

**Virginia's Annual Report on the Five Year State Plan for Child and  
Family Services 2020 – 2024  
Submitted to the U.S. Department of Health and Human Services  
June 2023**

Virginia Department of Social Services  
Division of Family Services

Official Contact Person:

**Name:** Nikole Cox  
**Title:** Director, Division of Family Services  
**Address:** Virginia Department of Social Services  
Division of Family Services  
801 E. Main Street  
Richmond, Virginia 23219  
**Phone:** (804) 514-4699  
**FAX:** (804) 726-7895  
**E-Mail:** [nikole.cox@dss.virginia.gov](mailto:nikole.cox@dss.virginia.gov)  
**Website:** [http://dss.virginia.gov/family/cfs\\_plan.cgi](http://dss.virginia.gov/family/cfs_plan.cgi)

## Contents

Contents .....	2
Organizational Structure and Vision.....	5
Strategic Plan .....	10
Diversity, Equality, and Inclusion.....	70
Child Welfare Evolution .....	72
High Quality Legal Representation for All Parties in Child Welfare Proceedings.....	72
Collaborations .....	74
Continuous Quality Improvement (CQI) .....	85
Statewide Information Systems .....	89
Assessment of Current Performance in Improving Outcomes (CFSR/PIP) .....	93
Child and Family Services Continuum .....	186
Program Coordination Team.....	186
Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2).....	188
Prevention .....	191
Protection .....	209
Populations at Greatest Risk of Maltreatment .....	210
Substance-Exposed Infants .....	211
Safe Sleep Campaign .....	212
Preventing Sex Trafficking and Strengthening Families Act (HR4980) .....	213
Efforts to Track and Prevent Child Maltreatment Deaths.....	214
Services for Children under the Age of Five .....	217
Permanency.....	220
Foster Care .....	220
Diligent Family Recruitment .....	224
Adoption .....	225
Adoptive Savings (section 473(a)(8) of the Act) .....	228
Adoption and Legal Guardianship Incentive Payments.....	229
Monthly Casework Visit Formula Grants and Standards for Caseworker Visits .....	236
John H. Chafee Foster Care Program for Successful Transition to Adulthood .....	238
Consultation between Virginia and Tribes.....	274
Additional Attachments:	
Appendix A: CAPTA State Plan	
Appendix B: Health Care Oversight and Coordination Plan	

Appendix C: Diligent Recruitment Plan

Appendix D: Child Welfare Staff and Provider Training Plan

Appendix E: Title IV-E Pass Through Training Plan

Appendix F: Master Family Services Child Welfare Training Matrix

Appendix G: 2023 Disaster Plan

Appendix H: 2023 Continuity Plan- Division of Family Services (*confidential*)

Appendix I: ETV Attachment C

Appendix J: Citizen Review Panel Recommendations

Appendix K: Virginia Family First Title IV-E Prevention Services Plan

## **Frequent Acronyms**

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

PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
RFP	Request for Proposals
SDM	Structured Decision-Making
SEAS	Screening for Experiences and Strengths
SEC	State Executive Council
SFY	State Fiscal Year
UPLC	Under-Served Population Learning Collaborative
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services

## Organizational Structure and Vision

### *State Agency Administering the Programs*

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

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

### *Organizational Structure*

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

VDSS support areas include:

- Finance and general services,
- Organizational development,
- Information systems,
- Legislative affairs,
- Local Training and Development,
- Office of Trauma and Resilience,
- Operations, and
- Public Affairs.

VDSS program areas include:

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

Five regional offices oversee community and local organizations, including:

- Child welfare services,
- 22 district offices for the Division of Child-Support Enforcement, and
- 8 field offices for the Division of Licensing program.

