

CAPTA 2021 Update

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State grant (section 106(b)(1)(C)(i)). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

The Virginia Department of Social Services (VDSS) continues to be eligible to receive Child Abuse Prevention and Treatment Act (CAPTA) funds. As a result of the 2022 General Assembly session, there were a number of changes to the Code of Virginia that impacted the delivery and provision of child protective services (CPS) in Virginia. The first change was as a result of House Bills 16 and 50 Senate Bill 63 to §§ 16.1-228, 18.2-371, 18.2-371.1, 40.1-103, and 63.2-100 of the Code of Virginia which increased the amount of after the time of the child's birth that a child can be safely surrendered by a parent under a safe haven defense. House Bills 16 and 50 and Senate Bill 63 increase the timeframe from 14 to 30 days after the time of the child's birth.

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

The third change, a result of House Bill 751, was to § 63.2-1509 of the Code of Virginia which added practitioners of behavior analysis to the enumerated lists of mandated reporters of suspected child abuse and neglect.

The fourth change, a result of House Bill 733, was to §§ 63.2-104 and 63.2-105 of the Code of Virginia which identified the following groups of individuals as having a legitimate interest in confidential child protective services records and records involving a child receiving foster care services: (i) a court services unit, (ii) the Department of Juvenile Justice (DJJ), (iii) a local community services board (CSB), or (iv) the Department of Behavioral Health and Developmental Services (DBHDS), so long as those individuals are providing treatment, services, or care for the child who is the subject of such records, for a purpose relevant to the provision of the treatment, services, or care, when the local agencies have entered into a formal agreement with the DJJ to provide coordinated services to such children. The fifth change to the Code of Virginia was the addition of a new section numbered 66-10.3, which outlined the parameters of the model memorandum of understanding to be developed by DJJ, the Department of Social Services (DSS), DBHDS, the Department of Criminal Justice Services, the Office of Children's Services, local agency representatives, and youth and family organizations.

The sixth change, a result to House Bill 1334, was to §§ 16.1-228, 63.2-100, and 63.2-1508 of the Code of Virginia which amended the definition of "abused or neglected child" to include a child who is

sexually exploited or abused by an intimate partner of the child's parent or caretaker and allows a complaint of child abuse or neglect to be deemed valid by a local department of social services (LDSS) in these instances. It also allows a complaint of child abuse or neglect that alleges child trafficking to be deemed valid regardless of who the alleged abuser is or whether the alleged abuser has been identified. Furthermore, it requires a LDSS that receives a complaint or report of child abuse or neglect over which it does not have jurisdiction to forward such complaint or report to the appropriate LDSS, so long as that LDSS that does have jurisdiction is located in Virginia.

The seventh change, a result of House Bill 434, was to § 18.2-67.10 of the Code of Virginia by expanding the definition of “intimate parts” to include the chest of a child under the age of 15 for criminal sexual assault in cases of criminal sexual assault.

Describe any significant changes from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas (section 106(b)(1)(C)(ii)).

There are no substantial changes being made to Virginia’s CAPTA plan this year. Several new initiatives have been added to the previously approved plan. Highlights of Virginia’s new initiatives include:

- Continued targeted technical assistance to LDSS on Child and Family Services Review (CFSR) Item 1 and Referral Time Open;
- Development and implementation of an internal child fatality staffing protocol;
- Collaboration with the newly created Office of the Children’s Ombudsman;
- Creation of a safe haven public awareness campaign, highlighting Virginia’s laws, surrender locations, and resources for parents/caretakers;
- Partnering with the National Safe Haven Alliance to purchase 24-7 safe haven hotline services; and,
- Development of public awareness materials for parents/caretakers on safe recreational marijuana use and storage, water safety, gun safety, and safe sleep practices.

Describe how CAPTA State grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan (section 108(e) of CAPTA).

VDSS utilizes CAPTA funding along with state General Funds, in alignment with all of the CAPTA Priorities, to support the supervision of the statewide child protective services system which occurs within VDSS. At the state level the child protective services team is led by a Program Manager and supported by a Policy Specialist. There are five regional consultants that provide protective technical assistance, case consultation, training, and monitoring to LDSS for the protection program. 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.

VDSS partners with Child Advocacy Centers of Virginia (CACVA), the statewide association which continues to provide training, support, technical assistance and leadership to the Child Advocacy Centers (CACs) and to communities in Virginia responding to reports of child abuse and neglect. The CACVA develops the funding formula for the CACs for SFY 2022 based on criteria established by the Virginia General Assembly and includes CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

Additionally, VDSS and CACVA offers ChildFirst™ training which is an intensive five-day course through which students learn the skills necessary to conduct a forensic interview of a suspected child abuse victim. It combines lectures and demonstrations supplemented with homework assignments and a written examination at the end of the course. Moreover, participants must conduct a 30-minute interview of a professional actor playing the role of a sexually-abused child after which the interviewer is critiqued by a professional forensic interviewer and cohort of fellow students. The course is designed for attendance by multidisciplinary teams of CPS investigators, law enforcement officers, prosecutors, and forensic interviewers. In alignment with CAPTA Priority Areas 1, 6, 7, and 12, VDSS utilizes CAPTA state funding to provide scholarship opportunities for local departments of social services (LDSS) to send up to 80 family services specialists (FSS), specializing in child protective services. In addition to LDSS sending their FSS, LDSS are expected to coordinate with their local multidisciplinary teams including law enforcement, prosecutors and other community-based forensic interviewers.

VDSS utilizes Temporary Assistance for Needy Families (TANF) (\$1,136,500.00), General Funds (\$405,500.00), and Victims of Crime Act (VOCA) funds (\$4,500,000.00) from the Department of Criminal Justice Services (DCJS) to support Child Advocacy Centers (CAC's) across the state; the total awarded to CACs for SFY2020 is \$6,042,000. This funding enables CACs across Virginia to serve child abuse victims, expand as necessary, and expand geographic coverage ensuring as many children and families are served as possible. 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.

Eighteen centers continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Nelson, Franklin, Grayson, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Lexington, Charlottesville, and Waynesboro.
- Central – two programs serving counties of Chesterfield, Goochland, 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, Rockingham, Shenandoah, and Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville, Brunswick, and Sussex.
- Western – four programs serving counties of Lee, Montgomery, Pulaski, Washington, Scott, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, and Bristol.

VDSS also utilizes CAPTA funding, in alignment with Priority Area 1, to support the State CPS hotline by:

- Providing hotline specialists to provide intake services to mandated reporters and other citizens in Virginia who have a concern for child abuse;

- Assess and evaluate the functionality of the hotline in order to enhance efficiency to ensure mandated reporters and other citizens can easily report concerns of child abuse; and
- Providing language assistance services to mandated reporters and other citizens who do not use English as their primary language.

VDSS utilizes CAPTA funding, in alignment with Priority Areas 1, 3, 4, 5, 7, and 10, to provide Safe Measures® (via a contract with EvidentEvent Change (formally the National Council on Crime and Delinquency (NCCD)) 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.

CAPTA funding, in alignment with Priority Areas 10, 11, and 13, along with state General Funds to VDSS contract 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 ages K-5 in elementary schools across Virginia. The play is a partnership between VRT, Families Forward Virginia, and VDSS. Families Forward Virginia receives funding from a VRT subcontract and from VDSS for continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast. The VRT traveling company stopped touring on March 13, 2020 due to COVID-19 related school closings or transition to virtual learning. Two modifications were made to their current sole source contract for FY21 in response to VRT’s inability to perform live in elementary schools because of the pandemic. FY21 funds were used to develop a virtual Hugs & Kisses video and teacher’s guide for use with second through fourth grades. VRT is currently reaching out to schools to confirm bookings of virtual performances for the remainder of the school year. VDSS, VRT and Families Forward prohibit the virtual performance for at-home students should potential abusers be in the home. As a result, the number of planned virtual performances was decreased from 75 to 30 for FY2021.

VDSS utilizes CAPTA funding, in alignment with Priority Areas 3, 9, to provide all LDSS a person locator tool to ensure that every LDSS has the tools and ability to actively search for relatives who can be a support to a child who is suspected of- and or victim of child abuse and neglect, and their family.

[Provide an update on the state’s continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder of CAPTA, as amended by the Comprehensive Addiction and Recovery Act.](#)

As part of Virginia’s CAPTA Plan, VDSS has been at the forefront of ensuring the identification and treatment of substance exposed infants and ensuring that Virginia is meeting all requirements established by the 2016 Comprehensive Addiction and Recovery Act and the subsequent required changes in the CAPTA Plan. VDSS’ efforts include:

- Handle with C.A.R.E
VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group established statewide standards of care guidelines for pregnant mothers and substance-exposed infants and developed the plan of safe care outline.
- Report of Barriers to the Identification and Treatment of Substance-Exposed Infants
VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in Virginia. The complete report was submitted to the Secretary of Health and Human Resources. A consistent listing of barriers to treatment for mothers and SEI were noted across

Virginia and helped lead to the 2018 legislative change of establishing the Virginia Department of Health as the state agency responsible for coordinating services for SEI.

- **Guidance and Training**
VDSS updated CPS guidance to mirror the 2018 legislative and regulatory changes. VDSS staff provided regional trainings to local department staff on legislative, regulatory, and guidance changes. VDSS staff and regional consultants also provided training on SEI and POSC at a number of public and private sector service agencies.
- **Plan of Safe Care Toolkit**
VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across Virginia to promote consistent implementation. The toolkit includes guiding principles of POSC, points of intervention chart, POSC flow chart, POSC template, and screening and resource information
- **Perinatal Substance Use: Promoting Health Outcomes brochure**
VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- **Maternal and Infant Initiatives State Partner Collaborative**
- **VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to Substance-Exposed Infants.**
- **SEI Awareness Week**
Beginning in July of 2017, the General Assembly passed a resolution declaring the first week in July each year as Substance-Exposed Infant Awareness Week. VDSS collaborated with the Virginia Department of Behavioral Health and Developmental Services to raise awareness of the declaration of SEI Awareness Week. VDSS will continue to partner with other agencies to raise awareness during this designated week.
- **SEI Decision Tree Tool**
VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regarding the screening of SEI reports.
- **eLearning Course**
An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The course provides best practices when responding to reports involving children affected by in utero exposure to alcohol or drugs and address the service needs of pregnant and parenting women and other caregivers who use opiates and/or other substances of abuse. Additionally, the course includes direct application of the practice profiles and trauma informed practice working with substance exposed infants and their families.
- **Subject Matter Expert Consultation**
CPS Program Staff have collaborated and provided Subject Matter Expert consultation with the internal Addiction and Recovery Workgroup at VDSS related to substance-exposed infants and plans of safe care. CPS Program Staff have also collaborated and provided Subject Matter Expert consultation, including serving as the co-chair of the Communication sub-committee, with the multi-disciplinary legislatively sanctioned Pathways to Coordinated Care Workgroup.

[Provide information on any changes made to implementation and/or lessons learned from implementation.](#)

Virginia saw a slight increase in the number of substance-exposed infants reported to LDSS in 2021.

Year	2014	2015	2016	2017	2018	2019	2020	2021
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Number of SEI Reported	1071	1099	1334	1543	1957	1577	1294	1320
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Legislative clarifications focused on the “medical impact” of the in utero substance exposure on the child. These changes to the Code of Virginia clarify that substance use by the mother in and of itself does not indicate the child is a substance-exposed infant or that child protective services intervention is needed. Legislative changes have also expanded the responsibilities of hospitals to ensure the development of a written discharge plan for the substance-exposed infant. This legislation was designed to improve the collaboration between the hospital and family.

Additionally, public and private agencies serving substance-exposed infants and their families have been working statewide to improve collaboration and communication. VDSS serves on the Steering Committee of a statewide workgroup, Pathways to Coordinated Care, led by the Virginia Department of Health. The workgroup consists of over 60 diverse members including public and private stakeholders and partners. The workgroup is focused on the needs of substance-exposed infants and their caregivers. The workgroup identified five reoccurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate and long-term objectives to achieve these goals. An example from the Screening Workgroup is to create a portal with all Plans of Safe Care that can be accessed by any provider involved in the patient’s care. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health. Furthermore, VDSS has been providing training to mandated reporters across Virginia on the screening criteria for reports involving allegations of a substance-exposed infant based on the SEI Decision Tree Tool developed by VDSS in 2018.

