they contribute to the development of the foster care plan that is submitted to court.

In a survey conducted with FSS, workers that carry foster care cases were asked who was involved in case planning. Results include:

	Always	Most of the time	Sometimes	Rarely	Never
Mothers	28%	53%	15%	4%	
Fathers	23%	50%	21%	6%	
Other family/Kin	10%	33%	43%	13%	1%
GAL	18%	32%	26%	19%	5%
Foster Parents	33%	37%	21%	8%	1%
Service Providers	28%	36%	28%	6%	2%

When asked about the use of FPM, or similar type of meeting involving family and the child when creating a foster care plan, workers indicated a meeting was used always or most of the time 85% of the time. When asked about the use of FPM, or similar type of meeting involving family and the child when updating a foster care plan, workers indicated a meeting was used always or most of the time 84% of the time.





Periodic Reviews

Item 21: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

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.

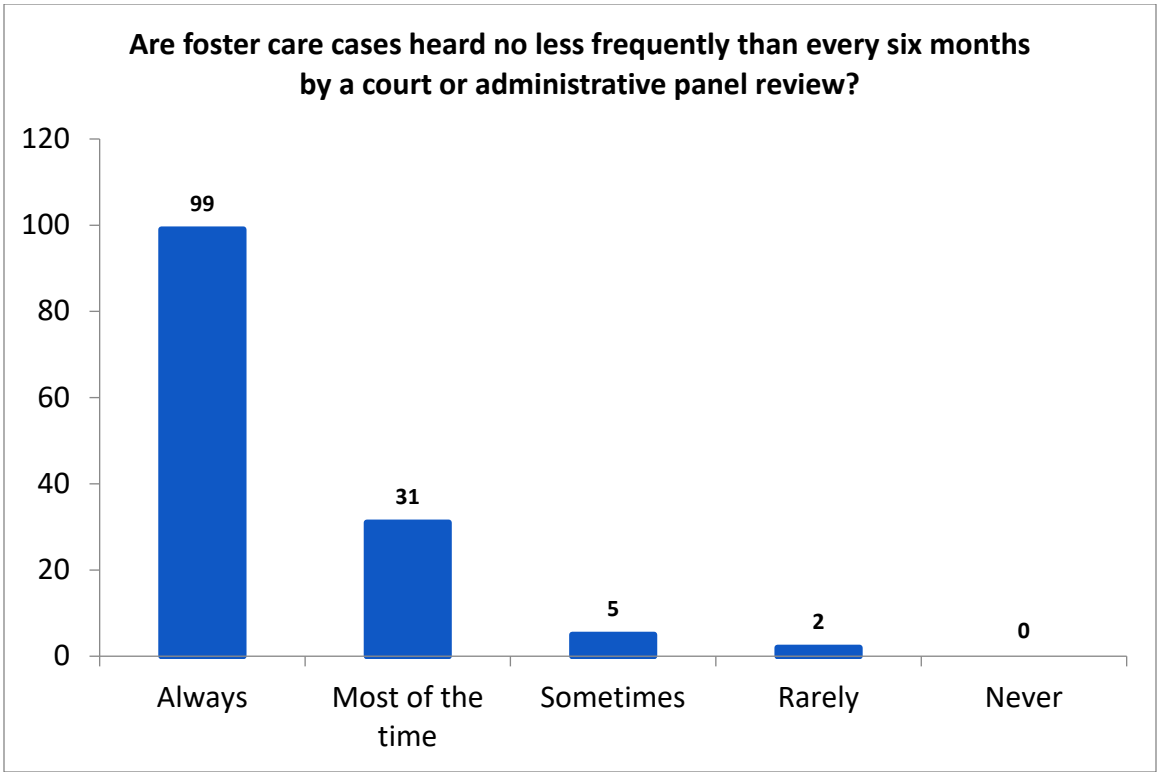
The process for scheduling cases prior to the four-month foster care review stage is dependent upon how the child is entering foster care and the hearings associated with that particular case type (i.e., abuse or neglect, at risk of abuse or neglect, relief of custody or entrustment agreement, or disposition 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 the initial permanency planning. The annual foster care review hearing is scheduled at the conclusion of the initial permanency planning hearing, or at the time of the current annual review hearing.

Data gathered using the SafeMeasures AFCARS Approved Court Hearing Status report shows that during calendar year 2021, 97% of children participated in a periodic review.

In a survey of FSS who carry a foster care caseload, 72% indicated foster care cases are heard no less frequently than every six months by a court or administrative panel review. Twenty three percent indicated cases are heard every six month most of the time.



N = 137

When asked about the reason that cases are not heard every six months, workers indicated case continuances (77%) and delay in scheduling by the court (57%) were most likely. Unavailability of the parent (33%), unavailability of an attorney (26%), and unavailability of a worker (3%) were also indicated as reasons why cases are not heard every six months.

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

Item 22: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

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 (Virginia Code § 16.1-282.1). Virginia Code § 16.1-282.1 provides, "In the case of a child who was the subject of a foster care plan filed with the court pursuant to § 16.1-281, a permanency planning hearing shall be held within ten months of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 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.

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

CY2021 Initial and On-Going Permanency Hearings

	#	%
Initial Permanency Hearing	351	91%
On-going Permanency Hearings	818	90%

Source: SafeMeasures AFCARS-Approved Court Hearing Status

During CY2021, there were 351 permanency hearings within 12 months of entry for 386 children. For on-going permanency hearings, there were 818 hearings for 906 children.

In a survey of FSS that carry foster care cases, workers indicated permanency planning hearings are always held no later than 12 month from the date the child enters care in 72% of cases. Workers indicated permanency planning hearings were held no later than 12 months from the date the child enters care most of the time in 25% of cases. The results were very similar when asked if subsequent permanency hearings were held no less frequently than every 12 months after the initial permanency hearing. FSS indicated hearings were always held every 12 months in 70% of cases and held within 12 months most of the time in 25% of cases.

Item 23: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

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 in Care for 15 Months+
(Status at the End of CY2021)

TPR Status	#	%
Total Children in Care 15+ Months	2,073	
No Petition for TPR Filed and No Exception Noted	493	23.8%
Petition for TPR Filed	1,446	69.8%
Exception to TPR noted	5	0.2%
Pre-Implementation – No Petition or Exception	129	6.2%

Source: SafeMeasures TPR Status report

Timely TPR and Timely Permanency Planning Hearings

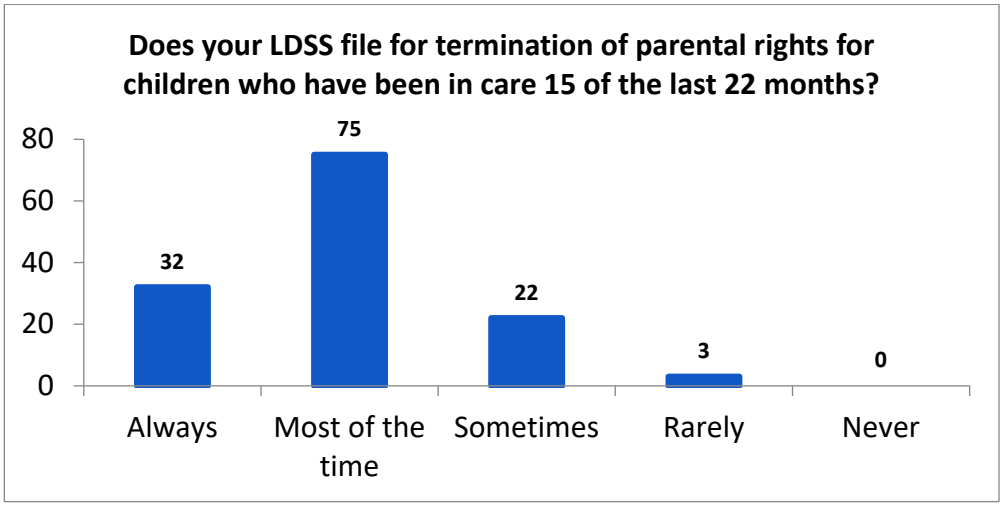
	CY2021 Monthly Average
% children with Timely TPR Petitions	69%
% children with Timely Permanency Planning Hearings	97%

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

There is an increase in 2021 of children with timely TPR with 69%, up from 56% in 2020. The percentage of children participating in a timely permanency planning hearing has increased from 92% to 97%.

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

In a survey of FSS who carry a foster care caseload, 57% indicated that TPR is filed for children who have been in care 15 of the last 22 months most of the time and 24% always file for TPR.



When asked if TPR is not filed, 81% indicated they always document compelling reasons not to file in the foster care plan or Part B of the permanency plan.

Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

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

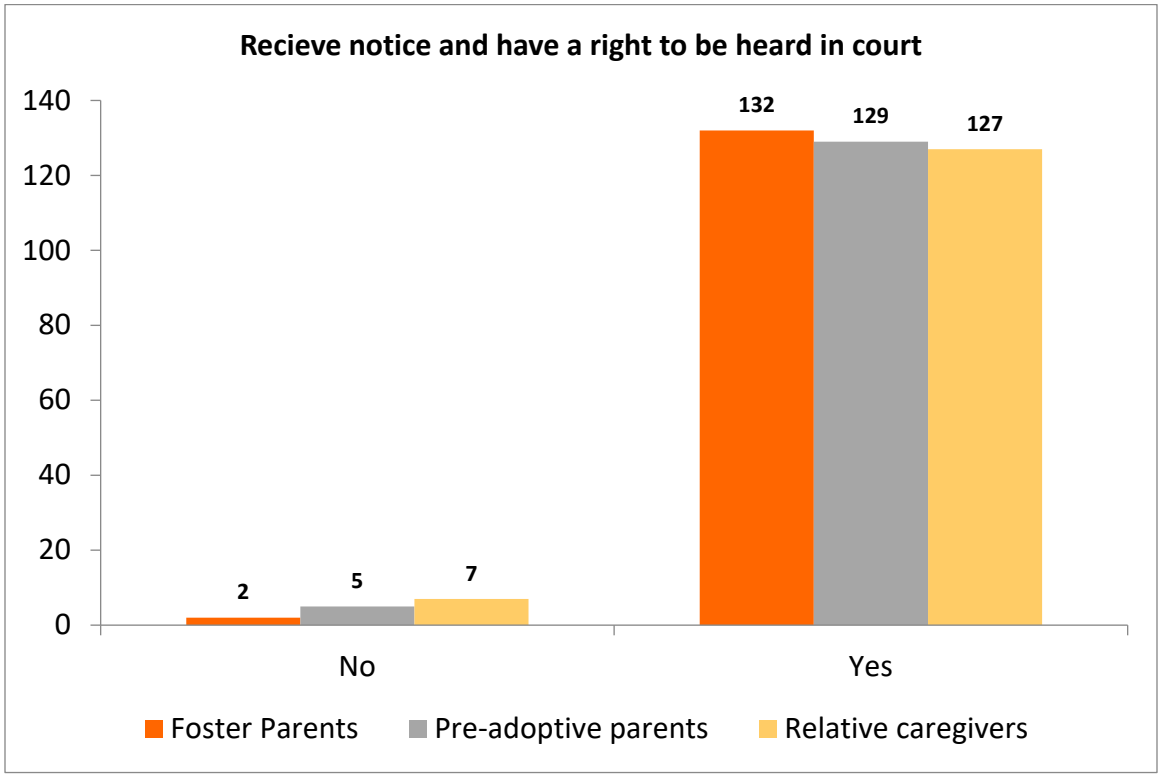
CFSR PIP Activity 3.3.2 was to develop a bench card for judges to use at all court hearings that offer a series of questions to assess agency efforts to move a child to permanency. Because it is important that discussions about child permanency take place throughout the life of a case, a separate bench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

In a survey of kinship, foster, and adoptive parents, 74% of respondents indicated they are notified of a court hearing and 66% indicated they attend hearings. While only 24% indicated they were called on to speak in court, 40% believe that information they want to share is heard at court hearings through testimony and/or through information shared by attorneys or the guardian ad litem.

In a survey of FSS who carry a foster care caseload, the majority of workers indicated that foster parents, pre-adoptive parents, and relative caregivers receive notice and have a right to be heard in court.



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QAA System

Item 25: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Virginia's CQI system covers all geographic jurisdictions and LDSS within the state. Virginia's CQI system is implemented through a quality triad model including Quality Assurance, Quality Control, and Quality Improvement. Quality Assurance is carried out through the 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. 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. Strategic Consultants and Data Analysts facilitate data alignment between programs, divisions and regions and lead state and regional CQI events for Quality Improvement. State and regional meetings facilitated by the Strategic Consultants allow for a deeper dive into regional trends, local strengths and needs and peer to peer resource sharing and learning collaborative oriented, targeted improvement of outcomes.

The QAA team is responsible for three types of reviews; Title IV-E, Child and Family Services Review (CFSR)/Virginia Child and Family Services Review (VCFSR) and Sub-Recipient Monitoring (SrM). The Title IV-E and CFSR/VCFSR reviews are described below. The QAA team utilizes an electronic Quarterly QA Review system. The Quarterly QA Review process combines new foster care funding case validations, Title IV-E ongoing reviews, and the VCFSR into a quarterly visit to the agency.

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. These reviews coincide with the title IV-E on-going and VCFSR reviews. For new case validations, 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. The QAA consultants look at the eligibility requirements for Fostering Futures cases and determine whether the case has been appropriately found to be IV-E or CSA. Once the eligibility has been determined for a Fostering Futures case, no future monitoring is required.

If during the new funding case validation, errors are identified that result in ineligible IV-E expenditures, the report generated 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. The Title IV-E Performance Management and/or Corrective Action Plan processes are triggered by the QAA title IV-E review error percentages, but are separate from the fiscal responsibility plan which identifies adjustment payment sources.

Title IV-E Ongoing Reviews

QAA Title IV-E Ongoing reviews facilitate compliance with title IV-E, 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 for IV-E payments made during a specific period under review (PUR). The consultants verify that the initial eligibility determination has been previously reviewed during 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. 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 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 a 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.

Beginning July 1, 2021, VDSS implemented the Title IV-E Shared Fiscal Responsibility Plan. This process provides a mechanism of shared accountability between VDSS and LDSS. This plan ensures appropriate management of title IV-E funds, following all state and federal requirements. 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. The Title IV-E Performance Management and/or Corrective Action Plan processes are triggered by the QAA Title IV-E review error percentages, but are separate from the fiscal responsibility plan which identifies adjustment payment sources. The Title IV-E Shared Fiscal Accountability and Performance Management Plan includes payment corrections/adjustments that are required as a result of a title IV-E payment error being identified whether by the LDSS, or during a state or federal review.

For an agency to be placed on a Performance Management Plan a title IV-E review must identify either a case error rate greater than 10% or a funding error rate that is greater than 10%. If the error rate exceeds the allowable threshold, VDSS in conjunction with the LDSS, completes a self-identified Performance Management Plan (PMP) within 45 days. This can include, but is not limited to, an analysis of the root causes of errors to include Services and CSA Finances if relevant, QAA 1:1 training, Practice Consultant training of Benefit Programs Staff and FSS, and/or peer to peer sharing of best practices. There is a second subsequent title IV-E review to measure PMP progress. If the third review identifies either a case error rate greater than 5% or a funding error rate that is greater than 5% the PMP is transitioned to a Corrective Action Plan (CAP) to be determined jointly by VDSS and the LDSS. At the fourth review additional sample cases are added which are used to measure the effectiveness of the PMP and CAP.

The percentage of both new foster care funding determinations and ongoing cases that had an AFDC error found during the reviews rose from 1.63% to 2.35% in 2021. By combining findings for the purpose of quarterly reporting, the combined total error percentage of cases that had an error found during the review decreased from 9.12% to 7.54%.

The findings for both new foster care funding determinations and ongoing cases are reported to LDSS 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 and is posted to the intranet site.

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 was 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, the FSS, and any other case participant that is deemed important to the integrity of the case. 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, federal partners require federal Secondary Oversight before the case can be approved and finalized.

The CFSR process in Virginia has been approved by the federal partners, and includes 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 are used in the aforementioned CQI process. During 2021, Virginia passed the statewide Performance Improvement Plan (PIP). The CFSR utilized the OSRI to conduct reviews, gather and report data, and share statistical information with CQI, localities, and federal partners. Data was used to show overall performance measures in all 18 items.

The QAA reviews not only include face to face interaction with key participants, but also includes a debriefing meeting (exit conference) where findings from the reviews are discussed with LDSS leadership and staff. During the debriefing, the Regional QAA Consultant may connect the LDSS with a Regional Practice 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 LDSS leadership and staff. Based on a QAA review, follow-up and agency actions taken are included on the report which 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 the LDSS additional resources, targeted training or facilitating discussions between LDSS with similar challenges or goals, or who can provide support to each other.

Virginia Child and Family Services Review (VCFSR)

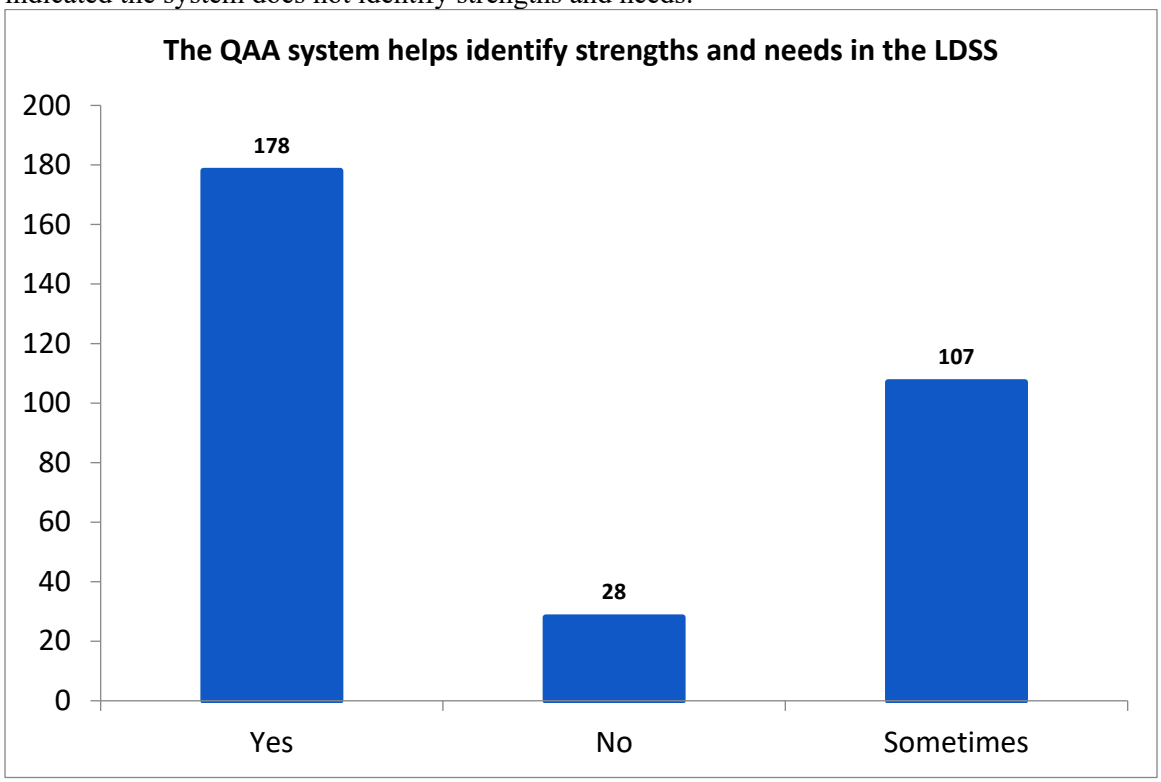
Beginning February 2020, the VCFSR combined the practice of the Agency Case Review and Child Welfare Case Review into one streamlined process – the VCFSR. The VCFSR ensures that VDSS is reaching all agencies in Virginia and giving them valuable feedback about their practice with regard to the safety, permanency, and wellbeing of children they serve. During the course of a VCFSR, the LDSS will have one foster care case and one In-Home Services case randomly selected to review, using the same criteria for selection as a CFSR review. The VCFSR introduces localities who have not experienced a CFSR to the uniform practice required in the PIP and federal reviews while giving each LDSS the opportunity to know how well they are functioning with regard to their child welfare case practices. The VCFSR utilizes the federal CFSR OMS and OSRI which allows for detailed reports, to better capture trends resulting from LDSS practice. The QAA team reviews automated data, hard file documents, and conducts an interview with the assigned FSS or designee to secure the most accurate and up to date information. Each LDSS 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, LDSS receive a complete OSRI report detailing the findings of the review. In 2021 VDSS completed twenty-five VCFSR's statewide.

Virtual Reviews

In response to the COVID-19 pandemic, VDSS established an electronic review process, in coordination with the LDSS in March 2020. VDSS ceased in person contact following VDSS and state COVID-19

guidelines for face to face interaction and has continued the COVID-19 virtual protocol during the 2021 calendar year. VDSS 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 LDSS that had difficulties uploading cases into the COMPASS|Portal, electronic case files were scanned and emailed using encryption software. VDSS engaged participants using a variety of virtual platforms to include, ZOOM, Google Meets, and doxy.me to conduct interviews and hold conversations with LDSS. Doxy.me is a secure platform and was used to discuss confidential case information. Other platforms listed were used to discuss general information that was not confidential in nature.

In a survey of FSS, 57% of staff indicated that the QAA system helps identify strengths and needs in the LDSS. Thirty four percent indicated the QAA system sometimes identifies strengths and needs and 9% indicated the system does not identify strengths and needs.



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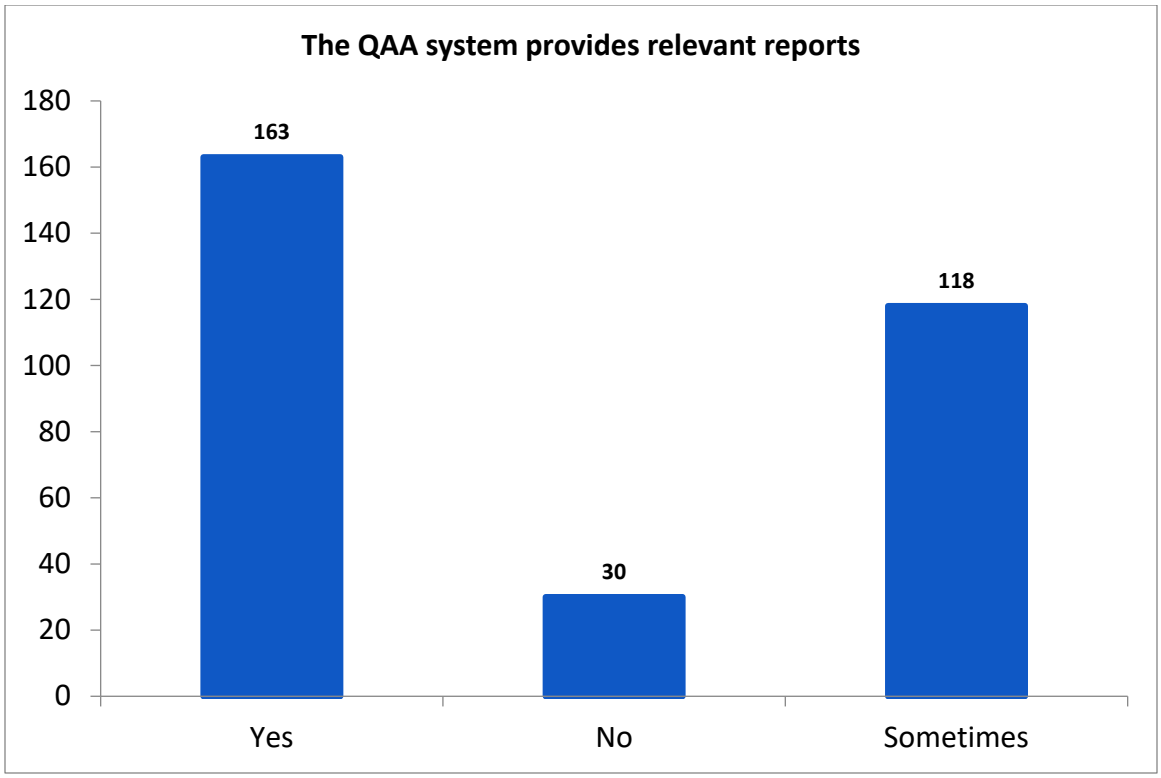
Results were similar when asked if the QAA system provided relevant reports.



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Statewide CQI

As mentioned previously, VDSS launched the statewide CQI meetings in November 2021. The first state CQI meeting was held in January 2022 and focused on In-Home, the second meeting was held in February and focused on Kinship and the third meeting was held in March and focused on Youth Aging Out of Care. The cycle will repeat throughout 2022. State CQI meetings examine outcomes and goals related to specific focus areas (In-Home Services, Kinship, and Youth Aging Out of Care), identify measures of progress, discuss and share strengths and develop solutions for areas needing improvement. Each LDSS is encouraged to identify a core team for their agency to attend the state meetings and bridge information gleaned from the state meetings to other team members in their LDSS. Drawing on strengths of the PIP learning collaborative model, these meetings share data related to the focus area at the state, regional and local level. LDSS who are performing well are spotlighted in the meetings to share their practices which show promising outcomes. The meetings also include regional breakout time to discuss data, promote LDSS peer sharing and brainstorm strategies. In the same month as the state CQI meeting, there are regionally based Communities of Practice (CoP). Each LDSS is encouraged to send front line workers to the regionally based CoP to engage in conversations regarding data and the development of strategies to improve performance. Participants are encouraged to coordinate with their LDSS Core Team as well as other members of their agency in bridging the information from the CoP and the LDSS. The purpose of the CoP is to take a deeper dive reviewing locality specific data and examining what strategies agencies are utilizing that is leading to improved performance. LDSS have the opportunity to present situations and ask questions, learning from other LDSS in that region. The CoP look at policies and practices within the agencies that may be influencing outcomes, and create implementation guides to take back to agencies to work on over the next quarter. As this process becomes routine, the strategic consultants will begin to identify trends and themes and regional consultants will work directly with LDSS to address issues that arise.

Use of Data

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

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

Some of the specific data tools that VDSS uses to analyze and disseminate data include Virginia Child Welfare Outcome Reports (VCWOR), SafeMeasures®, StateWide Data Indicators (SWDI), case review themes and data, and the Chapin Hall Data Center. 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 Evident Change!, provides data visualization and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. The Chapin Hall Data Center obtains longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. 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. VDSS has also developed a quarterly report with a core set of data points that is posted on the intranet site. The report includes statewide and regionally specific information and LDSS program data. Data highlighted in the state CQI meetings are also posted to the intranet site for easy access by LDSS.

VDSS QAA/Case Review System

Review Type	Reviewers	Review Description	Frequency and Target Population	Total Cases
Quarterly QA Reviews	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, Child and Family Services Review (CFSR) Federal requirements, Virginia Child and Family Services Review (VCFSR) State requirements, and Subrecipient Monitoring State Requirements (Sr-M)	Each title IV-E New Case Validation is completed every 90 days, or quarterly, on 100% of children entering foster care. Each title IV-E ongoing review is completed one time annually, and cases are selected at random. Each (Sr-M) is done annually as determined by risk assessment. *Note, Sr-M numbers are not included in the Total Cases reviewed.	**3,506**
Title IV-E New Case Validations	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements,	Each 90 days *(100% of children entering foster care within 90-120 days of entering care)*	**2,093**

VDSS QAA/Case Review System				
Review Type	**Reviewers**	**Review Description**	**Frequency and Target Population**	**Total Cases**
		guidance and accurate financial reporting.		
Title IV-E Ongoing Reviews	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	One time annually *(Cases selected at random)*	**1,248**
Child and Family Service Reviews (CFSR)	QAA Team	Conformity with federal child welfare requirements; determine what is happening to children and families as they are engaged in child welfare services; and assist VDSS to enhance their capacity to help children and families achieve positive outcomes.	Quarterly *(35 cases selected at random)*	**140**
Virginia Child and Family Service Review (VCFSR)	QAA Team	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 are used by the QAA team to support the function at the LDSS level.	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 include the agencies who have not been pulled during the 2021 calendar year. A total of **25** agencies were identified, each agency had two cases selected for review, one foster care case and one

VDSS QAA/Case Review System				
Review Type	**Reviewers**	**Review Description**	**Frequency and Target Population**	**Total Cases**
				CPS Ongoing Case.
Subrecipient Monitoring (rM)	Specific Program Staff Assigned	Monitors the appropriate allocation of federal funding, in compliance with the program parameters and state and federal supervisory guidelines.	One time annually *(as determined by risk assessment)*	**Varies**

Staff and Provider Training

Child welfare training for LDSS staff is developed entirely through the newly established (2020) Division of Local Training and Development (LTD), which is a division within the Human Services portfolio that supports Family Services and Benefit Programs. LTD is comprised of a Division Director, 17 part-time trainers, one training delivery supervisor, one curriculum development supervisor, one eLearning development supervisor, one systems data and support supervisor, five administrative support/LMS registrar staff, and a training program manager. The family services (child welfare) training includes initial pre-service training, based on core competencies, for newer staff, as well as ongoing in-service training for supervisors and experienced workers. The DFS also provides training for LDSS as needed that is largely driven by guidance and regulations, and is conducted by programmatic staff from the home or regional offices.

With the suspension of all classroom training in March 2020 due to the COVID-19 pandemic, LTD has broadened online learning opportunities to help learners succeed in their professional and personal learning goals. After careful research and collaboration with colleagues from other state child welfare training programs, the decision was made to implement a four phase conversion process of all mandated classroom child welfare pre-service training and the newly established Leadership Institute. A series of live synchronous online learning webinars were developed to bring individual and group work to life in a virtual platform and transfer learning from online to on the job through assigned activities and a proficiency test upon completion. Engagement strategies include: chat, polling, quizzes, hand raising, screen annotation, paired-chat breakout activities, etc. Participant engagement and participation are closely monitored throughout virtual classroom sessions. All online course prerequisites must be completed prior to enrolling in the webinar series in the state learning center and is monitored using the required training console in the learning management system (LMS). Required training will continue to be delivered through online courses and live virtual webinar series. LTD successfully converted all required pre-service training for new workers to all virtual distance learning during this reporting period. Even with the ongoing conversion of all new worker required classroom course curricula to virtual distance learning, the team provided 345 training events with 5,368 completions in CY21 (January through December, 2021).

The number of LDSS staff new hires in Virginia that require training, as of December 31, 2021:

Occupational Title	Vacant	Filled	Total
Family Services Specialist I	117	343	460
Family Services Specialist II	236	1,070	1,306
Family Services Specialist III	146	754	900
Family Services Specialist IV	42	260	302
Family Services Supervisor	43	478	521
Family Services Manager	5	55	60
Total Family Services	**589**	**2,960**	**3,549**

Virtual instructor-led training courses have been reduced due to the limited number of trainers available. Additionally, virtual instructor-led training courses require two trainers to deliver the training in order to deliver content and provide technological support, whereas in-person courses only need one trainer. To address this challenge, the scheduling of new worker training classes has been increased to reflect the high turnover and hiring needs within the local agencies. All new worker guidance training sessions are now offered monthly instead of the previous bi-monthly rotation to accommodate this workforce change. The LTD intranet website has also been updated to provide more user-friendly training schedules and enrollment data, including actual number of available seats per class which is updated twice weekly so learners can find availability easier. All learner training materials, including transfer of learning activities, are now posted to the LTD Fusion website and are available for learners and supervisors to download. VDSS staff and regional practice consultants also now have access to all training materials to use in case consultations and regional roundtable discussions when needed to augment their practice technical assistance for LDSS.

The LTD team views training as a collaborative effort to meet the emerging needs of the workforce. Research shows that activities completed before, during, and after training can help a participant better understand the content of the training and apply it on the job much more effectively with the support of a skilled supervisor. LTD provides a supervisory tool for each pre-service training course as a way to facilitate discussion on the content of each course including specific topics covered, a description of transfer of learning (TOL) from the training back to the LDSS, and suggestions for continuing the learning process within the LDSS to increase the knowledge, skills and abilities of family services workers. Staff is currently working on developing TOL in all LTD training classes.

Since the implementation of the required training console on the statewide LMS, all new child welfare 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 for their staff. The use of the LMS required training console has greatly improved the completion of required training for new FSS workers within the designated time frame. A weekly LTD Training Dashboard is created from the LMS data and distributed to VDSS leadership and LDSS directors through each of the five VDSS Regional Office Directors. This data includes a running completion count of all classes broken down by regions for the fiscal year, absent from training no show rates identified by agency and learner, weekly count of class sessions offered, outstanding training requirements by learner and agency, and a summary of trainer evaluation survey results. Regional Practice Consultants also use this data in their work with LDSS when providing practice assistance.

In CY21, LTD provided 357 virtual instructor-led training events from January 1, 2021 to December 31, 2021 with a total of 5,606 completions which is about half the number of training events and completions in CY19, the last year of classroom training prior to COVID. In CY20, LTD provided 279 training events,

including converted virtual events, 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 CY19 at 703 classroom training events, a total of 9,008 completions. CY19 had the highest number of classroom training 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, greatly reduced the total number of training offerings in CY20 and CY21. In comparison, the total number of completions of online courses in CY20 was 17,963 which had increased from 15,532 for CY19. The CY21 total number of completions of online courses was 17,544 which is only slightly increased from CY20.

Items 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

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

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

PRE-SERVICE TRAINING REQUIREMENTS FOR CHILD PROTECTION SERVICES (Effective July 1, 2021):

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
- 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 Twenty Four 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

PRE-SERVICE TRAINING REQUIREMENTS FOR IN-HOME SERVICES (Effective April 2021):

First Three Weeks

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

First Three Months

- CWS1000: In-Home Services New Worker Policy Guidance With OASIS
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5307: Assessing Safety, Risk & Protective Capacity
- CWSE2010: In-Home Services Skills
- CWS4080: Kinship Care in Virginia
- CSA CANS Certification
- CWSE4060: Family Search and Engagement
- CWSE5501: Substance Use Disorder
- CWSE1006: Reasonable Candidacy
- CWSE2090: Injury Identification in Child Welfare
- CWSE4000: Identifying Sex Trafficking in Child Welfare
- CWSE5011: Case Documentation
- CWS5011: Case Documentation
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWSE7000: Family First in Virginia (5 modules)

First Six Months

- CWS1305: The Helping Interview
- CWS5305: Advanced Interviewing: Motivating Families for Change
- CWSE4015: Trauma Informed Child Welfare Practice
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and its Impact on Children

First Twelve Months

- CWS1021: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS3071: Concurrent Permanency Planning
- CWSE6010: Working with Families of Substance Exposed Infants

First Twenty Four Months

- CWS4050: Psychotropic Medications in the Child Welfare System
- CWSE5000: Preventing Premature Case Closure in In-Home Services
- CWSE5010: Advocating for Child and Adolescent Mental Health Services
- CWSE2020: On-Call for Non-CPS Workers

PRE-SERVICE TRAINING REQUIREMENTS FOR PERMANENCY (Effective July 1, 2021):

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
- CWS5011: Case Documentation

First Six Months

- CWSE3030: Normalcy for Youth in Foster Care
- CWSE4050: Psychotropic Medications and the Child Welfare System
- CWS3015: Adoption Assistance (required for adoption service workers)

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 Twenty Four 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

Listed below are the completions for CY2021 for the pre-service trainings for permanency, In-Home, and CPS workers.