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

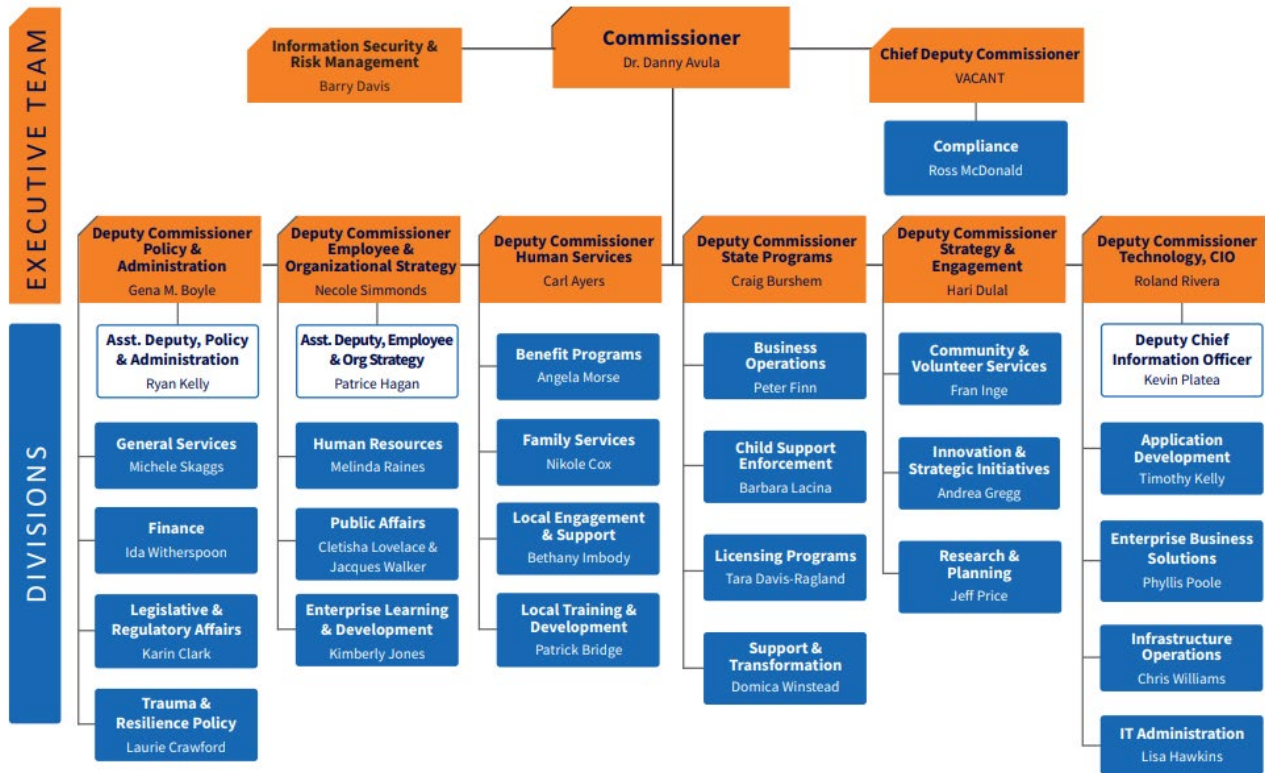
- Prevention (prevention services, safe and stable family services, domestic violence resources, and In-Home services),
- Child protective services (child abuse and neglect),
- Permanency (adoption, foster care, resource family, independent living, and interstate/inter-country placement of children),
- Quality assurance and accountability (Continuous Quality Improvement (CQI), title IV-E review, Child and Family Service Review (CFSR), and
- Legislation, regulations, and guidance