[Provide an update on any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation.](#)

As part of Virginia’s CAPTA Plan and the subsequent changes required by the Comprehensive Addiction and Recovery Act of 2016, VDSS has participated in a breadth of collaborative work with public and private service agencies. VDSS’ endeavors include:

- **Handle with C.A.R.E:** VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group was led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and facilitated collaborative work among DBHDS, VDSS, Virginia Department of Health, Department of Medical Services, Early Impact Virginia, Virginia Home Visiting Consortium, Managed Care organizations, Virginia Hospital and Healthcare Association, and prenatal care providers.
- **Report of Barriers to the Identification and Treatment of Substance-Exposed Infants:** VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in Virginia. The report was the product of collaborative work between work group members, town hall meetings, and an online survey.
 - The work group was comprised of 56 members who were recruited from a variety of organizations, stakeholder groups, and sectors to ensure depth of knowledge and varying perspectives on SEI issues were represented.
 - Five town hall meetings were conducted across Virginia. Two hundred and forty four participants registered to participate in the town hall meetings, representing VDSS,

- LDSS, health departments, CSBs, hospitals, medical centers, educational institutions, home visiting programs, law enforcement, and early intervention service agencies.
 - The online survey was circulated to a variety of stakeholders and experts across Virginia. Participation in the survey was voluntary, responses anonymous, and no compensation was provided. The survey collected 134 responses.
- **Training:** VDSS staff and regional consultants provided training on SEI and POSC to a number of public and private sector service audiences, including Medication Assisted Treatment providers, the Court Appointed Special Advocate/Children’s Justice Act (CJA) Citizen Review Panel, and home visiting programs.
VDSS has collaborated with the Children’s Justice Act Coordinator regarding resource and support development for substance use in the home; the CJA Coordinator is considering additional subject matter expert training for the workforce. VDSS has participated in and continues to promote substance use disorder training.
- **Plan of Safe Care Toolkit:** VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across in Virginia to promote consistent implementation across the state. The toolkit has also been distributed by the Department of Behavioral Health and Developmental Services to community service boards and medication assisted treatment providers across the state. Virginia has also shared the toolkit with other states to assist with their implementation.
- **Virginia Neonatal Perinatal Collaborative:** VDSS participates on this general assembly supported multi-disciplinary committee. VNPC committee membership includes pediatricians, neonatologists, neonatal and pediatric nurse practitioners, NICU and nursery nursing staff, social service, public health, lay members, and others with interest in improving child health outcomes. The Virginia Neonatal Perinatal Collaborative (VNPC) was formed to ensure that every mother has the best possible perinatal care and every infant cared for in Virginia has the best possible start to life. The committee utilizes an evidence-based, data-driven collaborative process that involves care providers for women, infants and families as well as state and local leaders. VCPN distributed the Vermont Oxford Network’s Process Improvement Bundle to hospitals across the state to track the length of stay for babies born with Neonatal Abstinence Syndrome.
- **Perinatal Substance Use: Promoting Health Outcomes brochure:** VDSS developed and published this brochure for health care professionals regarding Virginia’s legal requirements and health care practice implications.
- **SEI Decision Tree Tool:** VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regards to the screening of SEI reports.
- **eLearning Course:** An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The training is available to staff at VDSS, DBHDS, VDH, and other community partners who request access in the Virginia Learning Center. As of January 2020, 350 individuals have completed the CWSE6010: Working with Families of Substance Exposed training in the Virginia Learning Center.
- **Maternal and Infant Initiatives State Partner Collaborative:** VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to substance-exposed infants.
- **Automated Data System:** Enhancements were made to the automated data system (OASIS) to comply with CARA and NCANDS requirements regarding substance-exposed infants and plans of safe care.
- **Pathways to Coordinated Care:** VDSS served on the steering committee of this legislatively sanctioned workgroup focused on the needs of substance-exposed infants and their caregivers. The workgroup is led by the VNPC and has over 60 members from the public and private sectors. VDSS served as the co-chair of the Communication sub-committee.

VDSS continues its collaboration across systems to improve the response and services for substance-exposed infants. VDSS was an active participant in a large workgroup whose purpose is the development, coordination and implementation of a plan of services for substance-exposed infants in Virginia. The workgroup had a diverse representation of key public and private stakeholders. The workgroup identified five reoccurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate and long-term objectives to achieve these goals. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health. It is anticipated this workgroup will meet again in the near future.

- **Maternal Mental Health:** VDSS service on this workgroup led by the Department of Health and provided technical assistance on the creation of Screening Guidelines for Postpartum Depression and Perinatal Mood and Anxiety Disorders as well as a maternal mental health tool that will be piloted this year through a partnership with Post-Partum Support VA. The pandemic and a significant staffing change at the Department of Health impacted this workgroup.

[Provide an update on the state's monitoring of plans of safe care to determine whether and in what matter local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.](#)

The *Report of Barriers to the Identification and Treatment of Substance-Exposed Infants* identified monitoring of plans of safe care (POSC) and service delivery and referrals as barriers and made recommendations to improve the state's monitoring of POSC and service delivery and appropriate referrals for substance-exposed infants and affected family members and caregivers.

VDSS has been working internally and externally to improve the monitoring of POSC and provision of services for substance-exposed infants and their caregivers. Externally, VDSS has been an active participant and served on the Steering Committee of the Pathways to Coordinated Care workgroup helping to identify service needs for substance-exposed infants and mothers as well as supports and resources across Virginia. This resulted in the development of a state-wide plan for services comprised of five pillars: Screening, Data, Coordination, Education and Communication. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health.

Furthermore, VDSS made system enhancements to the automated data system to record and track the completion of POSC and service referrals and delivery to comply with National Child Abuse and Neglect Data System (NCANDS) as required by the Comprehensive Addiction and Recovery Act of 2016. VDSS utilizes this data for continued monitoring. VDSS also developed a new report in SafeMeasures® to assist local departments track the completion of plans of safe care. VDSS continues to promote the use of Plans of Safe Care; local agencies utilizing POSC have improved from 8% (2019) to 25% (2020) to 29% (2021). The progress is encouraging; VDSS recognizes there is still room for more improvement.

[Describe any technical assistance the state needs to improve practice and implementation in these areas.](#)

Now that Virginia has implemented legislation passed in 2019 mandating a universal response by the LDSS to all complaints or reports involving the trafficking of a child, VDSS needs Subject Matter Experts to assist with the development and implementation of a statewide training on utilizing a trauma-informed approach when working with child victims of trafficking and their families.

VDSS has requested technical assistance from Casey Family Programs and the National Partnership for Child Safety to support efforts in child fatality prevention activities, investigation, and review processes.

Provide information on the planned use of the supplemental CAPTA State Grant funding received through the American Rescue Plan.

VDSS was allocated \$2,523,805 in additional CAPTA funding to be used through September 30, 2025. VDSS intends to utilize the funding to enhance intra-department collaboration, particularly with Departments who provide benefit programs for families (SNAP, TANF, Child Care, etc) and 2-1-1 to connect families with resources versus a child protective services call when appropriate in order to better separate poverty related needs from child abuse. In 2021, VDSS worked towards developing an implementation and communication plan to launch a broader effort to reimagine Virginia's Child Welfare system as a continuum through a commitment to a Kin First culture, moving prevention forward to focus on Benefits (TANF, SNAP, Child Care, etc.) as prevention services, to better serve families in a whole family approach, thereby allowing CPS to focus on the abuse and neglect cases that do not have poverty adjacent related items.

VDSS has begun to share this initiative with LDSS and other child welfare stakeholders in order to receive input to better inform the entirety of the initiative. VDSS intends to utilize the Three Branch Model to more formally include families, LDSS, community-based agencies and other child welfare stakeholders in advancing this work.

The CAPTA ARPA funding will be utilized to manage and implement this initiative through consultation with national experts focused at enhancing work and relationships with families and kin (kin first culture) and reassessing the ability to provide services to families outside of the child welfare system in order to separate poverty from child abuse and reduce the disparities of families served in the child welfare system. VDSS has not spent funds at the time of writing this report, but has been working with the VDSS procurement office to develop the ability to utilize the funding and expects to begin to utilize the funds in 2022.

VDSS previously reported the intention to utilize the funding to implement a predictive analytics/artificial intelligence program to assess a caller's need at the first intake to a call to one of the multiple VDSS hotlines (CPS, 2-1-1, Benefits, etc.) as part of the re-imagination of the Child Welfare System; however, state procurement laws and regulations became a barrier and the timing of a predictive analytics model coincided with the implementation of a CCWIS. VDSS will continue to assess the need of a predictive analytics program at the first intake call in the broader work of separating poverty related needs from child abuse services in the development of a CCWIS.

DFS will comply with annual reporting requirements through the annual CAPTA report in June of each year, and through the submission of the SF-425 Federal Financial Report through the Payment Management System in December of each year.

CAPTA

Virginia State Plan

The Child Abuse Prevention and Treatment Act (CAPTA) was reauthorized in 2010, Public Law 111-321. States are required to prepare and submit a state plan that will remain in effect for the duration of the state's participation in the grant program. The Plan must be prepared and submitted annually describing how the funds provided under CAPTA were used to address the purpose and achieve the objectives of the grant program (section 108(e)). In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the goals and strategies outlined in Virginia's Program Improvement Plan (PIP).

Using the format from Virginia's CFSP, the CAPTA Plan will highlight activities in two areas from the five-year plan as well as other strategies that address the purpose and objectives of the CAPTA program areas. The strategies are:

1. Engage Family, Child and Youth-Driven Practice

Goal: Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused, and Culturally Competent Approach

2. Managing by Data and Quality Assurance

Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions

Strategies will be updated yearly or as activity occurs.

I. Safe Children and Stable Families

These strategies strive to assure the safety of children within their homes, protect children in at risk situations, and ensure they are protected from abuse and neglect in a permanent setting responsive to their well-being. It preserves and strengthens intact families who ensure the safety and well-being of their children. It strives to prevent child maltreatment among families at risk through the provision of supportive family services.

Applicable CAPTA program areas described in section 106(a): 1. The intake, assessment, screening and investigation of reports of child abuse and neglect; 2. Improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; 3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; 4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response; 5. Develop and update systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange; 7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protections system, including improvements in the recruitment and retention of caseworkers; 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect; 14. Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies.

A. Improve local department staffs' abilities to assess initial safety and risk

1. Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011 **Completed**
2. Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification **Completed**
3. Clarify and disseminate revised policy/guidance manual, as-needed **Completed**
4. Work with the Quality Assurance Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes **Ongoing**
5. Develop new intake measures into SafeMeasures® to determine how well LDSS are implementing the new intake tools. **Completed**
6. Provide refresher training, as-needed **Ongoing** Note: New formal classes now available. For CPS it is CWS2001R, a combination of an e-learning pre-requisite and two-day class room training.

7. Review and evaluate statewide and by locality the number and percentage of cases being screened out. **Ongoing**
8. Develop and implement a method to review a sample of screened out cases to determine level of agreement. **Completed**
9. Clarify and disseminate policy/guidance regarding safety planning and acceptable safety plans **Completed**
10. Provide training for local staff on any changes made **Completed**
11. Work with the training unit to design, test, and disseminate an e-learning course for all SDM tools to include intake, safety and risk **Completed**
12. Plan and conduct regional training sessions for child welfare workers on advanced injury identification to help workers better assess safety and risk. **Completed**
13. Provide additional guidance to the field on what constitutes “credible witnesses” and dispositional assessments **Completed**
14. Establish a workgroup to research the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing injuries **Completed**
15. Assess and review the data for highest priority responses and reports that involve a child less than one year of age that are assigned to the family assessment track and update CPS guidance accordingly **Modified due to legislative changes.**
16. Collaborate with the Training Unit to develop a specialized training for those staff performing on-call duties. **Completed**
17. Create new e-learning course for advanced injury identification for all child welfare staff. **Completed**
18. Create template for Plans of Safe Care (POSC) for SEI. **Completed**
19. Revise CPS guidance to require 24-hour response for any report involving a child less than 2 years of age. **Completed**
20. Create a subgroup of the Child Protective Services Policy Advisory Committee to develop a uniform safety plan that can be incorporated into the new CCWIS (COMPASS) and that compliments the safety and protective factors identified through use of the SDM Safety Tool. **Completed**
21. Create a workgroup as part of the Program Improvement Plan (PIP) targeted at Goal 2: Safety—Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible. **Completed**
22. Development and implementation of a uniform safety plan template for incorporation into the new CCWIS (COMPASS) Mobile Solution that is based on the safety and protective factors identify through the use of the SDM Safety Assessment Tool. **Completed**
23. *Implementation of re-validated SDM tools at the conclusion of the National Council on Crime and Delinquency Research Center’s Risk Assessment Validation study.* **Completed**

2021 Update

Managing by Data and Quality Assurance

VDSS’ 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 of improving processes, Virginia is able to understand past, current, and projected future performance.
- Informed by Practice – Anecdotes do not drive progress, but qualitative data on progress and opportunities for improvement help drive focal areas for improvement. Virginia's CQI system works between the federal and state defined outcomes and the processes being done at each Local Department of Social Services to improve outcomes for youth and families served by the child welfare system.