FAMILY SERVICES ONLINE COURSES	Total Completions
VDSS - CWSE1002: Exploring Child Welfare (Module 1) - 1 hour	490
VDSS - CWSE1002: Exploring Child Welfare (Module 2) - 1 hour	493
VDSS - CWSE1002: Exploring Child Welfare (Module 3) - 1 hour	496
VDSS - CWSE1002: Exploring Child Welfare (Module 4) - 1 hour	486
VDSS - CWSE1006: Reasonable Candidacy (Candidacy Determination)	449
VDSS - CWSE1041: Legal Principles in Child Welfare	348
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 1: Introduction) - .5 hours	432
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 2: Intake) - .5 hours	409
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 3: Search and Merge) - .5 hours	389
VDSS - CWSE1500CPS: Navigating the Child Welfare Automated System (OASIS) - CPS (Module 4: Family Assessments) - .5 hours	358
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 1: Introduction) - .5 hours	275
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 2 Module 2: Opening Cases and Recording Pertinent Information) - .5 hours	225
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 3: Search and Merge) - .5 hours	243
VDSS - CWSE1500FC: Navigating the Child Welfare Automated System (OASIS) - Foster Care (Module 4: Documenting Placements and Funding) - .5 hours	220
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 1: Introduction and Intake) - 1.5 hour	470
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 2: Safety Assessment) - 1.5 hour	433
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 3: Risk Assessment) - 1.5 hour	433

FAMILY SERVICES ONLINE COURSES	Total Completions
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 4: Family Strengths and Needs Assessment) - 1.5 hour	418
VDSS - CWSE1510: Structured Decision Making In Virginia (Module 5: Risk Re-assessment) - 1.5 hour	416
VDSS - CWSE2020: On Call for Non-CPS Workers	204
VDSS - CWSE2090: Injury Identification in Child Welfare	180
VDSS - CWSE3015: Adoption Assistance Screening Tool	89
VDSS - CWSE3030: Normalcy for Youth in Foster Care - 1.5 hour	205
VDSS - CWSE4000: Identifying Sex Trafficking in Child Welfare - 1.5 hour	341
VDSS - CWSE4015: Introduction to Trauma-Informed Child Welfare Practice - 1.5 hour	324
VDSS - CWSE4050: Psychotropic Medications and the Child Welfare System - 1.5 hour	291
VDSS - CWSE4060: Family Search and Engagement	315
VDSS- CWSE5000 Preventing Premature Case Closure in In-Home Services	1
VDSS – CWSE5011: Case Documentation	520
VDSS - CWSE5501: Substance Abuse (Module 1)	231
VDSS - CWSE5501: Substance Abuse (Module 2)	213
VDSS - CWSE5501: Substance Abuse (Module 3)	210
VDSS - CWSE5501: Substance Abuse (Module 4)	199
VDSS - CWSE5692: Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect - 1.5 hour	740
VDSS - CWSE6010: Working with Families of Substance Exposed Infants Module 1	273
VDSS - CWSE6010: Working with Families of Substance Exposed Infants Module 2	262

FAMILY SERVICES Virtual Training Completions	Total Completion
CWS1000W: In-Home Services New Worker	174
VDSS - CWS1021W: The Effects of Abuse and Neglect on Child and Adolescent Development	377
VDSS - CWS1041W: Legal Principles in Child Welfare Practice	263
VDSS - CWS1061W: Family Centered Assessment in Child Welfare	355
VDSS - CWS1071W: Family Centered Case Planning	363
VDSS - CWS1305W: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	358
VDSS - CWS2000.1W: Child Protective Services New Worker Training with OASIS	284
VDSS - CWS2011W: Intake, Assessment, and Investigation in Child Protective Services	189

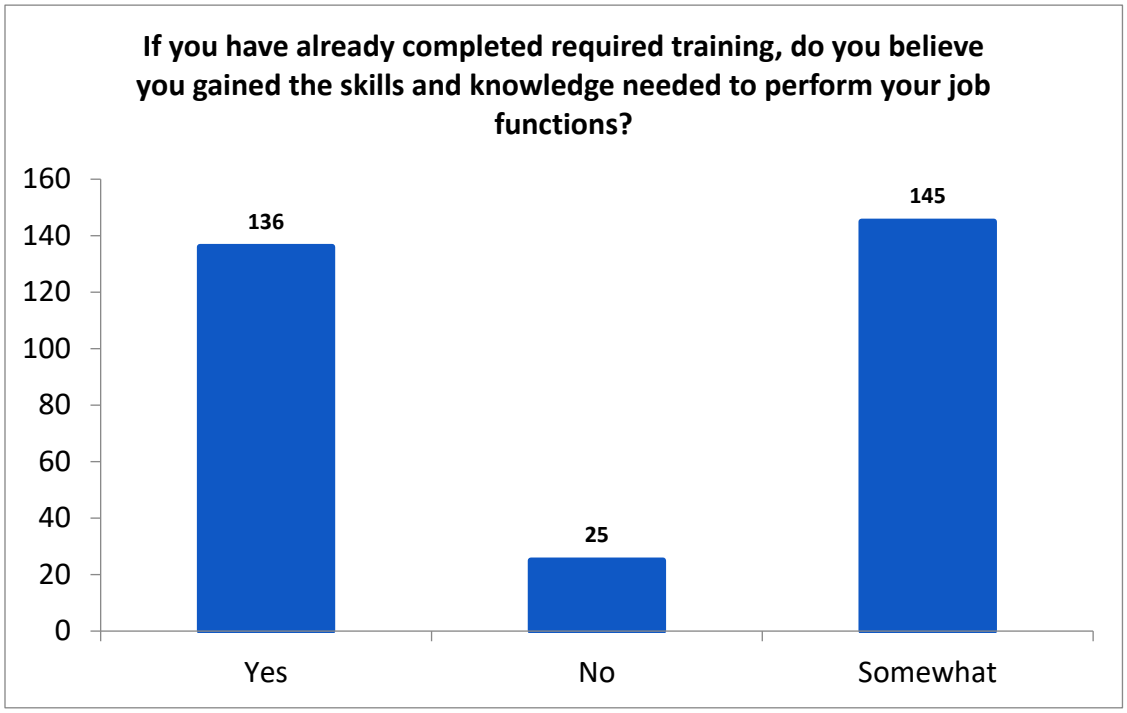
FAMILY SERVICES Virtual Training Completions	Total Completion
VDSS - CWS2020W: On Call for Non-CPS Workers	128
VDSS - CWS2021W: Sexual Abuse	228
VDSS - CWS2031W: Sexual Abuse Investigations	92
VDSS - CWS2141W: Out of Family Investigations	136
VDSS - CWS3000.1W: Foster Care New Worker Training With OASIS	101
VDSS - CWS3010W: Adoption New Worker Training With OASIS	141
VDSS - CWS3021W: Promoting Birth and Foster Family Partnerships	122
VDSS - CWS3041W: Working With Children in Placement	112
VDSS - CWS3061W: Permanency Planning for Teens - Creating Life Long Connections	80
VDSS - CWS3071W: Concurrent Permanency Planning	155
VDSS - CWS3081W: Promoting Family Reunification	130
VDSS - CWS4020W: Engaging Families and Building Trust-Based Relationships	287
VDSS - CWS4080W: Kinship Care in VA	97
VDSS - CWS5011W: Case Documentation	230
VDSS - CWS5305 Advanced Interviewing: Motivating Families for Change	238
VDSS - CWS5307W: Assessing Safety, Risk, and Protective Capacities in Child Welfare	353
VDSS - DVS1001W: Understanding Domestic Violence	24

In a survey of FSS workers, staff were asked if they completed their training requirements within the required time frames.

	Yes	No
Within 3 weeks	74%	27%
Within 3 months	80%	20%
Within 6 months	78%	22%
Within 12 months	70%	30%
Within 24 months	58%	42%

FSS were asked when they were first assigned sole responsibility for cases. Fifteen percent were assigned sole responsibility within the first week, 36% were assigned sole responsibility within the first month, 31% were assigned sole responsibility within the first three months, and 18% were assigned sole responsibility after three months.

For FSS who have completed the required training, 44% believe they have gained the skills and knowledge needed to perform job functions, 47% believe they have somewhat gained skills and knowledge needed, and 8% believe they have not gained skills and knowledge needed.



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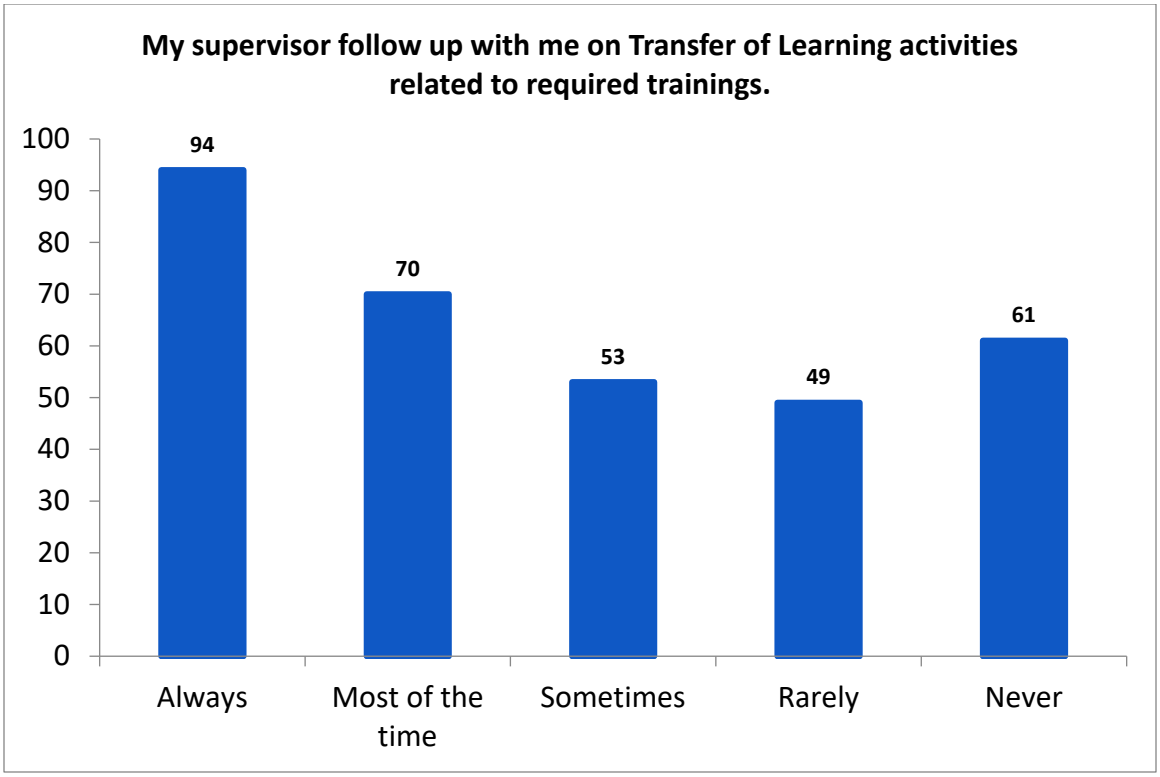
When asked if supervisors encourage attendance at required training, 88% agreed or strongly agreed. There was a wide range of responses when asked if supervisors followed up about TOL activities.



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Item 27: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

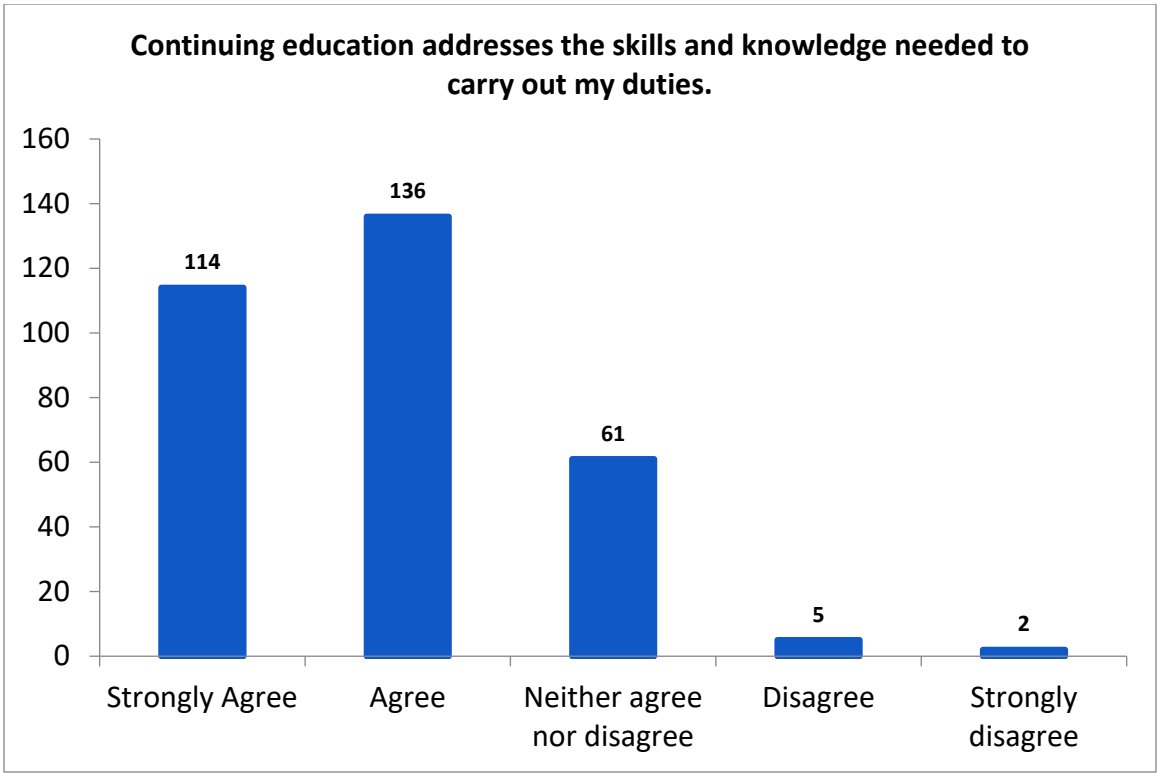
As mentioned above, there is a 24 hour annual training requirement after initial training has been completed.

In a survey of FSS workers, 79% of workers agreed or strongly agreed that the LDSS values training and has a positive culture of learning. Sixteen percent neither agreed nor disagreed with that statement and 5% disagreed or strongly disagreed.

When asked if the FSS worker completes 24 hours of continuing education yearly, 32% indicated they always complete training, 21% complete the training most of the time, 7% complete training some of the time, 5% rarely complete training, and 2% never complete 24 hours of training yearly. The remainder of the respondents indicated they had not yet reached the 3rd year of employment.

When asked if supervisors encourage completion of annual training, 77% said they agree or strongly agree. Twenty one percent neither agreed nor disagreed and 2% disagreed or strongly disagreed.

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



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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 training as a condition of approval and re-approval.

Pre-service training provides prospective foster and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children in foster care. The pre-service training includes specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. The core competencies include: protecting and nurturing children; meeting children's developmental needs and addressing their delays; supporting relationships with birth families; connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and working as a member of a professional team. PRIDE is 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 training 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 to ensure that pre-service training is provided for resource, foster, treatment foster, and adoptive family home providers. The core competencies outlined in the regulation are the same as what is found in the LDSS Foster and Adoption Parent regulation (22VAC40-211). The LCPA has the discretion to decide whether to use PRIDE or another training program 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 Practice 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, VDSS 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 (CWS3103), 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 resource, foster, and adoptive family home approval guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs and 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).

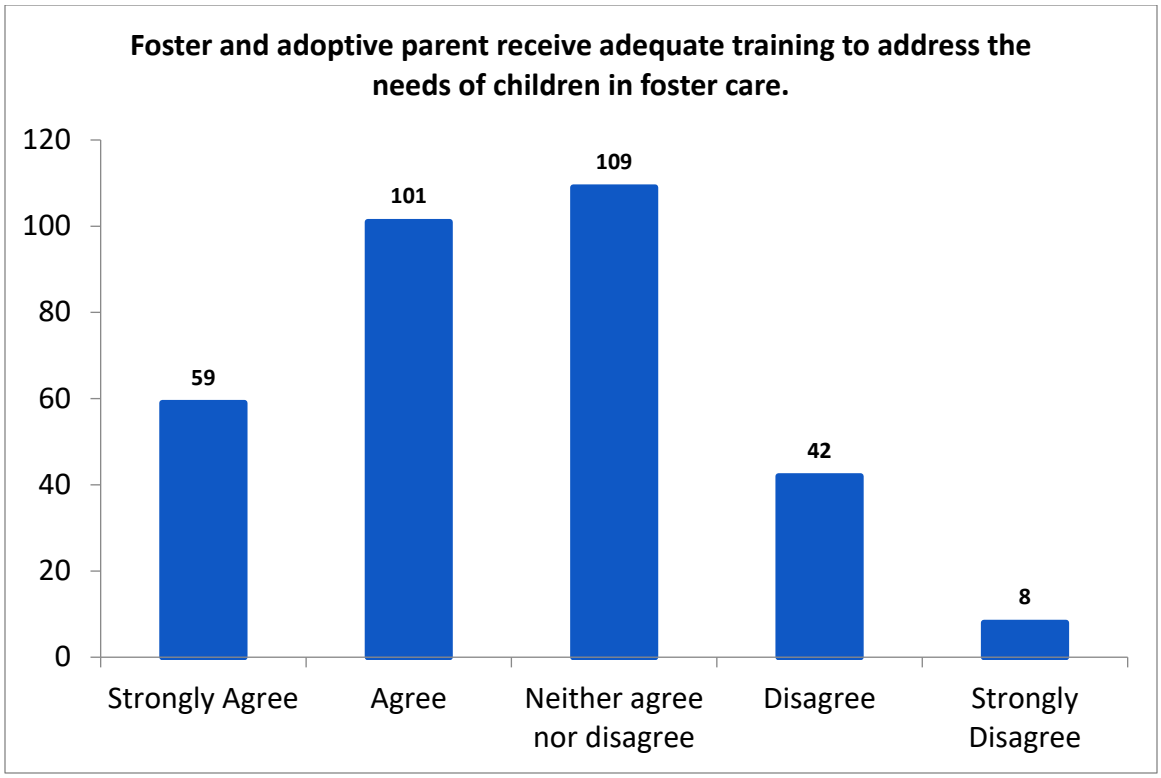
CRAFFT has maintained the facilitation of scheduled roundtables, bridging communication between CRAFFT, LDSS, and community partners. These meetings highlight positive training experiences and provide an environment to dialogue regarding needs. Additionally, the discussions support sharing information that is pertinent to enhancing training efforts and what is working well within 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 2021 for foster and adoptive families.

Region	PRIDE/Traditions of Caring hybrid pre-service training sessions	Foster/adoptive in-service training sessions	1-on-1 pre-service training sessions	Number of participants
Central	59 sessions	12 sessions	0 sessions	316 participants
Piedmont	84 sessions	9 sessions	0 sessions	388 participants
Northern	61 sessions	11 sessions	0 sessions	379 participants
Western	96 sessions	16 sessions	0 sessions	401 participants
Eastern	46 sessions	8 sessions	0 sessions	336 participants
Total	346 sessions	56 sessions	0 sessions	1,820 participants

CRAFFT coordinators also revised CWS3101: Introduction to PRIDE and CWS3103: Mutual Family Assessment in accordance with the revised and updated Resource, Foster and Adoptive Family Home Approval Guidance. During 2021, both CWS3101 and 3103 have been offered monthly to ensure that all LDSS staff charged with training and assessing kinship, foster and adoptive families have completed preparatory training.

FSS workers were asked if foster and adoptive parents receive adequate training to address the needs of children in foster care. Almost 35% neither agreed nor disagreed while 50% agreed or strongly agreed that foster/adoptive parents receive adequate training.



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Service Array and Resource Development

Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)? 1. Services that assess the strengths and needs of children and families and determine other service needs; 2. Services that address the needs of families in addition to individual children in order to create a safe home environment; 3. Services that enable children to remain safely with their parents when reasonable; and 4. Services that help children in foster and adoptive placements achieve permanency.

Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

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

Since 2006, the General Assembly requires local CPMTs to report to 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).

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. 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	

In addition to regular PSSF funding, Virginia was awarded $1,337,210 from the Consolidated Appropriations Act. These funds will 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. VDSS hosted an informational meeting for LDSS in January 2022 to provide information about the additional funding, application process and requirements for utilization. In addition, VDSS provided examples of how PSSF funds could be used to provide additional support to services approved through title IV-E prevention services (Family First), Social Services Block Grant (SSBG), or CSA, so that families receive wrap-around services and supports. Additional information on the PSSF Program can be found in the PSSF section below.

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)

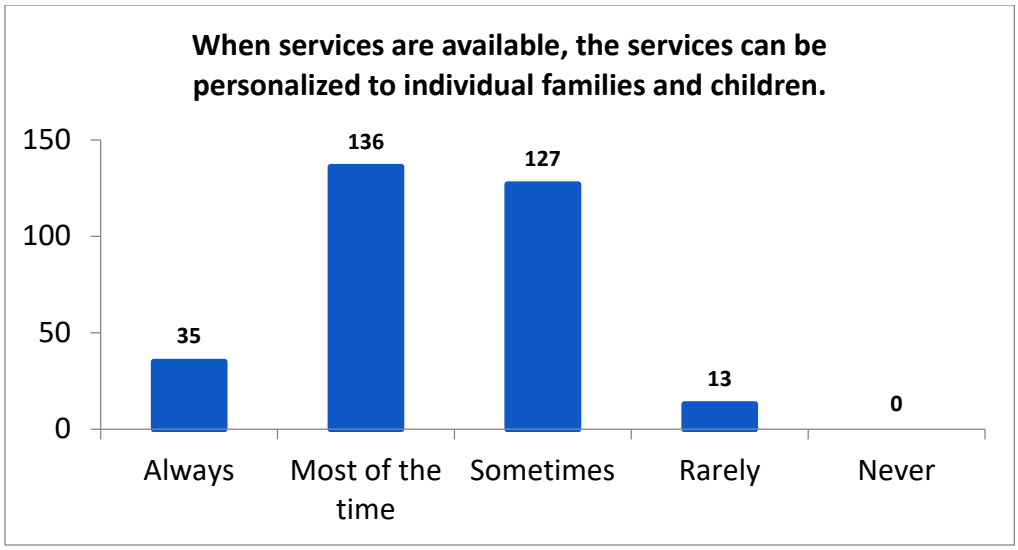
Additional information on the Kinship Navigator Programs can be found in the In-Home Services and Title IV-E Prevention Services Plan section.

VDSS implemented Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Parent Child Interaction Therapy (PCIT) in 2021 through the Title IV-E Prevention Services Program (Family First). Over 50% of families receiving In-Home services had service needs identified to mental health, substance use and/or parent skill-based training, which could be addressed through FFT, MST, and/or PCIT. Through examination of data and information collected in the initial provider survey (2018) for the implementation of Family First, these three services were available throughout Virginia at the time of implementation and met the needs of families served through In-Home Services and Prevention. VDSS regularly reviews the Title IV-E Prevention Services Clearinghouse for services eligible for title IV-E funding. In 2022, VDSS intends to expand the initial service array to include the following well-supported programs: Brief Strategic Family Therapy (BSFT), Homebuilders, Family Check-Up, Motivational Interviewing (MI). VDSS also plans to implement High Fidelity Wraparound (HFW), recently listed in the Clearinghouse as a promising program and already well established and available throughout the state (through CSA funding).

In a survey, FSS workers were asked about services in their communities. There responses include:

	Yes	No	Some Services
Services to address family need	21%	18%	61%
Services to address child need	19%	18%	63%
Services to keep children safe in their homes	21%	10%	69%
Services to help children achieve permanency	20%	13%	67%
Services to help children return home	20%	10%	70%

FSS were also asked if services can be personalized to individual families and children. Slightly over half indicated that services can be personalized always or most of the time and 41% indicated services can be personalized sometimes.



N= 311

In a survey of foster and adoptive parents, 76% agree that the children in their home have been provided with the services they need.

Agency responsiveness to the Community

Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

VDSS collaborates with a myriad of state, local, and community partners to provide integrated, cross-disciplinary services; steer initiatives and implementation of policies and legislation; solicit critical stakeholder feedback and guidance; and, ensure 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, Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program, parent advisory council, 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.

VDSS is participating in a workgroup composed of FACT CAN Committee Members with expertise and/or experience working on the topic of Problematic Sexual Behavior. The workgroup will develop a comprehensive system response guidance document for cases of Problematic Sexual Behavior/child on child sexual abuse.

The Department of Criminal Justice Services (DCJS) oversees the Children's Justice Act (CJA) for the Commonwealth of Virginia. In the current CASA/CJA three-year strategic plan, support for local and regional MDTs established to meet the needs under § 15.2-1627.5 of the Code of Virginia is a priority for the Children's Justice Act (CJA) program, which has historically provided support to multidisciplinary teams (MDTs). DCJS intends to develop a plan for training, support and engagement of MDTs across the Commonwealth. DCJS is collaborating with Virginia Department of Social Services (VDSS), Child Advocacy Centers of Virginia (CACVA), and Commonwealth Attorney's Services Council (CASC) and will share the results so they may respond to survey data as they deem appropriate.

The Protection Program is working with the Department of Education (DOE) to improve the partnering between DOE and Child protective Services in the investigation of Out of Family Investigations and the prevention of Child Fatalities.

Coordination of Services with Other Federal Programs

Item 32: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Virginia's state supervised and locally administered system allows for the state agency (VDSS) to supervise the LDSS through the provision of policy and support. LDSS administer 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 partner 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. DFS also partners with the Childcare and Early Childhood Development. This group was incorporated into Benefit programs after a legislative change. Collaboration with the Childcare group 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 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 New Americans – This office oversees federal foster care cases and DFS staff has supported the development of guidance for those children.

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 and Benefit Programs report to the same Deputy Commissioner.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

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 with 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, in order to place children timely with kinship foster parents, the LDSS may request, and a kinship foster parent may receive, a temporary waiver for a period of six months to complete pre-service training, mutual family assessment and to obtain physical examinations and tuberculosis testing. From January to December 2021, 286 temporary waivers were requested and granted for kinship foster parents resulting in 370 children being placed in kinship foster homes. The Piedmont Region utilized the most waivers at 112, followed by the Western Region at 55, Central Region at 54, Northern Region at 33 and the Eastern Region at 32. Black or African American children were most represented in kinship foster homes at 35%.

LCPA cannot approve homes that do not meet licensing standards unless the LCPA is granted an allowable variance. The Division of Licensing Programs 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 with the child. If no children are placed in the home, the LCPA may monitor the home by visiting or calling the provider at least once every 90 days.

Licensed child-placing agencies are inspected by DOLP at least twice annually. Inspections are unannounced. From January to December 2021, 362 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 the approval of the home is revoked.

For Children's Residential Facilities (CRF), inspection protocol requires that at 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 2021, 47 inspections of CRF were conducted.

Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

The Code of Virginia §63.2-901.1 requires criminal history record checks from the central criminal records exchange, 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 in foster care 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, 2021 to December 31, 2021, the Office of Background Information (OBI) completed 8,073 criminal history record checks involving prospective foster and adoptive parents and other adults in the home; 4,811 for LDSS and 3,262 for LCPA. Criminal history record checks were completed for 1,121 relatives of children in foster care from January 1, 2021 to December 31, 2021. OBI determined that 254 applicants were not eligible, 89 of those found not eligible were relatives. OBI reported that 135 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. During this time period 7,656 prospective foster and adoptive parents and other adults in the applicants' home 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 (CRF). Satisfactory background checks must be received prior to beginning employment or volunteer service in VDSS facilities. Virginia Code §37.2-408.1 was amended on April 27, 2022 through Virginia Senate Bill 577 to allow DBHDS children's residential facilities the ability to employ individuals while their criminal fingerprint background checks were pending provided they do not work in the CRF or any other location operated by the facility where children are present. Satisfactory background checks must be received prior to working in the CRF or at any location operated by the facility where children are present.

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

There were 362 inspections (all inspection types) conducted for LCPA from January 1, 2021 to December 31, 2021. Background check violations for LCPA foster homes resulted from 15 of those inspections. The applicable regulation, 22VAC40-191, Background Checks for Child Welfare Agencies was revised effective October 31, 2021. The revision resulted in the renumbering of some standards. As a result some standards are listed in the chart with two numbers:

Standard	Violation description
22 VAC 40-191-40-C-1-d Sworn statement, central registry search, and criminal history record check required prior to approval of foster home	4 violations – (1) LCPA failed to obtain a search of the central registry. (2) LCPA failed to obtain a search of the child abuse and neglect registry for another state where prospective foster parents had resided in the past five years. (3) Background checks obtained by LCPA for foster parents after approval, instead of prior to approval as required. (4) LCPA failed to obtain a search of the child abuse and neglect registry for another state where prospective foster parents had resided in the past five years.
22 VAC 40-191-40-C-1-f 63.2-901.1 B Sworn statement, central registry search, and criminal history record check required for other adult household members prior to approval of foster home	5 violations – (1) LCPA failed to obtain a criminal record check for another adult residing in the home prior to approval. (2) LCPA 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. (3) LCPA failed to obtain sworn statements for foster parents prior to approval. (4) LCPA failed to obtain search of the child abuse and neglect registry for another state where the household member had resided in the last 5 years. (5) A sworn statement was not obtained by the LCPA for an adult member of a foster home.
22 VAC 40-191-40-D-3 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.	1 violations – (1) LCPA failed to obtain a national background check within 30 days of a household member becoming 18 years old.
22 VAC 40-191-40-D-4-a 22 VAC 40-191-40-D-5-a Central registry search required for household members age 14 and older	3 violations – (3) LCPA failed to obtain a central registry search within 30 days of a household member becoming 14 years of age.
22 VAC 40-191-40-D-5 22 VAC 20-191-40-D-6 Agency must not accept criminal history records or central registry findings dated more than 90 days prior to approving the foster home	2 violations – (1) LCPA accepted criminal history record checks for four adult household members that were dated more than 90 days prior to approval. (2) Central registry results for a foster parent obtained by LCPA more than 90 days prior to approval.
22VAC 40-191-50-A-1-a A satisfactory sworn statement is a fully completed original.	2 violations - (2) LCPA did not ensure that sworn statements for foster parents or adult household members were complete.

If a violation is cited due to an applicant, agency, 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 or agency 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 time frame, 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, listed on the application. Before issuance of a renewal license, all required background check results must be received and reviewed for any new applicant listed on the application.

For CRF Providers, if there is a background check violation the facility must not allow the employee to work with children or work at the residential facility or any other site operated by the facility where children are placed. The CRF provider must 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, LDSS 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 LDSS 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: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Virginia 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. Currently, there are approximately 2,534 kinship and foster families approved by LDSS. There are approximately 2,523 additional foster families approved by LCPAs. Recruitment efforts have included a shift to a public awareness campaign that highlights the role of foster parents in supporting children's relationship with their families to make relative placement and ultimately reunification possible. In reviewing data related to children who entered foster care in Virginia between 2016-2020 and were first placed with relatives 96% exited foster care to permanency and experienced significantly fewer placement disruptions. As a result, increasing the capacity of LDSS to approve relatives as foster parents has been a significant focus during 2021. In January 2021 updated and revised Resource, Foster and Adoptive Family Approval Guidance took effect and prioritized placing children with relatives when children enter foster care or whenever placement changes occur. 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, LDSS 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. An electronic waiver request process was developed to expedite submission and approval of temporary waivers to ensure timely placement of children. As a result Virginia granted 286 temporary waivers from January 2021 to December 2021, which permitted placement of 370 children in kinship and fictive kin families. The number of children placed with kinship foster families has continued to increase. In 2016, 5.7 **%** of the children in foster care were placed in a kinship foster home. In December 2021, 10.5% of children in foster care under the age of 18 were placed in kinship foster homes.

During May 2021, to celebrate foster care month, Virginia highlighted the importance of foster families through "Foster Parents are a support to children and families not a substitute for families," campaign. During the month of May, eblasts highlighted the role of Virginia's foster parents in making reunification

possible and a webinar was organized that featured stories highlighting foster parents supporting biological parents' journey to reunification. In preparation for May 2021, Virginia's public webpage, dss.virginia.gov/fosterVA, received long overdue updates in order to align with Virginia's Kin First culture. A description of kinship care is prominently featured along with a description of the role of foster parents in supporting children's relationships with their families in order to make reunification possible.

During August 2021, LTD developed three new training courses to support Virginia's Kin First initiative. The new eLearning course CWSE4060: Family Search and Engagement is a prerequisite to the new CWS4080W: Kinship Care in Virginia, which are trained virtually through a series of three-hour webinar sessions with daily TOL activities. These courses are required training for In-Home Services workers and support Family First Prevention Services Act implementation. Additionally, MICRO105: Using a Genogram to Support Family Finding was also made available on the Family Services Training FUSION website. Below are descriptions of each training course:

CWSE4060: Family Search and Engagement – This eLearning course refers to a collection of strategies that help locate and engage family members and fictive kin for children. These strategies focus on developing a kin first culture which aims to find relatives and other important adults who can provide permanent homes for children and youth, or caring, lifelong support networks that can provide relational permanence if relatives are unable to care for children in their homes. **Prerequisite for CWS4080**.

CWS4080: Kinship Care in Virginia – two-day classroom training (now virtual) to provide workers and supervisors with the family-centered and culturally responsive knowledge and skills necessary for making assessments and decisions regarding the appropriateness of relatives as placement and permanency planning resources for children requiring out-of-home care.

MICRO105: Using a Genogram to Support Family Finding - This brief micro-learning focuses on the adaptive skills in engaging and conducting a genogram with a family. This training is in support of the new COMPASS Genogram Tool.

Foster and Adoptive Family Recruitment (FAFR)
In 2021, VDSS partnered with three organizations to perform child-focused, targeted, and general kinship, foster and adoptive family recruitment in four VDSS geographic regions: Eastern, Central, Piedmont and Northern under RFP #FAM-20-093. Jewish Family Services and Connecting Hearts served the Central region; Extra Special Parents provided recruitment services in the Piedmont region; and Virginia One Church, One Child operated in the Eastern and Northern regions. The goal of the partnership is to recruit and sustain resource families who are willing to collaborate in the effort to achieve timely permanency for youth in foster care.