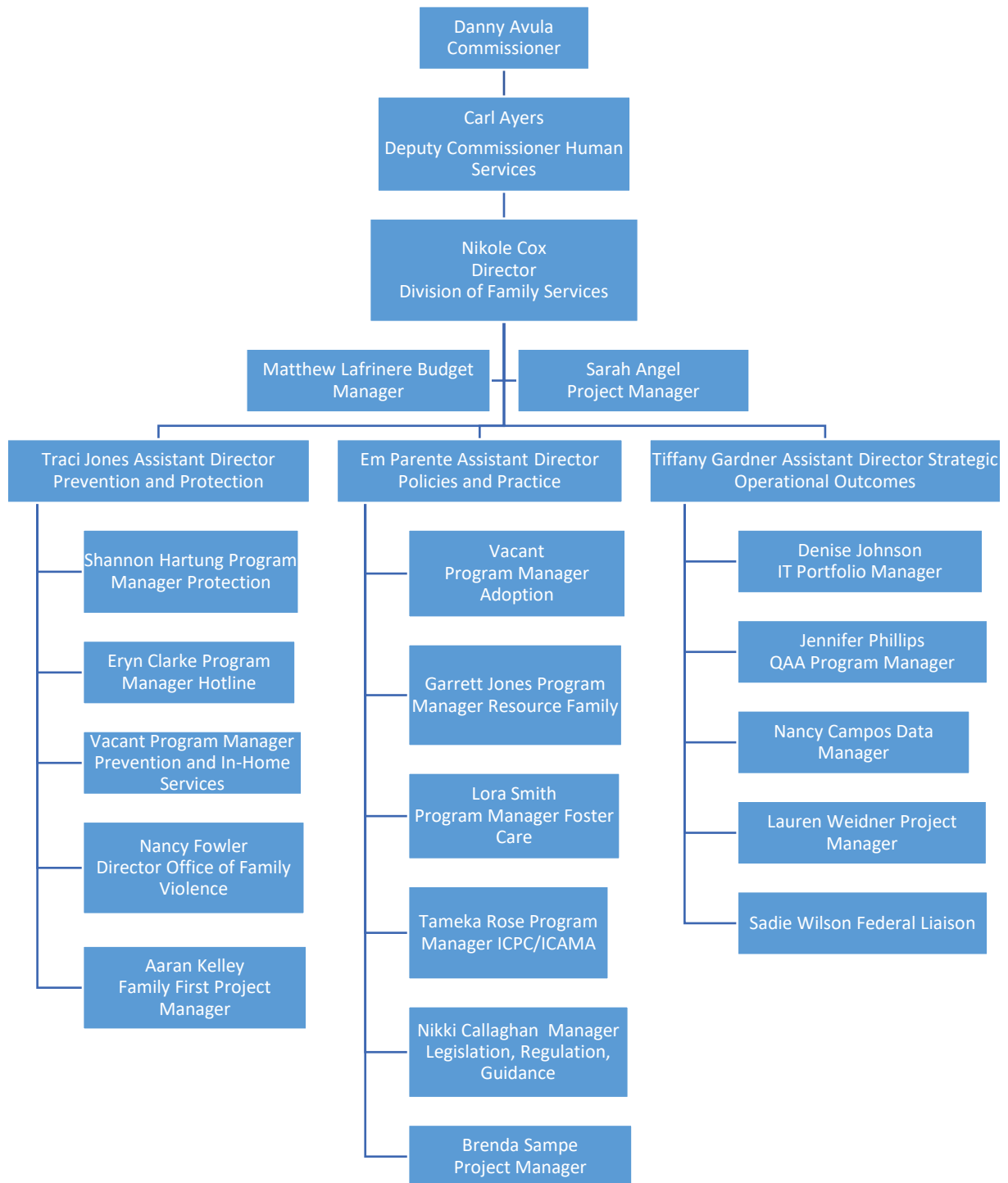
Child welfare programs are state supervised and locally administered by 120 local Departments of Social Services.

The VDSS and DFS leadership organizational charts follow.



## VIRGINIA DEPARTMENT OF SOCIAL SERVICES ORGANIZATIONAL CHART





## ***Vision***

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

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



### ***Virginia Children's Services System Practice Model***

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

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

### ***Alignment with Children's Bureau Focus***

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

The highlighted areas include:

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

This annual report will link the strategic plan activities, the statewide self-assessment, and the work of each unit throughout the division and will highlight the progress and challenges that have occurred over the past year. All data reflected in this APSR is for the calendar year 2022, unless otherwise noted. Strategies and activities reported on will include information up through the present time.