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

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

Throughout 2021, VDSS worked to operationalize the state and regional events which allows 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.

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 data and 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.

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.

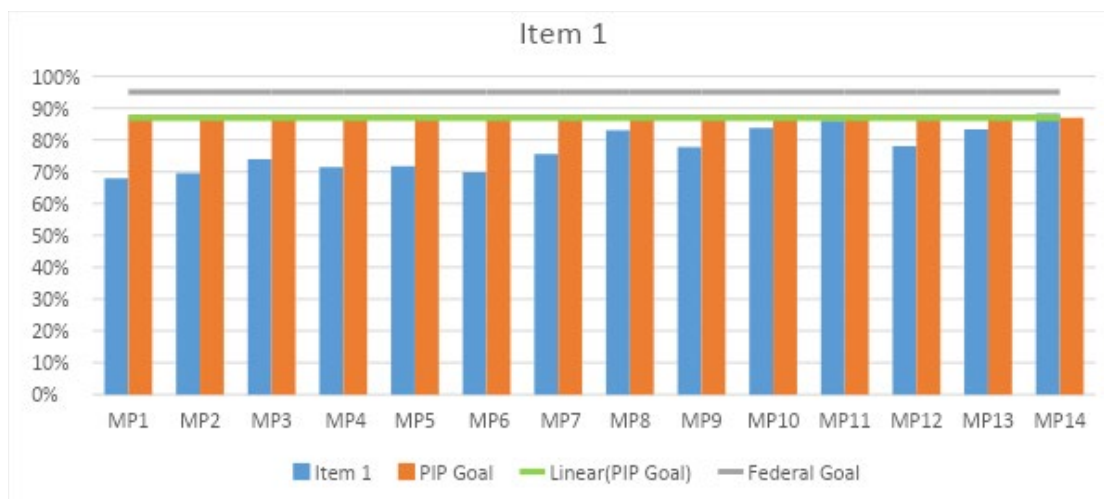
In addition to the state CQI meetings, regional CoP, each Practice Consultant reviews the monthly CPS performance of the agencies in their region by pulling the case data each month. They then rank the agencies based on performance; the lowest performing agencies are prioritized to receive targeted technical assistance. The targeted technical assistance includes individualized LDSS data review and analysis, review of compliance with program guidance, and identification of additional strategies to improve their performance. At-risk agencies vary depending on measure and month.

All program data is also reviewed by the CPS program manager each month. The Practice Consultant documents all TA sessions with their agencies and elevates any concerns with specific agencies as needed.

There are two measures VDSS has primarily focused on in 2021:

- CFSR Item 1- Timeliness of initial contact with victim and assessment of child safety.
 - 95 percent federal measure and 88 percent CFSP PIP measure. Practice Consultants are currently providing TA to any agency under the 88 percent threshold.

The chart below shows Item 1 during each measurement period of the PIP. 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.



- Referral time open—referrals (FA/INV) not completed within the required timeframes (45-60 days).
 - 85 percent program measure. Practice Consultants are currently providing TA to any agency under this threshold.

B. Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.

1. Obtain input from the CPS Policy Advisory Committee, the Office of Family Violence, and the Department of Behavioral Health and Developmental Services to ensure that the tools are assessing issues of domestic violence, mental health and substance abuse **Completed**
2. Revise, if needed, and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual **Completed**
3. Disseminate guidance and make necessary changes to OASIS **Ongoing**
4. Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on domestic violence to include a definition of domestic violence, revised screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, and service provision **In Progress**
5. Train child welfare workers on the domestic violence protocol **Completed**
6. Provide "links" to the new DV guidance manual from the CPS policy/guidance manual **Completed**
7. Provide additional screening tools for use in substance exposed infant reports-- **Completed**
8. Add new information on standards of care for substance exposed infants and the substance abusing family members--**Completed**
9. Provide detailed information in guidance regarding Plans of Safe Care (POSC) to include who is responsible for managing the plan. **Completed**
10. Provide sample screening tool for trauma **In progress**
11. Modify the automated data system to include a means to report the development of a Plan of Safe Care. **Completed**
12. Development and implementation of Decision Tree Tools for Substance-Exposed Infants and Domestic Violence reports to improve consistency with validity determinations. **Completed**

2021 Update

VDSS implemented a uniform safety plan template required to be completed in the COMPASS Mobile Solution based on the safety and protective factors identified through the use of the SDM Safety

Assessment Tool. Additionally, VDSS implemented re-validated SDM Tools (Intake, Safety, and Risk) in the child welfare information system.

The following highlights the communications with LDSS related to the SDM changes in COMPASS|Mobile and assistance offered to LDSS to prepare for SDM Roll Out.

Quarter 1

- Practice Consultants discussed SDM roll out preparations with local agencies during monthly calls.
- Practice Consultants discussed SDM roll out preparations with local agencies during Joint Supervisors Meetings.
- IT Portfolio Team presented what's coming in 2021 on COMPASS|Mobile at Directors and Supervisors Meetings in each region.

October 2020

- Email sent from IT Portfolio Team in October 2020 regarding preparing iPads for SDM Roll Out.

VDSS - FSWEB1051: In-Home Support Webinar: Are you a random decision maker? *(delivered initially in December 2020)*

This one hour recorded webinar is designed for child welfare staff. It will help workers explore how they make decisions on in-home cases. Factors that influence decision-making, including bias and the use of standardized tools, will be explored. The completion of this recorded webinar participants will understand why it is important not to be random decision makers on In-Home cases.

February 2021

- DFS In-Focus [February 2021](#) Edition highlighted SDM tools were coming soon to COMPASS|Mobile.
- IT Portfolio Team offered a series of Lifelines every Friday focused on what was coming to COMPASS|Mobile, including SDM.

March/ April 2021

- IT Portfolio Team offered [two series](#) of Capacity Building Sessions on Functionality of Genogram and SDM Tools on COMPASS|Mobile.

VDSS - Decisions! Decisions! Decisions! - Supervision Strategies for the SDM Suite of Tools *(delivered initially in March 2021)*

VDSS Program Staff will conduct a webinar training targeted for child welfare supervisors that will focus on the use of SDM tools to guide decision-making regarding child and family safety, services, and quality visits. This training will provide adaptive and technical supervision strategies and provide activities that will promote the optimal use of the SDM suite of tools in child welfare practice. Some of the strategies and activities that will be included are: how to review SDM tools in individual or group supervision, challenging workers to consider how SDM decisions can be used when they feel stuck on a case, using SDM decisions to prepare for court, and enhancing family engagement through the use of SDM tools.

VDSS continues to explore how to incorporate a Screening Tool Suite in the CCWIS (COMPASS) Mobile Application. This screening tool suite would include screening tools for trauma, domestic violence, sex trafficking, and substance abuse.

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 across the Commonwealth.

C. Evaluate local staffs' ability to improve response times to CPS reports

1. Develop and review reports in SafeMeasures® to assess how well staff are responding to reports of suspected child abuse and neglect as a result of the new policy/guidance that was implemented in July 2011. **Completed**
2. Develop a report in SafeMeasures® to assess how well staff are adhering to the new policy on timeframes for face to face contact with victims **Completed**
3. Review the reports generated through SafeMeasures® with CPS regional consultants and develop a plan to work with those individual localities having problems in responding to reports in a timely manner **Ongoing**
4. Clarify and disseminate policy/guidance manual, as-needed **Completed**
5. Provide consultation to LDSS on the use of the SDM tools, as-needed. **Ongoing**
6. CPS Regional consultants will review reports in SafeMeasures® monthly to monitor timeliness of all responses made by LDSS staff **Ongoing**
7. CPS Regional consultants will identify and prioritize problem agencies and workers **Ongoing**
8. Work with LDSS to develop and implement a plan to improve practice **Ongoing**
9. Provide feedback to LDSS on top performers for 100% compliance on various data measurements including face to face contact with victims within the response time. **Completed**
10. Provide helpful tips on practices which will improve response times and documentation of all contacts **Ongoing**
11. Conduct Agency Case Reviews to identify trends and issues regarding initiating timely responses. **Ongoing**
12. Revise SafeMeasures® report for contact with victims to identify children under age 2 are seen within 24 hours. **In Progress**

2021 Update

Each Regional Practice Consultant reviews the monthly performance of their agencies on this measure and agencies identified as performing under the identified threshold receive targeting technical assistance which includes individualized data review and analysis, program guidance compliance review, and identification of strategies to improve performance. The Regional Practice Consultants monitor the plans put into place with their agencies. Referral time open and Timeliness of initial response will remain continued focus areas during the next reporting period.

The number of referrals open longer than 60 days statewide decreased 12 % from 42.7% to 30.3%¹ between 2020 and 2021.

¹ SafeMeasures® Extract date 4/6/22

Timeliness of first completed contacts statewide increased 12% from January 2021 (84.3%) to January 2022 (94.5%). Timeliness of first completed contact with child victim(s) continued to increase statewide from 79% in January of 2020 to 84% in January of 2021 to 90% in January of 2022. This represents the third consecutive increase in Virginia's performance on this measure since 2012. The timeliness of initial response has been one of the main focus areas for CPS in Virginia. The targeted support and technical assistance from the CPS program and the regional practice consultants working with the LDSS represents the first increase in performance by the LDSS since 2012 for this item.

The CPS Practice Consultants provide direct feedback to their respective LDSS regarding areas that have shown improvement and areas that continue to present opportunities for improvement. VDSS developed a public-facing Agency Dashboard for each locality providing the agency's performance on specific measures across all program areas. Two specific measures related to the timeliness of initial response are included on the Agency Dashboard.

Additionally, as part of Virginia's PIP, a workgroup formed in November of 2018 focused on PIP Goal 2: Safety. The workgroup developed enhanced practice guidance related to improving the timeliness of initial response and the provision of safety services. Guidance enhancements include: required supervisory consultation prior to the expiration of the response priority, creation of a reasonable diligence checklist, changing Response 3 priority from five working days to 40 work hours, definition of "safety services," and documentation of safety services. VDSS created a new report: CFSR Timeliness of First Contact with Victim in SafeMeasures® to assist PIP localities monitor their progress on the proposed practice changes and this report became available during this reporting period for all LDSS. VDSS's PIP Agencies installed these proposed practice changes in July 2019 and statewide implementation occurred in August of 2020.

D. Develop strategies to support and sustain the practice change for CPS supervisors and workers on the use of the new intake, safety and risk assessment model.

1. Hold focus groups and/or survey local CPS supervisors to assess their continued needs
Completed
2. Develop tools for supervisors to use with workers to support the use of the structured decision making tools in casework practice. **Completed**
3. Hold peer support groups for supervisors to practice using this tool and conduct peer reviews of cases. **Ongoing**
4. Schedule and conduct refresher training as-needed. **Ongoing**
5. Develop an e-Learning course for all CPS staff on the use of structured decision-making tools used to assess intake, safety, risk assessment, and risk re-assessment **Completed**
6. Develop and conduct refresher webinar training on each of the SDM tools. This was incorporated into the refresher course, CWS2001R. Guided discussions regarding the assessment of safety and risk, determined through the use of the SDM tools, are included within the Curriculum-**Completed**
7. Review and revise CPS new worker training to increase the amount of time spent practicing the use of the intake, safety and risk assessment tools. **Ongoing**
8. Conduct risk tool revalidation and review of all SDM tools by the NCCD Research Center
Ongoing
9. Include review and practice of intake, safety and risk tools in CPS refresher course. **Ongoing**

CPS regional consultants conduct refresher training for local CPS workers as needed, particularly when an agency is identified as struggling with assessing safety and risk. This work is ongoing especially when there are new supervisors and/or workers.

The CWSE1510 Structured Decision-Making in Virginia course is a five module comprehensive on-line training course that covers Intake, Safety, Risk, Family Strength and Needs Assessment, and Risk Reassessment. This e-learning course assists workers in better understanding the purpose and process around the structured decision making tools and is available statewide. It is also a prerequisite for CPS new worker training.

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visits. This training will provide adaptive and technical supervision strategies and provide activities that will promote the optimal use of the SDM suite of tools in child welfare practice. Some of the strategies and activities that will be included are: how to review SDM tools in individual or group supervision, challenging workers to consider how SDM decisions can be used when they feel stuck on a case, using SDM decisions to prepare for court, and enhancing family engagement through the use of SDM tools.

VDSS acknowledged that children and families benefit from LDSS receiving additional guidance, training, and resources to support quality and uniform practice in the provision of In-Home Services. VDSS developed an In-Home Services framework for consistent practice, which emphasizes case opening for high risk cases, 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. Practice changes associated with the In-Home Services framework, corresponding guidance, and skills development have been incorporated in the new training opportunities detailed below.