The scope of work (SOW) was revised from the original RFP to focus more on family recruitment for youth with TPR that have adoption as the permanency goal, youth residing in congregate care with or without TPR and a goal of adoption. Performance measures were also changed. It proved difficult for contractors to track and report outcomes of families that were referred to LDSS. Transitioning to the new SOW was a challenge for two of the contractors as the focus of the grant had been recruiting families' interested in adoption only, not recruiting for foster families. The tool to report client activity was revised to capture more pertinent details on the interested families, their engagement with the FAFR partner, and the families' referral to a PRIDE training as a key measure to track and report the status of referred families.

VDSS resource family recruitment contractors conducted year-long activities to:

a. Increase the number of skilled, trained, foster and adoptive homes,

b. Increase the likelihood that children who cannot return home achieve permanency through kinship, foster or adoptive parents,
c. Increase the possibility that sibling groups can be placed in the same home,
d. Increase the proximity of placements to children's homes, so that children can remain in their communities and their schools to provide stability, and
e. Increase the possibility of children placed in family-based settings with respect to their identity, ethnicity, race and culture.

A total of $308,636 was spent on family recruitment activities in 2021. The following client activity was reported by contractors for the last six months of 2021 (July – December 2021):

Measure	# of Families
Unduplicated families referred to a LDSS or LCPA orientation	237
Unduplicated families referred and who attended a LDSS or LCPA orientation	57
Unduplicated families referred to pre-service PRIDE training	146
Unduplicated families referred and who attended pre-service PRIDE trainings	18
Potential foster/adoptive parents that attended 3 or more PRIDE pre-service training sessions	21
Potential foster/adoptive parents that completed PRIDE pre-service training	19
Unduplicated families that became foster and/or adoptive resource families as a result of attending an orientation and PRIDE pre-service training	4
Unduplicated foster care families that were matched to youth residing in congregate care in search of a LDSS or LCPA approved family-based foster care placement	27
Unduplicated foster care families that were matched to child/youth (with TPR) residing in congregate care in search of a LDSS or LCPA approved adoptive home placement	29
Targeted recruitment efforts to recruit families in communities where family-based homes are needed and with specific backgrounds that match the backgrounds and needs of children awaiting homes. Benchmark is 5 each month	118
LDSS identified by the Regional Resource Family Consultant that received a Foster & Adoptive Family Recruitment contractor service orientation	37
Children/youth matched to a potential foster family as a result of a child-specific or targeted recruitment campaign	6

Even with the SOW changes, results are less than expected. The current RFP will expire on June 30, 2023. VDSS is currently researching best practice family recruitment models that have proven results, with the goal of selecting one to pilot in 2023.

Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Children placed out of state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original jurisdictions, should placements prove not 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, 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. As of Dec 31, 2021, there are 95 LDSS agencies in Virginia that are using NEICE. (Accomack, Alleghany Co/Covington, Albemarle, Alexandria, Appomattox, Amherst, Arlington, Bedford, Bland, Botetourt, Bristol, Brunswick, Buckingham, Buchanan, Campbell Co, Caroline, Charlotte Co, Charlottesville, Chesapeake, Chesterfield, Clarke Co. 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, Manassas City, Mathews, Mecklenburg, Middlesex, Montgomery, Newport News, Norfolk, Northampton Co, Norton City, Orange, Patrick, Petersburg, Pittsylvania, Portsmouth, Prince Edward, Prince George, Prince William, Pulaski Co, Radford City, Richmond City, Richmond Co, Roanoke City, Roanoke Co, Rockbridge, Russell, Scott, Shenandoah Co, Shenandoah Valley, Smyth Co, Spotsylvania, Stafford Co, Suffolk, Surry, Sussex, Tazewell, Virginia Beach, Washington Co, Warren Co, Westmoreland, Williamsburg, 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. Referrals are by VDSS within three to five business days upon receipt; however, ICPC referrals on average are processed within one to three days.

In 2021, VDSS processed 2,350 new ICPC cases which is an increase of 150 cases from 2020. This includes all Regulations processed through ICPC. A total of 809 children were placed through the ICPC process in 2021. VDSS also closed 2,259 cases in 2021.

A Regulation 1 for an ICPC is a Relocation of Family. In 2021, Virginia received a total of 18 new referrals and 13 home studies were completed. Fourteen children were placed in Virginia. Virginia also requested 11 new referrals to other states and 12 children were placed with their foster families in other states.

A Regulation 2 is a Public Court Jurisdiction Case for Placements for Public Adoptions or Foster Care. LDSS completed a total of 448 Regulation 2 home studies and 112 children were placed in Virginia under Regulation 2. Under this regulation LDSS requested 465 referrals and facilitated 159 kinship placements. This means 34% of the referrals for Virginia children were for kinship placements.

A Regulation 4 is for Residential Treatment Facilities. VDSS processed a total of 1,045 referrals. A total of 631 referrals both children in foster care and parental placements were processed for the placement within Virginia, with a total of 308 youth placed in Virginia. VDSS also processed 210 new referrals for youth to be placed in a RTC out of state. A total of 102 youth were placed out of state for both youth in foster care and parental placements.

A Regulation 7 in an expedited home study on Biological Parents for the state of Virginia. VDSS processed 31 new referrals and completed 27 home studies. Four youth were placed with their biological parents in Virginia. LDSS also requested 13 new referrals under this Regulation to place youth with their parents. Nine home studies were completed and one child was placed with their parent.

A Regulation 12 is a Private/Independent Adoption in which a child is being adopted across state lines. VDSS received a total of 176 requests for approval for adoptions and 137 referrals were completed and approved.

Overall, in 2021 VDSS processed 2,350 new cases, closed 2,259 cases, and a total of 1897 home studies were completed between sending states, and Virginia. Because of the ICPC, 809 youth were placed across state lines, with relatives, parents, and in residential placements.

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, DFS IT Portfolio and the Family Violence Team. All teams are under the leadership of the Director and three Assistant Directors.

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 Practice Consultants that provide technical assistance, case consultation, training, and monitoring to LDSS for the protection program. 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 and In-Homes Services Team is led by a Program Manager and supported by a Policy Specialist and the PSSF program specialist. There are five regional Practice Consultants that provide technical assistance, case consultation, and monitoring. The Prevention Team is supported by the Family First Team comprised of a special project manager 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. A constituent program consultant responds to citizen concerns.

The Adoption Program is led by a Program Manager and supported by a Policy Specialist. The team also has an Adoption Supervisor who is responsible for direct supervision of the Adoption Resource Exchange of Virginia (AREVA) Coordinator, the Virginia Birth Father Registry Specialist, two Adoption Records Specialists and two Adoption Disclosure Specialists. The Virginia Birth Father Registry Specialist is responsible for managing the database of search requests, responding to inquiries and promotion of the registry. There are five regional adoption negotiators who are responsible for negotiating all new and amended adoption assistance and KinGAP agreements. They report to the Adoption Program Manager. A constituent program consultant responds to citizen concerns. There is an adoption contract administrator and works to procure services to support youth who are adoptive and their families across the state.

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 uses 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 is responsible for the Contingency Program and Respite Care.

There are 15 regional permanency consultants that provide technical assistance, case consultation, training, and monitoring to LDSS for the foster care and adoption programs. All regional practice consultants, including protection and prevention consultants, directly report to one of five regional offices but are assigned tasks by the program managers.

The ICPC/ICAMA Team is responsible for processing foster care and adoption cases for children who are leaving or coming to 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, three 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 QAA Team conducts new foster care funding determination, title IV-E ongoing reviews, VCFSR, and CFSR to assess compliance, identify and enhance best practices, and

ensure the accuracy of data in the child welfare information system. In 2022, an additional QAA Supervisor and five full-time program consultants will join the team to monitor title IV-E prevention services funding as a result of the implementation of Family First.

The Family Services Invoice Team is managed by a supervisor and supported by five contract program consultants and one Team Lead. The invoice team partners with contract administrators, Finance and General Services/Procurement to perform the day-to-day activities required to manage over 400 contracts and invoice payments for all federal grants, such as CBCAP, FVPSA, and VOCA funds and state contracts to include adoption grants, and Healthy Families, and Child Advocacy Centers.

The Family Services IT Portfolio team is led by a Program Manager and supported by three business analysts, two program consultants, a change management consultant, a technical training supervisor and two technical trainers. The mission of the Family Services IT Portfolio team is to create a comprehensive child welfare information system which supports Virginia's children and families in achieving safety, permanency and well-being.

The Office of Family Violence within DFS identifies, mobilizes and monitors resources for victims of domestic violence. Domestic violence programs are federal- and state-funded public, private, or non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs 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 prevention initiatives and promotes meaningful services to underserved populations. The Team is led by a Program Manager and supported by three Program Specialists.

Additional state coordination team supports include a CQI Project Manager working with three data analysts, a Federal Liaison Program Lead and a Legislation and Regulation Program Manager. There are also three 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.

Additional Supplemental Appropriations for Disaster Relief Act of 2019

VDSS has utilized all of the Disaster Relief Funding. VDSS utilized the Disaster Relief Funding to promote the safety, permanence and wellbeing of children in foster care by maintaining the Mutual Family Assessors whose role is to expedite and prioritize the approval of foster and adoptive parents. VDSS also used funds to support the mobile child welfare information system, COMPASS, to ensure that LDSS had access to critical parts of the child welfare information system when away from the office in order to protect and promote the welfare of children and support at risk families so children can remain in their home or communities.

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

PSSF (Title IV-B Subpart 2 funds) services reflect the Virginia Children's Services Practice Model concept that "children are best served when we provide their families with the supports necessary to safely raise them". Services 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**).

Estimated Children and Families Served 115 Agencies reporting January 2021 to December 2021		
Service Type	Total Children	Total Families
Preservation	6,298	5,922
Support	12,309	9,143
Reunification	1,678	1,260
*Adoption	751	139
Total	**	**
*Approximately 1.5M PSSF funds were allocated for adoption initiatives at the home office level, therefore localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.		
**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.		

PSSF funds are allocated to LDSS for control and expenditure. The CPMT is designated as the local planning body 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 community resources.

LDSS, with the support of their CPMT board, complete a Needs Assessment once every five years. The most recent Needs Assessment was completed in 2019. In 2022, VDSS will form a PSSF Committee that will review and update the PSSF program practices in preparation for the 2024 Needs Assessment. This assessment allows localities to identify unmet needs and the underserved populations in the community. The needs assessment serves as a guide for the development of community based prevention and activities to promote the well-being of the entire family in order to prevent and reduce the likelihood of child maltreatment. Each year, thereafter, the locality and CPMT review the effectiveness of the program and continued funding.

The following services are part of the PSSF service array. LDSS may choose from these services when working with families.

Service Array	
Adoption Promotion & Support	Assessment
Case Management	Community Education and Information
Counseling & Therapy	Day Care Assistance
Developmental/Child Enrichment Day Care	Domestic Violence Prevention
Early Intervention	Educational Support
Finance Management	Health Education & Awareness
Housing or Other Material Assistance	Information and Referral
Intensive In-Home Services	Juvenile Delinquency/Violence Prevention Services
Leadership and Social Skills Training	Mentoring
Nutrition Related Services	Parent-Family Resource Center
Parenting Education	Programs for Fathers
Parenting Skills Training	Respite Care
Self Help Groups	Substance Abuse Services
Socialization and Recreation	Teen Pregnancy Prevention
Transportation	

LDSS utilize information gleaned from the Needs Assessment to develop a community plan based on their designated allocation. The PSSF Program is not an entitlement program and localities must meet program requirements which include 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 VDSS applies more than 25% of title IV-B Subpart 2 funds to adoption service contracts to serve the entire state.

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

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.

VDSS hosted an informational meeting for LDSS in January 2022 to provide information about the additional funding, application process and requirements for utilization. In addition, VDSS provided examples of how PSSF funds could be used to provide additional support for families alongside services provided through title IV-E prevention services (Family First), Social Services Block Grant (SSBG), or CSA, so that families receive wrap-around services and support. VDSS also emphasized the various services and supports available to relatives caring for a child to ensure wraparound services for the success of the placement. Access to Act funding required LDSS to submit an application detailing how funding will be used to meet the needs of children and families. Based on the LDSS' approved application, LDSS receiving PSSF supplemental funds are required to submit quarterly reports listing the type of services provided and the number of families and children served. Localities will expend all funds by September 30, 2022.

While VDSS aims to have every locality take advantage of PSSF funds, five localities do not apply for or use PSSF funds. To increase applications and achieve buy-in, VDSS extended access of the supplemental PSSF funds provided under the Act to localities that do not currently receive PSSF funding.

Supplemental funds under the Act are designated for the purchase of services and goods to meet immediate needs of families. The chart below lists the services an LDSS may provide to families:

Service Array		
Adoption Promotion & Support	Assessment	After-School Activities
Childcare	Counseling/ Therapy	Early Intervention
Educational Support & Services	Enrichment Activities	Home Based Services
Housing/ Material Assistance	Intensive In-Home Services	Mentoring
Peer Mentoring	Parent Coaching	Parent Education
Parent Training	Parent/ Child Activities	Fatherhood Programs
Support Groups	Respite Care	Substance Use Treatment
Substance Use Recovery	Supervised Family Visitation	Transportation

In 2021, VDSS took steps to enhance the PSSF Program to ensure localities are empowered and knowledgeable on the various services available to meet the needs of children and families in their communities. VDSS provided information to LDSS Directors, supervisors and family services specialists

at various meetings such as the Permanency Advisory Committee, Director's Coffee Break, In-Home Roundtable and Regional Administrator Managers Meetings. Information regarding PSSF has been delivered to localities through Broadcasts, emails and newsletters. In addition, localities have the opportunity to request an individualized PSSF presentation based on their needs, goals and expected outcomes.

The current PSSF service array is being redesigned to serve as a functional, user-friendly document to aid family service specialists who directly work with families to identify services and supports in real time and without delay. The document includes an expansion of allowable services, detailed definitions, examples on how to provide different services and tips. In addition, VDSS is developing a non-reimbursable worksheet for localities to use as a guide on limitations associated with the use of PSSF funds to ensure the accuracy of spending. The quarterly and end of year reports have been updated to improve data collection and reporting. VDSS has developed and provided tools, such as an Excel document, to assist LDSS in monitoring their spending and re-distribute funds as necessary in order to maximize the use of funding based on family and community needs. Micro trainings in the areas of data collection, use of funds, and completion of quarterly reports have been developed and provided to localities.

VDSS met with tribal partners in December 2021 to discuss extending direct access of PSSF funds to tribal partners to meet their community needs. However, there did not appear to be an interest at that time based on limited questions, tribal partners not voicing an interest in seeking funding, and no requests for further meetings or information. As an alternative, federally recognized tribal partners were provided with the option to apply for PSSF funds directly through the Children's Bureau. State recognized tribal partners, not eligible to apply for funding through the Children's Bureau were guided on how to collaborate with LDSS to address the service needs of their child welfare population. VDSS will continue to periodically provide information to tribal partners about PSSF funds in case there is a need for funding that arises in the future.

In 2022, VDSS will establish a PSSF Committee. The committee will be tasked with updating the Five Year Process, Plan, Renewal Application and Guidance. The program consultant will work with the training unit to develop training materials useful for new FSS working with families.

Prevention

Prevention services are an extension of VDSS 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. Many LDSS work

closely with local partners to provide prevention services across the continuum with local funding sources. With the passing of the Family First Act, VDSS is prioritizing enhancement of prevention services 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.

VDSS has worked on several initiatives aimed at advancing primary and secondary prevention efforts. In 2020, the General Assembly, through House Bill 30 directed VDSS, in partnership with numerous state agencies and non-governmental organizations, such as DBHDS, VDH, DOE, FACT, Families Forward Virginia, Voices for Virginia's Children, and the Virginia Poverty Law Center, to establish a five-year child abuse Prevention Plan targeting resources and services to prevent abuse and neglect. Creating this plan was a collaborative effort, and in addition to those partners previously mentioned there were also 50 additional representatives from 29 different organizations.

The Virginia Child Abuse Prevention Plan incorporates strategic plans from statewide organizations that address prevention of child abuse and neglect, as well as incorporating the findings of the *Fiscal Map of Children's Supports in Virginia*, which provides a detailed analysis of state investment in services for children and youth including data from 152 funding streams from 17 agencies. Virginia's plan to prevent child abuse and neglect focuses on early prevention, or primary prevention initiatives, which are available to all families that promote family resiliency and prevent child abuse from happening in the first place. The plan's singular goal is that all families, youth and children in the Commonwealth are safe, healthy and nurtured, and have equitable access to resources and opportunities to thrive in their communities.

The plan includes five objectives and 14 strategies to accomplish this goal, all with the contextual and foundational themes of equity, trauma-informed and culturally specific services and the need to incorporate those with lived experience in practice and policy development. The plan included five recommendations to the General Assembly:

- Establish a high-level oversight body, such as the Children's Cabinet, who will be charged with the successful implementation of the Prevention Plan
- Provide resources for implementation of the plan, including evidence based primary prevention programs and demonstration projects
- Address poverty and promote economic stability of families which have been shown to reduce child abuse and neglect, such as increasing the minimum wage, provide universal school meals, and increase state child care tax credits
- Revise state laws that lead to sustained systemic racism, and
- Establish a data trust on child welfare outcomes to help monitor and track progress towards the achievement of the plan

Families Forward Virginia took the lead for "Phase 2" of this plan – coordinating the creation of activities to support each objective and strategy in the plan that promote upstream approaches to lessen the immediate and long-term harms of child abuse and neglect. In Phase 2, the workgroup proposed four top-priority recommendations that will fuel success of the plan:

- Keep diversity, equity, inclusion and cultural competency at the center of implementation efforts.
- Embrace a "No Wrong Door Approach" with accessing services and normalize asking for help.
- Create and adopt universal definitions and terms across systems, policies and practices.
- Promote a well-prepared, well-supported family-wellbeing workforce.

VDSS works closely with Families Forward Virginia, through CBCAP funding, to strengthen the primary prevention vision. One of the strategies to advance and coordinate primary prevention efforts among communities is through the work of the Thriving Families Safer Children initiative in which VDSS,

Families Forward and other key partners, will seek to better understand what community needs are and develop a coordinated model to meet each unique community needs like a Family Resource Center. VDSS will utilize and share child welfare data to help prioritize which communities have the greatest needs.

VDSS also participated in the National Governors Association Child and Family Wellbeing Cohort in 2021. Within that Cohort, VDSS focused on developing a plan to address poverty adjacent neglect (PAN) factors, addressed earlier in this report in the Evolution section.

In 2022, VDSS will work internally, through Evolution, towards a larger, multi-system alignment, committing to work among Benefit Programs (SNAP, Child Care Assistance, Medical Assistance, etc.) and Family Services to develop a more coordinated state system to work to radically shift the approach to and expectations of the internal structure and alignment. VDSS will prioritize system infrastructure alignment to better serve families further upstream by primary prevention programs, with concrete support via Benefits Programs as a key component as the evidence supports the need for families to have concrete supports (housing, food, child care, utilities, and medical 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, primary and secondary prevention services are linked throughout the child and family services continuum and are largely funded by grants and projects as described subsequently. Those projects include:

- Child abuse awareness activities;
- Child abuse prevention play;
- Child advocacy centers (CACs);
- Child abuse prevention month/conference;
- Community-based child abuse prevention grants (CBCAP);
- Family Violence Prevention and Services Act (FVPSA); and
- Healthy Families.

The title IV-E prevention services plan (located below) also addresses key tertiary prevention services activities and within the In-Home Services Program. This plan aligns the In-Home Services program and the requirements for title IV-E prevention services funding (Family First).

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. VDSS has focused a significant amount of work in enhancing and aligning tertiary prevention efforts which are provided by LDSS and the In-Home Services program. As the In-Home Services program continues to grow, particularly now with Family First, along with the CQI model and ability to dive deeper into data, VDSS will work in 2022 to better share and integrate the data upwards into the prevention services continuum – particularly primary and secondary prevention efforts through the pass-thru grants.

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 services. **(Prevention Strategy 1.1)**

Child Abuse Prevention Awareness

Since 1983, VDSS has provided leadership in Virginia's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate with planning and promoting Child Abuse Prevention Month activities. Each year, Families Forward Virginia requests the Governor to proclaim April as Child Abuse Prevention Month. VDSS also requests the State Board of VDSS to also recognize April as Child Abuse Prevention Month.

As operations and activities were curtailed by the COVID-19 pandemic, Child Abuse Prevention month remained virtual in 2021 and Families Forward Virginia made a number of activities virtual, with a focus and effort on ways local programs and LDSS can interact with families with physically distant activities. Families Forward also developed a number of child abuse prevention resources specifically targeted to protecting children in times of isolation. Free pinwheels, family activity sheets, pinwheel coloring sheets and crayons were sent to all affiliates and community partners so that they could individually visit and interact with the families they serve. Families Forward Virginia also engaged the VDSS Chief Deputy Director and the First Lady of Virginia in producing videos that could be used throughout Child Abuse Prevention month on social media assets. Virtual information and flyers were made available to DOE, 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.

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 also regularly promoted child abuse prevention awareness by providing 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 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.

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

Public Awareness & Education Activities **FY 2021 – CBCAP Programs**		
Activity	**# of Activities**	**# Reached**

Prevention Month Activities including Blue Ribbon	103	41,953
Speaking Engagements	131	2,896
Radio/TV PSA announcements distributed for broadcast	7	300,169
Radio/TV Appearances	13	1,490,537
Newspaper Articles	24	1,795,706
Public awareness materials by CBCAP grantees (brochures, flyers, pamphlets, etc.)	324	188,892
Internet/web-based activities	454	236,277
Other Public Awareness	47	11,885
Parent Support Helpline	75	75
Totals	**1,178**	**3,768,221***

*Duplicated count

VDSS supports primary and secondary child abuse prevention services through the following contracts and programs:

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 in grades 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 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. 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.

VDSS received state funds ($1,136,500.00 TANF; $405,500.00 General Fund) and VOCA funds ($4,500,000) from DCJS for the 18 CACs and the CACVA. The total awarded to CACs for the current fiscal year is $6,042,000.00 (**Prevention Strategy 2.1**). The CACs received a significant increase in VOCA funding in FY2020 (increased from $1,400,000 in FY201919 to $4,5000,000), and that level of funding was maintained in FY2021 .This increase enables CACs across the Virginia to expand as necessary to serve additional numbers of child abuse victims and to expand geographic coverage. This funding amount will not be sustained and CACs have been encouraged to designate funds toward sustainability efforts as subsequent annual awards beginning in SFY 2022 are expected to be significantly lower. VOCA funding for FY2022 was reduced to $4,466,950 and is expected to decrease further in FY2023.

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 2021 VDSS awarded 17 contracts under RFA #FAM-18-069 and two statewide Sole Source contracts under FAM-18-114 and FAM-18-083. A total of $678,780.52 in CBCAP funds and a total of $500,000.00 in state Virginia Family Violence Prevention Plan was awarded to 19 programs. 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 2021.

Populations served by CBCAP programs	**# served**

Unduplicated total number of adults served	1,398
Unduplicated total number of children served	824
Unduplicated total number of families served	1,004
Unduplicated total number of children with disabilities served	50
Unduplicated total number of ALL parents/caregivers with disabilities served	71
Unduplicated total number of homeless families with children served	14

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 individuals who identify as Black or African American, Asian, Native Hawaiian, or Other Pacific Islanders, American Indian or Alaska Native, and Latino or Hispanic in addition to the non-Hispanic White population. VDSS 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 served, and CBCAP funds are designed and promoted to help serve underserved populations.

In addition to serving Hispanic or Latino families, Black or 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.

Special Populations Served in SFY 2021		
Special Population	**Number of Agencies Providing Services**	**Total Number Served**
Fathers	6	Not Reported
Families with low income	13	514
Black or African American parents & children	12	141
Single parents	10	340
Incarcerated parents	4	98
Families facing homelessness	19	19
Pregnant/Parenting teens	12	5
Parents with disabilities	14	Not Reported
Children with disabilities	4	Not Reported
Urban populations	11	11
Rural populations	15	26

Parents/Children with other special needs	4	Not Reported
Unaccompanied homeless youth	0	0
Adult former victims of maltreatment	4	225
Adult former victims of domestic violence	7	Not Reported
Tribes	0	Not Reported

American Rescue Plan Act (ARPA) Community Based Child Abuse Prevention Funds

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. VDSS is 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) through a Family Resource Center-type model in order to decrease child abuse and neglect. 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; and
- 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 LDSS 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.
- 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:

Funded Community Based Organization	Underserved Population
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

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. In person meetings were canceled in 2021 as local agencies were re-thinking their prevention strategies.

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. A second cohort began in July 2020 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; and
- Engaging Underserved Communities/Strategy Building.

During FY 2021, VDSS formed a participating team for the 24 month UPLC opportunity. The VDSS team is made up of four representatives from DFS who will work together for 24-months to address the goals listed above within the state agencies.

UPLC Workgroup

The workgroup developed by the UPLC continued to meet regularly in FY 2021 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 of the 20 agency teams. The pandemic continues to shape many changes in how the UPLC is conducted. All gatherings and networking for cohort 2 were conducted virtually, and the emotional capacity of the team was notably affected by the competing demands of the pandemic.

Virginia Underserved Populations Advisory Committee

The Virginia Underserved Populations Advisory Committee (VUPAC) is made up of representatives of culturally specific Community-Based Organizations (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

VDSS 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 VDSS connect bi-monthly to discuss particular program needs and to brainstorm how to meet these needs through site visits, conference calls, and staff training. VDSS also participates in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in domestic violence programming. VDSS also leads the Domestic Violence Action Team, a statewide multi-disciplinary team that developed a web-based "Promising Practices Guide" (PPG) to provide specific information and tips on how to provide trauma-informed services. The PPG is now available to subgrantees and the general public on the VDSS website. In FY 21, 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, VDSS distributed $9,890,189 for the provision of domestic violence services and intervention in SFY 2021. Including eleven agencies that provide primary prevention activities in addition to comprehensive domestic violence services. (**Prevention Strategy 3.3**)

All RFAs for family violence prevention and services include a requirement that applicants show an understanding of trauma informed services and explain how they will 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) is a brief screening tool for identifying trauma and victimization in children, youth, and transitioning young adults. This evidence-informed tool was developed by VDSS as part of the national Linking Systems of Care State Demonstration Project (now referred to as Virginia HEALS) and was piloted and evaluated with service providers across systems over the course of more than three years. It is offered in three age versions (0-6, 7-12, 13-21) and is available, along with supporting e-Learning courses, to LDSS workers and service providers from other systems and sectors) across the Commonwealth.

Virginia HEALS (Helping Everyone Access Linked Systems)

Virginia HEALS (Helping Everyone Access Linked Systems) in a cross-systems initiative to prevent and mitigate childhood victimization and trauma by providing 1) training on trauma-informed practice-level strategies that promote healing; 2) technical assistance and support to service providers in community; and 3) policy guidance around trauma-informed care and resilience-building. It began in 2015 as a

federally funded demonstration project which ended in March. Virginia HEALS was sustained with state support during the 2021 General Assembly. State support allows for project staff to continue providing training and technical support to agencies/organizations and communities to implement Virginia's Trauma-Informed Model of Service Delivery and supporting toolkit and e-Learning courses. **(Prevention Strategy 5.3).** In March 2022, the Virginia Heals team moved from DFS to the Policy and Administration team within VDSS.

Over the course of 2021, 755 child, youth, and family serving providers attended a facilitated Virginia HEALS training on the Screening for Experiences and Strengths (N=104), the Referral and Response Protocol (N=231), or the Toolkit Overview (N= 420), and another 339 providers completed at least one of five e-Learning courses. Training sessions were offered and provided as part of a training series to any individual that registered, via the Virginia HEALS website, and/or presented to Trauma-Informed Community Networks and other multi-disciplinary teams as well as system/agency-specific conferences and meetings. Additionally, in response to social distancing guidelines, early in the year, Virginia HEALS staff modified their Community Resource Mapping process to offer guidance for convening virtual mapping events; and they worked with 43 providers in over 20 agencies serving three communities to host and facilitate mapping events. True to the cross-system approach of the project, participants in these Virginia HEALS trainings and events represented child welfare, behavioral health, education, juvenile justice, healthcare, etc. (**Prevention Strategy 5.3**).

Family First Prevention Services Act Transition Grants

VDSS has utilized Transition Act funds to hire contract staff to support VDSS in building capacity to implement Family First, particularly in developing and managing the Qualified Residential Treatment Program (QRTP) 30-day assessment process. VDSS had a delay in being able to access the funds due to budget processes in Virginia; however, VDSS expects to have permission to spend the entirety of the funds by July 1, 2022. VDSS will utilize the funds in accordance with the guidelines set forth by the Children's Bureau to assist in the implementation of Family First.

In-Home Services and Title IV-E Prevention Services Plan

Introduction

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 Prevention 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 has begun and continues 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.

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 OCS. The Family First Prevention Services Act (Family First) enables 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 was 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), VLSSE and 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, work plan, 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**).

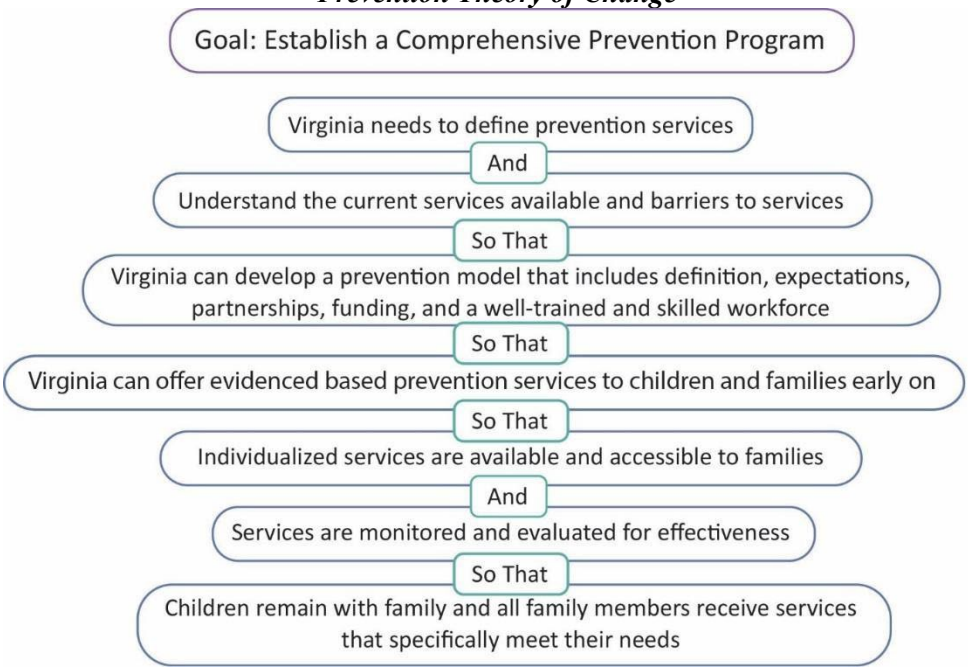
VDSS' goals for the Three Branch model included:

- 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

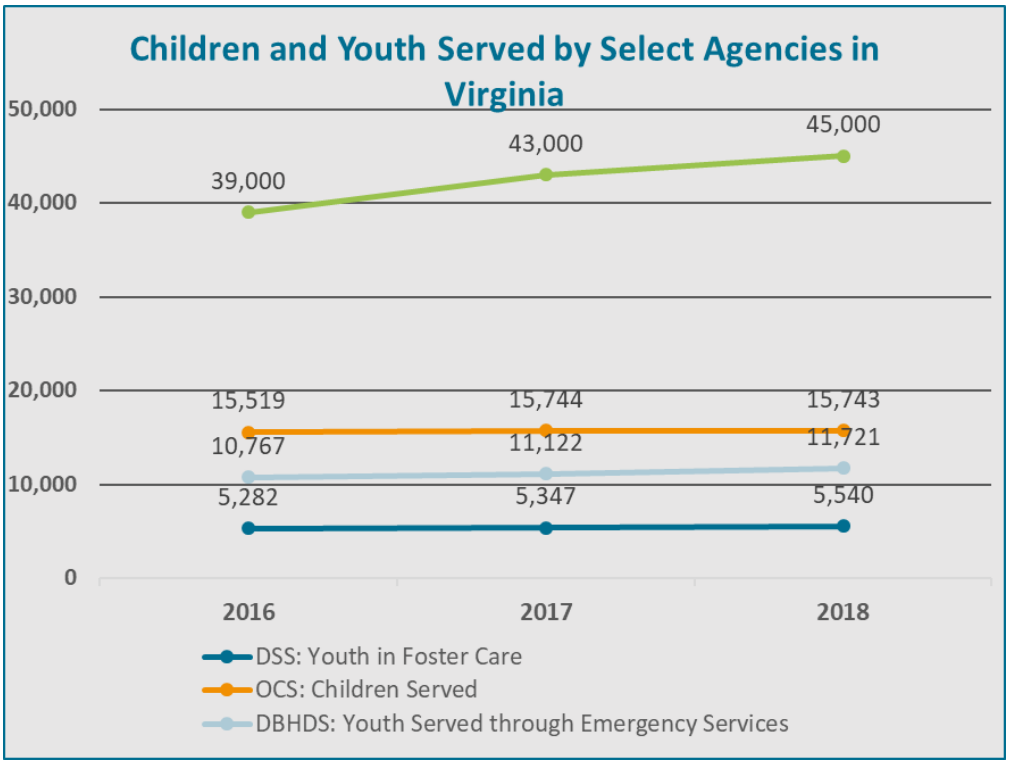


Consultation and Coordination

As described in detail above, VDSS utilized the Three Branch model in order to plan for and begin implementation of Family First. This model ensured a collaborative and coordinated approach to implementation with other state agencies, including the DBHDS, DMAS, DJJ, VDH, OCS, 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**). 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. VDSS believes that Family First provides a new opportunity to transform the work and improve outcomes in Virginia.

- The number of youth in foster care for VDSS remained relatively flat over a recent three year period (2016-2018) 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 same three years.
- The number of youth served through DBHDS emergency services increased over the 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) increased over 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 agencies often serve the same children and families and/or children and families with similar needs. The mission statements demonstrate the 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.

Unique Capabilities	Common Vision
❖ **Promote recovery, self-determination, and wellness** ❖ **Provide a system of high quality and cost-effective health care services** ❖ **Help people triumph over poverty, abuse and neglect** ❖ **Create a collaborative system of services and funding** ❖ **Prepare court-involved youth for success**	❖ **Wellness in all aspects of life** ❖ **Health and well-being of all people in Virginia** ❖ **Strong futures for people, families, and communities** ❖ **Child-centered, family-focused and community-based system of services** ❖ **Successful citizens**

The six agencies share a set of values that guide the 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: 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: 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: Consider 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: 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 Virginia's 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 is 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 aligned 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, and 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 on the implementation and sustainability of Family First, VDSS 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 enhances 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 abuse and neglect to the child;
- Assure child safety; and,
- Maintain the child in their family.