This report will also include information about VDSS efforts to prevent children from coming into foster care, support kinship caregivers, ensure youth leave foster care better than when they entered, and develop and enhance the child welfare workforce. In last two years' APSR, VDSS highlighted the work that had begun to create a culture of diversity, equality, and inclusion. At all levels of DFS, staff are engaged in activities and conversations to work towards creating a more equitable workplace and community. DFS recognizes the importance of bringing attention to disparity, discussing it, and developing strategies to make meaningful change. This year's APSR will include an update on progress made with this important work. Other initiatives that will be included are the

- implementation of prevention services including adding evidenced based programs to the Family First prevention plan,
- focus on Kin First culture in Virginia with multiple initiatives,
- partnership with the Safe and Sound Taskforce to end the practice of children in foster care in unapproved or temporary placements and improve placements overall, and
- work with youth in foster care and in the Fostering Futures program.

## Strategic Plan

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

VDSS has identified strategies that fall under each of the priority objective areas. Each strategy is designed to make progress in expanding and strengthening the range of existing services, developing new types of services, and reaching additional children in need of services, per the alignment with the overarching priority areas for VDSS. Each strategy aligns with one of the priority areas of the 2020 CFSR/PIP, FFPSA, JLARC legislation, CAPTA, and other priorities and have been mapped to the specific priority of alignment to ensure that the overarching vision and goal align with the continued implementation of the CFSP strategic plan over the next five years.

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

### ***Implementation Supports/ Training and Technical Assistance***

VDSS worked closely with the Center for States on the PIP analysis and the development of the PIP framework. In 2022, VDSS received Technical Assistance (TA) from the Center for States on DEI, additional daily supervision models from other states, and CPS workload standards. Additional TA is noted in the strategic plan tables.

A key to acronyms included in the alignment section of the Strategic Plan and the rest of the APSR can be found on p. 4-5.

## CFSP Strategic Plan

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



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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
<b>1. Develop prevention workflow to include prevention services including case management Processes, practice guidance &amp; training.</b>	<p>1.1 Identify various levels of prevention services, funding streams, service availability &amp; gaps in services (primary – CBCAP, Healthy Families, VOCA, PSSF, DVPS; secondary; tertiary)</p> <p><b>Completed</b></p>	PS1 PIP 2.3 CAPTA III	<ul style="list-style-type: none"> <li>• June 2020</li> <li>• June 2021</li> <li>• June 2022</li> <li>• Yearly</li> </ul> <p>1.2 In-home guidance release April 2021.</p> <p>1.6 Statewide rollout of VA</p>	<ul style="list-style-type: none"> <li>• Completed plan identifying preventions services, funding streams, service ability, &amp; gaps in services</li> <li>• Completed In-Home Policy Guidance</li> <li>• Percentage of In-Home cases using new Policy Guidance (25%, 50%, 75%,</li> </ul>	<ul style="list-style-type: none"> <li>• Annual % increase in families served by Kinship Navigator program</li> </ul> <p><b>2020 update</b> <b># of Kinship caregivers 414</b></p> <p><b>2021 update</b> <b># of Kinship caregivers 790 (FFY 19/20)</b></p> <p><b>2022 update: 738 youth and 564 caregivers</b></p>	<ul style="list-style-type: none"> <li>• Specific In-home Training will be developed and provided by VDSS staff, current staff (supervisors/workers) will receive training and training will be incorporated into new worker training.</li> <li>• State staff will provide TA via implementation project management. Also, change</li> </ul>