CWS1000W: In-Home Services New Worker Webinar

This course is mandatory training for all In-Home Family Services Specialists and supervisors. This competency-based training explores integral parts of the Prevention Services continuum. Specifically, emphasis is placed upon the case practices, priorities, and procedures for the delivery of In-Home services. Topics include:

- Guidelines for standardized assessments to create and inform individualized service plans
- Definitions of case types for prevention to facilitate consistent data collection
- Principles of practice for strengths-based, trauma informed family engagement practice and supervision in prevention, using the protective factors as a framework
- Guidelines for trauma informed case management
- Guidelines to support case decision-making through consistent use of available tools

CWS2010W: In-Home Services Skills

This course explores the best practices and essential skills of In-Home Services work. It is mandatory for Family Services Specialists working in the area of In-Home Services. This course helps In-Home Services case workers understand the practice skills within each of the three child safety scenarios. Skills and best practices included are:

- Core Skills and the Elements of In-Home
- Family Engagement
- Safety and Support Networks
- Collective Assessment and Effective Use of the Suite of Tools
- Behavior-Based Planning
- Needs-Driven Planning
- Safety Goal Attainment
- Effective use of CANS

- Evidence-Based Treatment and Services
- Meaningful Change and Safe Case Closure

CWSE7000: Family First in Virginia (Modules 1-5)

- *Module 1: Overview of Family First:* Commences an instructional series that provides an overview of how In-Home services and focuses on specific, integrated strategies directed towards teaming engagement efforts, collective, streamlined assessment decision-making, behavior-based safety goals, and needs-driven service provision.
- *Module 2: Opening an In-Home Services Case: First 30 Days:* Explains how to undertake a collective assessment approach in partnership with the family and their safety and support system in critically thinking about what happened, is happening, and needs to happen to enhance the child's ongoing safety, permanency, and well-being prior to service plan development.
- *Module 3: Service Planning for In-Home Services:* Explains 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.
- *Module 4: Monitoring the Delivery of In-Home Services:* Explains specific, concrete strategies and actions used to effectively identify and assess parental behavioral changes; specifically protective capacity and its impact upon the safety, permanency, and well-being of a child.
- *Module 5: Goal Achievement and Case Closure:* Explains how to effectively 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.

CWSE5000: Preventing Premature Case Closure in In-Home Services

The purpose of this eLearning is to provide In-Home Family Services Specialists with a self-paced, on-demand, online training that explains why premature case closure can be problematic, provides guidance, and tools to help Family Services Specialists know when a case is ready for closure. After participating in this online training, successful participants will be able to:

- Identify three negative impacts of premature case closure
- Identify what needs to be assessed when considering case closure
- Describe elements of the service plan that help build toward case closure
- Describe why linking a family to appropriate, effective services will advance them toward case closure
- Identify and describe indicators of a safe home

E. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.

1. Review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy **Completed**
2. Obtain input from the CPS Policy Advisory Committee **Completed**
3. Request assistance from the In-Home NRC to review current policy/guidance manual and recommend changes **Completed**

4. Revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families by providing tools to support on-going assessment, risk reassessment and service planning for children and families' service needs **Completed**
5. Disseminate the revised policy/guidance manual. **Completed**
6. Provide clarification to LDSS staff on procedures and requirements for determining if a child is a reasonable candidate for foster care **Completed**
7. Develop and conduct training statewide on determining reasonable candidacy for foster care **Completed**
8. Develop and conduct webinars to further disseminate the procedures and requirements for determining reasonable candidacy for foster care **Completed**
9. Develop an e-learning course on reasonable candidacy for foster care **Completed**
10. Create new screen in OASIS to allow for electronic documentation of reasonable candidacy of foster care **Completed**
11. Participate in the Learning Collaborative Services on Enhancing Service Assessment, Planning, and Delivery of services **Completed**
12. Implement Practice Profiles, Assessment Tools and a Coaching model **Ongoing**
13. Create new service plan documentation within OASIS that will incorporate results of the FSNA and Risk Reassessment tools. **In Progress**
14. Conduct statewide training once the new OASIS screens are complete. Scheduling for Fall 2017 **Ongoing**
15. Continue practice model reform through implementation of the Practice Profiles and coaching model **Ongoing**

2021 Update

The Prevention Services program plays an integral role in targeting resources and services to safely maintain children in their own homes or with relative/fictive kin caregivers in their own communities, by addressing identified safety and risk concerns and reducing the recurrence of child maltreatment (tertiary prevention efforts). This In-Home Services practice aligns previous CPS ongoing practice, Prevention practice, and Family First legislation, with an intentional focus on supporting families to help children remain with their family in their communities. VDSS provides prevention based services through the provision of In-Home Services for children who are at high or very high risk of recurrent child maltreatment and out of home placements. In 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, 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.

The In-Home Services alignment also includes clear guidance on working with families when parents arrange for temporary care of their child with a relative or fictive kin. In-Home services practice ensures that when children temporarily or permanently reside with relatives or fictive kin caregivers, services are provided to ensure safety and permanency of that living arrangement. Historically referred to as Diversion Placements, the provision of services to children and youth residing temporarily or permanently with relatives or fictive kin caregivers has varied by locality; thus, part of this alignment includes developing uniform practice guidance to support alternative living arrangements with relatives or fictive kin caregivers when needed. Additionally, the In-Home Services framework includes three child safety scenarios and the practice requirements needed to support families based on their unique needs.

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

Regardless of where the child may be temporarily or permanently residing, the framework ensures routine assessment, and provision and monitoring of services to ensure safety of the child. In-Home services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the safety of the child and prevent out of home placement. 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, Child and Family Team Meetings (CFTM) to be held every 90 days and Family Partnership Meetings (FPM) to be held at all critical decision points. 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 Continuous Quality Improvement (CQI) process.

The Family First Prevention Services Act was implemented in Virginia in July 2021, and allows for title IV-E prevention services funding to be utilized for multisystemic therapy, functional family therapy, and parent-child interaction therapy for families with an open In-Home Services case.

- F. Develop and implement statewide training for CPS supervisors and workers on the use of new assessment tools for family strengths and needs, service plans and risk re-assessment**
- a) Develop training curriculum **Completed**
 - b) Select and train trainers, to include CPS regional consultants and State training staff **Completed**
 - c) Develop statewide training schedule **Completed**
 - d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

2021 Update:

New In-Home Services guidance has been incorporated into Chapter B. Prevention Services of the VDSS Child and Family Services Guidance Manual. The 2021 version of this guidance manual became effective in April 2021. 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. 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 COVLC.

Significant changes in Section 1 and Section 2 include:

- 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 Prevention Services Act (Family First) and its impact on the provision of evidenced-based and trauma-informed prevention services in Virginia.

- The framework for In-Home services and 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.

VDSS acknowledges that children and families benefit from LDSS receiving additional guidance, training, and resources to support quality and uniform practice in the provision of In-Home Services. This framework for consistent practice, emphasizes case opening, 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.

VDSS required current 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 will share 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.

Additionally, new uniform training requirements have been established for all In-Home services workers including the new courses listed below. 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.

CWS1000W: In-Home Services New Worker Webinar

This course is mandatory training for all In-Home Services case workers and supervisors. This competency-based training explores integral parts of the Prevention Services continuum. Specifically, emphasis is placed upon the case practices, priorities, and procedures for the delivery of In-Home services. Topics include:

- Guidelines for standardized assessments to create and inform individualized service plans
- Definitions of case types for prevention to facilitate consistent data collection
- Principles of practice for strengths-based, trauma informed family engagement practice and supervision in prevention, using the protective factors as a framework
- Guidelines for trauma informed case management
- Guidelines to support case decision-making through consistent use of available tools

CWS2010W: In-Home Services Skills

This course explores the best practices and essential skills of In-Home Services work. It is mandatory for Family Services Specialists working in the area of In-Home Services. This course helps In-Home Services case workers understand the practice skills within each of the three child safety scenarios. Skills and best practices included are:

- Core Skills and the Elements of In-Home
- Family Engagement
- Safety and Support Networks
- Collective Assessment and Effective Use of the Suite of Tools
- Behavior-Based Planning
- Needs-Driven Planning
- Safety Goal Attainment
- Effective use of CANS
- Evidence-Based Treatment and Services
- Meaningful Change and Safe Case Closure

CWSE7000: Family First in Virginia (Modules 1-5)

- *Module 1: Overview of Family First:* Commences an instructional series that provides an overview of how In-Home services and focuses on specific, integrated strategies directed towards teaming engagement efforts, collective, streamlined assessment decision-making, behavior-based safety goals, and needs-driven service provision.
- *Module 2: Opening an In-Home Services Case: First 30 Days:* Explains how to undertake a collective assessment approach in partnership with the family and their safety and support system in critically thinking about what happened, is happening, and needs to happen to enhance the child's ongoing safety, permanency, and well-being prior to service plan development.
- *Module 3: Service Planning for In-Home Services:* Explains 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.
- *Module 4: Monitoring the Delivery of In-Home Services:* Explains specific, concrete strategies and actions used to effectively identify and assess parental behavioral changes; specifically protective capacity and its impact upon the safety, permanency, and well-being of a child.
- *Module 5: Goal Achievement and Case Closure:* Explains how to effectively 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.

CWSE5000: Preventing Premature Case Closure in In-Home Services

The purpose of this eLearning is to provide In-Home Family Services Specialists with a self-paced, on-demand, online training that explains why premature case closure can be problematic, provides guidance, and tools to help Family Services Specialists know when a case is ready for closure. After participating in this online training, successful participants will be able to:

- Identify three negative impacts of premature case closure
- Identify what needs to be assessed when considering case closure
- Describe elements of the service plan that help build toward case closure
- Describe why linking a family to appropriate, effective services will advance them toward case closure
- Identify and describe indicators of a safe home

G. Create requirements for OASIS screens to reflect new CPS service needs assessment and service plans

1. Utilize workgroup to review OASIS screens and make recommendations for screen changes
Completed
2. Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created **Completed**
3. OBRA and Family Services will meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes. **Completed**
4. OBRA and Family Services will meet with MBD prioritize timing for screen changes in OASIS **Completed**

5. Workgroup will review screen mock-ups and make recommendations for improved functionality **Ongoing**
6. Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users **In Progress**
7. Develop and conduct a survey of users for the ease and functionality of the current SDM tools (Safety, Risk, Family Strength Needs Assessment (FSNA), and Risk Reassessment **Completed**
8. Analyze results of survey and make necessary changes to the SDM tools and the web application as needed **Completed**
9. User testing for the revised service plan will begin spring of 2021, final release anticipated in Fall 2021. **In Progress**
10. Statewide training for trainers and super-users will be conducted in August through September 2021, prior to service plan release.

2021 Update

OASIS changes continued to be 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 IT Portfolio team.

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 own home, Child living temporarily with alternate caregiver, and Child living permanently with alternate caregiver. The selections align with the three (3) 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 (3) child safety scenarios identified in the In-Home Services written practice guidance.

H. Revise policy/guidance on conducting investigations in Out of Family Setting

1. Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision or clarification. **Completed**
2. Request assistance from the NRC on CPS to review materials and make recommendations for changes
3. Solicit input from the Out of Family Advisory Committee to the State Board of Social Services **Completed**
4. Revise policy/guidance manual and disseminate **Completed**

5. Develop sample letters for informing parties about the outcome of the investigation for use by local CPS workers **Completed**
6. Revise guidance to incorporate legislative changes regarding Memorandums of Understanding between the schools and LDSS **Completed**
7. Provide a report to the State Board of Social Services on the MOUs submitted by LDSS **Completed**
8. Revise and disseminate guidance to incorporate changes made in legislation that mandate dispositions are made for school employees within the specified time frames **Completed**
 - a. Add additional clarification to CPS guidance for defining gross negligence and willful misconduct standards **In Progress**
9. Reconvene the Out of Family Advisory Committee and have annual meetings **In Progress**
10. Update CPS Program Guidance to reflect 2018 law changes related to out-of-family investigations of/findings against public school employees. **Completed**

CPS Guidance was updated to include 2018 law changes related to notifications in out-of-family investigations involving public school employees. VDSS also conducted statewide training for the LDSS on the changes before they became effective on July 1, 2018.

VDSS worked in collaboration with the Virginia Commission on Youth on their legislative study of CPS Investigations. The Commission on Youth made a number of recommendations to VDSS which fall in to two categories--training and guidance for hearing officers and CPS workers and ways to improve guidance for sexual abuse investigations against teachers. VDSS is in the process of identifying ways to incorporate the Commission's recommendations into practice.