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.

In-Home Services and Child Welfare Workforce Support

VDSS took a transformational case practice approach in implementing Family First in conjunction with the root cause analysis during the Child and Family Services Review (CFSR) and Practice Improvement Program (PIP) efforts. To support Family First, VDSS aligned 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 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 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 each 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, VDSS 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 the workforce experiences, at both the direct worker and supervisor level and potentially, has a negative impact on overall performance with the CFSR outcomes.

In the 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 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 Child and Adolescent Needs and Strengths (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 April 2021, the Prevention Services Program within 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. This framework for consistent practice, focuses largely on case opening behaviors, decision-making and assessment guided by the “Suite of Tools” (Structured Decision Making (SDM) safety and risk assessments, the completion of the Child and Adolescent Needs and Strengths (CANS), and a Candidacy Determination to guide service planning), and case practice that promotes how to better engage and serve children and families **(Prevention Strategy 1)**.

New 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 **(Prevention Strategy 1)**. The guidance presented in the prevention chapter is a reflection of 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 LDSS have the resources needed to provide In-Home Services for children and families, particularly those at risk of entering foster care **(Prevention Strategy 1.2)**. Additionally, there are new and revised tools, forms, and job aids as referenced in guidance available on a dedicated In-Home Services intranet page on FUSION. The In-Home Services Guidance recorded transmittal webinar (FSWEB1059) is also available in the Commonwealth of Virginia Learning Center (COVLC) **(Prevention Strategy 1.3)**.

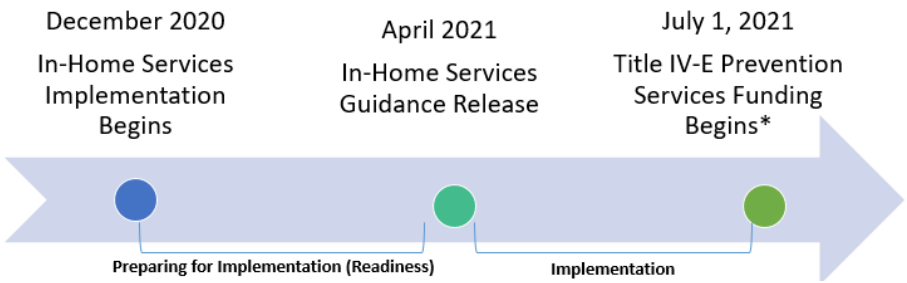
Regardless of where the child may be temporarily or permanently residing, the framework ensures routine assessment, and provision and monitoring of services to ensure safety of the child. In-Home Services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the safety of the child and prevent out of home placement. New In-Home Services practice guidance also ensures that consistent and meaningful contact with the family and collaterals is required, including a minimum of one visit with the child and caretakers monthly, CFTM to be held every 90 days and FPM to be held at all critical decision points **(Prevention Strategy 1.2)**. Altogether, programmatic efforts have focused on the following: developing the In-Home Services workflow including In-Home Services planning, case management process, and practice guidance and training; improving ease of access to evidence-based prevention services; and ensuring quality of programs and services through implementation of the VDSS CQI process **(Prevention Strategy 1)**.

Significant changes in Section 1 and Section 2 include **(Prevention Strategy 1)**:

- Public education and awareness activities that LDSS offer and examples of national community outreach, education, and awareness programs.
- The concept of cultural humility as central to and an extension of culturally competent practice.
- Family First and its priority of providing evidenced-based and trauma-informed prevention services.
- The framework for In-Home services (foster care prevention) throughout the casework process, to include guidance for initial assessment, service planning, reassessment, and decision-making in three child safety scenarios.
- Guidance on use of the Child and Adolescent Needs and Strengths (CANS) to streamline the assessment process and utilization of a comprehensive assessment tool to create and inform individualized service plans.
- Guidance regarding the determination of a reasonable candidate and candidate for foster care and its documentation in the child welfare information system.
- Subsection that defines safety services in service planning.

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 provided transmittal training on the new guidance and began 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 advances 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 their communities. In addition, a "Practice Place" interview session features a subject matter expert from the field who shares their own obstacles, triumphs, and advice regarding the highlighted webinar topic. Each of the webinar sessions are 90 minutes and includes essential job aids and resource materials to enhance practice. In addition, all of the webinars were recorded for online viewing at a later date.
In-Home Roundtables were hosted in the months of August, September, October, and December 2021 to build capacity and provide ongoing support for practice in the following areas: use and documentation of FPM and CFTM; collaborative approach and response to valid CPS reports in In-Home Services cases; assessment and documentation of Child Safety Scenarios, Candidacy Determinations, and Title IV-E Evidence-Based Prevention Services in the child welfare information system; and how LDSS can provide additional concrete supports to children and families through available Promoting Safe and Stable Families (PSSF) Program, Family Preservation and Support Program (FPSP), and Child Welfare Substance Abuse and Supplemental Services (CWSASS) funding. Additionally, the In-Home Roundtables provided opportunities to spotlight work being done in LDSS and offered time for general questions and answers. This engagement of LDSS seeks to advance the promotion of child welfare best practices to improve outcomes for children, youth, and families served in In-Home Services **(Prevention Strategy 1.2)**.

Additionally, new uniform training requirements have been established for all In-Home services workers and supervisors and is described in the Child Welfare Workforce Training section. 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 continue to complete the required trainings for In-Home Services workers.

Beginning in July 2021, the Prevention Services program established five In-Home Services Regional Practice Consultant positions in each office, enabling VDSS to significantly increase the level of technical assistance, support, and ongoing review of In-Home Services case work at the LDSS level. The In-Home Services Practice Consultants are responsible for collaborating with the LDSS to provide programmatic consultation to enhance service delivery to children and families in In-Home Services cases in each region. The In-Home Services Practice Consultants will also assist LDSS in developing data-driven approaches that emphasizes a concerted focus on case opening behaviors, decision-making and assessment guided by the "Suite of Tools", and case practice that promotes meaningful engagement of children and families. This additional capacity at the regional level will institute regular and intentional provision of technical assistance toward implementing best practices and improving outcomes for children and families in In-Home Services cases.

Child welfare information system (OASIS) changes were also rolled out statewide to support the new In-Home Services alignment and support for implementation of Family First. These changes were communicated and trained by various approaches to include In-Home Services Support Webinars and interactive webinars called Lifelines delivered in collaboration with the DFS IT Portfolio. Notable changes to the child welfare information system include **(Prevention Strategy 1)**:

- **Item: New feature: Service Plan for Prevention cases**
  Change/Outcome: For Prevention cases with a Case Type of "In-Home (CPS: Ongoing Services)" or "Dual: In-Home & Foster Care (Dual: CPS & Foster Care)" a new icon, "Service Plan" is available in the tray. This functionality allows an existing Service Plan to be viewed, edited, renewed and signed from within the application.
- **Item: New feature: Living Arrangement field on Service Plan**
  Change/Outcome: New drop down field added on the Service Plan to indicate a child's current living arrangement, to include: Child living in their own home, Child living temporarily with alternate caregiver, and Child living permanently with alternate caregiver. The selections align with the three child safety scenarios identified in the In-Home Services written practice guidance.
- **Item: New feature: Evidence based services picklist items on Service Plan**
  Change/Outcome: Additional picklist items added on the Service Plan to allow service workers to document evidence based services identified in Virginia's federal prevention plan, to include: Mental Health Prevention/Treatment Services, In-home Parent Skill Based Training, and Substance Use Disorder Prevention/Treatment Services.
- **Item: New feature: Enhancements to Candidacy Determination Form screen**
  Change/Outcome: Screen revised to include additional determination options such as Candidate for Foster Care and Pregnant and Parenting Youth. New fields added to capture the completion date of the Child and Adolescent Needs and Strengths (CANS) assessment and to indicate if a child has Private Insurance, Medicaid, or Neither. New drop down field added to indicate a child's current living arrangement, to include: Child living in own home, Child living temporarily with alternate caregiver, and Child living permanently with alternate caregiver. The selections align with the three child safety scenarios identified in the In-Home Services written practice guidance.

The Prevention Services program continued to engage LDSS via the Prevention Advisory Committee to include feedback and recommendations regarding written program guidance and alignment which includes the prevention services workflow, prevention services planning, and case management processes

(Prevention Strategy 1.1). A subset of the Prevention Advisory Committee, the In-Home Services workgroup, was instrumental in making final recommendations for the In-Home Services Guidance published in April 2021. Combining efforts with the Protection program in June 2021, the Protection and Prevention Advisory Committee provided feedback on Virginia's implementation plan for Family First and the development of the 5-year Virginia Strategic Child Abuse Prevention Plan. PAC members also participated in targeted In-Home Support Webinar and virtual Roundtable sessions dedicated to technical and adaptive practice changes in key In-Home Services practice areas **(Prevention Strategy 1.3)**.

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, utilizing the suite of tools to identify family strengths and needs. 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.

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 FAPT, along with the suite of tools, 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 provides a template for these contracts to ensure service providers maintain the appropriate education, licenses, training, and fidelity to deliver services. Additionally, as referenced below, VDSS will do this through regular monitoring and a CQI cycle to ensure children and families are receiving the highest quality of services.

VDSS provides 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 assist LDSS in building capacity around efficient, accountable service provision. They 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 consists of policy, procedure and casework review. Practice Consultants provide LDSS with ongoing support to enhance competencies and skills to meet the diverse needs of children and families throughout Virginia.

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 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. The second target population is youth who have been adopted and are at risk of an adoption disruption/dissolution. The third target population is pregnant or parenting youth who are in foster care.

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. "
- § 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 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 are conducted every 90 days to regularly assess child and family needs.

Monitoring Child Safety

The Prevention Services and 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 and engagement 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 Tools. 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 (SDM) 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 FSS 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 FSS may need to reassess the services in place and modify the service plan to include different services and/or providers. In addition, the FSS 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 time frames 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, VDSS identified a series of training courses for child welfare workers who will deliver these services **(CFSP Prevention Strategies 1.3 and 1.4)** (Prevention and In-Home Services Guidance 1.20.4).

First three weeks training requirements

The following online courses are required to be completed within the first three 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 modules numbered CSA011 – CSA015).

First three months training requirements

The following instructor-led or online courses are required to be completed no later than within the first three 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 are 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 are 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 are 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 Caseload

VDSS plans to follow recommended caseload guidelines from the National Child Welfare Workforce Institute (NCWWI) of no more than 17 In-Home cases[3]. In order to meet this target caseload over time, VDSS has secured funding for 148 new In-Home positions for LDSS in SFY2022, and will continue to advocate for additional In-Home positions over the next several years. As VDSS builds up the In-Home positions (to include repurposing current foster home positions as caseloads reduce), VDSS will be able

[3] https://ncwwi.org/index.php/resourcemenu/resource-library/workload/1510-effective-workload-management/file

to better meet the target In-Home caseload average. VDSS will pull In-Home Services caseloads annually and for those LDSS who appear to exceed the NCWWI load standards, VDSS will provide technical assistance to develop a plan to address exceeding the caseload.

In-Home Services Data and Populations Served

The following data highlights offer an overview of the population served and related indicators of practice-oriented areas of focus in In-Home Services cases.

- During SFY 2021, LDSS served children and families in 4,064 In-Home Services cases. These children received services and supports with the goal of preventing the occurrence or reoccurrence of child maltreatment and preventing out-of-home care.
    - 36% of all high and very high risk cases are being opened to an In-Home Services case
    - Approximately 2,810 additional cases should be opened by LDSS (high/very high risk cases). The requirement is that LDSS opens all high and very high risk cases to an In-Home Services case and through prioritized technical assistance, VDSS is working with LDSS to target a 75% compliance standard for opening In-Home Services cases)
- Approximately, 3,048 children could receive evidence-based services (EBS) through Family First funding.
- During SFY 2021, an average of 1,695 children were determined to be reasonable candidates. A reasonable candidate is determined when a service worker assesses that the child is at risk of foster care placement if services are not provided. In reasonable candidates, the identified service need is not an evidence based service listed in Virginia's approved federal Title IV-E Prevention Services Plan
- In SFY 2022 (Q2), an average of 767 children were determined to be candidates for foster care. A candidate for foster care is a child identified in an In-Home Services service plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services or programs identified in Virginia's approved federal Title IV-E Prevention Services Plan that are necessary to prevent the entry of the child into foster care are provided.
- In SFY 2022 (Q2), initial service plans were completed in 76% of In-Home cases opened (the compliance standard is 90%). Current service plan reviews were completed in 86% of open and active In-Home Services cases.
- In SFY 2022 (Q2), the In-Home Services client population was represented as follows:
    - 56% - White, non-Hispanic
    - 25% - Black or African American
    - 11% - Hispanic or Latino (any race)
    - <5% - American Indian or Alaska Native, Asian, Multi-Race and Native Hawaiian or Other Pacific Islander make up All Other Races, as each accounted for of the client population individually.
- Black or African American youth were over-represented among referrals not opened to In-Home Services cases (25% of the referral population, 27% of the population with no case connection made).

- Black or African American, Hispanic or Latino, or Multi-Race youth were overrepresented among connections to either Foster Care or Family Support; while White youth were overrepresented among connections to In-Home Services cases.

Service Description and Oversight

In order to inform the initial service selection, implementation, and evaluation process for the July 2021 implementation, VDSS 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%

VDSS 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 the first round 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 the Commonwealth, and additional insights and comments regarding the implementation of evidence-based services.

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

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

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

EBP Name	Number of Senior Leaders	Never Heard of It	Heard of It Only	We Don't Offer It, But It's Available In Our Community	We Have Some Training In This Or Use It Rarely	This Is Regularly Used At Our Agency
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 $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 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 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 talk on an ad hoc basis in between conference calls.

All LDSS provide benefit and support services to families. The following LDSS 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)

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).

The chart below shows how many youth and kinship caregivers were served from October 1, 2020 through September 30, 2021.

Table 3: Youth and Kinship Caregivers Served by Kinship Navigator Programs

Locality	Youth Served	Kinship Caregivers Served
Arlington	129	50
Bedford	249	160
Dickenson	194	195
James City County	57	66
Smyth	36	22
Virginia Beach	77	71
Total	**738**	**564**

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 October 1, 2020 and September 30, 2021, 2-1-1- Virginia provided 118

referrals to the 6 kinship navigator programs. Between October 2020 and September 2021, 48 calls have been received on the dedicated kinship toll-free number and 82 referrals from the general 2-1-1 line have been made to the kinship navigator programs. VDSS provides oversight and support for these programs. The programs provide quarterly reports to highlight the accomplishments in their communities.

Arlington County continues to operate from a kin first focus to support placements with relatives as an alternative to entering foster care by strategically planning and developing policies for the Kinship Navigator program/positions incorporating more community outreach and awareness and support for kinship families. Arlington County continues to grow and expand its Kinship Program by offering tasks and services provided by the Kinship Navigation and Outreach Coordinator and the Kinship Family Development specialist. The Kinship Navigation and Outreach Coordinator focuses on and provides services to the community, family finding activities, and high risk case support. The Kinship Family Development Specialist provides case management/support and assistance with licensing to prospective and licensed kinship caregivers. Arlington County emphasizes equitable access to reduce racial disparities and accountability through data collection/analysis.

Bedford County has continued to identify and engage kinship families within and outside of the scope of local DSS agencies, working to serve families referred from DSS as well as kinship families identified in the communities who are not connected to DSS. This engagement has included facilitating connections with resources available to families (benefits, services, education opportunities, and similar), offering support groups, and providing a family advocate to be available for support. Bedford County developed an online resource directory with an internal launch and preview in September 2021 and a public launch in late October 2021. The purpose of this was to assist kinship caregivers and youth in connecting with local, state, and federal resources. The resource directory ultimately turned into much more and is now a fully functional website that offers resource directories, connections to various supports and agencies, description of what the kinship navigator program is and who it serves, direct connection to Kinship Navigator program staff, self-referral capability, and a general education focus to help people coming to the site know about kinship care and various topics that may benefit kinship caregivers. The site can be accessed at https://kinshipnav.org/. These resources have been successful in promoting a congruent experience for kinship families new to the program and outlining program expectations as families continue in the program. Bedford County has continued to engage the six LDSS agencies to promote growth of their utilization of Kinship Navigator services. This has included engagement of individuals at various localities, reporting to the directors of the localities on program progress, and purposeful marketing of Bedford County training opportunities for kinship caregivers to DSS workers. Families continue to offer statements of gratitude for kinship navigator services and note regularly through written communication that the support offered by the program has profoundly impacted their ability to thrive.

Dickenson County has been able to be out in the community and promote the program in person to other agencies. Efforts have been focused on the local CSB agencies and Head Start and Early Head Start agencies in order to garner agency support for families in all of the eight localities served. A Facebook Navigator page and online support group for placement of articles and information for families continues to be maintained. They are also in the process of linking services to each county served on the county specific websites and listing a referral phone number, in addition to linking to the State 2-1-1 and the Virginia Family First website. The focus on community engagement and education has yielded positive results by tripling referral numbers from 24 referrals last year to 76 referrals this year. Services such as making presentations to service organizations such as the Kiwanis, working at local food distributors to hand out information, participating on a local prevention coalition group and providing information to schools, churches, mental health agencies, health departments and Head Start agencies in the areas of Norton, Dickenson, Tazewell, Buchanan and Scott counties has increased visibility and yielded more community partners. In addition to coordination with community partners, Dickenson County continues to provide information to families through their monthly newsletters which includes information about

local events and activities as well as information on parenting, trauma based services and other resources such as housing assistance.

James City County maintained communication with caregivers through emails, newsletters and current resource referrals over the past year. In addition to serving families directly, other activities also include providing monthly newsletters, hosting Regional Kinship Council meetings, and working to strengthen relationships with community partners in each of the localities the program serves. James City County promotes their navigator program by including information on the Williamsburg DSS website, sending postcards, information brochures and cards to York County schools, York County public libraries, churches and the Boys and Girls Club. Multiple events were held last year to foster relationships and outreach to families.

Smyth County continued outreach to participating LDSS and community partners by telephone, email and in person. The program continued to receive referrals, though referrals still remain low due to ongoing COVID-19 pandemic continuing to limit the program's ability to provide in-person support groups or outreach activities. Smyth County has focused on increasing community awareness of the program by hosting community team meetings, providing program flyers and referral forms, and distributing a quarterly newsletter to ensure awareness of the program. Smyth County hosted peer support groups.

Virginia Beach continues to provide information, education, resources and referrals for kinship caregivers and their families through the referral process, newsletters, email, face-to-face meetings and telephone contact. Short term case management is available for kinship families in order to connect them to appropriate community partners to ensure their unique challenges are being met. Families were referred to *Kids, Kin 'N Caregivers* which continues to provide virtual support groups and provide education to kinship families. *Kids, Kin 'N Caregivers* is utilizing virtual platforms to offer the following: Kinship 101 and 102 Educational Series, Information and Conversation Groups, Grand-family Support Groups and Kin Kids Academy. In order to ensure that all Virginia Beach DSS child welfare employees are aware of the program, Virginia Beach developed training about the Kinship Navigator program for new employees as they join the Child Welfare Team. Virginia Beach continues to do community outreach with community providers to provide education to the community on kinship care and the Kinship Navigator Program. Services provided have included help applying for benefits (Medicaid, TANF, SNAP, and WIC) in order to assist in finding funding to help with utility bills, connecting to mental health support, connecting to area food banks and pantries. In addition, a monthly newsletter is disseminated to Inform caregivers of available services and educational opportunities that are applicable to the care and nurture of kinship families. Virginia Beach continues to present the program to community providers. Increased community awareness has been evidenced by referrals received from multiple referral sources such as Virginia 211PARTNERS, VB311 Operations, financial divisions of local social services and Virginia Beach Juvenile and Domestic Relations Court.

In 2022, VDSS will work with each of the Kinship Navigator Programs to determine alignment with programs listed on the title IV-E Prevention Services Clearinghouse.

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 implemented Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Parent Child Interactive Therapy (PCIT) in 2021. 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. Through examination of data and information collected in the provider survey, these three services were available throughout Virginia at the time of implementation and met the needs of families served through In-Home Services and Prevention. Additional programs will be assessed to ensure fit/feasibility with the target population and capacity to implement.

In 2021, VDSS partnered with the Center for Evidence-based Partnerships (CEPVa), which is a partnership between Virginia state agencies and Virginia higher education institutions to support the implementation, capacity building, fidelity monitoring, evaluation and sustainability of evidence-based programs. CEPVa was a result of the Three Branch Team's work and recommendations for the implementation of Family First. The Governance Committee for CEPVa includes DBHDS, DMAS, DJJ, DSS, OCS, and VDH. The Governance Committee meets regularly to assess the coordination, implementation, evaluation, fidelity and sustainability of evidence based programs across state agencies and the state.

VDSS utilizes title IV-E funding for CEPVa to conduct fidelity monitoring of providers and provide quarterly fidelity monitoring reports for VDSS to utilize in the child welfare CQI process. VDSS also utilizes title IV-E funding for CEPVa to build capacity of evidence based services eligible for title IV-E prevention services funding under Family First. As a part of their capacity building work, and to inform the next selection of evidence based services to implement in Virginia, CEPVa completed an initial Needs Assessment and Gaps Analysis (NAGA) for VDSS, building off the early stages of the EBP Stakeholder Survey in 2018. The NAGA report included ten recommendations. Of those, three have been identified as priorities for VDSS in 2022: 1) implementation of additional EBPs; 2) supplement the services arrays of Community Services Boards where the foster care entry rate is high (representing over 50% of the state's overall entry into foster care); and 3) strengthen LDSS engagement with families through frontline personnel training in Motivational Interviewing.

In review of the well-supported EBPs in the Clearinghouse, VDSS intends to expand the initial service array to include Brief Strategic Family Therapy (BSFT), Homebuilders, Family Check-Up, and Motivational Interviewing (MI). VDSS also plans to implement High Fidelity Wraparound (HFW), recently listed in the Clearinghouse as a promising program. HFW is already well established and available throughout the state. VDSS plans to continue to utilize this state funding with IV-E matching funds to enhance availability of evidence-based services throughout the Commonwealth. A description of each of these programs and their targeted populations are included within the following sections of each service.

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 the targeted outcomes goals data above, as well as stakeholder identified gaps in service delivery. VDSS' approach is to understand the reach of the proposed services, to monitor the fidelity of the proposed services, and to assess if the service-specific and overall desired outcomes are being achieved for families and the larger child welfare system. VDSS expects to answer the following questions resulting in the following short and long term outcomes. VDSS' 2020-2024 Child and Services Plan (CFSP) strategic plan and annually reported in Annual Progress and Services Report (APSR) aligns In-Home practice goals and outcomes measured via the CFSP and CFSR outcomes, this current plan has been aligned with the Virginia CFSP.

Reach: *Are children/families being identified, referred and receiving evidenced-based services/programs? Is the prevention service array expanding? Are there regional variations in EBP referrals, service receipt, and service completion?*

- Annual number of children and/or caregivers who meet the Family First candidate requirements being identified for EBS.
- Annual number of children/families who are identified as high/very risk with an open In-Home service case.
- Annual number of children and/or caregivers who are referred for evidence based services through Family First funding.
- Annual number of children/and or caregivers who have completed service plans and assessments (including CANS).
- Annual number of children and/or caregivers who receive evidence based services through Family First funding.
- Annual number of children and/or caregivers who completed the evidence based services through Family First funding.
- Identification and annual increase of evidence-based service providers providing services in the Title IV-E Prevention Services Clearinghouse.
    - Expand the use of current Kinship Navigator programs

Short-term outcomes: *Are children/families experiencing improved child and family well-being outcomes? Are children/Families having input on their service planning?*

- Children/families that *receive* an EBP services experience better mental health, substance abuse, and parenting outcomes as prescribed by each EBP (FFT, MST, PCIT)
- Increase youth and family participation in service planning
- Reduction in the prevalence of substance use
- Reduction in the prevalence of youth delinquent behaviors and increase youth coping skills
- Increase parental coping skills

Long-term outcomes: *Are children safely remaining in their homes; thus reducing foster care?*

- Children/families who receive EBP have a reduction in maltreatment
    - Annual number of children re-referred for suspected child maltreatment
        - Within 12 months of the child-specific prevention plan start date
        - Within 24 months of the child-specific prevention plan start date
- Children/families who receive EBP have a reduction in foster care entries
    - Annual number of children entering foster care
        - Within 12 months of the child-specific prevention plan start date
        - Within 24 months of the child-specific prevention plan start date

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 provide the approved Title IV-E Prevention Services, approved in Virginia's plan, through their current local contract process, which may include implementing specific EBP's with their providers outside of coordinated training opportunities as described below. VDSS provides a contract template for LDSS to ensure providers meet the standards of the evidence-based programs and provide necessary information needed for fidelity monitoring. VDSS will use the information to assess fidelity and understand whether evidenced-based services are being delivered as prescribed.

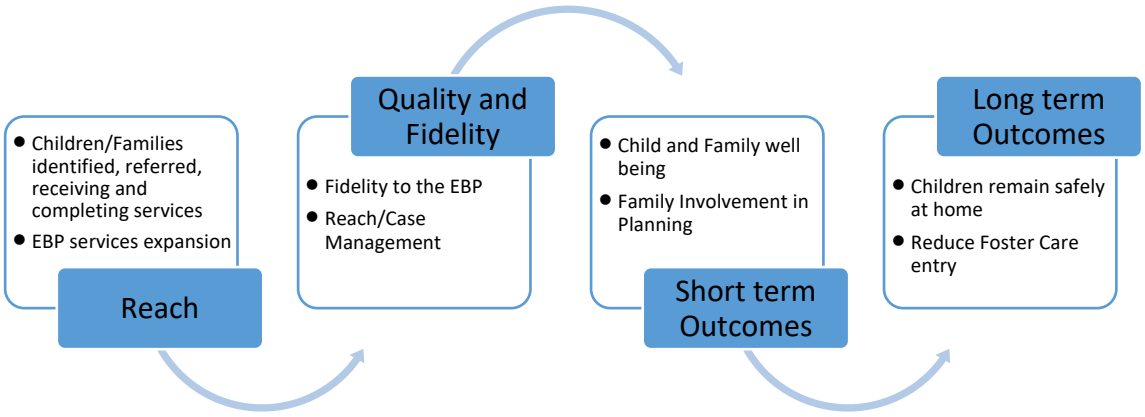
Evidence-based services are available in Virginia, but may not be readily available to every locality in the early phases of Family First implementation; however, this does not preclude an agency from utilizing the service and implementing within their locality. In preparation for the first round of implementation of Family First in July 2021, 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 utilizes this funding, along with title IV-E prevention services funding, to offer statewide training for providers, in order to enhance service delivery throughout the state **(Prevention Strategy 2)** through the capacity building contract with CEPVa.

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 in 2020 to increase availability of these services across the state. Provider selection for the VDSS-sponsored training opportunity in 2020 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.

In a second round of capacity building for providers in spring 2022, VDSS is offering training opportunities for providers in Brief Strategic Family Therapy (BSFT), Homebuilders, and Family Check-Up, as well as to supplement MST and FFT teams. Providers are chosen through an application process facilitated by CEPVa, with VDSS personnel participating on the review committee. In addition, VDSS will incorporate Motivational Interviewing (MI) training into Family Services Specialists and Supervisor trainings in 2022. High Fidelity Wraparound (HFW) is already well established in Virginia so VDSS does not anticipate a need to offer widespread training to promote the availability of this service but will continue to assess the need to support sustainability.

Continuous Quality Improvement

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 ensuring that children and families are reaching services, monitoring the fidelity of the EBP model, achieving short-term child and family well-being outcomes and assessing overall achievement of long-term outcomes for the entire system (as illustrated in the graphic below).



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 the outcomes, looking at regional trends in terms of strengths and gaps. The Family First-specific fidelity piece of CQI involves CEPVa research partners, EBS providers in communities, and child welfare data. CEPVa will conduct fidelity monitoring of the selected EBS's (MST, FFT, PCIT, Brief Strategic Family Therapy, Home Builders, High Fidelity Wraparound, Motivational Interviewing and Family Check-Up) as described below and aligning with national purveyor standards. Providers in communities who are enacting the selected EBPs will adhere to the fidelity of their chosen model and agree (through local contracts) to perform their own fidelity monitoring and adherence to the model as prescribed by the model. They will also provide information about their performance and practices to CEPVa in order to understand if services are improving the expected child and family well-being outcomes. DFS regularly reviews regional and local child welfare data from the child welfare information system to include correlated safety, well-being and permanency outcomes as identified in the CFSR. VDSS, in collaboration with CEPVa research partners will review the fidelity monitoring and the child welfare outcomes, integrating quantitative and qualitative data, as well as through anecdotal evidence from local agency and provider partners 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 CEPVa. Additionally, Strategic Consultants will facilitate the connection of these elements with the greater CQI processes, through soliciting input from Regional 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. CEPVa 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 Regional Practice Consultants, LDSS In-Home workers, EBS providers and service recipients share. While CEPVa 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 qualitative aspects of the case review system. The approach is both data-driven and practice-informed."*[4]

Within the context of the aforementioned second tier of CQI which would be dedicated to fidelity to 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' approach to fidelity monitoring of all programs in this Plan is guided by the following questions:

- Do the referred children/families meet the eligibility requirements for each specific EBP model?
- Are the EBP services delivered as prescribed by each specific EBP model and guiding manual/curriculum (e.g. fidelity to the model)?
- How many EBP service sessions took place and is this consistent with the EBP model?

The VDSS fidelity-monitoring plan has been updated with support from the Center. VDSS will overlay a multi-component fidelity model with each EBP model purveyor's requirements as outlined below. This will ensure that fidelity to each EBP model takes into account the following domains: (a) training status, (b) provider EBP experience, (c) adherence, (d) competence, and (e) overall fidelity. Individualized descriptions of fidelity monitoring for each EBP is included within the following sections of each service.

VDSS has contracted with the Center to provide ongoing fidelity monitoring for all current and new EBP's.

VDSS received 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. VDSS intends to request evaluation waivers for BSFT, Homebuilders,

[4]2 Virginia Department of Social Services 2020-2024 Child and Family Services Plan (CFSP), https://www.dss.virginia.gov/family/cfs_plan.cgi

Family Check-Up, and Motivational Interviewing. (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.

VDSS has contracted with the Center to provide ongoing fidelity monitoring for all current and new EBP's.

Evaluation Waiver Request

VDSS received 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. VDSS intends to request evaluation waivers for BSFT, Homebuilders, Family Check-Up, and Motivational Interviewing. (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. VDSS will monitor this through the provider's annual review.

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.

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). Functional Family Therapy for adolescent behavioral problems. American Psychological Association.
Targeted Outcomes	• Child well-being: Behavioral and emotional functioning • Child well-being: Substance use • Child well-being: Delinquent behavior • Adult well-being: Family functioning
Targeted Outcomes Goals	• Reduce youth referral problems (i.e., delinquency, oppositional behaviors, violence, substance use) • Improve prosocial behaviors (i.e., school attendance) • Improve family and individual skills

Training & Implementation

VDSS 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 provides 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.

Fidelity Monitoring

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 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.

Evaluation Waiver Request Basis

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*[5] 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*[6], 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).

[5] 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.
[6] Celinska, K. (2015). Effectiveness of Functional Family Therapy for Mandated Versus Non-Mandated Youth. *Juvenile & Family Court Journal, 66*(4), 17-2

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

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.

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). *Multisystemic Therapy for antisocial behavior in children and adolescents* (2nd ed.). Guilford Press.
Targeted Outcomes	• Child permanency • Child well-being: Behavioral and emotional functioning • Child well-being: Substance use • Child well-being: Delinquent behavior • Child well-being: Educational Achievement and Attainment • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Family functioning
Targeted Outcomes Goals	• Child well-being: Behavioral and emotional functioning • Child well-being: Substance use • Child well-being: Delinquent behavior • Child well-being: Educational Achievement and Attainment • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Family functioning

Training & Implementation

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 (4) Booster Training sessions in each year of operation, and
- All required training materials and manuals.

Fidelity Monitoring

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.

Evaluation Waiver Request Basis

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*[7], compared the long term effects of this therapy compared to individual therapy, adding to several previous studies on MST (Henggeler et al., 1992, 1993, Hennggeler 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"[3]. 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)[8]. 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-

[7] 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
[8] 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

based treatment of MST and the proven outcomes not just for youth, but also for caregivers. Caregivers who have a history of criminal 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 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.

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) *Parent-Child Interaction Therapy protocol: 2011.* PCIT International, Inc.
Targeted Outcomes	• Child well-being: Behavioral and emotional functioning • Adult well-being: Positive parenting practices • Adult well-being: Parent/caregiver mental or emotional health
Targeted Outcomes Goals	• Decrease externalizing child behavior problems (e.g., defiance, aggression) • Increase child social skills and cooperation • Improve the parent-child attachment relationship

Training & Implementation

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.

Fidelity Monitoring

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.

Evaluation Waiver Request Basis

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[9]. 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*[10] 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, VDSS believes 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 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

[9] 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

[10] 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.

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.

Brief Strategic Family Therapy (BSFT)

Brief Strategic Family Therapy (BSFT) is a well-established, well-supported, community-based evidence-based mental health and substance abuse intervention for youth ages 6-17 intended to reduce adolescent risk behavior. Through observation and diagnosis of relational interactions, BSFT aims to improve family interactions and thereby improving youth behavior.

Service	Brief Strategic Family Therapy
Service Category	Mental Health Prevention or Treatment Services, Substance Use Disorder Prevention or Treatment Services, In-Home Parent Skill-Based Services
Rating	Well-Supported
Target Population	BSFT is for families with youth aged 6 to 18, targeting interpersonal family dynamics to address behavioral and emotional functioning, substance use, and delinquent behavior.
Program Documentation	Szapocznik, José, Joan A. Muir, Johnathan H. Duff, Seth J. Schwartz, and C. Hendricks Brown. "Brief Strategic Family Therapy: Implementing Evidence-Based Models in Community Settings." *Psychotherapy Research* 25, no. 1 (January 2, 2015): 121–33.
Targeted Outcomes	• Child well-being: Behavioral and emotional functioning • Child well-being: Substance use • Child well-being: Delinquent behavior • Adult well-being: Family Functioning
Targeted Outcomes Goals	• Improve family communication and functioning • Improve child behavioral and emotional functioning • Decrease child and/or adult substance use • Reduce child delinquent behavior

Training & Implementation
VDSS is partnering with the Brief Strategic Family Therapy Institute (BSFT Institute) to provide BSFT implementation, sustainability, and fidelity supports to new BSFT programs in Virginia through the BSFT Program. Providers creating BSFT teams will be provided introductory workshops, interactive workshops, and weekly supervision session as follows:

- Introductory Workshops - Offered to administrative, supervisory staff, case managers, stakeholders, and other interested parties whose presence will support the implementation of the model

- Interactive Workshops – three sessions of three-day interactive workshops conducted by a BSFT Model Manager, consisting of interactive lectures, taped demonstrations of family therapy sessions, and clinical case consultations
- Weekly Supervision Session – conducted via video conference with the BSFT Model Manger providing feedback to therapists on their digitally recorded family sessions

The BSFT Program training curriculum is comprehensively manualized and will be provided organizations who agree and commit to training, supervision, and licensure. BSFT Program competence occurs when a therapist has successfully demonstrated a level of competence to the principles as determined by an evaluation of their work by the BSFT program Competency Panel. A BSFT Program On-Site Supervisor will be selected and trained to ensure quality and adherence to the model on-site. Ongoing oversight will be provided through weekly supervision with the BSFT Program On-Site Supervisor and monthly consultation by a BSFT Program Trainer.