	1.2 Develop and Implement In-Home Policy Guidance to provide consistency for In-Home cases (including Diversion cases). <b>Completed</b>	JLARC 2; PS1 PIP 2.2 CAPTA I.Q	HEALS toolkit begins July 1, 2020  1.7 July1 2020– June 30, 2021	100%) • Completed development of In-Home training • Completed PP Plan • Approval of collaborative Primary Prevention Plan by VDSS and VDH • Maintaining 5 regional programs through federal grant funding • Adding 1 new regional program once grant funding has been completed  • E-learning courses on Virginia HEALS Referral and Response Protocol and Community	<b>2023 update: 509 youth and 393 caregivers</b>  • % annual change in staff that have received training on In-Home Policy Guidance  <b>2020 update In-home guidance and training will be implemented with Family First, which has been extended to January 2021.</b>  <b>2021 update In-home practice alignment December Kick-off meeting Directors: 130 Supervisors/FSS: 569 Random Decision Maker: 322 January In-home: 292 February In-home: 393 March In-home: 333 April In-home: 315</b>	management staff, CQI staff, and prevention specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support. • VDSS will use the CQI process to monitor and evaluate progress. • As part of Family First Implementation activities, VDSS may engage in a full evaluation. *Awarded contract for development of resource directory  • Receive TA from the National Governors Association to address post-grant sustainability (participating in Learning Collaborative to
	1.3 Identify In-Home Workforce Professional Development Needs <b>Completed</b>	PIP 2.2 CAPTA I.Q Workforce				
	1.4 Develop and provide training aligned to engagement, coaching and supervision.	PIP 2.2				
	1.5 Monitor and Maintain a kinship navigator	FBP3				

	<p>1.6 Promote use of the Virginia HEALS Referral and Response Protocol and Community Resource Mapping Facilitator's Guide to encourage referrals to appropriate service providers</p> <p><b>Moving reporting to Prevention 5.3</b></p>			<p>Resource Mapping developed and promoted on website</p> <ul style="list-style-type: none"> <li>• Facilitated course on Virginia HEALS Referral and Response Protocol converted to a virtual format and made available to service providers statewide as part of a training series and upon request</li> <li>• Community Resource Mapping process converted to a virtual format and TA on implementation made available to community based multi-disciplinary groups</li> </ul>	<p><b>2022 update: VDSS - CWS1000W: In-Home Services New Worker Guidance Training with OASIS: 10 training events with 174 completions in 2021</b></p> <p><b>2023 update: VDSS - CWS1000W: In-Home Services New Worker Guidance Training with OASIS: 15 training events with 339 completions in 2022</b></p> <ul style="list-style-type: none"> <li>• Kinship navigator program caseload</li> </ul> <p><b>2020 update: 6 Kinship navigator programs, 414 caregivers</b></p> <p><b>2021 update: 6 Kinship navigator programs, 790 (FFY 19/20)</b></p> <p><b>2022 update: 5 Kinship navigator programs, 738 youth and 564 caregivers</b></p> <p><b>2023 update: 5 Kinship navigator</b></p>	Prevent and Mitigate Adverse Childhood Experiences)
	<p>1.7 Promote Primary Prevention activities for long-range skills building for at risk children and youth.</p>	FVPSA				

				<ul style="list-style-type: none"> <li>• Approval of collaborative Domestic Violence/Sexual Assault Primary Prevention State Plan (VDSS &amp; VDH)</li> <li>• Development of a collaborative statewide Resource Directory for service providers</li> </ul>	<p><b>programs, 509 youth and 393 caregivers</b></p> <p>• # of localities and service providers participating in Community Resource Mapping events  <b>2021 update: 3 localities 59 service providers</b>  <b>2022 update: 1 locality, 37 service providers</b>  <b>2023 update: 0<sup>1</sup></b></p> <p>• # of service providers participating in facilitated Referral and Response Protocol trainings  <b>2021 update: 161 service providers</b>  <b>2022 update: 231 service providers</b>  <b>2023 update: 0<sup>1</sup></b></p>	
--	--	--	--	--	---	--

<sup>1</sup> With the creation of the new office (Office of Trauma and Resilience Policy) within the Policy and Administration portfolio, the office has moved away from individual training unless it is at a regional or statewide level and directed the bulk of training requests towards the e-learning courses. The office has expanded their scope beyond Virginia Heals with building out internal workforce and supporting trauma-informed policy across the agency.