CPS Guidance was updated and published in July 2019 to reflect the code changes that occurred in 2018 related to the notifications in out-of-family investigations involving public school employees. Additionally, in response to the Commission on Youth's recommendations regarding training for hearing officers, CPS Program staff met with the Appeals Division Director to discuss the need for additional training for hearing officers. The CPS Program recommended all CPS hearing officers complete the following training courses: CPS New Worker Guidance Training with OASIS, CPS Refresher, Sexual Abuse, Sexual Abuse Investigation, and CPS Appeals. The Appeals Division agreed to the training recommendations. VDSS also updated the Out-of-Family Investigation brochure to reflect the code changes that occurred in 2018.

VDSS updated their interagency MOU with the Department of Education regarding out-of-family investigations.

VDSS has completed annual reviews and reports of all CPS appeals, including OOF appeals, held in calendar year 2020. An annual report on all state and local level appeals held in 2020 were published for state, regional and local child welfare staff. This report will continue to be duplicated annually.

- I. **Develop and implement statewide training for CPS supervisors and workers on the revised policy on investigating CPS reports in Out-of-Family Settings**
 - a) Develop training curriculum **Completed**
 - b) Select and train trainers, to include CPS regional consultants and supervisors **Completed**
 - c) Develop statewide training schedule **Completed**
 - d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

2021 No Update

J. Review/enhance current policies and protocols on the handling of child deaths

1. Work with the subcommittee of the State Board of Social Services to study the increase of child deaths to gain a better understanding of the factors surrounding those deaths **Ongoing**
2. Review cases of children who have been known to the child welfare system over the past several years to determine what lessons may be learned to prevent child deaths **Completed**
3. Request assistance from the In-Home NRC to assist in this review and make recommendations **Completed**
4. Explore the regional child fatality team operating in the Eastern Region and develop a plan to replicate it in the other four regions of the state. **Completed**
5. Review recommendations with subcommittee of the State Board of Social Services and the State Child Fatality Team and develop a plan to implement new practices, as appropriate **Completed**
6. Work with the Office of the Chief Medical Examiner (OCME) to implement five regional child fatality review teams **Completed**
7. Provide technical assistance and consultation to teams in reviewing cases, making recommendations, and data collection **Ongoing**
8. Prepare an annual report compiling findings and recommendations from the teams **Ongoing**
9. Work with the OCME to plan and co-sponsor a conference for regional child fatality team members **Completed**
10. Work with the OCME to assist the regional teams in accurately completing the national data tool **Completed**
11. Fill position for a Child Fatality Data Coordinator to analyze data involving child fatalities, prepare annual and special reports, and provide technical assistance to the five Regional Child Fatality Review Teams in terms of data collection and case review **Completed**
12. Develop and disseminate an orientation packet for new members of the regional child fatality teams **Completed**
13. Apply for a technical assistance grant from the National Governor's Association to participate in a Three Branch Institute on improving child safety and preventing child fatalities. **Cpleted**
14. Provide technical assistance to local agencies regarding completion of National Child Death Review Tool- **Completed**
15. Develop and provide training to new regional consultants on child fatality review teams and facilitation of the meetings **Completed**
16. Redesigned the Virginia Child Protection and Accountability System to be more user-friendly and display the data in visually appealing charts and graphs. The VCPAS is a repository of data collected from multi-disciplinary agencies involved in the protection of children **Completed**

2021 Update

VDSS continues to provide support to regional child fatality review teams regarding themes, risk factors and prevention. VDSS has tackled significant technical components related to child maltreatment deaths during the 2021 year.

VDSS made significant revisions to the section of the CPS guidance on child deaths to include the addition of an investigative protocol. VDSS received feedback from the CPS Policy Advisory Committee for the updated guidance and also included a *Child Fatality Investigation Recommendations* for inclusion in each local agencies' Memorandums of Understanding (MOU) with law enforcement. The *Recommendations* will assist in the joint collaboration between CPS and law enforcement in the investigation of child fatalities.

The development of the child death investigative protocol by a third-party vendor was delayed due to the pandemic but it has since been completed. VDSS will support the of the protocol by offering a training for the child welfare workforce. The protocol will also be uploaded as a job aid to assist local agencies in child maltreatment death investigations.

VDSS also developed a child fatality decision tree tool to assist local agencies in screening consistency and validity determination.

As a result of the pandemic, VDSS had to move the five regional child fatality review team meetings to a virtual format. VDSS created a comprehensive matrix to assist the teams with the move and continues to provide significant technical assistance.

VDSS organized the annual regional recommendations by themes to identify strategies related to each theme. While VDSS completed its work with the Three Branch Institute, the work is ongoing regarding safe sleep education and awareness as this is a recurring regional recommendation and theme. In addition to safe sleep education, the regional child fatality review teams have identified themes around water safety and gun safety. VDSS is developing public awareness campaigns around all three themes.

VDSS has developed an internal review process related to child fatalities. The review process was implemented to provide additional immediate technical assistance in the investigation, services for the family, and identify practice issues that point to the need for additional training or technical assistance, identify the need for modification or enhancement of program guidance, and to highlight programmatic strengths.

K. Examine the current trends in CPS appeals to determine if LDSS' are clearly interpreting CPS policies and procedures, providing consistent information to appellants, and adequately documenting their case decisions.

1. Establish a committee of representatives from the League of Social Services Executives, State Board members, and other Department staff to identify and review the trends to determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in-home or out-of-family setting, and locality. **Completed**
2. Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate **Ongoing**
3. Review and revise Appeal Handbooks, if needed. **Completed**
4. Develop training materials and/or provide consultation to LDSS to support their practice in this area **Completed**
5. Identify and review all state CPS appeals to document trends and determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in home or out of family setting and locality **Ongoing**
6. Develop a CPS appeals checklist for local CPS workers to use to ensure that cases are complete prior to closing an investigation **Completed**
7. Provide feedback to the VDSS training division on areas that need to be more closely addressed in CPS new worker training and refresher courses **Ongoing**
8. Provide additional training information and resources to regional consultants for distribution at regional supervisor meetings **In Progress**
9. Develop and disseminate an annual report regarding the data for all state-level CPS appeals showing numbers and trends. **Ongoing**
10. Develop and distribute a one-page resource for new LDSS Directors regarding their role in the local conference process for CPS Appeals. **In Progress**

11. Identify and review local practices for tracking staying appeal requests due to pending criminal charges. **Completed**
12. Develop and disseminate a best practice tip sheet for tracking stayed appeal requests. **In Progress**
13. *Develop and disseminate a sample template for local agencies to track suspended appeals due to pending criminal proceedings.* **Completed**

2021 Update

VDSS continues to review all state level appeals that have been overturned to identify strengths in the CPS investigative findings being sustained, identify areas needing improvement in cases that were overturned, and to identify any trends that lead to a policy or guidance change and/ or training opportunity. This information is used to provide feedback to the VDSS training unit as a way to enhance the CPS worker training curriculum and reviewed by practice consultants with their LDSS in peer-to-peer settings.

VDSS also completed annual reviews and reports of all CPS appeals held in calendar year 2020. An annual report on all state and local level appeals held in 2020 were published for state, regional and local child welfare staff. This report will continue to be duplicated annually.

VDSS developed and distributed to local agencies a lengthy list of CPS appeals which had been stayed due to pending criminal proceedings. VDSS provided technical assistance to reduce this list to only those appeals that were still relevant. VDSS then provided a tracking tool for local agencies to use to ensure they are keeping track of appeals that involve criminal proceedings.

L. Enhance the effectiveness and efficiency of the State Child and Adult Abuse and Neglect Hotline

1. Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available, **Completed**
2. Train the Hotline staff on the updated intake, safety and risk assessment tools to ensure a family-focused, solution-focused and strength-based approach to responding to calls of suspected child abuse and neglect. **Ongoing**
3. Ensure that the Hotline phone number is published in all directories across Virginia. **Ongoing**
4. Establish emergency procedures and protocols for the State Hotline. **Completed**
5. Develop and implement a CPS/APS Hotline QAA plan to address the issues impacting the quality of work demonstrated by the Hotline. **Ongoing**
6. Collaborate with LDSS to discuss and develop, if/as necessary, protocols to more effectively and efficiently meet the needs of the Hotline, LDSS, and reporting citizens. **Ongoing**
7. Develop and provide training to Hotline staff pertaining to family-focused, strength based approach and proper use of safety and risk assessment tools for intake purposes. **Ongoing**
8. Review and revise the Hotline policy and procedures manual. **In Progress**
9. Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters. **Completed**
10. Develop requirements for contracted functions of the hotline. **Ongoing**
11. Install an updated, more versatile telephone system which will allow the State Hotline to progress with the trends and better meet the needs of the local agencies and the state of Virginia. **Completed**
12. Improve the feasibility of a dedicated Law Enforcement telephone line. **Completed**

13. Develop an outreach education program to train and educate the community about the functions of the CPS/APS Hotline. **Completed**
14. Develop system reports from the State Hotline data to determine call volumes, reporting percentages, abandoned calls, types of calls handled by the CPS/APS Hotline, and work efficiency. **Completed**
15. Establish an automated, online program for local agencies after hours on call information to be maintained by LDSS and monitored through the State Hotline. **Completed**
16. Provided training to LDSS agencies on how to update and maintain on-call information within iCal. **Ongoing**
17. Develop a protocol for remote functionality for the State Hotline call center during times of inclement weather, state emergencies or network outages. **Completed**
18. Ensure that measures are in place for the State Hotline to maintain the ability to operate with minimum interruption during loss of power, phone systems or state networks. **Completed**
19. Employ a Project Manager to assist VDSS in decreasing the overall number of abandoned calls by $\geq 35\%$. **Completed**
20. Develop a new report in SafeMeasures® to track data related to VaCPS Mandated Reporter Portal. **Completed**
21. Increase the number of Hotline Leadership (Shift Supervisors) to decrease the ratio of leadership to staff in an effort to increase the effectiveness of supervision, direct training and guidance. **Completed**
22. Explore and utilize scheduling tools to assist with determining staff work schedules based on call volume data. **In Progress**
23. Develop a more efficient way of collecting data via the Call Management System (InContact). **In Progress.**

2021 Update

In January 2021, VDSS contracted with an independent contractor to evaluate and determine the best practical solutions for meeting the desired goals and objectives of the hotline. The contractors provided an opportunity to meet with each member of the hotline team individually to hear their perspective on strengths, barriers, and challenges within the hotline. Additionally, the Contractors had a couple of group sessions in which all staff were invited to participate.

The analysis included the following findings:

- Scheduling
- Accountability
- Communication clarity
- Inadequate staffing
- Technology Concerns
- Continuous learning opportunities

In March 2021, VDSS shared those results with the hotline team and asked that they be a part of developing solutions to address these common themes.

In July 2021, VDSS hosted a series of workgroups where all hotline specialists were invited to join. There were a total of 7 workgroup meetings, spanning three topics: Team Goals, Shifts and Team Structure and

Holiday coverage. In September 2021, VDSS began working to implement some of those recommendations from the workgroups which included:

One of the significant changes is an alignment of the hotline team, particularly adding additional members of the hotline management team to include the development of 1 Program Manager and the addition of 2 supervisors (for a total of 4). To date, there are 4 new supervisors onboard, and the program manager position is in the process of being developed.

VDSS also reviewed the existing schedule, call volume data and made adjustments based on a 3-month schedule so team members can plan. VDSS prioritized filling vacancies, which were frozen during a statewide hiring freeze in 2020, (approximately 12 positions filled since that time) and are prioritizing recruiting staff who specifically want to work evenings, nights and weekends which are the harder shifts to fill.

VDSS is also exploring the feasibility of technology enhancements which would allow VDSS to get the calls directly to LDSS when they are opened during normal business hours which would reduce the number of calls during the weekdays (with a long term goal of this time of day being the lowest call volume).

During the pandemic, the use of the Mandated Reporter Portal (MRP), also called VaCPS, has proven to be beneficial to mandated reporters, as the MRP offers an immediate option to file a report. Since the launch of the MRP in November 2020, the usage has increased by 53%. The hotline continues to see an increased number of calls. In CY 21, the hotline received 144,1182 calls, compared to 128,329 total calls in CY 20. The overall periods of time callers are waiting on the phone to make a report (inbound calls answered in less than 10 minutes) decreased in 2021 with an average of 66% of calls being answered in less than 10 minutes. The percentage of calls answered in less than 10 minutes for CY 20 was 77.28%. The average wait time for inbound calls during CY20 was 8.27 minutes, which increased to ----13.58 minutes for CY21. In reviewing data trends and addressing the overall needs of the hotline, VDSS ended the centralized intake services for the remaining pilot agencies. VDSS worked with LDSS to ensure each LDSS has a back-up plan in place to ensure they are able to continue to receive intake calls *during business hours* rather than utilizing the State Hotline as their primary or only back-up plan during normal operating hours.