Fidelity Monitoring
The Brief Strategic Family Therapy® Institute, proprietor of the BSFT® model, provides internal fidelity controls for all BSFT® teams. BSFT provides the following:

- Training to competence – workshops plus supervision
- BSFT® Program Competence occurs when a therapist has successfully demonstrated a level of competence in the principles of the BSFT® Program as determined by an evaluation of their work by the BSFT® Program Competency Panel; is not guaranteed as a part of the training curriculum; and can only occur as a result of supervision by an approved BSFT® Program Trainer
- A BSFT® Program On-Site Supervisor will be selected and trained to ensure quality and adherence to the model on-site
- Once therapists achieve competence, weekly supervision is provided by the BSFT® Program On-Site Supervisor and monthly consultation by a BSFT® Program Trainer
- Therapists and/or agencies submit DVDs of their work for Adherence Ratings to the Brief Strategic Family Therapy® Institute

In addition, VDSS will utilize the Center's multi-component fidelity model which includes the following domains: (a) training status, (b) provider EBP experience, (c) adherence, (d) competence, and (e) overall fidelity.

Evaluation Waiver Request Basis
BSFT 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: Out-of-home placement
- Adult well-being: Parent/caregiver mental or emotional health
- Adult well-being: Economic and housing stability

Through the Title IV-E Prevention Services Clearinghouse Review, of the 6 studies identified in search, 5 were eligible for review, 5 demonstrated favorable effects on the target outcomes ranging from high to low in efficacy of meeting intended outcomes. Some studies reviewed were rated lower due to inability to account for missing data and other methodological discrepancies. None of the studies reviewed indicated a risk of harm.

In conjunction with the review of effectiveness of BSFT stated above, VDSS also identified additional relevant evidence considered in devising the proposed plan.

In a study measuring the effectiveness of BSFT in community treatment settings, BSFT was found to be significantly more effective than treatment as usual in terms of improved family functioning, as reported by parents. BSFT was also found to be more effective than treatment as usual in their ability to engage adolescents (Robbins, 2011), underscoring the uniqueness of BSFT in its focus on engagement. Indeed, improvement of engagement has been the focus of several studies on BSFT (Szapocznik et al., 2015).

Another study found that BSFT produced positive outcomes on parent substance use and the association between parent and adolescent substance use (Horigian et al., 2015). However, these findings would need to be confirmed in a randomized controlled trial.

A final research note is that whereas the majority of studies that measure the efficacy of BSFT have been conducted primarily with Latinx families, effectiveness research has suggested that the model may be equally applicable to several other racial/ethnic/cultural groups (Robbins et al., 2011).

BSFT targets interpersonal dynamics and includes a personalized treatment plan designed to reduce symptoms youth may be experiencing. This approach may be effective in addressing relevant child welfare targets such as improving behavioral and emotional functioning, decreasing substance use and reducing delinquent behavior. BSFT's focus on relational dynamics and communication may be relevant to improved family communication and an increase in overall family functioning and a reduction of caregiver substance use. In February 2022, approximately 60% of all children being served in an In-Home services case fell within BSFT's service age range of 6-18, making this service highly applicable and filling a gap between PCIT for younger children and MST and FFT for older youth.

Homebuilders

Homebuilders is a well-established, well-supported, home- and community-based evidence-based intensive family preservation services treatment program for families with children (birth to 18) at imminent risk of placement into, or needing intensive services to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities. Families are engaged as partners in assessment, goal setting, and treatment planning.

Service	Homebuilders
Service Category	Mental Health Prevention or Treatment Services, Substance Use Disorder Prevention or Treatment Services, In-Home Parent Skill-Based Services
Rating	Well-Supported
Target Population	Homebuilders is for families with children of all ages (0-18) at imminent risk of, or reunifying from, out-of-home placement
Program Documentation	Kinney, J., Haapala, D. A., & Booth, C. (1991). *Keeping families together: The HOMEBUILDERS model*. Taylor Francis.
Targeted Outcomes	• Child well-being: out-of-home placement • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Economic and housing stability
Targeted Outcomes Goals	• Reduce family conflict • Reduce child behavior problems • Improve child safety • Reduce child abuse and neglect

Training & Implementation
VDSS will partner with the Institute for Family Development (IFD) to provide training, implementation, and fidelity support for Homebuilders. IFD has a comprehensive site development plan that incorporates administrative and clinical activities, ongoing quality enhancement activities, and training over three years. Training includes two weeks of training for therapists and three weeks of training for supervisors prior to program start-up, with continued training opportunities, weekly supervision, site visits, and clinical and program supports over the first three years.

Fidelity Monitoring
The Institute for Family Development, developer of the Homebuilders Program, utilizes the Homebuilders quality enhancement system, known as QUEST, to assure quality through the development and continual improvement of the knowledge and skills necessary to obtain model fidelity and service outcomes. QUEST activities focus on providing training and creating an internal management system of on-going evaluation and feedback. QUEST offers a three pronged process for assessing the performance of Homebuilders programs, and a methodology for continuous quality improvement - delineation of Homebuilders standards; measurement of and feedback regarding fidelity of service implementation; and development of quality enhancement plans, including training and consultation, which upgrade program capacities at all levels. QUEST Activities Include:

- Infrastructure development in the public agency/ funding agency;
- Assistance in hiring program staff;
- Workshop training for program managers, supervisors, and therapists;
- Clinical consultation and home visits with therapists and supervisors;
- Technical assistance for program managers, supervisors, and support staff;
- Review of case record documentation;
- Review of agency and individual performance on fidelity measures;
- Review of program outcomes.

Evaluation Waiver Request Basis
Homebuilders 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: Out-of-home placement
- Adult well-being: Parent/caregiver mental or emotional health
- Adult well-being: Economic and housing stability

Of the three studies identified as eligible for review by the Title IV-E Prevention Services' Clearinghouse review, all three demonstrated at least one favorable effect on at least one target outcome. However, one study (Kirk & Griffith, 2004) did receive a lower study quality rating because baseline equivalence of the intervention and comparison groups was necessary and not demonstrated.

In an early study, Walton (1993) found Homebuilders led to fewer out of home placements for children (measured by days in home at 0, 6, and 12 months after Homebuilders) as well as higher rates of family reunification at 0, 6, and 12 months. Additionally, in a follow up study, Walton (1998) found that two-thirds of the HB families were classified as "stabilized" at the time all public agency involvement was terminated, compared with approximately one-third of the control group.

Almost a decade later, Westat (2002) found a decrease in family use of the WIC program in the state of Kentucky for those participating in Homebuilders, although no effects were found for other indicators of economic and housing stability.

In sum, the Title IV-E Prevention Services' Clearinghouse review indicates that Homebuilders' largest effects have been found in the permanency domain, especially for fewer planned permanent exits. Smaller effect sizes were reported for other measures in the permanency domain. Notably, almost no significant effects were found for differences in the child safety and adult well-being domains.

Homebuilders targets family conflict, child behavior problems, and child safety, which are relevant to child welfare targets such as out-of-home placements and recidivism of abuse and neglect. Because Homebuilders targets families with children of all ages, it may be considered as an option for all candidates of foster care in In-Home services cases.

Family Check-Up

Family Check-Up is a well-established, well-supported, home- and community-based evidence-based brief (3 phase) intervention for families with children (ages 2-17). FCU aims to improve a range of emotional, behavioral, and academic outcomes for children, parenting skills, and family management practices.

Service	Family Check-Up
Service Category	Mental Health Prevention or Treatment Services, In-Home Parent Skill-Based Services
Rating	Well-Supported
Target Population	Family Check-Up is for families with children aged 2 through 17 addressing a range of family functioning and management practices, and child emotional, behavioral, and academic issues.
Program Documentation	Dishion, T. J., Gill, A. M., Shaw, D. S., Risso-Weaver, J., Veltman, M., Wilson, M. N., Mauricio, A. M., & Stormshak, B. (2019). *Family check-up in early childhood: An intervention manual* (2nd ed.) [Unpublished intervention manual]. Child and Family Center, University of Oregon.
Targeted Outcomes	• Child well-being: Behavioral and emotional functioning • Child well-being: Cognitive functions and ability • Child well-being: Educational achievement and attainment • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Positive parenting practices
Targeted Outcomes Goals	• Improve parenting skills • Improve family management practices • Improve child behavioral and emotional functioning • Improve child academic success

Training & Implementation
VDSS is partnering with the University of Oregon to provide Family Check-Up implementation, sustainability, and fidelity supports to new Family Check-Up programs in Virginia. The Family Check-Up training provides an introduction to the theory underlying the development of the model and thorough instruction on how to implement the model. After participating in the training, providers will be able to:

- Describe and implement the Family Check-Up
- Conduct a strengths-based family assessment
- Apply assessment results to form a case conceptualization
- Identify motivational strategies used in the Family Check-Up

After completing the Family Check-Up training, providers will need to train a qualified in-house candidate as a Certified Trainer/Supervisor. Certification involves meeting with a Family Check-Up consultant who offers individualized consultation to support delivery of the intervention model with fidelity, as well as developing supervisory and training capabilities. Certification promotes skill development and supports delivery of the model across a provider agency with adherence and quality to optimize benefits families receive from participating in the Family Check-Up. Implementing with fidelity can build families' trust in the intervention process, increase the family's sense of self-efficacy as well as their motivation to try new strategies and skills – all of which can also better ensure sustained funding for program implementation.

Fidelity Monitoring

The University of Oregon, proprietor of Family Check-Up, provides consultants and utilizes the COACH tool to monitor fidelity. The Family Check-Up certification process is designed to: enhance provider skills in delivering the model; share useful feedback with providers on how to develop their expertise and skills as a Family Check-Up provider in their particular context; increase providers' confidence in delivering the model, and promote their ability to implement the model with fidelity by offering them clinical, administrative, and technical support; and help providers promote continued engagement of the family. The first step in the certification process involves providers video recording and uploading their sessions (with family consent or mock sessions) to a HIPAA-compliant video platform or portal that can be accessed by a Family Check-Up consultant. The consultant uses COACH (the model's empirically based observational fidelity assessment tools) to review the videos with the provider and assess session fidelity. There are separate COACH tools for Family Check-Up and Everyday Parenting, but they each assess the same major domains. The acronym COACH stands for the first letter of each of the tools' five domains of fidelity: (1) Conceptually accurate and adherent, (2) Observant and responsive to family needs, (3) Active in structuring session, (4) Careful when teaching and providing feedback, and (5) Hope and motivation generating.

To become certified, providers must deliver two Family Check-Up sessions that consultants determine meet "fidelity criteria," as assessed using COACH, for each of the COACH domains. VDSS will require providers to recertify every two years.

Evaluation Waiver Request Basis

Family Check-Up 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
- Child well-being: Cognitive functions and ability
- Child well-being: Educational achievement and attainment
- Adult well-being: Parent/caregiver mental or emotional health
- Adult well-being: Positive parenting practices

Of the five (5) studies eligible for the Title IV-E Prevention Services Clearinghouse review, five demonstrated favorable effects on positive parenting practices. The studies reported significant improvements in maternal involvement, proactive parenting, parents' usage of positive reinforcement compared to the control, and a decrease in over-involved parenting. One study was rated low on effectiveness due to not demonstrating baseline equivalence of intervention and comparison group. None of the studies were identified as a risk of harm.

We also reviewed several other studies deemed relevant to the consideration of improving the prevention plan. In one study (Stormshak et al., 2020) that examined data from three RCTs, including data from 2,322 families over 14 years. Notable here was that in families who received FCU, the children showed steeper declines in children's depressive symptoms over the first 10 years compared to children in control groups. A second study by Hentges and colleagues (2020) found somewhat similar results, reporting that FCU plus Everyday Parenting (focused on parent management training includes positive behavior support, limit setting, and relationship building) provided during the brief follow-up intervention may indirectly decrease internalizing and externalizing problem behaviors in youth by increasing inhibitory control. These two studies suggest that although the program targets several key family functioning domains, the program also has effects on youth behaviors. In another study, Metcalfe and colleagues (2021) found that receipt of FCU was associated with more benefits for parents who experienced more contextual stress. This was particularly true in outcome domains such as monitoring/family routines (these improved) and negative parenting behaviors (these decreased). In short, families experiencing high levels of stress may be particularly good candidates for FCU.

Family Check-Up targets several family and youth dimensions that make it relevant to the service array in Virginia's Family First plan. The program targets youth behavioral health and academic outcomes. As well, the program directly targets parenting skills, emphasizing positive parenting. With a targeted age range of 2-17, Family Check-Up may be an option for up to 85% of all In-Home services cases.

Motivational Interviewing (MI)

Motivational Interviewing (MI) is a well-established, well-supported, style of approaching individuals of all ages to help them to meet their personal goals. A person trained in MI does this by guiding individuals to reflect on their current behaviors and reinforce motivation for change. MI can be delivered with other EBPs, clinical strategies, and interventions because MI strategies work to empower patients to be the drivers of their own change.

Service	Motivational Interviewing
Service Category	Substance Use Disorder Prevention or Treatment Services
Rating	Well-Supported
Target Population	MI can be used to promote behavior change with a range of target populations and for a variety of problem areas
Program Documentation	Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping people change* (3rd ed.). Guilford Press.
Targeted Outcomes	• Child well-being: Child substance use • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Parent/caregiver substance use • Adult well-being: Parent/caregiver criminal behavior • Adult well-being: Family functioning • Adult well-being: Parent/caregiver physical health • Adult well-being: Economic and housing stability
Targeted Outcomes Goals	• Reduce substance use • Improve motivation for change • Improve treatment participation and completion • Reduce child abuse and neglect • Reduce family violence

Training & Implementation

Motivational Interviewing (MI) is a therapeutic approach that differs from other models that target personal change because it requires a shift in how care is typically provided. MI requires a partnership that honors and respects the other's autonomy, and a practitioner who is continuously seeking to understand the patient's internal frame of reference. MI enhances patient engagement by creating an environment of trust and eliciting the patient's own motivations for change and personal goals. The spirit of MI can be combined with other treatment modalities, because its practice is less of a set of skills and more of a philosophy to care.

The Title IV-E Prevention Services Clearinghouse rated MI as a well-supported service that can be applied to a range of problem areas and, when combined with other services, is effective in motivating caregiver engagement and participation in services. MI was selected by Virginia because it is highly accessible and has demonstrated effectiveness in meeting the needs of caregivers who struggle with substance abuse and/or in recovery. MI can also be used in a variety of settings such as community agencies, clinical outpatient settings, healthcare facilities, and hospitals, adding to its flexibility. MI has been found to be effective when delivered by professionals outside of the mental health profession, such as nurses and behavioral technicians, and is agnostic to training background.

In contrast to the other EBPs in this plan, LDSS Family Services Specialists and supervisors will receive training in MI. Research conducted on MI indicates its use would help facilitate a family's enrollment into treatment, as families are often lost in the time between caseworker referral and service intake. MI also has the potential to strengthen rapport between family service specialists and caregivers, which may in turn increase the quality of family partnership meetings that aim to support caregivers and their progress toward their own permanency goals (Carroll et al., 2001). MI has also demonstrated support for enhancing the effectiveness of other EBPs when delivered in conjunction (Chaffin et al., 2009; Schaeffer et al., 2013; Silovsky et al., 2011; Webb et al., 2016).

The goal of MI is behavior change and family well-being. Utilizing MI within Virginia's in-home service has the potential to prevent children from entering out-of-home care by strengthening the relationship between the caregiver and caseworker in charge of guiding a family into services. Through increased engagement, VDSS also anticipates better service matching to the needs of each child and family. Currently, staff have received training in MI through a webinar series that includes XX hours… Learning is best achieved when training is interactive and experiential, meaning when content is taught through modeling, roleplay, and immediate feedback. Care will be taken to develop and craft training to complement the content provided to caseworkers through the preexisting virtual learning module, building on caseworkers' foundation of MI knowledge.

University partners will provide assistance to VDSS to develop a standard MI training program that aligns with Virginia's current infrastructure and training course. This will include in-person and virtual workshop didactics interlaced with opportunities for practice and feedback. MI training will first be implemented in a selection of pilot sites. Feedback elicited from pilot site caseworkers will enhance the MI training protocol. This stage is crucial for sustainment, as all EBPs require adjustment to context while maintaining adherence to the essential elements of the practice. After pilot study, the protocol will be offered statewide and a series of promotional events will be held to generate interest from local departments. The individuals providing didactics in MI will be trainers that belong to the Motivational Interviewing Network of Trainers (MINT).

Fidelity Monitoring

Fidelity to MI will be measured through a behavioral observational tool developed by the Center. The Center exhibits national expertise in behavioral coding as a methodology, particularly within the research area of therapeutic alliance (e.g., Southam-Gerow et al., 2020). Measurement of alliance differs from other observational protocols because it requires attention to the dynamic between the assigned helper and identified patient, and the success of any strategy is determined within the context of the dyad, or two individuals. This approach aligns with the collaborative spirit central to MI. The observational coding protocol will include the foundational strategies of the model, and competence of delivery will be assessed by scoring the patient's response, as recorded through video. In other words, MI is client-driven and client-determined; therefore, fidelity to the model should capture the extent to which a strategy achieved the response from the client that the helper intended.

Evaluation Waiver Request Basis

MI 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: Child substance use
- Adult well-being: Parent/caregiver mental or emotional health
- Adult well-being: Parent/caregiver substance use
- Adult well-being: Parent/caregiver criminal behavior
- Adult well-being: Family functioning
- Adult well-being: Parent/caregiver physical health
- Adult well-being: Economic and housing stability

Through the Title IV-E Prevention Services Clearinghouse review, of the 75 studies identified for review, a total of 21 studies showed moderate or high effect size on parent/caregiver substance in particular use for alcohol consumption, including a reduction in numbers of drinks per week, percentage days of heavy drinking, and reduction in marijuana use. Nine studies were rated as low quality due to methodological problems. The Clearinghouse also reviewed 45 studies for risk of harm and identified two unfavorable outcomes, including percentage of any heavy episodic drinking in the past 12 months and opioid scores on Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST).

In conjunction with the review of the evidence of the effectiveness of MI stated above, VDSS also reviewed several other studies deemed relevant to the consideration of improving the prevention plan. One narrative review (Shah et al., 2019) and one systematic review (Hall et al., 2020) examined the usage of MI in child welfare. The systematic review found a positive impact for families in child welfare. In particular, Carroll et al. (2001) found when comparing substance use treatment uptake among parent's referred to child welfare for substance use evaluation, those who received MI-based evaluation were significantly more likely to attend subsequent treatment sessions than those receiving the standard evaluation. Parents who received MI-based evaluation completed treatment at higher rates (Carroll et al., 2001).

Both reviews found a positive impact for families in child welfare. For example, they found that when MI was combined with Parent Child Interaction Therapy (PCIT- another EBP in the Virginia prevention plan), results showcased MI combined with PCIT increased parent's levels of readiness to change and showed a decline in children's externalizing internalizing behavior (Webb et al., 2016). Another study by Chaffin and colleagues (2009) found positive effects of MI combined with PCIT. The study, conducted with 192 parents referred for parenting services through child welfare, found significantly improved retention compared to standard practice among individuals with low or moderate motivation for change

related to harsh discipline practices and negative interaction patterns at baseline (Chaffin et al., 2009). The follow-up of this study conducted by Chaffin and colleagues (2011) found the MI combined with PCIT group significantly reduced recurrent maltreatment over media of 2.5 years after baseline.

Furthermore, when MI was combined with skills-based parenting programs, fewer domestic violence-related reports were reported to child welfare services (Silovsky et al., 2011). Another RCT conducted with 25 mother-child dyads receiving MI is combined with Multisystemic therapy (another EBP in the prevention plan), and 18 mother-dyads receiving usual care found mothers in the treatment group experienced positive treatment outcomes for alcohol and drug use, depression, psychological aggression, and nonviolent discipline. The study also found mothers in the treatment group were three times less likely to have another substantiated incident of maltreatment 24 months post-referral. Additionally, the study found children experienced a reduction in anxiety and spent significantly fewer days in out-of-home placements than the control group (Schaeffer et al., 2013).

MI targets several behavioral change domains, focusing on guiding clients through ambivalence to change and increasing motivation for change. As such, MI has positive effects on its own but will also promote engagement with other EBPs in the Virginia service array. Application of MI may be helpful in addressing caregiver substance use, guiding parents to connect with other services to reduce substance abuse. MI may also increase engagement in parenting oriented EBPs such as PCIT, FFT, or BSFT. Training all Family Services Specialists and Supervisors will improve family engagement which will lead to improved outcomes for children and families being served with an In-Home services case.

High Fidelity Wraparound (HFW)

High Fidelity Wraparound (HFW) is an established, promising, community-based evidence-based collaborative process for families with children and youth birth to age 21. HFW employs an individualized, team-based, collaborative process to provide a coordinated set of services and supports. Typically HFW targets youth with complex emotional, behavioral, or mental health needs. A care coordinator convenes, facilitates, and coordinates efforts of the wraparound team and helps the family navigate planned services and supports.

Service	High Fidelity Wraparound
Service Category	Mental Health Prevention or Treatment Services
Rating	Promising
Target Population	Wraparound is typically targeted toward children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families.
Program Documentation	Bruns, E. J., & Walker, J. S. (Eds.) (2015). *The resource guide to Wraparound.* National Wraparound Initiative. Miles, P., Brown, N., & The National Wraparound Initiative Implementation Work Group. (2011). *The Wraparound implementation guide: A handbook for administrators and managers*. National Wraparound Initiative.
Targeted Outcomes	• Child safety: Child welfare reports • Child permanency: Least restrictive placement • Child permanency: Placement stability • Child well-being: Behavioral and emotional functioning • Child well-being: Social functioning

	• Child well-being: Educational achievement and attainment • Adult well-being: Parent/caregiver mental or emotional health • Adult well-being: Family Functioning
Targeted Outcomes Goals	• Reduce child abuse and neglect • Prevent out-of-home placement • Improve child behavioral and emotional functioning • Improve family access resources and treatment

Training & Implementation

In 2008 the Virginia General Assembly directed the State Executive Council to oversee the development and implementation of mandatory uniform guidelines for Intensive Care Coordination (ICC). ICC was developed in response to concerns regarding the number and length of stay of youth in residential placements. In the beginning of ICC implementation, improving successful transition and preventing a return to residential care set the foundation for the work of Intensive Care Coordinators. The goal was to serve youth in their homes and communities, using residential placement only when clinically necessary and then for as short a time as needed. The ICC approach recognized a need for smaller caseloads than traditional case management due to the higher intensity of the work. ICC also explicitly acknowledged the need to work in partnership with both youth and families in designing and implementing services to meet common goals. When first introduced, there was no preferred or specific model for the implementation and delivery of ICC services. From 2008-2013, the providers of Intensive Care Coordination were Community Services Boards, which are the public mental health agencies in Virginia.

In 2013, the State Executive Council adopted specific policy with regard to the delivery of ICC. In brief, this policy established minimum credentials and required that all ICC providers and supervisors be trained in a model known as High Fidelity Wraparound (HFW). HFW is a family-driven, strengths-based care coordination process that embodies the System of Care values and principles at the service level for children and families facing mental health challenges. The target population for ICC was expanded beyond youth already in placement to include those at high-risk of out of home placement, acknowledging that prevention of residential placement through intensive work with youth and families is a highly valued outcome. Additionally, the policy was revised to allow private providers as well as Community Service Boards to provide Intensive Care Coordination.

Between the years 2011-2020, federal System of Care Grants awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Virginia Department of Behavioral Health and Developmental Services further enhanced the expansion of the High Fidelity Wraparound process in Virginia. Through the System of Care grants, Virginia expanded the use of High Fidelity Wraparound to 42 localities. In addition, Family Support Partner services were required as part of the High Fidelity Wraparound process in the grant funded localities. The Family Support Partner is a paid position in Virginia that is designed to provide an intensive level of support for families of youth with mental health challenges. Family members in this role must have experience as a family member of a youth with complex emotional or behavioral health needs involved in multiple service systems. In High Fidelity Wraparound, Family Support Partners are formal members of the team, and are equal workforce partners. They work closely with the Intensive Care Coordinator (High Fidelity Wraparound Facilitator) to support positive outcomes for the family. VDSS will utilize its partnership with the Center for continued capacity building for HFW on an as needed basis.

Fidelity Monitoring & Evaluation

HFW has a research base and received a rating of promising on Title IV-E Prevention Services Clearinghouse in the following subdomains:

- Child safety: Child welfare reports
- Child permanency: Least restrictive placement
- Child permanency: Placement stability
- Child well-being: Behavioral and emotional functioning
- Child well-being: Social functioning
- Child well-being: Educational achievement and attainment
- Adult well-being: Parent/caregiver mental or emotional health
- Adult well-being: Family Functioning

The clearinghouse identified a study with a favorable effect for child permanency and a study with a favorable effect for child behavioral and emotional functioning. Additionally, a recent meta-analysis (Olsen et al., 2021) included 16 controlled studies of Wraparound. The largest effects were observed for residential outcomes, with a medium and statistically significant effect size that favored Wraparound youths compared to those receiving treatment as usual. Medium effect sizes were also observed for school functioning and mental health symptoms. A smaller, but still significant effect size was observed for mental health functioning and a non-significant effect was observed for juvenile justice related outcomes. The authors noted that larger effects were observed for samples with a higher percentage of youths of color and Wraparound conditions with higher fidelity.

The goal of HFW is to develop and implement a plan capable of maintaining youths with serious emotional disorders (SED) in their homes and communities, which is relevant to child welfare targets such as out-of-home placements. HFW's ability to serve families with children of all ages makes it an option for all In-Home services cases.

VDSS will use its partnership with the Center to both monitor fidelity and evaluate HFW. Fidelity data will include progress in the Virginia HFW/ICC credentialing process as a primary criterion. In addition, collection of Wraparound Fidelity Index (WFI-EZ) data will be required. Teams will submit these data on all cases monthly via an online portal that the Center will identify with a secondary non-internet option also available. Evaluation of HFW will involve assessing the effects of HFW with families with in-home services cases. The outcome model will include variables that assess safety, permanence, and well-being (child and caregivers). The evaluation will include a pre-post research design to examine the effects of HFW over time with these cases. Simultaneously, fidelity will be monitored as described using the WFI-EZ, which will be incorporated into the overall evaluation. In order to ensure provider participation, VDSS will leverage LDSS ability to make evaluation and fidelity monitoring a requirement of their contract. VDSS provides a template for these contracts to ensure service providers maintain the appropriate education, licenses, training, and fidelity to deliver services, as well as participate in the evaluation process.

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.

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 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 nearly 73% of all CPS reports accepted by LDSS, and 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, there has been a 9% decrease in the number of completed reports accepted by LDSS and a 3% decrease in the number of child victims, both likely due to the COVID-19 pandemic. Founded dispositions continue to decrease by 20%. The number of completed family assessments decreased 7%. Child deaths increased 22% 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 for the hotline. 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 (SEI) and safe sleep practices for Virginia's youngest children.

Substance-Exposed Infants

Virginia experienced a slight (2%) increase in the number of reported SEI which could be attributed 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

Year	2015	2016	2017	2018	2019	2020	2021
Number of SEI Reported	1099	1334	1543	1957	1577	1294	1320

VDSS continues collaboration across systems to improve the response to and services for substance-exposed infants. VDSS is a participant in a large workgroup with the purpose of developing, coordinating, and implementing a plan of services for substance-exposed infants in Virginia. The workgroup has diverse representation of key public and private stakeholders and has identified five recurring 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 (CJA) hired a third party vendor to create a child death investigation protocol for law enforcement. VDSS was an active stakeholder in this process and provided insight and feedback into the protocol; it includes sections regarding SEI as well as child asphyxia, suffocation and sudden unexplained infant death. The completion of this protocol was delayed by the pandemic but VDSS is excited for its implementation by the CJA and the vendor.

Safe Sleep Campaign

The statewide child fatality review team has provided valuable information and assisted in developing recommendations for Virginia to address child deaths involving children who die as the result of unsafe sleep environments. In addition to the work with the state-wide child-fatality review team, VDSS (in partnership with Virginia's Children's Cabinet) received a briefing from the alliance regarding the Commission "To Eliminate Abuse And Neglect Fatalities" and used this information to inform policies and practices. VDSS was selected to participate in the 2017 Three Branch Institute, sponsored by the National Governor's Association, to address the recommendations from the Commission to Eliminate

Abuse and Neglect Fatalities. Most significantly, VDSS started the first statewide safe-sleep campaign in August 2017. The safe-sleep campaign was part of Virginia's Three Branch efforts to address the fact that 65% to 70% of both founded and unfounded CPS child fatality investigations are due to unsafe sleep practices in the familial home.

As part of the statewide campaign, VDSS created the Safe Sleep 365 website, to educate parents and caregivers regarding safe-sleep practices. The practices focus on the core principles of alone, apart, and always. The website includes educational resources, tips, and support.

VDSS collaborated with its public affairs department and developed a Safe Sleep 365 video ad and advertorial. The video was played in 92 doctors' offices and four hospitals throughout the commonwealth, and the advertorial was featured in four parent and family magazines. They have also been distributed to the Regional Practice Consultants as resources for their teams. The advertorial remains available on the Safe Sleep 365 microsite and along with the safe-sleep video ad that was placed on the FUSION page. Since January 2019, the Safe Sleep 365 microsite has had over 5,000 views. VDSS has worked with the regions to distribute the advertorial and rack card; the Western Region bought a billboard that displayed safe sleep information. The rack card is a publication developed by VDSS as part of VDSS' safe-sleep toolkit. This printed publication provides pertinent information regarding safe-sleep practices for parents and caregivers. VDSS continues to receive inquiries and positive feedback on the rack cards and advertorial, which were also placed on the FUSION page.

Safe-sleep door knockers and magnets were created and made available free to LDSS to provide to their families. Safe-sleep door knockers remain available for distribution by the LDSS.

CPS Guidance and the Virginia Administrative Code specifically address children under the age of 4. The Virginia Administrative Code (22VAC40-705-80-A1) and Section 3.8.8 of CPS Guidance require the LDSS respond to valid reports of abuse or neglect for a child under the age of 2 within 24-hours upon receipt of the report. Additionally, Sections 4.5.19 and 4.6.35.10 require FSS refer children under the age of 3 for early prevention services provided by local Intake Toddler Connection of Virginia programs, as required by CAPTA. Lastly, Sections 4.5.6.7.1 and 4.6.11.1 require FSS assess the sleep environment and sleep practices with all families who have infants less than one (1) year of age. 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**).

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, 176 victims of sex trafficking have been identified in Virginia's automated data system. In SFY21, 38 children and youth involved with the child welfare system were identified as victims of sex trafficking. The victims identified in SFY21 were predominantly female (95%), White (45%), and in their adolescence (92%). In regards to race, the victims identified as 45% White, 21% Hispanic or Latino, 18% Black or African American, 11% multiracial, and 5% did not have race identified. With respect to age, 92% were between the ages of 12 and 17, 3% were over the age of 18, and 6% were under the age of 12. Based on the most recent recorded case type, 53% were involved in foster care, 18% were involved with a human trafficking assessment, 13% were involved with In-Home Services, 5% were involved with

adoption, 3% dual In-Home Services and foster care, 3% family support, and 18% did not have a case type reported, which may indicate these youth were still involved in a CPS investigation or family assessment.

The Code of Virginia was updated in July of 2019 requiring LDSS to respond to all complaints or reports of child sex trafficking. The Code of Virginia establishes that the alleged victim's parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allows LDSS to assume emergency custody of child victims of sex trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the child welfare system's new response to all complaints involving the human trafficking of a child. Changes were made to 22VAC40-705 Child Protective Services regulation to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in the state. VDSS also made a number of system enhancements to the child welfare information system 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 CY21, LDSS completed 21 human trafficking assessments involving 28 children and youth. The children and youth involved in the human trafficking assessments were predominately female (87%), white (48%), and between 12-17 years of age (87%). Additionally in CY21, LDSS conducted 7 CPS investigations on allegations involving the trafficking of a child. The outcomes of those investigations were three founded and four unfounded.

VDSS intends to deliver and strengthen the LDSS response to child trafficking through the following efforts over the next two 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. VDSS developed online training to educate LDSS FSS; private-provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private-provider foster

parents; and other community partner agency staff on child trafficking and appropriate services that can be offered to children and youth who have been victimized, as well as those who are at risk of victimization. VDSS 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 the child welfare information system by LDSS 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 VDH, Office of the Chief Medical Examiner (OCME), Division of Health Statistics, and Law Enforcement, and 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 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Child-death investigations	124	118	143	139	170
Founded disposition	46	40	47	34	55
Unfounded disposition	69	71	80	88	93

As of December 9, 2021, there were 170 child-death investigations. There were 55 deaths found to be the result of abuse or neglect and 93 deaths were unfounded. There were 22 pending investigations.

In SFY 2021, there were 93 (67%) child fatality reports and investigations with an unfounded disposition. Of the 93 unfounded reports: Seventy-three of the reports (78%) involved a child less than one year of age. Forty-five of the 93 reports (48%) were sleep-related. There was an increase in investigations due to the development of a decision tree tool that helps guide the local agencies when determining whether or not to validate a child death referral. It is important to note that there was an increase in the number of child death investigations but there was an overall decrease in the number of referrals statewide during the pandemic.

VDSS staff continue to discuss how to reduce child maltreatment deaths. Strategies 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) ; and providing services to families when there is a high or very high risk following a CPS family assessment or investigation.