					<p>•# of individuals accessing online training modules of the Virginia HEALS Referral and Response Protocol and Community Resource Mapping</p> <p><b>2021 update:35 unique page views, (20 Community Resource Mapping, 15 Referral and Response Protocol)</b></p> <p><b>2022 update:</b></p> <p><b>43 completed the Community Resource Mapping e-course, 66 completed the Referral and Response Protocol e-course</b></p> <p><b>2023 update:</b></p> <p><b>28 completed Community Resource Mapping</b></p> <p><b>Referral and 18 completed Response Protocol</b></p> <p>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April</p>	
--	--	--	--	--	--	--

					2022. Additional 10% increase between April 2022-October 2024 <b>2023 update:</b> <a href="#">See CFSR Statewide Assessment Section</a>	
<b>2. Advance the implementation and sustainability of evidence-based trauma informed services.</b>	2.1 Create informed services that effectively improve child safety, ensure permanency and promote child and family wellbeing.  <b>Completed</b>	PIP 3.1 CAPTA I.C	<ul style="list-style-type: none"> <li>• 2.1 - June 2020</li> <li>• 2.2 - January 2020</li> <li>• 2.3 - August 2021</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based practices identified for all areas and implemented</li> <li>• Identification of EBS providers that receive Family First Funding</li> <li>• Expansion of EBS providers that receive Family First Funding as the Federal Clearinghouse are developed</li> </ul>	<ul style="list-style-type: none"> <li>• UPLC organizational improvements documented on post assessments</li> </ul> <p><b>2020 update</b></p> <p><b>This has been delayed due to the COVID 19 pandemic</b></p> <p><b>2021 update: 61.8% of participants worked at an agency that has amended key policy documents or practice protocols since the beginning of the UPLC.</b></p> <p><b>2022 update:</b></p> <p><b>The second UPLC Cohort ends in June 2022. A closeout evaluation report will be available in 2023.</b></p> <p><b>2023 update:</b></p> <p><b><a href="#">The second and final cohort of the UPLC</a></b></p>	<ul style="list-style-type: none"> <li>• This strategy does not require specific training needs</li> <li>• The state will provide TA supports via project management, change management, financial support, community partner coordination, and communication supports with partners and LDSS.</li> <li>• The state has partnered with The University of Richmond to conduct and analyze survey results</li> <li>• Ongoing involvement of UPLC Workgroup and Virginia Underserved Population Advisory Committee</li> </ul>
	2.2 Increase and/or enhance evidence-based services consistent w/FFPSA focus on trauma, mental health, Substance abuse, In-home parent skill programs.	EBS1; EBS2; EBS3				
	2.3 Increase access to domestic violence services for underserved	FVPSA				



	<p>populations through the delivery and funding of the Underserved Population Learning Collaborative</p> <p><b>Completed</b></p>				<p>ended in June 2022. The final report showed that 64.7% of participants worked at an agency that has amended key policy documents or practice protocols while participating in the UPLC.</p> <ul style="list-style-type: none"> <li>• % increase in services to underserved populations (VAdata)</li> </ul> <p><b>2021 update: Service provision changed due to the COVID-19 pandemic. Data regarding service level changes are inconclusive.</b></p> <p><b>2023 update:</b></p> <p>The disproportionate impact of COVID on underserved populations impacted the services provided by local agencies. The data are inconclusive as to the impact of UPLC on service level changes.</p>	
--	--	--	--	--	--	--

					<p>· Number of children and/or caregivers who receive EBS through Family First Funding</p> <p><b>2020 update</b>  <b>The implementation date of Family First has been extended to January 30, 2021. VDSS provided training to providers to become established in the following evidence- based programs: five Multisystemic Therapy teams, five Functional Family Therapy teams and 16 Parent Child Interaction Therapy clinicians. VDSS will continue to explore opportunities to provide EBS training with available funds.</b></p> <p><b>2021 update:</b>  <b>Implementation of Family First has been extended to July 1,</b></p>	
--	--	--	--	--	--	--

					<p><b>2021. VDSS will continue to explore opportunities to provide EBS training with available funds.</b></p> <p><b>2022 update:</b></p> <p><b>22 children/youth received EBPs through Family First funding July – December 2021</b></p> <p><b>2023 update: 19 children/youth received EBPs through Family First funding</b></p> <p>•% annual increase in children and/or caregivers who receive EBS through Family First Funding</p> <p><b>2020 update:</b></p> <p><b>The implementation date of Family First has been extended to January 30, 2021.</b></p> <p><b>2021 update: The implementation of Family First has been</b></p>	
--	--	--	--	--	--	--