VDSS provides a comprehensive onboarding process for all new hotline specialists. VDSS developed an online course for hotline specialists to support hotline specialists in using a family-focused and strength-based perspective when receiving calls. The training materials encourage specialists to focus on the safety and risk factors, as well as, recognize each family for their unique strengths, support systems, and resources. VDSS continues to provide ongoing training and support to all hotline staff to enhance their knowledge, skills and abilities and increase the efficiency in the call and referral process. Shift supervisors provide quality assurance and accountability oversight through the monitoring of hotline specialists' inbound and outbound calls and use these call assessments to provide immediate feedback and training. Additionally, the shift supervisors conduct periodic reviews of CPS and APS reports taken by hotline specialists in conjunction with using statistical data to monitor the accuracy of reports and the timeliness of completing the intake process.

In addition to ensuring citizens have the option to report allegations of abuse and neglect 24/7, it is equally imperative to create a unified process between the State Hotline and community partners. The Hotline Operations Program Supervisor continues to collaborate with each LDSS to solicit feedback regarding the services rendered by the State Hotline. This information is shared with the hotline staff in order to continuously improve the quality and functioning of the State Hotline. Additionally, VDSS holds quarterly meetings with LDSS staff to provide status reports, to include statistical data and training on the use of iCal as needed. In another effort to streamline processes, the State Hotline teamed up with the LDSS to establish a user-friendly format for ICAL, which will assist the Hotline to easily locate information and ensure the timely notification of CPS and APS reports to the LDSS.

The State CPS/APS Hotline uses the Verizon InContact Call System, developed by NICE. This is the central system for incoming and outbound calls. This web-based call center software allows specialists and leadership to work 100% remotely. One of the important functions of this system is that first responders' calls are prioritized to the top of the queue. Hotline leadership is in the process of working with NICE representatives to gain more insight on how to utilize this system to its fullest capacity to include scheduling assistance.

Verizon InContact allows for the compilation of statistical data on the types of calls, number of calls, and wait time. This statistical data is used to drive staffing, scheduling and performance needs, as well as resources for the State CPS/APS Hotline. Protocols have been established and implemented for situations of inclement weather, state of emergencies and network outages to allow the State CPS/APS Hotline to operate with minimum to no interruption. Leadership and Hotline Specialists have a laptop that is equipped with remote VPN security software, and Wi-Fi capabilities; and all Hotline staff are provided state issued cell phones that provide "Hot Spot" internet capabilities. This ensures hotline staff receive the technical support to perform their duties. Additionally, hotline staff are trained on how to use a back-up/down system when there are technical issues with the CPS and APS database systems, which ensures a streamlined notification process, thus avoiding any delays of the LDSS receiving reports of abuse/neglect.

M. Develop a method to track recurrence in Family Assessment cases

1. Develop a method of tracking recurrence in Family Assessment cases. **Completed**
2. Develop a report that monitors repeat reports of cases that received a Family Assessment response. **Completed**
3. Disseminate reports to LDSS, CPS regional consultants to review and make recommendations for program changes, if needed. **Completed**
4. Provide consultation to LDSS, revise policy/guidance manual, if needed. **Ongoing**
5. Develop a new report in Safe Measures® that better tracks recurrence of maltreatment in Family Assessments **Ongoing**

2021 Update

VDSS continues to monitor the recurrence of Family Assessment utilizing the report in SafeMeasures® which identifies children who were documented as victims in a family assessment during a six month period and had another family assessment occurring within the previous two years. VDSS and LDSS use this report to identify trends and areas for improvement.

Data from SafeMeasures® indicates a slight decrease in recurrence rates from January 2020 (22.2%) to January 2021 (20.8%) to January 2022 (19.4%). VDSS's root cause analysis found SDM tools are not

being consistently utilized by LDSS and that we are not consistently providing services (or effective services) to high/very high risk families at the conclusion of family assessments or investigations.

N. Develop, facilitate, and conduct training for mandated reporters

1. Update the online training curriculum for mandated reporters incorporating the changes made by the 2012 Virginia General Assembly including additional people as mandated reporters, increased penalties for failure to report especially in cases of rape, sodomy, and object penetration, and other pertinent requirements **Completed**
2. Review and revise all printed materials including brochures and the Mandated Reporter Booklet to reflect code changes-**Completed**
3. Develop and implement a plan to inform persons required to report suspected cases of child abuse and neglect of these responsibilities **Completed**
4. Revise and update online training for educators **Completed**
5. Revise and update on line training for all mandated reporters **Completed**
6. Revise and publish print materials targeting mandated reporters **Ongoing**
7. Develop and publish online training for medical provider **In Progress**
8. Add sex trafficking to the list of sexual abuse types listed on Slide 39 of the CWSE 5692 - Recognizing & Reporting Child Abuse & Neglect **In Progress**
9. Identify and assess child victims of sex trafficking through the SDM Safety Assessment Tool as part of the impending Risk Validation Study to be completed by the Children's Research Center (CRC) over eighteen (18) months, beginning in July, 2017 **Ongoing**
10. Enhance training materials and resources for Mandated Reporters in preparation for the release of the new Mandated Reporter website where Mandated Reporters can electronically submit reports of child abuse or neglect. **In Progress**

2021 Update

VDSS launched the new online mandated reporter portal, called VaCPS, in October 2020. VDSS developed and published a Mandated Reporter Portal Community Awareness Kit for LDSS.

Throughout the COVID-19 pandemic, VDSS strengthened existing partnerships with the Department of Education in targeted and intentional ways related to mandated reporting of child abuse and neglect in a virtual world.

O. Revise CPS regulations and policy/guidance manual to reflect changes related to the reporting of substance exposed infants

1. Review and revise CPS regulation 22 VAC40-705 to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
2. Review and revise CPS policy/guidance manual to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
3. Provide training to local CPS supervisors and workers on the changes **Completed**
4. Work with health care providers and substance abuse treatment providers to inform them of the changes **Completed**
5. Revise brochure for health care providers on the reporting of substance exposed newborns **Completed**

6. Establish a workgroup to review current policy/guidance around the handling of substance exposed infants and develop and implement changes as-needed. **Completed**
7. Participate in new workgroup C.A.R.E.,(Coordinating, Access, Responding, Effectively to Maternal Substance Use),that was formed by the Department of Behavioral Health and Developmental Services to include work plan sessions and on-site technical assistance by National Center for Substance Use and Child Welfare **Completed**
8. Revise and disseminate CPS guidance for handling of substance exposed infants based on recommendations of C.A.R.E. workgroup **Completed**

No update.

P. Conduct periodic reviews of CPS regulations

1. Conduct a comprehensive review of the CPS regulations to include the incorporation of 22 VAC 40-700 and 22 VAC 40-720 into 22 VAC 40-705. **Completed**
2. Solicit input from the CPS Policy Advisory Committee, League of Social Services Executives, and the Citizen Review Panels. **Completed**
3. Develop proposed regulations incorporating relevant statutory and needed practice changes to be presented and approved by the State Board of Social Services **Completed**
4. Draft final proposed regulations **Completed**
5. Obtain approval of the final regulations from the Office of the Attorney General, State Board of Social Services, Department of Planning and Budget, Secretary of Health and Human Resources and the Governor. In progress- anticipate final approvals and goes into effect by July 1, 2017
6. Implement changes in the CPS policy/guidance manual **Completed**
7. Train local staff on the change **Completed**

2021 Update

The regulatory review process for 22VAC40-705 began in 2017 due to significant legislative changes made in 2017 related to substance-exposed infants and the response priority for child victims under the age of 2. The regulatory process was delayed due to the COVID-19 pandemic; however it was finalized in May 2021. During the review period, VDSS completed an exempt regulatory action on 22VAC40-705 for legislative changes that became effective on July 1, 2021. Additionally, during the review period, VDSS completed a periodic review of 22VAC40-705 and the regulatory action was finalized in December 2021.

Q. Provide guidance to CPS workers on how and when to use diversion practices

1. Seek consultation from the Office of the Attorney General on the authority of local departments of social services to use diversion as a prevention of foster care service **Completed**
2. Request technical assistance and consultation from the National Resource Centers **Completed**
3. Develop clear guidelines for inclusion in the CPS policy/guidance manual **In Progress**
4. Train staff on the role of the local department and the policies and procedures governing the practice of diversion. **In Progress**
5. Identify an effective means to track and analyze diversion data through the child welfare information system. **In Progress**

2021 update

The Prevention Services program plays an integral role in targeting resources and services to safely maintain children in their own homes or with relative/fictive kin caregivers in their own communities, by addressing identified safety and risk concerns and reducing the recurrence of child maltreatment (tertiary

prevention efforts). This In-Home Services practice aligns previous CPS ongoing practice, Prevention practice, and Family First legislation, with an intentional focus on supporting families to help children remain with their family in their communities. VDSS provides prevention based services through the provision of In-Home Services for children who are at high or very high risk of recurrent child maltreatment and out of home placements. In 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.

The In-Home Services alignment also includes clear guidance on working with families when parents arrange for temporary care of their child with a relative or fictive kin. In-Home services practice ensures that when children temporarily or permanently reside with relatives or fictive kin caregivers, services are provided to ensure safety and permanency of that living arrangement. Historically referred to as Diversion Placements, the provision of services to children and youth residing temporarily or permanently with relatives or fictive kin caregivers has varied by locality; thus, part of this alignment includes developing uniform practice guidance to support alternative living arrangements with relatives or fictive kin caregivers when needed. Additionally, the In-Home Services framework includes three child safety scenarios and the practice requirements needed to support families based on their unique needs.

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

Regardless of where the child may be temporarily or permanently residing, the framework ensures routine assessment, and provision and monitoring of services to ensure safety of the child. In-Home services provide an opportunity to partner with families to assess strengths, needs, protective factors, and what services may be needed to ensure the safety of the child and prevent out of home placement. 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, Child and Family Team Meetings (CFTM) to be held every 90 days and Family Partnership Meetings (FPM) to be held at all critical decision points. 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 Continuous Quality Improvement (CQI) process.

II. Family, Child and Youth-Driven Practice

This strategy fulfills the mission of transforming how services are delivered by giving a stronger voice to children and families in decision-making. The state practice model enables families to actively engage with child welfare staff and other important stakeholders in facilitated meetings to collaborate on the key decisions (such as placement or moves) that affect a child’s life. Through collaboration, the practice

model is achieved according to individual circumstances while empowering families to participate in the process.

- **Applicable CAPTA program areas as described in section 106(a):**
6. Developing, strengthening, and facilitating training including – training regarding research-based strategies, including the use of differential response, to promote collaboration with families; 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

Goal: Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused and Culturally Competent Approach

A. Develop and implement a plan for sustaining and supporting a consistent statewide approach to family engagement and kinship care

1. Train selected service providers and state/regional staff on strategies for engagement on a regional basis. **Completed**
2. Implement a plan for regional staff to provide training and technical assistance to LDSS on family engagement strategies **Completed**
3. Survey selected programs to determine the level of change in involvement and recommendations for improvements. **Completed**
4. Explore the use of CAPTA funds to LDSS to support FPM **Completed**
5. CPS Regional consultants will utilize reports on FPM found in SafeMeasures® to monitor their use and identify trends **Ongoing**
6. Regional consultants will provide consultation to LDSS when identified as not using FPM **Ongoing**
7. Reinstate reimbursement to LDSS for “qualified” FPMs **Ongoing**
8. Implement the use of a standardized screening tool for trauma **Ongoing**

2021 Update

In CY21, there was an 18% increase in the total number of FPM/CFTM. Specifically, there were 6,730 FPM and 2,566 CFTM in CY 20; this totaled to 9,296 meetings. There were 7,873 FPM and 3,454 CFTM in CY 21; this totaled 11,327 meetings.

B. Examine and amend CPS guidance to determine revisions required to support connections to relatives

1. Review guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child **Completed**
2. Support state collaborations that focus on increasing awareness and training of kin (relatives) as valuable resources in creating permanency options for children who cannot live with their birth parents. **Completed**
3. Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections by providing the use of Accurant, a web-based search engine that will be available statewide. **Completed**

4. Implement in OASIS the ability to document the notification to relatives in order to collect data / create a new screen “Diligent Search” **Completed**
5. Revise CPS guidance to reflect new federal legislative requirements for contacting relatives within 30 days of coming into foster care to include parents of siblings **Completed**
6. Create new report in SafeMeasures® that gathers data on notifications to relatives made within 30 days of coming into foster care. **Completed**
7. Revise and enhance CPS guidance regarding the identification of an Indian child; what constitutes active efforts; removal of an Indian child; and services to an Indian child pursuant to the Indian Child Welfare Act (ICWA) **Completed**.

2021 Update

All items are completed.