- Training—VDSS conducted a *Child Fatality Decision Tree Tool Webinar* in November 2021 to introduce the newly developed child fatality decision tree tool for use by the LDSS when evaluating the validity of a report involving the death of a child. VDSS also conducted a *Child Fatality Best Practice Webinar* in December 2021 for LDSS staff on best practices in child death investigations and how to improve collaboration on joint multi-disciplinary investigations of child fatalities. VDSS is also developing a two-day in-person training course on investigating child maltreatment deaths.
- Partnerships and Collaboration—VDSS continues to work with the State Child Fatality Review Team, Children's Justice Act, Department of Education (child care licensing), National Center for Fatality Review and Prevention, Office of the Chief Medical Examiner, Office of the Children's Ombudsman, and the Family and Children's Trust Fund to build and expand existing partnerships and increase collaboration around the prevention of child deaths. VDSS recently connected with the National Partnership for Child Safety. The National Partnership for Child Safety is exploring ways they can assist VDSS in the prevention of child maltreatment deaths.
- Technical Assistance—VDSS has created an internal staffing protocol to staff high risk child maltreatment deaths. High risk child maltreatment deaths are deaths with significant child welfare history, a current open child welfare case, involve an employee of a LDSS, have been in the media, and deaths that are required by the Code of Virginia to be reported to the Office of the Children's Ombudsman. The internal staffing protocol includes a review of the circumstances of the child death, review of prior child welfare history, identification of practice strengths and areas needing improvement for the LDSS, technical assistance to be provided by Regional Practice Consultants, and ongoing monitoring. State and Regional Leadership attend the staffings. The

internal staffings are also used to identify clarifications or enhancements that may be needed to Program guidance.

- Peer-to-Peer Outreach—VDSS has been working with several other states to learn about their efforts to prevent child maltreatment deaths. VDSS has been in contact with: Arizona, Florida, Montana, New York, Oregon, and Washington. VDSS plans to utilize this information to make enhancements to their existing child death prevention efforts.

VDSS also engages in a plethora of activities with public and private stakeholders regarding child maltreatment death prevention. VDSS, with input from the Regional Practice Consultants and regional child fatality teams, identified themes in practice regarding safe sleep and substance abuse education, as well as, gun and water safety awareness. As a result, VDSS recently developed two public awareness infographics on water safety and gun safety. The infographics have been distributed to LDSS, key stakeholders, and posted on the public VDSS website. VDSS, with input from the Parent Council, will continue to identify strategies to promote their distribution with the general public. Additionally, VDSS recently partnered with Healthy Families to poll the families they are working with about co-sleeping practices and will be using the information gathered from the survey to enhance safe sleep awareness with their clients. VDSS will utilize these themes to help guide the work with local agencies and communities.

Services for Children under the Age of Five

On July 1, 2017, Virginia implemented a 24-hour response time to a valid CPS complaint for children under the age of two. While Virginia has had response times spelled out through regulations in the past, this was 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 SFY 2021, 39.3% of all victims of founded CPS reports involved children under the age of five. Specifically, 19.6 % of all victims were children less than 2 years of age and 19.7 % of all victims were children aged 2 to 4 years.

On December 31, 2021, there were 1,337 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 2021, 46% were female and 54% percent were male.

The majority of the children (59%) were White. Twenty-six percent were Black or African American and 12% were multiracial. For these children, 217 (16%) were in pre-adoptive homes and adoption non-finalized placements and 30 (2%) were placed with parents on trial home visits. This represents a slight increase in placement in permanent homes for this age-group. The remaining 1,120 were in placements that were not permanent, although 168 (13%) of all children under the age of five were placed in kinship foster homes. Across all placement types (permanent and non-permanent), 16% (n=218) of children under five are placed in kinship homes, which continues the increase in kinship homes observed over the last two years.

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

- Children with the goal of adoption and where 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 the 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 use 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 use, 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. The July 2021 guidance release included information on allowable placements for children to be placed with a parent in certain licensed residential family-based treatment facilities for substance use disorder for up to 12 months, as well as using best practice language when discussing substance use disorders.

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 court's 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 work towards supporting that transition in a way that protects the child, while also supporting their path to permanency. Additionally, VDSS updated guidance effective July 2021, to require that during a trial home visit at least one worker visit per month must occur in the family's home and with all household members.

The guidance section 3.9.1 - Pregnant and parenting youth in foster care (added in 2020): was revised effective July 2021 to include that pregnant/parenting youth in foster care are eligible for title IV-E prevention services. Already included in this section were best practices for working with pregnant/parenting youth in foster care and their children, including services, requirements for their foster care and prevention plans, and information regarding minor children of youth in foster care. For all pregnant or parenting youth in foster care, 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); and
- Head Start and Early Head Start.

Permanency

Foster Care

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. In CY2021, the average rate of entry into Fostering Futures at age 18 was 53.7% while the overall participation of all eligible youth (ages 18-21) in Fostering Futures was 62.6%. In 2018, VDSS implemented kinship guardianship assistance in Virginia. There were 30 youth who discharged with KinGAP in CY2021. This is a 22% increase since CY2020 when 27 youth discharged from KinGAP. VDSS supported this increase in utilization through the revisions to guidance in July 2021 removing the requirement for approval of KinGAP arrangements for youth under the age of 14 by the Regional Permanency Practice Consultant as well additions to guidance that clarified steps to determine that adoption is not an appropriate goal for the child or family. VDSS will continue to increase utilization of KinGAP and kinship permanency placements in 2022. In CY2021, VDSS published regulations for a February 2022 implementation of a new kinship permanency assistance option, State-Funded Kinship Subsidy. This program provides an assistance program for youth and families ineligible for KinGAP but who are eligible to have custody of the child transferred to the kinship provider. VDSS continues to offer training opportunities to support kinship placement KinGAP, including a job aid specifying kinship assistance across the child welfare

continuum. VDSS will continue efforts to support better concurrent planning practices through the CQI Communities of Practice throughout 2022.

On December 31, 2020, there were 4,069 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 (4,369). An additional 843 youth between the ages of 18 and 21 were also being served. This is an increase to this population group from last year (837). 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, 2022, there were 3,303 children in foster care under the age of 18 (81%) in foster homes with 2,795 (69%) 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 has continued to increase (2.4% increase in CY2020) from 9% on January 1, 2021 to 12% (508) on January 1, 2022. This increase is due in part to an increased emphasis on placing children with kin and Kin First culture, addition of "fictive kin" to kinship care on July 1, 2020, and clarifications on the foster home approval process for placement with kin immediately. Of children in foster care under the age of 18, 12% (496) were in congregate care placements, which is consistent with the percentages in 2021 and 2020. On January 1, 2022, 81% (684) of youth over the age of 18 in foster care were in independent living placements.

Virginia's permanency rate for calendar year 2021 was 81%, which is a slight increase from the permanency rate of 80% for 2020. 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 JLARC 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 is 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. VDSS recruited for the Director of Health and Safety with a requirement to be a licensed physician for over one year with few applicants when the state instituted the hiring freeze due to the pandemic. Since the freeze has been lifted, VDSS has prioritized filling positions that became vacant during the freeze. The position is currently being evaluated to post with revised criteria so that VDSS will be able to recruit more effectively for that position.

Additionally, the foster care omnibus bill established two additional Regional Practice 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 has focused on restructuring the current positions and hiring to fill vacancies, with the goal of having three Permanency Practice Consultants and a Family Recruitment Practice Consultant in each region. Since the lifting of the hiring freeze, all five regional offices have been fully staffed with three Permanency Practice Consultants and one Resource Family Practice consultant in each region. The Permanency Practice Consultants have

been tasked with providing ongoing reviews of all placements of children in congregate care, to ensure that such placements are medically necessary and to support the movement of these children to family-based placements as soon as possible. (**Permanency 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. The consultants maintain a list of the psychotropic medication consenters for each local agency to ensure protocols are being followed. Additionally, the consultants will review all cases where children have been in care for 24 months or longer and cases where youth are at risk of aging out of foster care and assist LDSS to find permanent homes for these children while also building capacity to improve permanency outcomes in the future.

The Resource Family Practice Consultants have continued to support LDSS efforts to increase the number of children in foster care who are placed with relatives as well as an overall increase in the number of children in foster care who are placed in a family based setting. Resource Family Practice Consultants have supported the implementation of changes and revisions to Resource, Foster and Adoptive Home Approval Guidance effective January 2021, that placed priority on approving kinship foster parents when children enter foster care or whenever they are identified and assessed to be appropriate caregivers in accordance with the Diligent Recruitment strategic plan (**Permanency Strategy 3)**. The consultants also continue to assist LDSS in developing data driven recruitment plans to ensure that an adequate number of resource families are available to care for children in their home communities and that resource families represent the racial and ethnic makeup of children in foster care. More information is included in the Diligent Recruitment plan submitted along with this APSR.

This additional capacity at the regional level has permitted 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 use 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 Practice 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 are available for virtual and 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.

Youth with High Acuity Needs

Throughout 2021, there have been an increasing number of youth with high acuity needs that have been without placements. A poll of LDSS showed that between February and July 2021, there were 163 children that were displaced for at least one night, many of them for more than one night. This has resulted in these youth spending the night in the offices of LDSS or in hotel rooms with LDSS providing 24 hour supervision. Oftentimes, LDSS have made up to 100 referrals for placements only to receive denials. The vast majority of these youth have been in foster care for extended periods of time. In addition to collaborating with other state departments to address the issue, VDSS developed a process by which VDSS, in partnership with the regional office, is providing technical assistance to agencies for each of these cases. As these cases arise, VDSS is notified and a case staffing is scheduled. This enables VDSS to gain information about the case and provide suggestions for moving forward including considering/re-considering family and fictive kin. VDSS continues to emphasize kin placement on the front end so that youth have safety and stability in placements early on in order to alleviate this issue.

Diligent Family Recruitment

Updated Resource, Foster, and Adoptive Family guidance took effect in January 2021. Guidance updates and revisions added fictive kin to the definition of kinship foster parent. Modifications clarify the process of initiating placement of children with relatives and time frames for when background checks must be completed in order to assist local departments in minimizing IV-E 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 modifications 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**)

Updated and revised guidance also aligned the process of approving relative and non-relative foster parents and further clarified the use of waivers to allow for timely placement with relatives upon entering foster care. Under revised guidance, LDSS may utilize temporary waivers for a period of six months to allow for the completion of pre-service training, mutual family assessment along with physical and tuberculosis screening or assessment of 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 supported LDSS implementation of guidance changes to meet needs of individual LDSS and through Regional Resource Family Advisory Committees that continue to meet on a quarterly basis.

A focus of Virginia's CQI efforts is establishing a Kin First culture that spans the continuum of care. Regarding children who enter foster care or are currently in foster care Virginia has established the National average of 32% as a target. State and Regional CQI meetings focus on addressing technical and practice challenges that serve as barriers to children first being placed with relatives upon entering foster care and transitioning to kinship foster parents when they are identified.

During the fall of 2021, VDSS implemented the final element of legislation that passed during the 2019 General Assembly session which required VDSS to promulgate regulations to ensure collaboration, communication, access and transparency between LDSS, licensed child placing agencies and foster parents. As a result, VDSS established a Foster Parent Bill of Rights outlining the responsibilities of LDSS and private agencies in sharing information with and supporting foster families caring for children. Outlined within the Foster Parent Bill of Rights is a dispute resolution process outlining the role and responsibilities of LDSS in responding to alleged violations of the regulations governing the collaboration, communication, access and transparency between LDSS, LCPA and foster parents. A toll free number (888-TELL@FC) was also established to allow foster families to contact DFS with related questions of concerns. To prepare both LDSS and LCPA to implement the Foster Parent Bill of Rights, VDSS connected two virtual training sessions that focused on improving the ability of agencies to support, develop and retain foster families as a resource for Virginia's communities.

During 2021, VDSS began reorganizing foster and adoptive family recruitment campaigns to distinguish the role of foster parents in supporting reunification and the family connections of children in foster care. In May 2021, VDSS utilized the national Foster Care Awareness campaign highlighting "Foster Care as a Support to Families, Not a Substitute for Parents" to launch "Real Stories of Foster Care" on its public facing website. Stories highlight the role of foster parents in supporting connections between children and their families to make reunification possible. VDSS also maintained an ongoing public awareness and foster family recruitment campaign using Resource, Foster and Adoptive Family (RFAF) contractors in the Northern, Eastern, Western, and Piedmont regions. Contractors were asked to develop foster family

recruitment campaigns for LDSS across the state who have significant numbers of children in foster care placed in congregate care. Contractors were incentivized within their contracts related to families who were recruited and approved as foster parents to allow children to transition from congregate care into a family. (**Permanency Strategy 3.1**)

Virginia's Kids Belong "I Belong Project" (IBP) is a joint initiative with the diligent recruitment and adoption programs. IBP, in collaboration with regional resource family and permanency practice consultants, coordinated child specific video and picture events targeting children for whom TPR had been achieved and currently placed in congregate care. The IBP video shoots were strategically coordinated every six weeks in areas throughout the state in close proximity to congregate care facilities where targeted children were placed. Regional Practice Consultants worked with LDSS to identify the children eligible for video shoots and supported efforts to coordinate transportation to and from the locations of the shoots. As a result 45 children in need of adoptive families participated resulting in 274 family inquiries during 2021.

After supporting the implementation of Kin First Firewall Policies with PIP agencies early in 2021, resource family consultants were informed by LDSS that the term "firewall" was confusing to staff. As a result, when consultants began working with LDSS individually and through Regional Resource Family Advisory Committees, the policies have been referred to as "Kin First policies." Currently 35 LDSS are operating with Kin First policies in place and as a result Virginia has seen the percentage of children in foster care who are placed with kinship foster parents rise to 12%. Resource Family Practice Consultants have also begun supporting PIP agencies in submitting Kinship Exception Reports whenever children enter foster care or experience a placement transition and are not placed with a kinship foster parent. Submission of exceptions reports will allow Resource Family Practice Consultants to identify systemic barriers, such as barrier crimes, along with practices within LDSS that serve as barriers to approving relatives as foster parents. Data gathered from exception reports will be utilized to support legislation and changes to policies that disproportionately negatively impact relatives of children in foster care.

Adoption

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 SFY 2021.

Adoption Activity **SFY 2021**	**Funding Source**	**Allocation and Services**
Adoption support	SSBG	$1,125,000 post-adoption legal services (SSBG funds)
Adoption recruitment	SSBG and adoption incentive funds	$284,433 recruitment (SSBG/general funds)

Adoption services	Title IV-B, subpart 2 and general funds	$1,473,450.78 (Title IV-B, 2 = $1,099,523.91 federal and general fund match = $373,917.87)
Adoption subsidy payments	Title IV-E and general funds	$124,769,808.04 ($70,680.469.54 Title IV-E and $54,059.338.50 general fund match)
Adoption assistance	General funds and SSBG	$19,238,482.78 state adoption
Va Adopt Campaign	General funds	$1,500,00 adoption services
Reinvesting adoption savings	General funds	$7,517,668 adoption services of which $3,078,595 is allocated to I.T. Portfolio to support the development of CWWIS

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, stakeholder partnerships increased use of resources, such as the mutual family assessment contract staff to assist with the completion of home studies, reformed practice, and contributed to the increased number of youth in foster care with finalized adoptions over the last several years. VDSS finalized 845 adoptions in the state fiscal year 2021, down from 857 adoptions finalized in FY 2020.

VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA utilizes AdoptUSKids on a national level. Community partners, such as One Church One Child, work with LDSS to host match events similar to Heart Galleries in each of the five regions of the commonwealth. Heart Galleries, displays of children through professional photographs, have been very effective in recruiting families for waiting children. VDSS has a similar relationship with Virginia's Kids Belong, in their production of professional video shoots for waiting youth.

Adoption Resource Exchange of Virginia (AREVA) and Adoption Recruitment

VDSS worked collaboratively with LDSS and private child-placing agencies during November 2021 to promote Adoption Month celebrations by creating a calendar of events on the VDSS intranet page which featured adoption events throughout the month. In 2021, VDSS assisted with the identification of youth who were featured in "30 Kids in 30 Days," in partnership with Connecting Hearts of Virginia. The "30 Days of Hope" campaign was featured in the metropolitan Richmond viewing area through CBS Channel 6 and in the Piedmont and Western viewing area through WSLS Channel 10. From the "30 Days of Hope" campaign, seven of the 30 children were immediately identified for adoptive families. Children available for adoption were featured daily and information was shared about fostering-to-adopt in November 2021. Throughout the month of November 2021, over 750 inquiries were received.

Family inquiry tracking of families through AdoptUsKids (AUSK) was implemented in August 2021, to determine how LDSS were responding to families with approved home studies who have expressed an interest in children featured who are legally free for adoption. Responses included the child no longer wished to be adopted, the child was placed with a prospective adoptive family, and the case was placed on hold due to reviewing home studies for the child. LDSS workers are minimally responding to the 30 or 90

days follow up email inquiries. There is not a data source which tracks or monitors how or if the LDSS are utilizing the inquiries received from this tracking system. VDSS is working collaboratively to expand promotional efforts for youth awaiting adoption and plan to develop and provide resources to increase LDSS response when inquiries are received from the public.

In 2021, there were 3,030 AUSK responses to initial inquiries. LDSS workers provided 1,743 responses, a 58% response rate. Inquiries are tracked at initial inquiry and at 30 and 90 day intervals after the initial inquiry. From January 1, 2021 through December 31, 2021, there were a total of 4,022 AdoptUSKids inquiries from child and youth registrations, 992 responses from AREVA, and1,743 responses from AdoptUSKids. There was a 68% response rate from the LDSS based on the number of inquiries.

As of December 2021, there were 1,654 children and youth in foster care with the goal of adoption. Of those, 1,292 are legally free for adoption. Of those, 718 children and youth in foster care did not have an identified prospective adoptive placement. Approximately 391 had an identified adoptive placement and 183 children and youth in foster care were in the process of being adopted. At this time there are 197 children who are photo-listed on AUSK. There are 294 cases active for recruitment and 314 cases on hold. A Deferment category was added to the AREVA case status list in 2021. Safe Measures is in the process of including those numbers into the data but to date they are not added.

International Adoption

To ensure the safety of children adopted intercountry and abroad, adoption agencies must adapt to standards governed by Virginia's Division of Licensing Programs through the Virginia Code and Virginia Administrative Code. Agencies undergo oversight and monitoring by the Division of Licensing Programs to review case records, policies, and procedures to ensure compliance with state, federal, and their program policies.

Virginia 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 offer these services are the DBHDS, CSB, and FAPT. Virginia also 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 local department of social services, the child and family are provided protective and treatment services to safely return the child home.

In the state fiscal year 2021, there were a total of 128 international adoptions finalized; four of which were processed through ICPC. As with families that adopt from the child welfare system, families with children adopted from other countries have equal access to post-adoption services. Services are funded using adoption savings funds, supplemented with additional financial support provided by Virginia general funds. 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, Virginia's Code of Virginia, and the Virginia Administrative Code.

In the state fiscal year 2021, seven children entered foster care who were reported as being previously adopted from another country. It should be noted that there are 42 additional children in foster care who do not have a birth country listed.

The child's behavioral needs, attachments issues, and family considerations were all listed as reasons for dissolution. The agencies involved in these adoptive placements are listed below.

Country	Agency	Reason for Disruption/Dissolution	Plan
Afghanistan	Unknown	Child's Severe Behavioral Needs	Adoption
Afghanistan	Unknown	Child's Severe Behavioral Needs	Fostering Futures
Bangladesh	Unknown	Other	Fostering Futures
China		Family	Independent Living
China		Family	Independent Living
Russia		Attachment Issues	Adoption
Russia		Family Expectations Not Met	Independent Living

VDSS will continue to track international adoptions over the course of the next five years and identify additional resources, such as the use of adoption savings funds and general funds, to provide supportive services to children who are adopted from other countries, such as adoption assistance (if eligible) and post-adoption services. VDSS will update the public-facing website with language that informs families who adopt children internationally of the availability of post-adoption services and explore adding conference workshops at upcoming adoption month conferences that focus on supports for families who adopt internationally. Children who have been adopted from other countries may also be eligible for title IV-E prevention services, if identified as candidates for foster care. As work continues towards the development and implementation of a new CCWIS case-management system within COMPASS, the goal will be to integrate this data source in the new case-management system.

Historically, VDSS utilized a contractor to receive information specifically related to the numbers of out-of-country adoptions served by post-adoption supports. Collecting and reporting out-of-country adoptive families served by each regional consortium is now a requirement for the Post Adoption Consortia Services, RFP #FAM-20-082 lead agencies (United Methodist Family Services, DePaul Community Resources, Center for Adoption Support & Education).

There are plans to award a new post-adoption contract to evaluate the post-adoption consortium. The contractor will also analyze data related to all adopted youth who re-entered foster care as a result of adoption dissolutions and make recommendations regarding VDSS' current post-adoption consortium service array. A detailed annual report has been requested from the Office of Research and Planning to provide the data. This data was not regularly reported from the child welfare information system; however, in 2022 VDSS will work to build the report so the data can be tracked and reviewed semiannually. In the next APSR, the adoption program should be able to demonstrate an additional number of youth adopted out of country, as all adoptions are captured in ARRIS and the previous information was provided for ICPC cases only.

Adoptive Savings (section 473(a)(8) of the Act)

VDSS conducted the fifth title IV-E adoption savings calculations and case reviews in 2021. As a result of this project, approximately $5,545,977 million was calculated as adoption savings in 2021. VDSS spent more than $3 million in 2021 from the 2020 calculations on services to assist LDSS as well as support and sustain adoptive placements for youth and children adopted from foster care. More than $1 million was allocated to the Mutual Family Assessment (MFA) consultant and specialist positions. These positions assist 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 372 referrals from across Virginia and completed approximately 260 mutual family assessment home studies. Additional funding was allocated to support contracts with community partners to provide post adoption services, development and maintenance of COMPASS mobility, and the conversion of approximately 160,000 sealed adoption records on microfiche to digital platform.

At least 30% of the savings are spent on post-adoption services, as required by P.L. 113-183 modified section 473(a) (8) of the act, effective October 1, 2014. Adoption savings monies will be used in the same manner for 2022, by providing services to support, sustain and achieve timely permanency for adoptive placements via foster care adoptions; such as supporting LDSS with the assistance of Mutual Family Assessment (MFA) staff to complete mutual family assessments to approve foster/adopt families, an evaluation of the effectiveness of services for the statewide post adoption consortium, contract with Chapin Hall, and allocation of funding to support and expand COMPASS mobile.

VDSS plans to utilize title IV-B, subpart 2 funds in 2022 to develop a regional cooperative for kinship support, develop an enhanced treatment foster care model to support LDSS in the placement of foster care youth who may need a higher level of support, develop promotions for permanency and recruitment campaigns, funding for contract staff, and fund the newly established Foster Parent Advisory Council.

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.

VDSS working towards the development of a document-management system to archive paper adoption records and microfiche files. Over the past two and a half years, the project required proposed legislation and internal agency policies to move forward. A contract was awarded in July 2020 to a vendor, RICOH. VDSS developed program requirements using the program, Perceptive Content, to scan in new adoption records. VDSS continues to work with the contracted vendor to convert current adoption records from microfiche into the same platform.

Adoption and Legal Guardianship Incentive Payments

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

Based on data from 2021 Q4 of the Title IV-E penetration report, there was an average of 8,862 children served per month through adoption assistance. The total allocation for Title IV-E adoption assistance was $124,769,808. There were 821 adopted children who received services through commonwealth adoption assistance. The total allocation for commonwealth adoption assistance was $19,238,482, a slight decrease from 2021.

Adoption Incentive Funds

In federal fiscal year 2020, VDSS received approximately $374,500 in adoption incentive awards funding, which speaks to the increase in the number of adoptions and the specific categories of children in foster care as indicated in the award criteria. The state has approximately $736,000 to spend by the end of federal fiscal year 2024. In 2021, LDSS had the opportunity to apply for adoption incentive funds through proposal submissions. Approximately 54 agencies, of the 120 local agencies, applied and were awarded funds in excess of $136,000. Local agencies utilized the funds to provide adoption trainings for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November. Virginia plans to utilize any future adoption and legal-guardianship incentive funds

in 2022 to support promotional services, Chapin Hall contract, foster care and adoption activities to support children and families statewide.

Adoption Month Proclamation and Awareness Events

Governor Ralph Northam signed and issued a proclamation in support of November 2021 as Adoption Awareness Month. VDSS hosted a virtual adoption training event, "Adoption: A Shared Story" on November 17, 2021. VDSS's 2021 theme coincided with the National Adoption Month theme, "Every Conversation Matters" to encourage child-placing agencies to engage youth and support them in their journey to permanency planning. The training included a panel covering pre- and post-adoption support services available to adoptive parents and LDSS, and a workshop, "Every Conversation Matters: Unpacking the" No" of Teen Adoption", presented by a graduate of the Minority Leadership Development Program (MLDP), Kimberly Bonham, Foster Family and Adoption Services Supervisor with Arlington LDSS.

Adoption Contracts

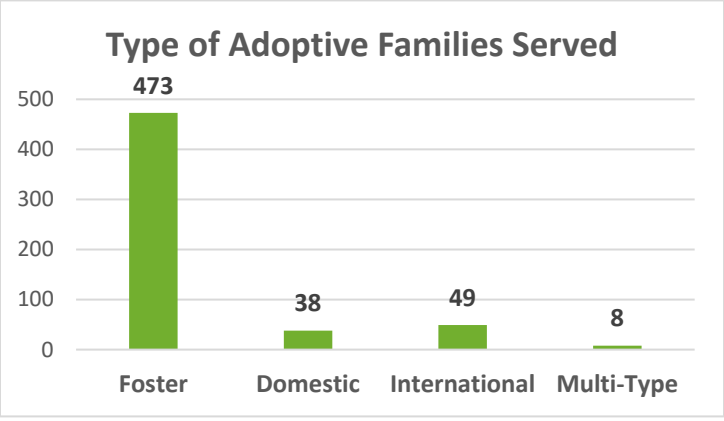
Regional Post Adoption Consortia Services

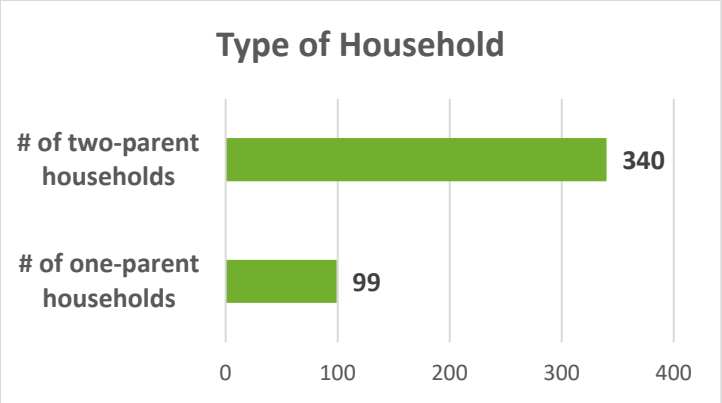
Currently, VDSS is supporting five regional post adoption consortia that are providing critical services and supports which are available and accessible to adoptive families, regardless of where they reside in a region. These services are designed to help families build on their strengths to stabilize and to prevent adoption dissolutions. The specific post adoption services provided by each of the five regional consortia include case management, peer support, parent training and education, mental health services, respite, and crisis support. United Methodist Family Services serves as the lead agency for the Eastern and Central Post Adoption Consortia. DePaul Community Resources is the lead agency for the Piedmont and Western Post Adoption Consortia. The Center for Adoption Support and Education is the lead agency for the Northern Post Adoption Consortium.

In calendar year 2021, a total of $2,523,684 was spent on regional post adoption consortia services. Adoptive family activities reported by the regional lead agencies are as follows:

Total number of adoptive families served: 568

Demographics of adoptive families served:





- 84% of families were Non-Hispanic or Latino, 12.8% were Multiethnic, and 3.7% were Hispanic or Latino
- 61.58% of families were White, 22.45% were Black or African American, 10.5% were two or more races (identified at birth)

Utilization by Service Category:

	Level I Case Management	Education & Training	Peer Support	Level II Case Management	Respite	Crisis Support
Service Unit Goal	19,450	593	1,249	38,748	763	156
# of Services Provided	21,077	1,737	2,089	21,370	1,851	314
% towards Goal	108.37%	292.92%	167.25%	55.15%	242.60%	201.28%

Funds expended:

- Average Cost Per Service was $70.00
- 86% of total funds were spent on direct services to families
- 2.9% of total funds were spent on quality management

Outcomes:

a. # of unduplicated families who experienced adoption threats to permanency resulting in legal instability BEFORE referral for comprehensive post adoption case management.	12
b. # of unduplicated families who experienced adoption threats to permanency resulting in legal instability AFTER six months of receiving comprehensive post adoption case management.	5
c. # of unduplicated families who experienced adoption threats to permanency resulting in residential instability BEFORE referral for comprehensive post adoption case management.	27
d. # of unduplicated families who experienced adoption threats to permanency resulting in residential instability AFTER six months of receiving comprehensive post adoption case management.	9

There were eight known adoption dissolutions, 1.4% of the total number of families served in 2021. Three of these families came into the program in crisis or with their children already in out-of-home placement. One family was new to post-adoption services and filed for relief of custody just three weeks after referral. Three of these families have other adopted children in the home and are still receiving services. Additionally, these same three families continue regular contact and advocacy on behalf of their formerly adopted children. Dissolution occurred in two cases due to the court placing the children back in foster care to access a higher level of services based on their needs.

Due to the limitations of providing in-person services during the COVID-19 pandemic, Consortia case managers had to be more creative with engaging families in other ways, including dropping off care packages and shipping craft crates (for virtual respite and peer support group activities). Families who engaged in services expressed high levels of satisfaction, as measured by both qualitative and quantitative data. Some qualitative feedback included:

- *"I like having a one on one person I can always talk to in my adoption specialist."*
- *"One of the best groups we have worked with in truly understanding families' needs related to adoption. Creative and fun activities offered for all members of the family."*
- *"I feel connected. They have amazing group programs, even with the pandemic."*
- *"My case manager has been so supportive for my family and he genuinely cares about our family's struggles. He reaches out to us when I have desperately needed to talk and get special services for my two children. He checks on us frequently because he wants our family to be successful."*

Adoption Through Collaborative Partnerships (ATCP)

The goals of the adoptions through collaborative partnerships strategy are to:

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

The primary outcome expected by VDSS from the ATCP program is to achieve finalized adoptions for a minimum of 600 children and youth in foster care between SFY 2021 and SFY 2023. The majority of adoptions will be of youth that are at high risk of aging out of foster care due to an excessive length of stay in the foster care system, with an emphasis on timely adoptions within 24 months of entering into care and for placing youth residing in congregate care with forever families.

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

In calendar year 2021, Children's Home Society, Commonwealth Catholic Charities, C2Adopt, DePaul Community Resources, Extra Special Parents, and United Methodist Family Services provided services throughout the state. Seventy-three LDSS received assistance from ATCP providers to finalize adoptions in 2021.

A total of $1,500,000 of state and federal funds were allocated for ATCP activities from January 1, 2021 – December 31, 2021. 100% of these funds were spent. Contractor outcomes for 2021:

- 548 children were served.
- Subrecipients finalized adoptions for 272 children and youth.
- 49.6% of children served were adopted.
- Average cost per adoption (payment to contractors) was $5,514.
- Overall average cost per child served under the ATCP contract was $2,595.

Post-Adoption Consultant

In November 2021, VDSS began direct negotiations with Child Trends, Inc. to serve as the post adoption consortia program evaluator and to provide technical assistance to the five regional consortia operating in each region of the state. As part of the evaluation, Child Trends will conduct interviews with adoptive parents and adoptive youth that experienced a dissolution in 2020 and 2021. Research will focus on pre- and post-implementation of post adoption consortia model and a family's knowledge and use of available services and supports in each of the VDSS five regions. Child Trends was the original contractor that helped develop the regional consortia model and provided recommendations that VDSS adopted from the *VDSS Post-Adoption Consultation Evaluation Report, January 31, 2019*. VDSS anticipates the evaluation to begin in March 2022.

Foster and Adoptive Family Recruitment (FAFR)

In 2021, VDSS partnered with three organizations to perform child-focused, targeted, and general kinship, foster and adoptive family recruitment in four VDSS geographic regions, Eastern, Central, Piedmont and Northern under RFP #FAM-20-093. Jewish Family Services, Connecting Hearts, served the Central region, Extra Special Parents provided recruitment services in the Piedmont region, and Virginia One Church, One Child operated in the Eastern and Northern regions. The goal of the partnership is to recruit and sustain resource families who are willing to collaborate in the Commonwealth's effort towards achieving timely permanency for youth in foster care.

The scope of work (SOW) was revised from the original RFP to focus more on family recruitment for youth with TPR that have adoption as the permanency goal, youth residing in congregate care with or

without TPR and a goal of adoption. Performance measures were also changed. It proved difficult for contractors to track and report outcomes of families that were referred to LDSS. Transitioning to the new SOW was a challenge for two of the contractors as the focus of the grant had been recruiting families' interested in adoption only, not recruiting for resource families. The tool to report client activity was revised to capture more pertinent details on the interested families, their engagement with the FAFR partner, and the families' referral to a PRIDE training as a key measure to track and report the status of referred families.

VDSS resource family recruitment contractors conducted year-long activities to:

a. Increase the number of skilled, trained, foster and adoptive homes.
b. Increase the likelihood that children who cannot return home achieve permanency through kinship, foster or adoptive parents.
c. Increase the possibility that sibling groups can be placed in the same home.
d. Increase the proximity of placements to children's homes, so that children can remain in their communities and their schools to provide stability.
e. Increase the possibility of children placed in family-based settings with respect to their identity, ethnicity, race and culture.

A total of $308,636 was spent on family recruitment activities in 2021. The following client activity was reported by contractors for the last six months of 2021 (July – December 2021):

Measure	# of Families
Unduplicated families referred to a LDSS or LCPA orientation	237
Unduplicated families referred and who attended a LDSS or LCPA orientation	57
Unduplicated families referred to pre-service PRIDE training	146
Unduplicated families referred and who attended pre-service PRIDE trainings	18

Potential foster/adoptive parents that attended 3 or more PRIDE pre-service training sessions	21
Potential foster/adoptive parents that completed PRIDE pre-service training	19
Unduplicated families that became foster and/or adoptive resource families as a result of attending an orientation and PRIDE pre-service training	4

Measure	# of Families
Unduplicated foster care families that were matched to youth residing in congregate care in search of a LDSS or LCPA approved family-based foster care placement	27
Unduplicated foster care families that were matched to child/youth (with TPR) residing in congregate care in search of a LDSS or LCPA approved adoptive home placement	29
Targeted recruitment efforts to recruit families in communities where family-based homes are needed and with specific backgrounds that match the backgrounds and needs of children awaiting homes. Benchmark is 5 each month	118
LDSS identified by the Regional Resource Family Consultant that received a Foster & Adoptive Family Recruitment contractor service orientation	37
Children/youth matched to a potential foster family as a result of a child-specific or targeted recruitment campaign	6

Even with the Statement of Work changes, results are less than expected. The current RFP will expire on June 30, 2023. The DFS Permanency Team is currently researching best practice family recruitment models that have proven results, with the goal of selecting one to pilot in 2023.