C. Enhance the current CPS Differential Response System (DRS) Practice Model to ensure a more family-focused and family-driven approach

1. Incorporate the Children’s Services Practice Model into the CPS DRS Family Assessment Track. **Completed**
2. Revise and align the CPS policy and guidance manual consistent with family engagement philosophy, procedures, and practice. **Completed**
3. Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments. **Completed**
4. Revise the Family Assessment Track brochure to reflect changes in policy/guidance and practice. **Completed**
5. Develop and implement practice profiles or worker skill sets to enhance family engagement and improve CPS practice across the state. **Ongoing**

2021 Update

As part of VDSS’ CFSR PIP, the Family Engagement workgroup formed in late 2018 continued to focus on implementation of the Family Engagement Practice Profile across the state. During 2020, the workgroup developed a readiness assessment for local departments to assess how prepared the agencies are to install the Family Engagement Practice Profile within their agency. Agencies were then encouraged to utilize the results of these readiness assessments to determine a plan for how the Family Engagement Profile would be implemented in their agencies.

To further assist in the installation of the Engagement Practice Profile, an interactive learning game was developed called “Engagement in Action.” The game allowed workers to answer a series of practice scenarios with engaging conversation and strategies. Upon answering the questions, the learners were then given a score and feedback from a virtual coach indicating why or why not they had chosen the best practice solution. The game can be used by staff multiple times to continue to improve the level of engagement in their practice.

In order to maximize implementation of the Family Engagement Practice Profile, agencies were instructed to determine who in their agency would serve as a coach for field workers across the child welfare spectrum. These coaches would assist workers in moving their practice from unacceptable or developmental to optimal in the areas of youth, family and caretaker voice, respect, authority, information and roles, and relationships. Due to capacity limitations in the training division as a result of COVID-19, the workgroup developed an asynchronous training curriculum for coaches through a combination of previously recorded VDSS Coaching and Practice Profile Webinars as well as materials from The Coaching Toolkit for Child Welfare Practice from the Northern California Training Academy.

D. Work collaboratively with the Prevention Unit to promote the In-Home guidance for LDSS around foster care diversion and prevention strategies

1. Serve on Prevention Advisory Committee to develop guidance manual on early prevention strategies and foster care diversion. **Ongoing**
2. Collaborate on the development of a common service plan for use by LDSS staff **Ongoing**
3. Develop and conduct training for LDSS staff as-needed **Ongoing**
4. Reorganize and revise the existing Prevention guidance, which will reflect a strength-based and trauma-informed family engagement approach that uses the protective factors as a framework **Completed**
5. Explore funding needs, including how to realign current prevention funding sources and identify additional funding sources **Ongoing**
6. Develop the capacity to capture and analyze the impact of prevention and kinship diversion efforts in the child welfare information system. **Ongoing**
7. Conduct a pilot on data collection and reporting for LDSS' regarding facilitated care arrangements (diversion) targeting the Western part of the state **Completed**
8. Partner with Patrick Henry Family Services to implement a pilot program in Planning District 11 (Amherst, Appomattox, Bedford and Campbell Counties and the City of Lynchburg) which will evaluate the Safe Families for Children model as an alternative to placement in foster care for children in crisis. **Completed**

2021 Update

New In-Home Services guidance has been incorporated into Chapter B. Prevention Services of the VDSS Child and Family Services Guidance Manual. The 2021 version of this guidance manual became effective beginning April 29, 2021. 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. 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 COVLC.

Significant changes in Section 1 and Section 2 include:

- 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 Prevention Services Act (Family First) and its impact on the provision of evidenced-based and trauma-informed prevention services in Virginia.
- The framework for In-Home services and foster care prevention throughout the casework process, to include guidance for initial assessment, service planning, reassessment, and decision-making in three (3) 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.

VDSS acknowledges that children and families benefit from LDSS receiving additional guidance, training, and resources to support quality and uniform practice in the provision of In-Home Services. This framework for consistent practice, emphasizes 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. Practice changes associated with the In-Home Services framework, corresponding guidance, and skills development have been incorporated in the new training opportunities detailed below.

CWS1000W: In-Home Services New Worker Webinar

This course is mandatory training for all In-Home Services case workers and supervisors. This competency-based training explores integral parts of the Prevention Services continuum. Specifically, emphasis is placed upon the case practices, priorities, and procedures for the delivery of In-Home services. Topics include:

- Guidelines for standardized assessments to create and inform individualized service plans
- Definitions of case types for prevention to facilitate consistent data collection
- Principles of practice for strengths-based, trauma informed family engagement practice and supervision in prevention, using the protective factors as a framework
- Guidelines for trauma informed case management
- Guidelines to support case decision-making through consistent use of available tools

CWS2010W: In-Home Services Skills

This course explores the best practices and essential skills of In-Home Services work. It is mandatory for Family Services Specialists working in the area of In-Home Services. This course helps In-Home Services case workers understand the practice skills within each of the three child safety scenarios. Skills and best practices included are:

- Core Skills and the Elements of In-Home
- Family Engagement
- Safety and Support Networks
- Collective Assessment and Effective Use of the Suite of Tools
- Behavior-Based Planning
- Needs-Driven Planning
- Safety Goal Attainment
- Effective use of CANS
- Evidence-Based Treatment and Services
- Meaningful Change and Safe Case Closure

CWSE7000: Family First in Virginia (Modules 1-5)

- *Module 1: Overview of Family First:* Commences an instructional series that provides an overview of how In-Home services and focuses on specific, integrated strategies directed towards

teaming engagement efforts, collective, streamlined assessment decision-making, behavior-based safety goals, and needs-driven service provision.

- *Module 2: Opening an In-Home Services Case: First 30 Days:* Explains how to undertake a collective assessment approach in partnership with the family and their safety and support system in critically thinking about what happened, is happening, and needs to happen to enhance the child's ongoing safety, permanency, and well-being prior to service plan development.
- *Module 3: Service Planning for In-Home Services:* Explains 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.
- *Module 4: Monitoring the Delivery of In-Home Services:* Explains specific, concrete strategies and actions used to effectively identify and assess parental behavioral changes; specifically protective capacity and its impact upon the safety, permanency, and well-being of a child.
- *Module 5: Goal Achievement and Case Closure:* Explains how to effectively 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.

CWSE5000: Preventing Premature Case Closure in In-Home Services

The purpose of this eLearning is to provide In-Home Family Services Specialists with a self-paced, on-demand, online training that explains why premature case closure can be problematic, provides guidance, and tools to help Family Services Specialists know when a case is ready for closure. After participating in this online training, successful participants will be able to:

- Identify three negative impacts of premature case closure
- Identify what needs to be assessed when considering case closure
- Describe elements of the service plan that help build toward case closure
- Describe why linking a family to appropriate, effective services will advance them toward case closure
- Identify and describe indicators of a safe home

III. Strengthening Community Services and Supports

These strategies contribute to developing an accessible array of community-based services across Virginia. This strategy addresses the nature, scope, and adequacy of existing child and family and related services. This approach, which includes wraparound services when indicated, reduces the need for more intensive levels of service such as residential care – and shortens length of stay when placement is required. It contributes to the well-being of children and families.

☐ **Applicable CAPTA program areas as described in section 106(a):**

3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect; 10. Developing and delivering information to improve public education relating to the role

and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response; 13. Supporting and enhancing interagency collaboration among public health agencies in the child protective service system, and agencies carrying out private community-based programs – to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

Goal: Expand Community Services and Supports that are Child-Centered, Family-Focused and Culturally Relevant.

A. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.

1. Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. **Ongoing**
2. Utilize child abuse and neglect treatment funds for support services to child victims. **Ongoing**
3. Complete application for continuation of funding, renew contracts, monitor grantees and evaluate outcome and financial performance for programs such as Healthy Families (home visiting), prevention (parent education and support, awareness and outreach) and Treatment (Child Advocacy Centers) programs. **Ongoing**
4. Implement the formula specified in the budget amendment approved by the 2019 General Assembly and the Governor for funding Child Advocacy Centers and continue to incorporate the VOCA funding for CACs into the formula **Completed and Ongoing**
5. Continue the expansion of the Healthy Families Programs and continue implementation of the funding formula for the Healthy Families Programs **Ongoing**
6. In response to the passage of the FFPSA (2018), explore opportunities for systemic change(s) by collaborating with VDSS statewide partner(s) in an effort to strengthen and expand evidence-informed family resources. **Ongoing**

In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the Community-Based Child Abuse Prevention (CBCAP) program. CAPTA State grant funds were used, alone or in combination with title IV-B, CBCAP, Temporary Assistance for Needy Families (TANF), Victim Of Crimes Act (VOCA), State General Funds, and other child welfare programs in three major areas: Safe Children and Stable Families; Family, Child and Youth Driven Practice, and Strengthening Community Services and Supports. The plan identifies areas of work that have been completed, items being currently worked on, as well as ongoing activities.

VDSS utilizes federal and state funding to deliver a variety of primary and secondary prevention efforts. Community-Based Child Abuse Prevention (CBCAP) (\$1,025,868.08) and state funds from the Virginia Family Violence Prevention Program (VFPVPP) (\$500,000), totaling \$1,399,064.95 in combined funding support evidenced-based and evidenced-informed programs and practices. CBCAP and VFPVPP funds are distributed through a competitive Request for Application (RFA) process for programs to provide statewide or locally based primary and/or secondary prevention services to prevent child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. In SFY 2022, a

total of 22 programs received an initial award that supports the following geographic areas (two programs serve more than one region):

- Eastern - Six programs serving: Chesapeake, Virginia Beach, Norfolk, Portsmouth, Suffolk, James City County, Williamsburg, York County, Poquoson, Surry County, New Kent County, Gloucester, Newport News and Hampton, Sussex, Brunswick, Greensville County, City of Emporia
- Western – Six programs serving: Washington County, Bristol, Floyd, Giles, Montgomery, and Pulaski, Radford City, Norton, Wise, Scott, Lee, Norton, Russell County, Dickenson County, Buchanan County
- Northern - Seven programs serving: Charlottesville, Albemarle, Fredericksburg, Spotsylvania, Stafford, Caroline, King George, Alexandria City, Arlington County, Falls Church, Fairfax County, Shenandoah County, Loudoun County, Frederick, Clarke, Warren, Winchester, Manassas, Prince William, Frederick, Page, Culpepper, Fauquier
- Central – Charles City County, Richmond, Colonial Heights, and Petersburg, Chesterfield, Cumberland, Goochland, Hanover, Henrico, Louisa, Powhatan
- Piedmont – Two programs serving: Cities of Roanoke and Salem, Counties of Roanoke, Botetourt
- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

VDSS also utilizes TANF (\$1,136,500.00), General Funds (\$405,500.00), and Victims of Crime Act (VOCA) funds (\$4,500,000.00) from the Department of Criminal Justice Services (DCJS) to support Child Advocacy Centers (CAC's) across the state; the total awarded to CACs for SFY2020 is \$6,042,000. This funding enables CACs across Virginia to serve child abuse victims, expand as necessary, and expand geographic coverage ensuring as many children and families are served as possible. 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.

Eighteen centers continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Nelson, Franklin, Grayson, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Lexington, Charlottesville, and Waynesboro.
- Central – two programs serving counties of Chesterfield, Goochland, 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, Rockingham, Shenandoah, and Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville, Brunswick, and Sussex.
- Western – four programs serving counties of Lee, Montgomery, Pulaski, Washington, Scott, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) is the statewide association which continues to provide training, support, technical assistance and leadership to the CACs and to communities in Virginia responding to reports of child abuse and neglect. The CACVA will develop the funding formula for the CACs for SFY 2022 based on criteria established by the Virginia General Assembly and includes CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

VDSS also supports a variety of early childhood home visiting programs and initiatives with federal and state funding. The General Assembly appropriates \$600,000 in TANF funds annually to VDSS to award funding to Early Impact Virginia (EIV) Alliance for Early Childhood Home Visiting a statewide collaboration of early childhood home visiting programs and partners. EIV has the responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis. In 2019 the EIV Leadership Council and Virginia Children's Cabinet approved Virginia's State Plan for Home Visiting to guide the development of a comprehensive framework for coordination of early childhood home visiting program services and sustainable growth. In the fall of 2020, EIV completed the Virginia Home Visiting Needs Assessment to inform capacity and system building efforts. EIV completed the Strategic Growth Plan for home visiting in 2021. EIV's annual report submitted in July 2021 can be found here: <https://rga.lis.virginia.gov/Published/2021/RD270/PDF>

The Virginia General Assembly continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment. The goals of the Healthy Families Program continue to include improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2022. Awards were distributed to 30 Healthy Families sites based on a formula using the number of live births and child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide Healthy Families organization, Prevent Child Abuse Virginia (PCAV) dba Families Forward to provide training and technical assistance to local programs. Families Forward's Healthy Families Virginia (HFV) program is accredited by Healthy Families America; therefore, HFV oversees all of Virginia's 30 local Healthy Families affiliates with technical assistance and quality assurance monitoring to ensure fidelity to the model. In In 2021 one Healthy Families site operating out of the Suffolk Isle of Wight Health District closed due to decreased capacity to continue that program at the health department.

2021 Update

In addition to the prevention efforts mentioned above, VDSS participates and supports many child abuse prevention efforts throughout the year, but also specifically to recognize April as Child Abuse Prevention Month. VDSS' ongoing partnership with Families Forward served as the foundation for statewide child abuse prevention activities and to recognize April as Child Abuse Prevention Month. The pandemic served as a catalyst for additional targeted Child Abuse Prevention activities. Families Forward Virginia provided materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates and opportunities for engagement. They developed and disseminated their child abuse prevention advocacy agenda; led and participated in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services attended their advocacy days at the General Assembly, sharing stories of how prevention programs have changed their lives. Families Forward Virginia shared toolkit resources to advocates, home visiting leaders and trainees, and LDSS.

Virginia's statewide Child Abuse and Neglect Prevention Conference was cancelled due to COVID-19. This was scheduled to be a collaborative effort in partnership with Families Forward Virginia. If the Conference could have been held, attendees would have come from all areas of the state and represented a variety of agencies and organizations such as local departments of social services, local community services boards, CASA programs, and home visiting programs such as Healthy Families, family services agencies, and other non-profits.

Families Forward Virginia has continued to provide materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates and opportunities for engagement. They have developed and disseminated their child abuse prevention advocacy agenda; led and participated in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services attended their advocacy days at the General Assembly, sharing stories of how their programs have changed their lives.

Families Forward Virginia has continued sharing toolkit resources to advocates, home visiting leaders and trainees, and local DSS. As operations and activities were curtailed by the pandemic, we took a number of activities online. We also developed a number of child abuse prevention resources specifically targeted to protecting children in times of isolation. The planning for CAP month still being virtual in 2021, our focus and planning have been on ways local programs and LDSS can interact with families with physically distant activities.

Examples of local efforts by CBCAP recipients to promote public awareness and education

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

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

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

Public Awareness & Education Activities		
FY 2021 – CBCAP Programs		
Activity	# of Activities	# Reached
Prevention Month Activities including Blue Ribbons	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

Child Abuse Prevention Month Proclamation:

Since 1983, the VDSS has provided leadership in the Commonwealth's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month. In 2021, the State Board of Social Services also issued a Resolution to recognize April as Child Abuse Prevention Month.

Virginia's statewide Child Abuse and Neglect Prevention Conference was cancelled due to COVID-19. This was scheduled to be a collaborative effort in partnership with Families Forward Virginia. Families Forward Virginia shared prevention month toolkit resources to advocates, home visiting leaders and trainees, and local DSS. Many activities were hosted virtually. Families Forward Virginia provided materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates and opportunities for engagement. They have developed and disseminated their child abuse prevention advocacy agenda; led and participated in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services attended their advocacy days at the General Assembly, sharing stories of how their programs have changed their lives.

B. Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well-being.

- I. Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives such as the Governor's Advisory Board on Child Abuse and Neglect; the Children's Justice Act/CASA Advisory Committee; and the State Child Fatality Team. **Ongoing**

- II. Develop and provide educational materials to inform key stakeholders on effective strategies (e.g., mandated reporters and the general public on child abuse and neglect; kinship care providers; judges). **Ongoing**
- III. Participate in the Statewide Home Visiting Consortium (Early Impact Virginia) that operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts around home visiting programs. **Ongoing**
- IV. Evaluate and renew contracts for performances of sexual abuse prevention play to be presented to school-aged children statewide **Ongoing**
- V. Evaluate and renew contract with James Madison University for the publication of the Virginia Child Protection Newsletter **Ongoing**
- VI. Participate on the Virginia Interagency Coordinating Council to collaborate on the implementation of Part C of IDEA including public awareness efforts, child find, data collection and training. **Ongoing**
- VII. Participate on the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative to evaluate the current training and develop and implement training sessions for the coming year. **Ongoing**
- VIII. Continue to collaborate with the Department of Criminal Justice Services in the Child First forensic training program by providing scholarships for local CPS workers and supervisors to participate in the training. **Ongoing**
- IX. Review and revise the Memorandum of Understanding with the Department of Education regarding the reporting and investigation of child abuse and neglect complaints involving school personnel. **Completed**

VDSS continues to collaborate with the VA Department of Criminal Justice Services (DCJS) and CACVA to deliver the ChildFirst forensic training program supported by the use of CAPTA and CJA funds. CAPTA funds are used to provide scholarships for local CPS workers and supervisors to participate in this five-day intensive forensic interviewing training program.

Training sessions are held in various geographic locations throughout Virginia to help ensure equal access. Tuition scholarships are provided as reimbursable expenses. Upfront payment has been abandoned due to the identification of some course failures. The reimbursement process is intended to incentivize successful completion of the course as well as to ensure good financial stewardship. Forty individuals were trained in March 2020 in Roanoke, 19 of which represented VDSS. The training in July 2020 was offered through the Zero Abuse Project, a program offered through the national ChildFirst group. Thirty individuals were trained, 19 of which represented VDSS. The final training in 2020 took place in November and was led by Virginia ChildFirst faculty. Thirty individuals participated, eight of which represented VDSS.

The Virginia Interagency Memorandum of Agreement among the Agencies Involved in the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA) was revised to ensure enhanced collaboration and coordination in the implementation of a statewide comprehensive, family-centered system of Part C early intervention supports for services for infants and toddlers with disabilities and their families. LDSS are required to refer any child under the age of three who is the subject of a founded child abuse/neglect disposition, or any child under the age of three who is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or any child under the age of three who appears developmentally delayed or who has a physical or mental condition that has a high probability of resulting in delay to the Infant & Toddler Connection of Virginia as soon as possible, but no more than seven calendar days after identifying the child as potentially eligible.

All CPS materials are reviewed and updated as required by changes in the Code of Virginia and/or CPS regulation and are available in printed form and maybe downloaded from the VDSS website, <http://www.dss.virginia.gov/>. The online training course for public school employees has been updated and is available on the VDSS website.

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual abuse prevention play “Hugs and Kisses” for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, Families Forward Virginia (formerly PCAV), and VDSS. Families Forward Virginia receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast.

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 K-5 in elementary schools across Virginia. The play is a partnership between VRT, Families Forward Virginia (formerly PCAV), 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 Virginia Repertory Theatre provided 98 performances of the musical plan, Hugs & Kisses in FY20. The number of Virginia elementary school age children that participated in the interactive child abuse prevention play was 30,460. They did not meet their performance and attendee goals due to the transition to virtual learning during the winter and spring semesters and the tour being cancelled as a result of COVID-19.

The Virginia Repertory Theatre’s (VRT), Hugs & Kisses, spent 100% of their SFY21 grant funds. No children were served as the child abuse prevention live musical play could not be performed in elementary schools during the 2020-2021 academic year because of COVID-19. The VRT used the funds to produce a virtual video performance of Hugs & Kisses and teacher's guide, which was developed with input from VDSS, Families Forward, and VRT’s Statewide Advisory Task Force of educators, parents, counselors, social workers, and child psychologists. It will be piloted in SFY22 with an estimated 10 schools. If all goes well, virtual and in-person (depending on the status of the pandemic) performances will be booked for the remainder of SFY22.

CAPTA Annual State Data Report Items

Juvenile Justice Transfers

Through the data system, Virginia tracks reasons why children exit foster care. For the calendar year January through December 2021, 28 children left foster care due to a commitment to corrections. Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance Chapter 16.8.2.

Information on Child Protective Workforce

Virginia reported in the NCANDS report there were indicates there are 973 staff identified as CPS staff during 2021. That is 67% of total staff (1,460).

Education, qualifications, and training requirements established by the State

Virginia employs a state-supervised, locally-administered system of social services. Nevertheless, agencies utilizing the State's Recruitment Management System must adhere to the laws and policies that govern Human Resource Administration to ensure fairness and equality in the recruitment and selection of local staff.

Virginia regulates degree requirements for Family Services workers. The Degree Requirements for Family Services Occupational Group regulation, 22VAC40-670, <https://law.lis.virginia.gov/admincode/title22/agency40/chapter670/> includes the following titles in this occupational group:

- Family Services Supervisor, and
- Family Services Specialists I-IV.

Each title description includes the level of supervision suggested, and upon completion of training, the employee may be redefined to a higher level of Family Services Specialist. In order to be hired for a position in the Family Services Occupational Group, individuals shall possess a minimum of 1) a baccalaureate degree in the human services field; or 2) a baccalaureate degree in any field accompanied by a minimum of two years appropriate and related experience in a human services related area.

Current CPS Mandated Training Requirements

First three weeks:

The following on-line courses are required to be completed no later than within the first three (3) weeks of employment and are prerequisites for other CPS mandated courses:

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated Information System: OASIS
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training

First three months:

- CWS2000.1: Child Protective Services New Worker Guidance Training with OASIS.
- CWS2010: CPS Ongoing (for ongoing workers only)
- CWSE1510: Structured Decision Making in Virginia
- CWSE5011: Case Documentation

First 12 months:

- CWS1021: The Effects of Abuse and Neglect on Child And 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 and Investigation in CPS

- CWS2021: Sexual Abuse
- CWS2031.1: Sexual Abuse Investigation
- CWS4000: Identifying Sex Trafficking in Child Welfare
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5011: Case Documentation
- CWS5307: Assessing Safety, Risk and Protective Capacity
- CWS6010: Working with Families of Substance Exposed Infants

First 24 months:

- CWS1031: Separation and Loss Issues in Human Services Practice
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and Its Impact on Children
- CWS2141: Out of Family Investigation (if conducting out of family investigations)
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5305: Advanced Interviewing: Motivating Families for Change

Additional training requirement for CPS supervisors:

In addition to the courses listed, all CPS supervisors are required to attend the Family Services CORE Supervisor Training Series: SUP5701: Principles of Leadership, SUP5702: Management of Communication, Conflict, and Collaboration, SUP5703: Enhancing Staff Performance and Growing a Team, SUP5704: Critical Issues in Family Services Supervision, and SUP5705: Trauma Informed Leadership and Developing an Organizational Resilience Culture.

Other trainings for CPS workers and supervisors are outlined in the Training Plan.

Education for CPS workers (data from OASIS)

Maximum Educational Attainment Level of CPS-Assigned Staff		
	#	%
High School	128	8.7%
Associate Degree	17	1.2%
Bachelor Degree	965	66%
Masters Degree	308	21%
PhD	1	.1%
Not Available	41	2.8%
Grand Total	892	100%

General Field of Study Among CPS-Assigned Staff		
	#	%
Behavioral Science	51	3.5%

Counseling	46	3.2%
Criminal Justice	103	7%
Education - Counseling Psychology	6	.4%
Education - Early Childhood	14	1%
Education - Guidance & Counseling	10	.7%
Family Relations / Child Development	11	.8%
Human Relations	49	3.4%
Juvenile Justice	2	.14%
Other	204	14%
Psychology	180	12%
Public Administration	16	1%
Social Work	498	34%
Sociology	84	5.8%
Not Available	186	12.7%

	Bachelor Degree	Bachelor Degree %	Masters Degree	Masters Degree %	Grand Total
Behavioral Science	38	4%	13	4%	51
Counseling	21	2%	25	8%	46
Criminal Justice	89	9%	13	4%	102
Education - Counseling Psychology	4	.41%	2	1%	6
Education - Early Childhood	13	1%	1	.32%	14

Education - Guidance & Counseling	4	.41%	6	2%	10
Family Relations / Child Development	10	1%	1	.32%	11
Human Relations	41	4%	8	7%	49
Juvenile Justice	2	.21%	0	0	2
Other	167	17%	37	12%	204
Psychology	159	16%	21	7%	180
Public Administration	2	.21%	14	5%	16
Social Work	335	35%	163	53%	498
Sociology	80	8%	4	1%	84
Total	965	100%	308	100%	1273

CPS caseloads

Virginia does not have a caseload standard for Child Protective Services. To determine average caseloads, the Assignments by Role report from SafeMeasures was used. Case types include: CPS and Foster Care; Family Assessment; In Home Investigation; Ongoing CPS; and Out of Family Investigation. The average case load for calendar year 2021 was 28.77 cases with an average of 4.7 cases during a month. The average Maximum Number of Cases for calendar year 2021 is 72.3 cases.

Month	Primary Assignment	Maximum # Cases Primary Assignment
CY21 Average	4.7	72.3
January	5.7	72
February	4.2	63
March	4.4	67
April	4.6	70
May	4.7	77
June	4.6	80
July	4.1	56
August	4.3	55

September	4.5	58
October	4.9	83
November	5.4	102
December	5.1	85