Adoption-Share, Inc.

Throughout 2021, VDSS and Adoption–Share, Inc. were in negotiations for VDSS to subscribe to the statewide Family-Match Recruitment Portal for all LDSS agencies across the state. The purpose of this initiative is to provide stronger resource family recruitment to the LDSS agencies. The Portal leverages data science, education, and research-proven predictive screenings to give resource family workers a tool to identify the most capable and ready families for training investments from the LDSS agency through a centralized web-based recruitment program. The Family-Match Recruitment Portal crafts the evolution of a prospective resource family's understanding of foster care and adoption, trauma-informed care, licensure, and individual evaluation and family readiness prior to engagement with LDSS caseworkers. Once connected to a caseworker, a specific family is curated to the individual LDSS, recruited to training, and then trained and licensed through the CRAFFT or LDSS training and licensure program.

The Family-Match Recruitment Portal delivers more prepared, more aware resource families while reducing pre-training resource use, parent training attrition, and, ultimately, LDSS agency worker burnout and attrition. Additionally, the Family-Match Recruitment Portal provides better visibility into resource families who might be a good fit for youth residing in congregate care, a priority for VDSS, and allows them to prioritize those families in the training and licensure process. Subscription to the Portal will be paid for using a combination of General Assembly directly appropriated funds and Vadopts Campaign state funds. VDSS expects to begin implementation of the statewide Portal in March 2022.

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, 2020 to September 30, 2021, the face-to-face monthly visit rate was 98.73% and the in-residence visit rate was 88.02%. 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 Practice 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 time frames. 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 Permanency Practice Consultants review the LDSS' performance reports in SafeMeasures® with supervisors and directors. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits, in addition to ensuring that documentation is meaningful and addresses the well-being, safety, and permanency of the child.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Agency Administering Chafee (section 477(b)(2) of the Act)

VDSS is responsible for developing policies, procedures, and new programs as necessary to improve services to older youth throughout Virginia, in accordance with the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) Program. Annually, VDSS provides the Chafee and Education and Training Voucher (ETV) funding package, describing the purpose and eligibility requirements of each program to Virginia's 120 LDSS. Chafee and ETV funds are allocated to all LDSS with eligible youth, based on 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 (Virginia's extended foster care) programs and supports all youth who experience foster care at age 14 or older to age 23. The program provides critical resources to support youth in participating in age appropriate, normative activities while in foster care and as they transition out of care. The purpose of this program is to provide flexible funding for the following:

1. Helping youth attain a high school diploma and post-secondary education or vocational training;
2. Training and opportunities to practice daily living skills such as financial literacy and driving instruction;
3. Achieving meaningful, permanent connections with caring adults;
4. Engaging in age and developmentally appropriate activities which promote positive youth development; and
5. Experiential learning that reflects what their peers in intact families' experience.

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, providers, and community organizations engaged in activities relevant to the needs of older youth in foster care. Independent living (IL) services are provided to each eligible youth, age 14 or older, in foster care, regardless of the youth's permanency goal or living arrangement. Eligible American Indian or Alaska Native youth also receive these services. VDSS' guidance reinforces the need for all children and youth to learn life skills and engage in age or developmentally appropriate IL activities. IL services are designed to help youth 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 use prevention, and preventative health activities. The state establishes objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

The Fostering Futures program provides 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. As of December 1, 2021, there were 849 young adults (18-21 year olds) that were in foster care through Fostering Futures.

Serving Youth Across Virginia

VDSS ensures that the Chafee Program continues to serve all political subdivisions in the state, based on assessed needs. The program focuses on collaborating and coordinating IL services with other federal, state, and community based agencies and providers to prepare youth to manage adult living successfully. (**Permanency Strategy 5.2**) All 120 LDSS with eligible youth receive Chafee allocations and are responsible for providing IL services to youth. In addition, Project LIFE (a public/private partnership) provides services to youth and support LDSS professionals in all five regions (i.e., Central, Eastern, Piedmont, Northern, and Western) of Virginia and localities.

VDSS continues to use the six NYTD outcomes for evaluating efforts in preparing youth for adulthood, self-sufficiency, and interdependence as they exit the foster care system. The six desired outcomes are:

1. Increase youth financial self-sufficiency;
2. Improve youth educational attainment;
3. Increase youth positive connections with adults;
4. Reduce experience with homelessness among youth;
5. Reduce high-risk behavior among youth; and
6. Improve youth access to health insurance.

Serving Youth of Various Ages and Stages of Achieving Independence

Virginia continues to support youth of various ages and stages who experience foster care at age 14 or older in their transition to adulthood, through the provision of transitional services and opportunities to achieve meaningful, permanent connections with a caring adult. LDSS engage youth in age- or developmentally appropriate activities, positive youth development opportunities, and experiential learning that is similar to what their peers in intact families' experience. Educational support and services (e.g., financial, housing, counseling, etc.) are available to recipients formerly in foster care between 18 and 23 years of age, and to those who exit foster care for adoption or KinGAP after attaining age 16, to complement their own efforts to achieve self-sufficiency. In accordance with the provisions of Family First Act, VDSS extended the eligibility of the Education and Training Voucher (ETV) program 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's Chafee transition plan is available in the mobile application. VDSS wants to ensure that young people participating in the Chafee program are directly involved in designing their own activities to prepare them for adulthood and

accept personal responsibility for their part. In addition, in completing the transition plan, the worker and the youth have an opportunity to discuss the importance of designating someone to make healthcare 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 after leaving the foster care system, and that youth are prepared for self-sufficiency by developing a transition plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning, and other related services.

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 (Project LIFE). VDSS determines allocations to each LDSS based on their percentage of the statewide population of youth in foster care, 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.

The following youth are eligible to receive Chafee Program funded IL services**:**

1. All youth in foster care (including Fostering Futures) ages 14 and over;
2. All youth who aged out of foster care at 18 years of age or older, but have not yet attained **23 years of age,** and continue to receive services through the LDSS;
3. All young adults who aged out of foster care on their 18th birthday, but have not yet attained **23 years of age**, and no longer receive any services from the LDSS may receive limited assistance based on availability of Chafee Program funds; and
4. Youth who turned 18 while committed to the Department of Juvenile Justice and who were committed directly from foster care.

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 including youth 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.

In Virginia, there are many components under the umbrella of Virginia's Chafee Program including Credit Checks, Credit Freezes, National Youth in Transition Database, SPEAKOUT, Youth Exit Survey,

and Education and Training Voucher Program. Below are the descriptions of initiatives/programs, activities that occurred during the calendar year 2021, and plans for the upcoming year.

Credit Checks for Youth in Foster Care

The Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia requires that free annual credit checks be conducted for all youth age 14 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 from the credit reporting agencies (CRA), 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 VDSS and found on the intranet, as well as additional technical assistance as needed. (**Permanency Strategy 4.7**)

In March 2020, in response to COVID-19, VDSS implemented a digital transmittal system for sharing all youth VDSS transmitted credit check results (i.e., Equifax, Experian, and TransUnion credit reports for eligible youth in care). From January through December 2021, VDSS conducted credit checks for a total of 1,255 youth in care. Credit record irregularities (e.g., erroneous personal information, potentially fraudulent credit activity) were detected for 9% of these youth (n = 113). Protective items (e.g., fraud alerts, credit security freezes, minor child status notes) were found in the credit records of 19% of youth (n = 238).

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 digital transmittal system for sharing all 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.

By running annual credit checks, VDSS is able to detect problematic issues in youths' credit reports. Of the 100 youth for whom credit issues were detected at some point during the prior year (2020):

- VDSS verified full or partial resolution statuses for 15 youth (or 15% of all youth with prior-year detections).
- VDSS verified unresolved statuses for 28 youth (or 28% of all youth with prior-year detections).
- Resolution statuses could not be verified for 57 youth (or 57% of all youth with prior-year detections).

VDSS is generally 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. The table below displays monthly and annual total numbers of youth in foster care (age 14 to 17) who received a credit check during calendar year 2021. Monthly and annual figures exclude duplicates (i.e., youth who received more than one credit check during the calendar year). *Protective items* include credit security freeze notifications, fraud alerts, and minor child status notes in youth credit reports. *Irregularities* include credit inquiries, account items, public records, and personal data errors (e.g., mismatched name, birth date, Social Security number, and/or employment information listed in a youth's credit report(s)).

Annual Credit Checks for Foster Youth:

January 1 – December 31, 2021			
Month	**Number of youth**	**Protective items**	**Irregularities**
January	93	10	14
February	117	21	9
March	87	27	10
April	94	17	10
May	91	21	7
June	105	16	7
July	92	20	4
August	115	21	9
September	143	21	14
October	115	21	9
November	101	18	9
December	102	25	11
Total	**1255**	**238**	**113**

Credit Security Freezes for Children and Youth in Foster Care

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 2021, a total of 1,093 children and youth in foster care (ages 0 to 15) were eligible for credit freezes. In 2021, VDSS began sending freeze task reminder emails to LDSS to promote compliance with the credit freeze mandate as needed on an agency-by-agency basis. VDSS continued to provide technical assistance and training to LDSS upon request. In collaboration with LDSS, VDSS revised an existing spreadsheet tool to help LDSS track dates of child/youth eligibility for credit freezes to be placed or lifted from individual consumer credit records. VDSS conducted informal interviews and focus groups to clarify best practices and challenges surrounding LDSS implementation of and compliance with the credit freeze mandate. The Table below displays the number of eligible children and youth who received credit freezes:

Credit Freezes for Foster Children: January 1 – December 31, 2021	
Month	**# of children/youth eligible for freeze**
January	84
February	69
March	87
April	89
May	68
June	79

July	60
August	104
September	108
October	104
November	139
December	102
Total	1,093

In response to credit freeze-related challenges and concerns voiced by LDSS, in 2021 VDSS revised 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 such as: 1) the LDSS with custody of the child may not have had sufficient advance notice of the child's care exit date to execute a freeze removal; 2) CRAs (e.g., Equifax, Experian, TransUnion) responses to LDSS freeze removal requests are in some cases delayed; and 3) sometimes LDSS freeze requests are misinterpreted by the CRAs. VDSS will continue collaborative work with LDSS and CRAs to identify and remove barriers to implementation in 2022.

National Youth In Transition Database (NYTD)

IL services are required to be part of a planned program of services to youth who meet assessed needs for permanency and development of life skills. LDSS workers document IL services provided to youth aged 14 and older in OASIS. VDSS' 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. 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 survey. (**Permanency strategy 4.2**)

During NYTD reporting periods 2021A (October 1, 2020 - March 31, 2021) and 2021B (April 1, 2021 - September 30, 2021), a total of 376 eligible youth needed to be surveyed, 217 surveys were completed. VDSS 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 21 year olds.

The 2021B data submission to ACF was not in compliance with NYTD requirements for the reporting period ending September 30, 2021. The requirement is that at least 60% of youth (the follow-up population) who were discharged from foster care participate in the survey; only 50% completed it. A 1.0% percent penalty ($15,912.00) was assessed for not meeting the NYTD requirements. VDSS regularly communicates reminders of NYTD requirements and due dates to the LDSS through Broadcast, emails and virtual meetings.

All LDSS have the ability to monitor and track their NYTD services and surveys using reports provided in SafeMeasures®. For FY 2021, VDSS, in collaboration with Project LIFE, provided 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. Total number of IL Services provided during FY 2021 year for eligible youth were 11,180 (see Table below):

Services Provided	**January 1, 2021-December 31, 2021**
Academic Support	1,840
Budget & Financial Management	1,557

Career Preparation	1,467
Ed Financial Assistance	351
Employ Programs/Voc. Training	641
Fam Sup/Healthy Marriage	520
Health Ed/Risk Prevention	871
House Ed & Home Management	752
Mentoring	761
Post-Secondary Support	230
Room & Board Assistance	540
Supervised IL	628
Other Financial Assistance	1,022
Total	**11,180**

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 actively involve youth by engaging them in focus groups on how best to stay connected with youth. Also, VDSS will share data with IL coordinators, LDSS, and stakeholders through broadcasts, presentations, and training. VDSS will focus on efforts to involve youth, IL Coordinators, private providers and other key stakeholders in developing an effective process to share NYTD data, and use the data to improve service delivery and refine program goals.

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 choses to continue to receive foster care services or not. Eligible youth who move to Virginia from another state can receive the state's Medicaid.

VDSS continues to participate in the Transition Planning Action Group in partnership with DMAS and Managed Care Organization (MCO) providers. VDSS will work on solutions to strengthen communication pathways between DMAS, MCO providers, LDSS, foster care providers and youth in care to be able to provide client-centered services to Medicaid eligible youth in- and formerly in care. In 2021, VDSS provided a presentation to the MCO Foster Care Work Group to inform the representatives about Fostering Futures, Chafee and ETV Programs and Project LIFE, and to increase awareness of youth who receive Medicaid and reached 18 in foster care are eligible for Medicaid to age 26. The presentation allowed the workgroup to get a better understanding of what is currently offered to older youth in foster care. This will enable the workgroup to build upon current processes to increase the awareness of what the MCO's have to offer to support older youth as they age out of foster care. (**Permanency Strategy 5.2**)

Education Stability

VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout Virginia, particularly in response to the Every Student Succeeds Act (ESSA) provisions pertaining to children and youth in foster care. (**Permanency Strategy 5.4**). VDSS and 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 training 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.

During FY 2021, the VDSS and VDOE team members adapted their in-person joint training to a virtual joint training and offered two dates and times to accommodate the schedules of school staff and LDSS workers. Each department maintains two primary points of contact for LDSS and schools to reach out to for consultation. VDSS and VDOE model the collaboration that LDSS and local schools need in order to make joint best interest determinations by looping each other into all conversations and providing joint, agreed upon answers to difficult questions. When situations have a funding aspect (e.g. transportation or private day), VDSS and VDOE brings the OCS to the table to provide guidance on the use of CSA funds for the education of children and youth in foster care. The VDSS and VDOE team members continue to work on revising the joint guidance last updated in 2017. 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.

VDSS participates in a foster care work group with the VDOE. The foster care work group has a list of outcomes to improve education stability for youth in foster care. VDOE, with input from VDSS, has created a draft application query tool, Student Longitudinal Schedule and Course Record, which would allow VDSS and LDSS staff to be able to easily access student information.

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 in 2022.

Housing

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) 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. During FY2021, LDSS expressed to VDSS Chafee staff the challenges in youth accessing the FYI vouchers throughout the state. VDSS in collaboration with Project LIFE provided a training with the National Center of Housing and Child Welfare regarding the FYI vouchers. Approximately 50 LDSS workers participated and asked questions about the initiative. The FYI voucher is specifically for foster youth leaving foster care services to provide up to 5 years of housing.

During FY2021, VDSS connected with the Housing Resource Line (HRL) that was established in September 2020 to serve Richmond City, Henrico, Chesterfield, Hanover, Powhatan, Goochland, New Kent and Charles City Counties. HRL navigates resources ranging from rental options, financial

assistance, repairs, legal aid, fair housing and more. The main objectives include: 1) point persons in the direction of resources they are eligible for to save time in their search; and 2) aid service providers in receiving inquiries only from those who meet their eligibility requirements. VDSS attends HRL's quarterly committee (composed of representatives from other housing programs and community partners) meetings. VDSS shared with the group information on Fostering Futures, Chafee Program, ETV Program, and Foster My Future's website.

In 2022, VDSS will work on bridging the gap between LDSS directors and local public housing authorities (PHA) by having open conversations about the barriers and next steps regarding FYI, connect with other housing resources, and work with youth and key stakeholders to seek opportunities for youth engagement and voice on housing needs. (**Permanency Strategy 5.2**)

Youth Voice and 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 is striving for meaningful youthful engagement where young people are key decision makers and making their voices part of the partnership and decision-making. For FY2021, youth and young adults participated in the various events and activities listed below, which were also shared in the Capacity Building Center for States Peer for Peer Learning webinar on the topic: *Cultivating and Maintaining Meaningful Contact with Young People*. VDSS reported on the following methods for meaningful youth engagement:

1. Focus on building capacity at the local level
    - By modeling effective engagement when working directly with LDSS
2. Value youth
    - Engaging young people through involvement and participation
3. Sponsor statewide youth conferences
    - Obtaining youth input during fall/spring Project LIFE conferences
4. Focus on transportation needs
    - Obtaining youth responses to transportation and driving barriers throughout the state.
5. Involve the state's Youth Advisory Board – SPEAKOUT (Strong Positive Educated Advocates Keen On Understanding the Truth)
    - Using the voices of youth in foster care and alumni to provide input on foster care regulations, guidance, and practice
6. Youth Welfare Approach (YWA)
    - Focus groups with youth and young adults with lived experience led by SPEAKOUT
    - YWA video created by young adults
    - Provide YWA trainings for IL Coordinators, foster care workers, and private providers

SPEAKOUT

The Strong Positive Educated Advocates Keen On Understanding the Truth (SPEAKOUT), the state Youth Advisory Board, includes youth ages 15-26 who have experienced or are currently in the Virginia foster care system. Currently, the board meetings are virtual and occur monthly for one hour and thirty minutes. SPEAKOUT members make a difference in the way youth are served in the Virginia foster care system by providing feedback directly to the VDSS, LDSS, other state agencies, legislators and community partners. Members provide thoughtful and invaluable insight that helps inform foster care policy and regulations, guidance, and practices. The benefits for members participating in SPEAKOUT includes:

- Help improve the Virginia foster care system for current and future youth in foster care;

- Develop advocacy and leadership skills; and
- Receive compensation for participation.

During the monthly meetings, VDSS provided updates, which allowed SPEAKOUT to decide what areas to work on in their strategic plan. During FY2021, SPEAKOUT participated in the following events:

Event/Activities	Purpose	# SPEAKOUT Members Involved
Youth Welfare Approach ● Planning Meetings (monthly) ● Youth and Young Adult Focus Group	SPEAKOUT members served on the steering committee for the Youth Welfare Approach. This approach explores how to effectively work with youth in foster care and engage them in their case planning.	2
Child Welfare Stipend Program- ● East Tennessee State University-Abington VA Campus ● Annual Kick-off Event ● Norfolk State University	SPEAKOUT members spoke to MSW students about their experience in foster care, the unique needs of older youth, and ways to improve the system	2 (per event)
Planned Virginia Town Hall Meeting (sponsored by SPEAKOUT and Think of Us))	Town Hall focused on the Fostering Futures (Virginia's extended foster care Program); developed a SPEAKOUT flyer for outreach and recruitment efforts	3
VDSS National Recognition Months ● Reunification Month ● Foster Care Month	SPEAKOUT Members participated in the planning and delivery of statewide webinars for Reunification Month and Foster Care Month	2
Meeting with Independent Living (IL) Coordinators in	Presented information on SPEAKOUT at the regional IL Coordinators' meetings to inform the group about the	3 (1-2 per event)

Eastern and Western Regions and other recruitment events	youth advisory board and recruit new members	
Pandemic Relief Workgroup (Consolidated Appropriations Act 2021)	Youth's input on how to implement the Division X Older Youth Provisions in the Act in Virginia	2

During FY 2021, Virginia began compensating youth with lived experience for their time serving on the Youth Advisory Board, committees, panels, etc. for VDSS. Currently, the youth receives $25 an hour.

A SPEAKOUT member with lived experience in the child welfare system was successfully recruited to serve on the state-level, Thriving Families, Safer Children (TFSC) Core Planning Team. While there are strong partnerships at the state level, the TFSC, a multi-year initiative, recognized the benefit from targeted support and technical assistance to coordinate and mobilize these partners particularly at the local levels. It was critical to incorporating the voice of people with lived experience to serve in leadership roles. This young adult has been an active participant on the Team's monthly meetings, bringing her perspective to the TFSC work from the earliest stages of Virginia's priorities, relevant data points, planning, and goal setting. The youth will continue to participate as the team moves from planning to community-level implementation and will be compensated for her time for serving on this committee.

During 2021, VDSS discovered a new program called Youth At-Risk of Homelessness (YARH) that highlights meaningful youth engagement with youth in- and formerly in foster care. The Children's Bureau is funding a multiphase program to build the evidence base on what works to prevent homelessness among youth and young adults who have been involved in the child welfare system. YARH focuses on three populations: (1) adolescents who enter foster care from ages 14 to 17, (2) young adults aging out of foster care, and (3) homeless youth and young adults up to age 21 with foster care histories. The program engages youth in YARH interventions, including the methods they use to engage youth in services. YARH "defines youth engagement as youth actively communicating with professional staff. This can mean initiating or responding to calls and texts, attending meetings, and leading discussions to plan for their future."

Youth Exit Survey

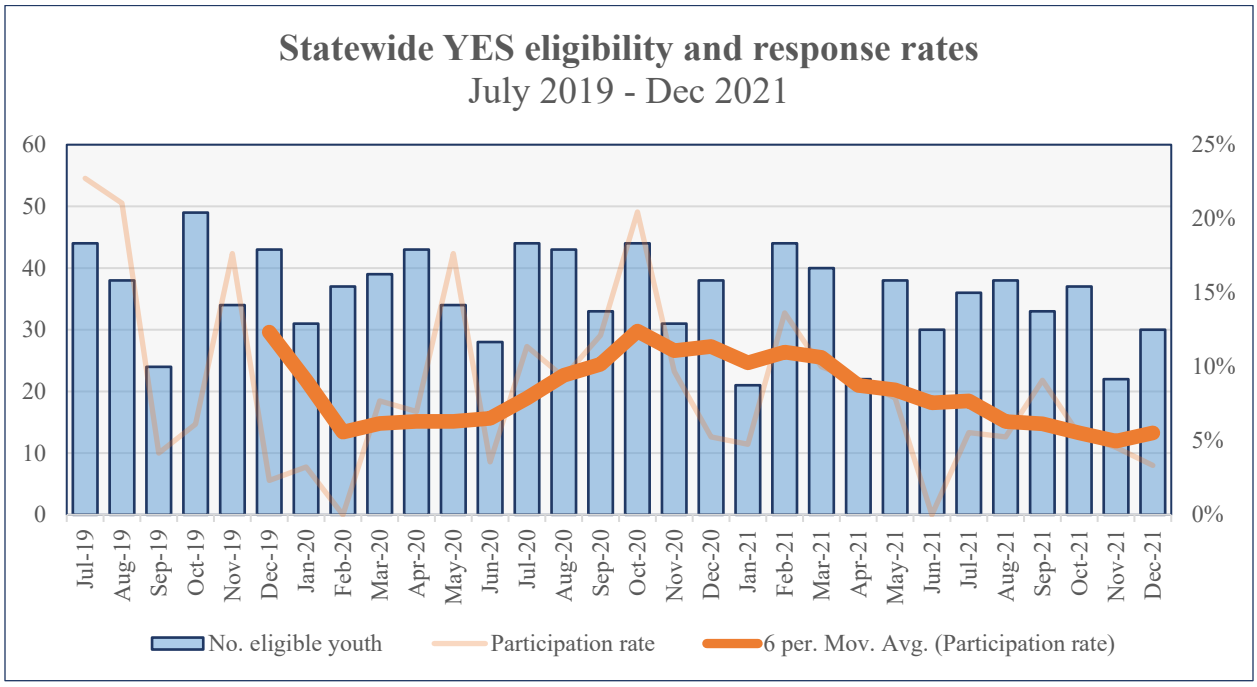
The Youth Exit Survey offers a platform for prioritizing and lifting the voices of older youth with experience in Virginia's foster care system. (**Permanency Strategy 4.1)** In accordance with Virginia state law (H1451), VDSS administers the ongoing Youth Exit Survey to gather feedback from youth exiting 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. Currently, this survey represents the only active statewide effort by VDSS to solicit feedback directly from older youth aging out of foster care in Virginia. As such, it is an important way to hear from youth about what is working and what can be improved in Virginia's foster care system.

VDSS provides monthly eligibility lists and individualized survey information flyers to LDSS partners for dissemination to eligible youth. 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.

A total of 361 youth were eligible to participate in the Youth Exit Survey during calendar year 2021. As of February 2022, VDSS has received responses from 33 of these youth, or roughly 9% of all youth in Virginia who were eligible to participate in 2021. From the survey's initial statewide launch in July 2019 through December 2021, a total of 1,021 young people have been eligible to participate, and VDSS has received responses from 109 youth (or approximately 11% of the total population eligible during this period).

The Table below tracks the number of eligible youth and statewide participation rates each month from July 2019 through December 2021. Participation rates have been trending downward in recent months.



The LDSS workers are *not* responsible for administering the survey or collecting response data. Worker roles are limited to explaining the survey and distributing personalized survey info flyers to eligible youth.

To promote and administer the survey, VDSS provides written guidance, training, and technical assistance to LDSS. To incentivize participation, VDSS offered a $15 gift card to all eligible youth who chose to participate in the survey any time from January through December 2021. In 2022, VDSS will increase the value of gift cards to $20 for each eligible survey respondent. Working collaboratively with stakeholders including LDSS partners and individuals with lived experience in foster care, VDSS revised the Youth Exit Survey to improve readability and remove redundant items, thus reducing respondent time burden. VDSS will continue to periodically revise the Youth Exit Survey instrument as needed, improve marketing, and update administration protocols in efforts to encourage participation in 2022.

In late 2021, VDSS developed a Spanish language version of the Youth Exit Survey. This version is currently under review and will be made available to LDSS partners as soon as practicable. As well, VDSS recently completed a summary report featuring detailed analyses of survey response data received

from July 2019 through December 2021. VDSS will share results of the survey with youth and LDSS in FY2022.

Project LIFE

The goal of Project LIFE is to coordinate and enhance the provision of IL and permanency services to youth statewide. Since VDSS and many of the LDSS do not have the staff and resources to provide the services needed to help youth develop permanent connections and adult living skills, VDSS and LDSS benefit from additional support from a contractor that provides IL services 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. Project LIFE continues to prepare young people for advocacy opportunities, strengthen their natural supports and connection with stable adults. This contract emphasizes positive youth development and engagement for youth and provides training and technical assistance to LDSS staff.

VDSS's practices and philosophy include a strong focus on the need for older youth in care to achieve permanency and have permanent connections to responsible adults, as well as improved skills to 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 that 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 that delivers statewide services in all five regions of Virginia. Statewide coverage is important in order to ensure that all eligible youth have access to services and that all LDSS have access to support in meeting the needs of youth in each of the state's regions. The contractor incorporates the core beliefs of the children's practice model into their program, and demonstrates sensitivity to cultural, socio-economic, and community influences. In addition, the staff 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. During FY2022, Project LIFE will continue to focus on positive youth development and engagement for youth, training, implementation of Youth Welfare Approach, and technical assistance for the LDSS.

Due to the COVID-19 pandemic, Project LIFE's programming was switched to a virtual platform using the Ring Central application in April 2020. This virtual service delivery continued through the 2021 program year. This switch created some challenges for Project LIFE in having to adjust the way the program provided events and services in all five regions. The program experienced a major decrease in

youth participation in 2020. An ongoing challenge was a reduction in youth participation due to lack of interest in virtual events.

Some successes in 2021 include an increase of youth participation during the virtual conferences, held in the spring and fall of the year. The largest attendance on this virtual platform was 52 youth participation for the three-day spring conference. Along with the increase of youth participants, there was also an increase in the number of virtual learning opportunities for LDSS, private providers, and stakeholders. Highly requested trainings such as the Foster Youth to Independence Initiative (FYI) on housing vouchers for youth in foster care had 50 public and private providers participate. Project LIFE also partnered with VDSS to introduce the Youth Welfare Approach in all five regions during the quarterly IL Coordinators' meetings. This virtual platform opened the program's ability to serve youth and workers in multiple regions simultaneously during these virtual events. The tables below display the number of the youth who participated in the virtual events and the type of services provided during January 1, 2021-December 31, 2021.

January 2021 – June 2021 Numbers of Youth Served by Region

Region	Numbers of Youth Served
Central	85 (56.67%)
Eastern	29 (19.33%)
Northern	71 (47.33%)
Piedmont	74 (49.33%)
Western	29 (19.33%)
Total	**150 (Unduplicated Youth)**

Types of Services Provided for Youth

Services	January–March (Q3)	April–June (Q4)
	Cumulative Totals of Youth Participation	Cumulative Totals of Youth Participation
Advocacy/Leadership Opportunity	37	43
Advocacy/Leadership Training	9	54
CLSA/Transition Planning	0	1
Community Engagement	6	8
Daily Living	21	63
Education	3	20
Employment/Career Development	14	5
Financial Literacy	33	37
Good Credit	41	40
Permanency/Relationship Building	42	71
Public Speaking Training	10	34

Real World	0	9
Self-Care	0	2
Statewide Conference	0	52
YAP	4	61
Total	**220**	**500**

July 2021 – December 2021 Numbers of Youth Served by Region

Region	Numbers of Youth Served
Central	77 (71.96%)
Eastern	42 (39.25%)
Northern	62 (57.94%)
Piedmont	39 (36.45%)
Western	52 (48.6%)
Total	**107 (Unduplicated Youth)**

Types of Services Provided

Services	July–September	October–December	Percent of Total Youth
	Cumulative Totals of Youth Participation	Cumulative Totals of Youth Participation	
Advocacy Opportunity	14	59	51.4%
Advocacy Training	0	41	36.45%
Community Engagement	28	8	27.1%
Daily Living	19	46	50.47%
Education	2	1	2.8%
Employment/Career Development	2	35	33.64%
Financial Literacy	6	0	4.67%
Good Credit	20	36	46.73%
Housing/Home Life	2	40	38.32%
Leadership Opportunity	0	4	2.8%
Leadership Training	3	0	1.87%
Permanency	1	10	10.28%

Relationship Building	9	52	50.47%
Self-Care	16	42	50.47%
Statewide Conference	0	49	45.79%
Transition Planning	3	0	0.93%
YAP	0	41	36.45%
Total	**125**	**464**	

Project LIFE held the spring virtual conference for youth May 18-20, 2021 (5:30 pm-8:30pm). The theme of this conference was "The LIFE Network", a play on local television programming. Each workshop was a spinoff from popular television shows that are most frequently watched nationwide. Topics included *Daily Living Skills/Home Life (Food Network); Relationship Building (TLC); Budget/Money Management (OWN Channel); Advocacy (PBS Network); Youth Adult Partnerships; Public Speaking (NBC).* There were also spotlights on IL resources for the youth as prerecorded commercial segments such as IL housing apartment programs, post-secondary education options, mental health supports, peer support groups, and career development options. Project LIFE provided incentive based raffles for youth engagement throughout the sessions and several youth engaging icebreakers and activities along with the IL life skills sessions. The Fall Conference was held November 2-4, 2021 (5:30 pm-8:30pm) and the theme was "Floor Plan of LIFE," loosely related to the floor plan in a house. Topics included: *Organizing Your Space; Keep that Same Energy: The Power of Positive Connections; Making Money and What to Do with It; and Cooking in the Kitchen*. In addition, during the youth fall conference, VDSS asked youth participants about the barriers and challenges in getting a driver's license and received valuable feedback. Again, during the fall conference, Project LIFE provided incentive based raffles for youth engagement throughout the sessions, engaging icebreakers and activities.

VDSS participated regularly in the IL Coordinator Committees' meetings for all five regions hosted by Project LIFE. During these meetings, VDSS provides state's updates and addresses questions from the local IL Coordinators, private providers, and community partners.

For calendar year 2022, VDSS in collaboration with Project LIFE plans to hold monthly virtual check-ins with LDSS to provide a brief overview on NYTD, Chafee and Education and Training Voucher Programs and Pandemic Relief services and funding. Also, Project LIFE will continue to collaborate with VDSS to introduce statewide the Youth Welfare Approach; 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.

Youth Welfare Approach

Research shows that youth who age out of foster care are at a great risk of facing negative outcomes including housing instability, unemployment, poorer health, lower education attainment, and criminal justice involvement. VDSS has embarked on introducing the Youth Welfare Approach at state, regional and local levels to improve these outcomes. For more information on this approach visit: **https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide/**
The Youth Welfare Approach is a framework to help workers effectively engage youth in foster care so they can have the relationships, resources, and opportunities needed to support their well-being and success. VDSS desires all youth to be heard, involved in their service planning and planning for their future.

The Youth Welfare Approach recommends shifting from a child-focused system that is reactive, case plan-driven, and protection focused to a youth-focused system that is proactive, youth-driven, developmentally framed, and normalcy oriented. Core components of this approach:

- Recognize the essential role of positive youth development and engagement;
- Focus on social connections and support networks;
- Rooted in knowledge of adolescent development and trauma-responsive care; and
- Emphasize the importance of services and transition planning with youth in foster care.

In addition, the Youth Welfare Approach highlights the "Good-Better-Best" Continuum that drives and evaluates practices to improve outcomes for youth. This concept illustrates how LDSS can move toward providing youth welfare-oriented services along a continuum, ranging from meeting minimum federal and other requirements (Good) to individualized and thorough provision that represents the optimal care for the young person (Best).

The Youth Welfare Approach acknowledges that youth are the experts of their lives, and should be trusted to make decisions about their future. This approach aligns with the Virginia CFSP Strategic Plan and Virginia Team Action Plan developed during the Activating Youth Engagement Summit (August 26 and 27, 2020). The CFSP strategic plan under the **Permanency Objective # 4** - Increase availability, accessibility, and effectiveness of IL services to support a successful transition to adulthood. Activities include:

- 4.4 Incorporate principles of Positive Youth Development and Youth Engagement in training and services for youth.
- 4.6 Increase compliance with expectations around the use of skills assessments, transition plans, and team meetings to support youth transition to adulthood.
- 4.8 Continue commitment to soliciting youth voice and incorporating feedback into VDSS decision.

The Youth Welfare Approach is incorporated in Project LIFE's contract to support youth engagement and positive youth development.

During January of 2021, VDSS provided a presentation on the Youth Welfare Approach to colleagues, including leadership, program managers and policy specialists in order to obtain the support to proceed in introducing the framework to workers and private providers throughout Virginia. A steering committee was established and the following goals were developed:

1) Short-term Goal: The local department of social services, youth, foster parents, private providers and other key stakeholders are aware of the Youth Welfare Approach.

2) Long-term Goal: Every locality in Virginia is knowledgeable of the Youth Welfare Approach, has access to the materials, and trained on how to utilize the approach.

The chart below shows activities and events for FY 2021 on the Youth Welfare Approach (YWA):

	Activities/Events
Development of a Steering Committee	Composed of four state staff, four youth, five workers from local departments of social services, three private providers; monthly meetings held

Consultation with Peers regarding ideas of youth engagement models/ approaches	Capacity Building Center for States, New Mexico, North Carolina, Annie E. Casey
Consultation with the Training Department	Training Unit incorporated components of the YWA in CWS 3061, a course that is required for new foster care workers; collaborating with the Training Unit to develop an eLearning course
July-Youth Welfare Month	Articles written for Spotlight and e-Blast (internal newsletters) on YWA; presentation at Lunch and Learn for state staff on YWA and youth services; Broadcast on the LGBTQ population in foster care
Focus Group	Focus group facilitated by youth for youth and young adults on YWA
Training on YWA	Sponsored by a private provider for private providers and LDSS
Presentations on YWA	Presentations to the state's Permanency Unit, the five regional IL Coordinators Committees (Central, Piedmont, Western, Eastern, Northern); one Regional Supervisor Meeting
Consultation with CRAFFT	Met with CRAFFT program manager and coordinators to discuss providing YWA training to foster parents
Video on YWA	Developed by two young adults for youth

For the upcoming year, VDSS will continue to bring awareness of YWA and offer training for LDSS and private providers. Project LIFE will provide training and technical assistance as needed.

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.

New Collaborations during FY 2021

Ready to Achieve Mentoring Program (RAMP): is a pilot program through the Department for Aging and Rehabilitative Services(DARS) for students who are foster care and justice involved ages 14-21 who are eligible for DARS transition and education services. VDSS has participated in planning meetings as subject matter advisory regarding youth in foster care and designated LDSS points of contacts in each pilot region.

Fostering Responsible Parents in Virginia: The Division of Child Support Enforcement (DCSE) was awarded the Charting a Course for Economic Mobility and Responsible Parenting Grant from the Federal Office of Child Support Enforcement, within the U.S. Department of Health and Human Services. DCSE has partnered with the Division of Family Services/Foster Care and the Department of Juvenile Justice on this project. The objectives are: 1) to adapt existing responsible parenting training materials to educate teens and young adults on the financial, legal, and emotional responsibilities of being a parent, and 2) take what is learned during the curriculum delivery portion of the project to create an online game (mobile friendly) with a "choose your own path in parenting" theme. DCSE will support the project and partner programs with digital marketing. This is a three-year grant ending June 2024. The first year permits time for planning and finalizing contracts, and the second two years focus on grant activities.

The Housing Resource Line (HRL): is a centralized access point to help connect residents to programs and services that will help address their housing needs. HRL has a brief intake process guided by one of the HRL specialists, and the information that the residents provide will help determine which housing services they are eligible for and meet their needs. The purpose is to point callers in the right direction so that they can gain access to resources and services such as: financial assistance, financial education, homebuyer education, emergency assistance, foreclosure prevention, legal support, locating rental options, rehabs & repairs, and ramps. For more information, visit HRL's website: https://pharva.com/housing-hotline/

Division X of the Consolidated Appropriations Act

The Consolidated Appropriations Act 2021, P.L. 116-260 enacted into law on December 27, 2020, provided temporary flexibilities and assistance in response to the COVID-19 pandemic and public health emergency. Division X of 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 and young adults who are or were formerly in foster care regardless of the current maximum age for foster care under the laws and policies. Virginia received $3,968,295 in Chafee COVID Funds and $576,787 in ETV COVID funds.

Due to the pandemic, there was a greater need for funds to support youth, specifically those in Fostering Futures or those who aged out of foster care. It seems that youth who were or previously in foster care were disproportionately impacted by the pandemic compared with their cohort. The additional funds provided by the Division X were instrumental and significant in serving youth ages 18-27 years old. One of the paramount ways VDSS used these funds to support and aid youth in crisis and need was by offering a one-time payment of $1,500 dollars. Eligibility for the cash payment include young people who had aged out of Virginia's foster care system and not eligible for the Fostering Futures program. Being able to distribute this amount of funds for a wide range of reasons was incredibly helpful and a step towards creating greater equity for youth out of foster care. VDSS worked to create and implement the Pandemic Relief Program as smoothly and efficiently as possible for the 120 LDSS that distributed funds and provided services to youth, serving 481 youth with a total of $259,900 in funds expended. Additional data on these youth is provided in charts further in this section.

For FY2021, VDSS partnered with youth, local and state staff to expand programming and support to ensure all eligible youth and young adults were aware of and have access to the services and financial assistance available to them. Below are the activities that took place regarding Virginia's Pandemic Relief Program:

- Created and posted several broadcasts regarding youth remaining in Fostering Futures and not aging out, re-entry into foster care; programmatic flexibilities, additional funding, and supports for older youth; guidance and instruction to LDSS on how to use and access additional Chafee and ETV funds for all eligible youth
- Held weekly meetings with two workgroups: Youth Messaging and LDSS Messaging (both workgroup include youth) about the Pandemic Relief Program
- Partnered with Think of Us to reach out to young people via a combination of text, social media, email, phone banking and a virtual town hall in partnership with the SPEAKOUT, state's Youth Advisory Board, to directly connect individuals with the newly available resources.
- Developed and presented two webinars for LDSS that provided information on Division X programmatic flexibilities and additional funding
- Developed FAQs for LDSS regarding re-entry into foster care, programmatic flexibilities and additional funding; created a COVID Funds Decision Tree
- Virtual Town Hall sponsored by SPEAKOUT regarding the Older Youth Provisions and COVID-19 eligible expenses
- Created flyers and messaging aimed towards 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 to private providers and community agencies about the Pandemic Relief Program (statewide messaging started March 3, 2021)
- VDSS messaging to LDSS Directors, local supervisors, and IL coordinators regarding social media campaign

- Meeting held to elicit feedback from four youth with lived experience on recommendations for spending the additional Chafee COVID funds and questions to ask on the Pandemic Relief Program online application
- Developed an Pandemic Relief Program online application for youth and young adults in and formerly in foster care
- Collaborated with VDSS Finance team to create new budget lines, manuals and processes for VDSS to allocated the additional funds to LDSS
- Hired a dedicated worker for the Pandemic Relief Program
- Launch a public awareness campaign to directly connect youth and young adults with resources they were eligible for with emergency expansion of Chafee fund

Several strategies were implemented to engage youth and young adults in meaningful efforts. Youth highly depended on social media and virtual communications during the pandemic for awareness on opportunities for funds and resources. As a result, VDSS engaged with youth virtually and by texting on the state and local levels. VDSS collaborated with organizations such as Think of Us, Fostering Acadia, and Great Expectations to spread the word about the Pandemic Relief Program and used community organizations to engage youth.

Other methods used to engage youth included sending out email reminders on a consistent basis to all LDSS, and encouraging IL coordinators and workers to inform any youth they knew about the Pandemic Relief Program. VDSS also shared posters and flyers on VDSS social media and websites such as the Fostering My Futures site: https://www.dss.virginia.gov/fmf/ with pertinent information on these funds and resources. There was an intentional effort to create a safe and open safe during phone consultations for youth with lived experience applying for the COVID funds and services. This was demonstrated through employing effective, active, and respectful communication to all who reached out with interest for themselves or someone they knew.

Below are demographics and responses from youth and young adults who applied for the COVID Pandemic Relief one-time payment and/or services.

Demographics of Applicants and Gender Identity/Pronouns

Of the 481 Applicants:

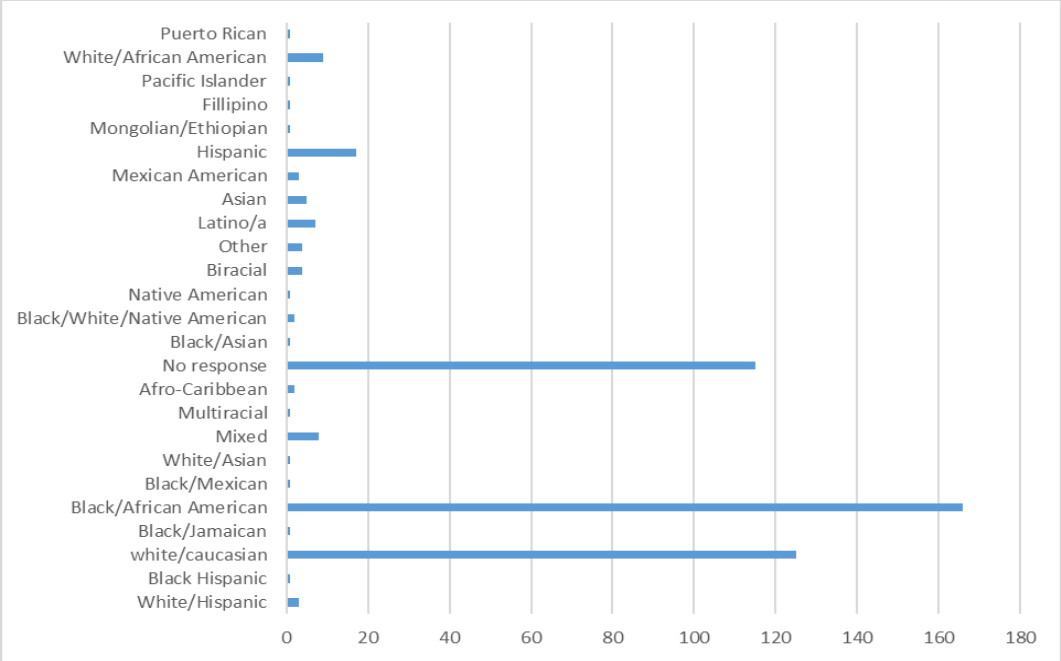
# of Applicants	Gender Identity/ Pronouns
4	They/them
1	He/they
1	She/her/they
103	He/him
206	She/her
112	No Response

Age Ranges

There was a wide variation in the age ranges of applicants. With the range of ages beginning with 16 years old and ending at 32. The largest age group to apply for Pandemic Relief was 22 years old, followed by 23 years old, 21 years old and then 20 years old.

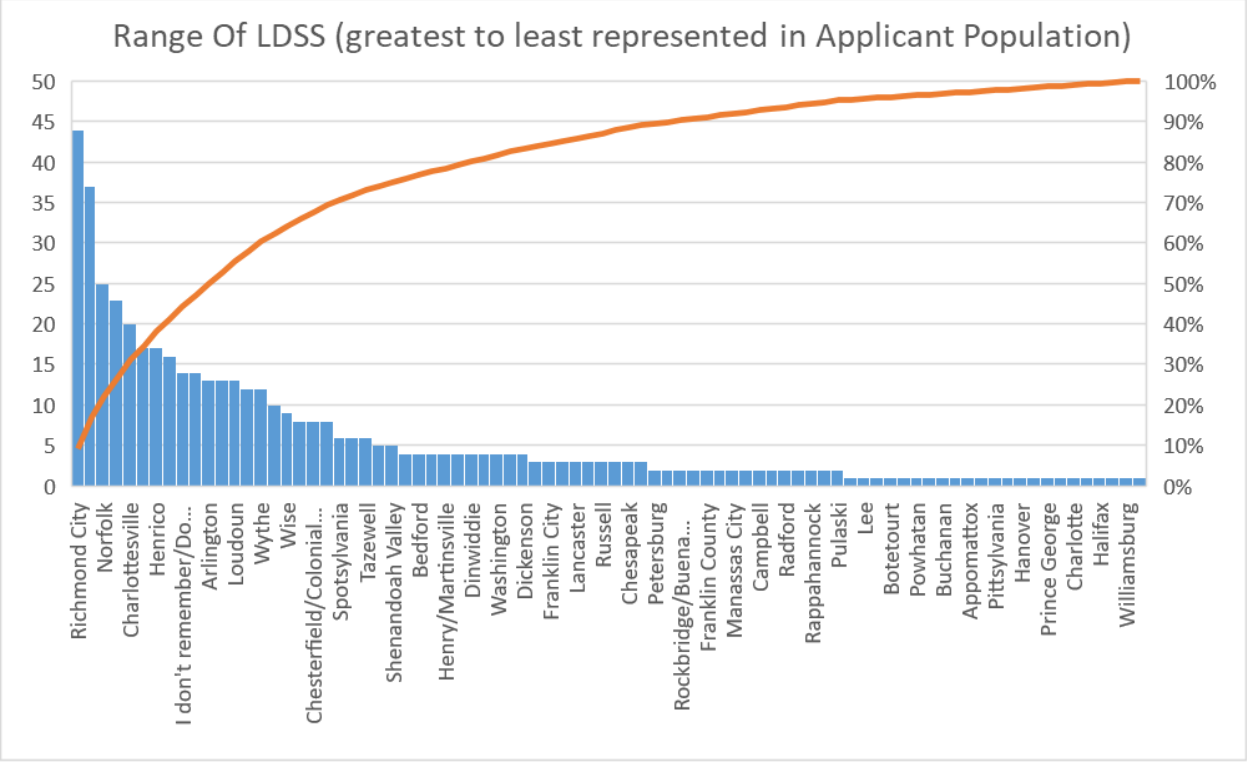
Race/Ethnicity Overview

The most represented races/ethnicities in this application population: Black or African American and White. The Table below displays an example of disproportionality, because Black or African American youth are overrepresented in this population.



Locality

The top five LDSS with the greatest number of youth were Richmond City, Roanoke City, Norfolk City, Charlottesville, & Henrico County.



Applicants' Responses

How the Applicant Left Foster Care

On my own	105
Aged out	70
Adopted	55
Fostering Futures or an IL Program	147
Reunified with parent/caretaker	54
Staying with friend/romantic partner	2
Living with family	1
Not sure	3
Other	1
Sponsored residential	1
Military	1
Custody of a relative	26
Shelter	1
College	3
No response	9

Are you currently in Fostering Futures?

I Am Not Sure	**60**
Yes	**116**

No	**305**

Are you currently receiving Medicaid?

Yes	**290**
No	**55**
I Don't Know	**35**
No Response	**101**

Secondary and Post-secondary education/training opportunity rates

Yes Responses: 156

Graduate School	1
College/University	111
Vocational training or certificate program	16
High school	13
GED Program	9
No response	2
Other	3
Military Occupational Specialty School	1

No Responses: 325

When asked if they would like to pursue education/training opportunity

Maybe	73
Yes	124
No	46
No Response	82

Have you experienced any of the following in the last year?

Have lost a job/hours/income	209
Fallen behind on payments	227

Applied for unemployment or other benefits	143
I signed out of foster care due to lack of support. resources, and services	1
Lost day care for a/my child	33
New or worsening mental health concerns	107
Faced increased expenses (rent, groceries, transportation, delivery fees, etc.)	208
Food insecurity	173
Faced housing instability (I've lost housing, had to move multiple times, stayed in a shelter, slept outside, etc.)	176
Lacked access to services and other resources.	109
Lacked access to healthcare	60
Experienced violence or abuse of any kind	59
Have been incarcerated	32
Rehab for Substance Abuse	1
Need day care for my children	1
Transportation/Car issues	9
Husband is the only source of income and he has been furloughed	1
No response	36

Applicants received one-time payment of $1,500.00

Yes	173
No	308
Total	481

Direct assistance provided in funds: Total amount $259,900

As the young people reported on their application, many experienced disruptions in their daily routine, food insecurity, unemployment, housing instability, and trauma, which had an impact on their mental health. One hundred and seven (107) applicants reported new or worsening mental health concerns during the pandemic. According to the U.S. Surgeon General Advisory report, https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf, vulnerable populations such as youth involved with the child welfare or juvenile justice systems, and homeless youth were most heavily affected by the COVID-19 pandemic. VDSS contacted the appropriate LDSS for each youth and informed them of the applicants' needs including mental health services. Other ways VDSS supported and reached out to youth in and formerly in foster care during FY 2021 included:

- Continued awareness and training of the Youth Welfare Approach to increase meaningful engagement with youth. This approach looks at the unique needs of adolescents and meet youth were they are;
- Used Chafee funds if Medicaid would not cover needed services for youth;
- Partnered with the Department to Medical Assistance Services (DMAS) to ensure youth who leave foster care know how to access services through Medicaid;
- Project LIFE sponsored bi-weekly "Talk It Out Thursdays". This was an open virtual platform for youth to stay connected with other youth, express concerns and ask questions. If a youth identify a need during these meeting Project LIFE staff was present to assist;
- Listened to youth with lived experience regarding their concerns and needs; and
- Worked to reduce congregate care.

VDSS will continue to share "The Tip Sheet on Responding to Youth and Young Adults Mental Health Needs" developed by Division X Technical Assistance and resources and tool kits with LDSS in 2022.

Barriers and Challenges
Although Virginia received almost $4 million in Chafee COVID funds to support youth and young adults, there were a myriad of barriers and challenges for VDSS to implement and distribute the additional Chafee and ETV COVID funds. The challenges VDSS faced in implementing the Division X for older youth and young adults in or formerly in foster care were:

1) Limited staff and time to implement the Pandemic Relief program, which required developing financial manuals and program guidance, establishing work groups, new budget lines and processes, and determining the best methods and advertisement to reach youth, local departments of social services (LDSS), and private and community partners about the pandemic relief assistance. Since it took several months before the COVID funding became available, it prolonged hiring a dedicated worker to provide technical assistance to LDSS and securing a contractor for advertising the Pandemic Relief Program. The two state Youth Services Specialist positions for the Chafee and ETV programs became vacant during this time frame.

2) Lack of infrastructure needed to make the one-time cash payments directly to the youth and young adults from the state office. The funds had to be funneled through the 120 LDSS, each of which have their own policies and procedures they needed to follow. This prolonged the length of time it took to get the funds to the youth and young adults.

3) While the bill was signed into law in late December 2020, it was several months before the Children's Bureau was able to issue guidance and for Virginia to receive the additional funds. This resulted in unrealistic time frames to get the Pandemic Relief program developed and implemented, and to collaborate with the LDSS to provide financial assistance and services to the youth (particularly those between the ages of 22-26) in a timely manner and before the deadline of September 30, 2021.

In addition, LDSS confronted barriers and challenges in getting the additional funds to serve the youth. They included:

1) The Consolidated Appropriations Act (Act) allowed states to utilize IV-E funding for eligible youth to re-enter extended foster care (age 18-21); in Virginia, it is called Fostering Futures. For those youth not eligible for IV-E funding, the LDSS could use Chafee funding. Many continued to use the regular Chafee funding as they had not received approval from city councils or board of supervisors to utilize the COVID funding until much later.

2) Due to limited staff (i.e., high turnover, retirement), the time to develop guidance for the LDSS and implement the Pandemic Relief program, the foster care workers had to reach out to other staff to help develop new budget lines and processes. LDSS had to seek approval from city councils or board of supervisors to use additional funding even though it is 100% federal funding.

3) The Chafee and ETV programmatic flexibilities and additional COVID funding authorized by the Act was a major undertaking for the LDSS. Many lacked the infrastructure needed to make the one-time cash payments directly to the youth and young adults and spend the additional COVID funds. Each of the 120 LDSS have their own policies and procedures they needed to follow. This prolonged the length of time to get the funds to eligible youth and young adults.

4) VDSS developed and posted financial manuals, program guidance, and broadcasts for the LDSS outlining programmatic flexibilities and time frames of Division X. However, many workers misunderstood that the programmatic flexibilities ended September 30, 2021 and that Chafee and ETV COVID funds are available until **September 30, 2022.** Many thought the flexibilities and funding ended September 30, 2021**.**

5) The LDSS were accustomed to spend funding in the Chafee and ETV regular budget lines, but utilizing two additional budget lines (Chafee and ETV COVID funds) created additional work for the LDSS to ensure funds were spent.

6) Newly hires on the local level were not fully aware of Chafee and ETV programs and how to spend the additional COVID funding.

In FY2022, VDSS will launch a Transportation Assistance Program utilizing the Chafee COVID funds as authorized by the Act. States can use up to $4,000 per youth to assist with driving and transportation needs.

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. However, Division X of the Consolidated Appropriation Act increased the amount to $12,000 until September 30, 2022. VDSS administers the ETV program and LDSS process ETV student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. VDSS responds to inquiries, provides training and/or technical assistance to LDSS~~,~~ youth-serving agencies, alumni of foster care, and foster and adopting parents. 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.

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 in their locality 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. The Division X provided programmatic flexibilities for the ETV program however, the flexibilities ended September 30, 2021.

During 2021, the ETV pilot program was put on hold due to the pandemic. The pilot program supports older youth in foster care and alumni who are accessing ETV and enrolled in post-secondary programs. The program is geared toward youth ages 18 to 23 who reside or attend college or vocational school in the Central region. The pilot program was created in response to the assessed need of older youth in and formerly in foster care, who are not connected to staff at a LDSS, to have access to adult supporters in order to successfully surmount barriers to educational attainment. A master's level social work intern at VDSS provides the support services for this program.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Virginia

	Total ETVs Awarded	Number of New ETVs
Final Number: **2020-2021 School Year** (July 1, 2020 to June 30, 2021)	172	76
2021-2022 School Year* (July 1, 2021 to June 30, 2022)	200	85

*Estimated

Many youth in- and formerly in foster care were severely impacted by the COVID-19 pandemic that presented barriers to successful academic pursuits for ETV students, which may explain the decrease in the number of vouchers awarded in FY2021. 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 support, 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. This core initiative helps to strengthen Virginia's postsecondary education assistance program and promote academic achievement and educational stability.

Great Expectations Program

The Great Expectations (GE) Program, established 2008, helps youth who have experienced foster care gain access to higher education, workforce training, and employment opportunities. Great Expectations helps at-risk young people develop the skills they need to transition successfully from the foster care system to living independently. The program is currently available at 21 colleges and will soon operate at all 23 so that foster youth across Virginia have access to one-on-one coaching and support services. More than 30% of all eligible young people who have experienced foster care receive services through Great Expectations. Over 3,500 young people who have experienced foster care have enrolled in college with the help of Great Expectations. Forty-two percent (1,477) of Great Expectations students have graduated with a community college degree, diploma, or certificate or transferred to another college/university (through 6/30/21). One in four Great Expectations students achieve college graduation, compared to the national average of 8% for young people who have experienced foster care. For FY 2021, there was 566 youth in and formerly in foster care enrolled in classes and approximately 66 graduates.

VDSS participated in Great Expectations coaches' meeting to discuss issues and provide up to date information regarding ETV funding and the current temporary ETV limit increase from up to $5,000 to up to $12,000 due to the Consolidation Appropriation Act.

Reflections from a Young Professional with Lived Experience

During the late summer 2019, VDSS hired an alumna of foster care who attends a four-year university in Virginia 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 Expectations program. The 22-year-old ETV Administrative Specialist shared her experience in this position during the COVID-19 pandemic:

"Two years in, I am still currently in the same position as the Education Training Voucher Administrative Specialist. My job duties consist of educating others about the ETV program and partnering with Great Expectations, a program at 21 of 23 of the Virginia community colleges.

This program helps many students in Virginia who have experienced foster care find success in college. I am a youth who has experienced foster care who started my college journey at a Virginia community college in Great Expectations, so advocacy and speaking with other youth comes naturally. One of my job duties is tracking these students' program progress, the amount of funds used, and the duration of years the funds are used. This is to ensure all students remain in compliance with the federal requirements of the ETV program.

Everyone was affected by the pandemic one way or another. In the beginning, I didn't think there was a way we could anticipate how long it was going to last and what was to come. With all the unexpected changes the pandemic ushered in, my role changed from being able to be an active in person support, doing things like attending graduations and foster care awareness events, to being a virtual support. The challenges I faced transitioning to working virtually was just a small piece of it. Youth who experienced foster care everywhere struggled significantly. Schools were closed along with dorms. The workforce was adjusting, and everyone continued to be isolated from one another for another year. This was detrimental on youth who have experienced foster care because they already have poorer outcomes than youth who haven't been in the system. A lot of time these youth have no permanent connections. This means no one to talk to, no familial support, and in the cases of dorms being closed or issues working, sometimes homelessness! All of these are already hard problems in themselves, but they also created additional barriers in continuing post-secondary education making it extremely difficult on the youth.

There were some additions to the program that luckily made it easier on these youth and me. The $1,500 COVID relief payments, the added ETV and Chafee program flexibilities that allowed for youth up to 27 to be served, and ETV being extended from $5,000 to $12,000.

I worked extensively with the rest of the family services team to assist with the influx of youth who applied for the one-time cash payments and other services. I took an active role in the COVID Relief Program, by reaching out directly to the youth who applied to make sure they submitted their application properly, making sure they were aware of other program eligibilities (i.e., ETV and Chafee), making sure they didn't have any immediate concerns or emergencies/urgent needs, and by tracking the result of their eligibility.

I have seen firsthand that these funds were really critical to the youth. I felt these funds really helped me make ends meet. After contracting the virus, I was out of work and did not have the funds to pay my bills at one point. In addition, I really appreciated the extension of ETV from 5,000 to 12,000. I go to Virginia State, a four-year university and I always felt that the $5,000 spread pretty thin across two semesters. The rising tuition costs that come with university were very hard on me financially, and even though I still have some debt, this extension made it possible for me to relieve some of it and I will be graduating this spring!

My roles for the past year have also consisted of assisting and being on the Youth Welfare Approach steering committee, as well as Virginia's youth advisory board SPEAKOUT. I regularly attend meetings, converse about my experience in care, and help suggest and implement changes to foster care in Virginia. I continue to participate in Great Expectations Coaches monthly meetings, virtual trainings, and foster care outreach programs outside of Great Expectations like Project LIFE. I along with other foster youth have been active voices in the development of the Youth Welfare Model. In these different roles, I have taken advantage of the opportunity to continue to educate and raise awareness about the ETV program and address any questions.

Next year, I plan to remain active in these roles because I have seen how impactful my job is."

For year 2022, VDSS will continue strategic efforts to improve ETV program access and bring awareness about the ETV program to youth, LDSS supervisors, workers, and key stakeholders. VDSS will contract with an advertising agency to promote Foster My Future's website https://dss.virginia.gov/fmf/ that provides information on services such as Chafee Transition Plan, ETV and Medicaid for youth in and formerly in foster care. 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 collaborate with the Division Training Unit to revise current course offerings and improve upon new virtual training opportunities.

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

Due to the COVID-19 pandemic, VDSS was not able to provide the annual in-person regional training in 2021. However, VDSS provided virtual or over the phone training to individual LDSS, as requested, for new workers and overall staff development.

DOE and VDSS will continue to provide planned joint educational stability training across Virginia and offer LDSS and school division-specific workshops on request. Collaborative training 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.

For FY 2022, VDSS will collaborate with LTD on the development of eLearning courses for LDSS on the Chafee program and requirements, NYTD, ETV, credit checks, and educational stability. Youth will be involved in the 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. In addition, plans are for the training unit in collaboration with the Chafee Team and youth, to develop an eLearning course on the Youth Welfare Approach for LDSS, which will allow them to access this course at any time

Consultation with Tribes

In Virginia, American Indian or Alaska Native children experiencing foster care are eligible for the same benefits and services under the Chafee program as other children in foster care. 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 has 11 state and federally recognized tribes. None of the tribes in Virginia are designated as the title IV-E agency for their tribe and VDSS continues to be responsible for providing the child welfare services and protections for tribal children. VDSS has made concerted efforts to build relationships with members of the state and federally recognized tribes. A project manager is assigned to lead these collaborative efforts, allowing for ease of continuity of contact between VDSS and the tribes as well building trust between the tribes and government officials. In 2021, VDSS added another staff person to support the work of collaboration and ICWA compliance. This staff member, who currently works in the QAA unit, has a personal tribal connection as their family members are members of a federally recognized tribe in Virginia. The staff person's extensive knowledge of Native American culture, Virginia's tribes, and child welfare programs will help elevate the continued collaboration between VDSS and Virginia's tribes.

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/

VDSS has successfully established meaningful relationships with many of the 11 tribes, which has been a result of consistent and transparent communication through the use of the quarterly roundtable meetings (**Permanency Strategy 6**), one-on-one calls, and emails with tribal leaders. The roundtable meetings are an opportunity for tribes to share questions and concerns around child welfare matters as well as build and share their understanding of ICWA laws. Built into the roundtable meeting agendas 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. VDSS also shares the roundtable materials with all tribal representatives who are unable to attend the meetings in addition to posting the meeting materials publicly on the VDSS website.

The roundtables have had representation from both the state recognized tribes and the federally recognized tribes, with members attending as they are available. These meetings have been utilized to share information and seek feedback on the APSR and other topics. For example, the members of the roundtable were asked for recommendations for cultural adaptations to consider when providing evidence based programs to Native American children and families. The information gathered was shared with those providing the services. During one roundtable meeting, tribal representatives shared the type of

foster parent recruitment materials that would be helpful to send to tribal citizens and a request to include the creation of a short informational video that could be shared on tribal email lists and social media outlets. VDSS is in the process of creating a recruitment video based on this feedback.

VDSS has connected other VDSS divisions and state agencies with Virginia tribes. The VDSS Division of Child Support Enforcement Division Director shared information on the services and programs available to include notifying federally recognized tribes of their ability to run their own child support enforcement program. The State Trafficking Response Coordinator with DCJS distributed a survey, through the Project Manager, to the tribes for the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States.

VDSS shared information on the Consolidated Appropriations Act outlining the support for older youth and the campaign to reach young persons who may have left foster care but were eligible for this additional funding during the COVID-19 pandemic. VDSS indicated that services were being provided to youth who were about to age out of foster care during this time frame. During 2021, the IL Coordinator provided a presentation on Chafee, ETV and Independent living providing a reminder of the services that are offered and the additional supports provided through the Act. To note, no tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Native American children.

VDSS continued to share the importance of promoting Kin First culture by digging deeper into data showing where race disproportionality and disparity exist with respect to kinship placements. This data shows that children who are first placed with relatives upon entering foster care have fewer placements and shorter lengths of time spent in foster care compared to children not first placed with relatives. The feedback from this meeting was positive with the group noting they appreciated the data being shared and analyzed.

After a suggestion from Virginia's Children's Bureau liaison, information about the PSSF program was shared, opening a conversation about tribes pursuing providing services in collaboration with VDSS. One of the federally recognized tribal leaders noted the capacity issue to stand up a program like this within their tribe. It was reiterated that VDSS could facilitate connections between the tribes with LDSS in their area to access PSSF funding if that was a need.

Some significant collaborations occurred outside of the roundtable meetings between VDSS and Virginia's tribes this past year. In August 2021, VDSS facilitated a meeting with the Chief of the Cheroenhaka (Nottoway) Indian Tribe after concerns were expressed about LDSS not following and applying ICWA standards and practices because the tribe is a state recognized tribe, not a federally recognized tribe. The Chief was open to meeting with LDSS leadership of neighboring counties to the Cheroenhaka (Nottoway) tribe to initiate a discussion and relationship-building. A meeting with child welfare leaders from Southampton DSS, Greensville/Emporia DSS and Sussex DSS occurred where all participants were grateful to have the opportunity to meet each other and express the importance of establishing a relationship. LDSS leaders expressed their willingness to engage families to ensure their natural supports are present; to include their tribe, if applicable, the Chief expressed his commitment to support tribal citizens if and when they became involved in child welfare matters. LDSS committed to reinforce this messaging to families who indicate they are citizens of Cheroenhaka (Nottoway).

In October 2021, the Monacan Indian Nation and Amherst DSS held a foster parent recruitment event to serve tribal children currently in foster care in Virginia, who are not placed with a relative, a foster home specified by Monacan Indian Nation or in a Native American foster home; which is the placement preference under ICWA. The DFS Project Manager attended the event which was the first time in this

role that the Project Manager had been able to do an in-person visit to one of the tribe's headquarters or reservation since the pandemic began. Four families attended this event.

The Chief of the Chickahominy Indian Tribe connected VDSS with a contact at the Bureau of Indian and Affairs and an attorney with Cultural Heritage Partners to provide input as subject matter experts (SME) on an ICWA eLearning time-limited workgroup that met in November and December 2021. The ICWA workgroup also included protection and permanency SME, a representative from the Nottoway Indian Tribe, and LDSS child welfare staff. The purpose of the workgroup was to develop a curriculum for a 75 minute overview of ICWA in an eLearning format. The training is geared towards all child welfare staff and supervisors and is in the process of being finalized. In addition to gathering tribes input from the workgroup, VDSS will also gather input on the eLearning content at the March 2022 roundtable meeting. The Chief of the Chickahominy Indian Tribe volunteered to be recorded for the introduction and the closing summary of the ICWA eLearning. It is anticipated this training will be offered beginning in May 2022. Once the training is implemented VDSS will begin tracking the number of participants who take the training and continue to gather feedback from LDSS and tribal partners to develop additional modules of the ICWA training. VDSS will also work with CIP to make a public version so that the court community may participate in the training and have a better understanding of the training child welfare staff have access to. VDSS is planning to partner with Casey Family Programs to provide ICWA training for federally recognized tribes in 2022. Tribal leaders requested this training when they heard that an ICWA training was being developed for child welfare staff.

The Chickahominy Indian Tribe and Monacan Indian Nation provided content for VDSS's Division of Family Services state and local child welfare staff newsletter in November 2021. The focus of the newsletter was on Native American Heritage Month and ICWA. Having Virginia's tribes contribute to the newsletter provided more personal and Virginia-specific content.

As with previous years, VDSS invited tribal leaders to attend the virtual NICWA 2021 Conference. Tribal leaders from the Monacan Indian Nation, Nottoway, Upper Mattaponi, Chickahominy and Chickahominy Eastern Division attended. During the June roundtable meeting, attendees of the conference were able to share takeaways and note-worthy topics with the rest of the group.

Other noteworthy collaborations include connecting with other states for technical assistance regarding their tribal collaborations. VDSS met with a representative of the Bureau of Native American Services in the Office of Children and Family Services of New York. New York was recommended because there is a similar process noting children in foster care who have been identified as AIAN. While New York has a smaller ICWA population in comparison to the number of youth in foster care, they have seen a successful increase in notification of ICWA cases to the state office. Information was shared about this peer-to-peer consultation with the CIP on ICWA training. Connections were also made with the Oklahoma Children's Services Administrator and Family First Prevention Services Act State lead. Oklahoma shared the PSSF application, the process for distributing PSSF funds, and how tribes utilize those funds.

DATA

Children served by VDSS Child Welfare that identify as American Indian or Alaska Native
Statewide Average January – September 2021

	# of Children by CPS Report Type	% American Indian or Alaska Native Children

Referrals	29,836	0.22%
Accepted	13,324	0.24%
Family assessment	9,760	0.22%
Investigated	3,082	0.30%
Founded	1,201	0.55%

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 1/1/2021 -9/30/2021

Statewide Jan.-Dec. 2021	**Male**	**Female**
All children in foster care services	3,846	3,5,585
# American Indian or Alaska Native Children	5	7
Age at current removal		
0-3 years	3	4
4-10 years	1	2
11-14 years	0	1
15-16 years	0	0
17-18 years	0	0
Over 18	1	0
Diagnosed disability		
Yes	2	1
No	2	1
Unknown	1	5
Case plan goal		
Adoption	2	1
Relative placement	1	0
Return home	1	5
Other	1	1
Exits from care		
Reunification	0	0
Adoption	0	1
Custody transfer to another agency	0	0
Custody transfer to other relative (without KinGAP)	1	0
Still in care	5	6