					<p>extended to July 1, 2021.</p> <p><b>2022 update:</b></p> <p><b>VDSS implemented Family First on July 1, 2021, making this the first year that families could receive EBPs through Family First funding. VDSS will be able to track the annual increase beginning July 2022.</b></p> <p><b>2023 update: Due to Virginia Medicaid taking over as payer of first resort, there was a decrease in the number of clients funded by IV-E, despite an increase in overall utilization of EBPs.</b></p>	
<b>3. Improve ease of access to prevention services and funding.</b>	3.1 Strengthen partnerships in order to increase potential funding streams to better meet the needs of children and families.	PS2, R3 PIP 2.2 CAPTA III.B	June 2020	<ul style="list-style-type: none"> <li>• Annual accounting of funding streams and resources</li> <li>• Implementation of new prevention contracts</li> <li>• Use</li> </ul>	<ul style="list-style-type: none"> <li>• # of active prevention contracts</li> </ul> <p><b>2020 update: 130</b></p> <p><b>2021 update: 130</b></p> <p><b>Domestic Violence Prevention &amp; Services</b></p>	<ul style="list-style-type: none"> <li>• Training will be developed and offered to local staff and community partners.</li> <li>• The state will provide TA supports via project management, change</li> </ul>

	3.2 Collaborate with partners to identify and decrease barriers to family engagement, current planning, service provision (including domestic violence services) and timely permanency.	PS2CAPTA I.E, CAPTA I.CChap H CW Manual		of LSC Grant Application Development Menu for Funders  • DV Promising Practices Guide posted on a public website	<b>(DVPS): 53</b> <b>CBCAP: 19</b> <b>Healthy Families:33</b> <b>DV Underserved Populations: 6</b> <b>Child Advocacy Centers: 19</b>  <b>2022 update:</b> <b>135</b> <b>Domestic Violence Prevention &amp; Services (DVPS): 53</b> <b>CBCAP: 20</b> <b>Healthy Families: 31</b>  <b>2023 update:</b> <b>Domestic Violence Prevention &amp; Services (DVPS): 51</b> <b>DV in Underserved Populations: 10</b> <b>CBCAP: 22</b> <b>Healthy Families:31</b>  • % of contracts using trauma informed practices  <b>2020 update</b>  Not currently tracking	management, financial support, community partner coordination, and communication supports with partners and LDSS. • The state has partnered with The University of Richmond to conduct and analyze survey results. • The Virginia HEALS Grant Application Menu for Funders will be presented to all grant administrators  • Involving the Domestic Violence Action Team, local DV programs and survivors to review and approve all PPG entries.
	3.3 Collaborate with partners to develop and implement prevention contracts (CBCAP; HHF, VOCA, PSSF, DVPS).	PIP 3.1 CAPTA III.B				
	3.4 Clearly define Maintenance-of-Effort MOE as it relates to Family First.  <b>Completed</b>					
	3.5 Incorporate trauma informed practices into					

	<p>funding solicitations (RFAs) intended for local stakeholders.</p>				<p><b>2021 update:</b></p> <p><b>DVPS: 52</b> <b>DV UPOP: 6</b></p> <p><b>2022 update:</b></p> <p><b>DVPS 52</b> <b>DV UPOP 10</b> <b>Healthy Families: 31</b></p> <p><b>2023 update:</b></p> <p><b>DVPS 52</b> <b>DV UPOP 10</b> <b>Healthy Families: 31</b></p> <p>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</p> <p><b>2023 update</b></p> <p><b>See CFSR Statewide Assessment section</b></p> <p>• # of PPG topics completed and posted</p> <p><b>2021 update:</b></p> <p><b>11 Topics have been completed and</b></p>	
--	--	--	--	--	--	--

					<p><b>reviewed by DVAT. Publication is waiting of survivor input (IRB pending approval)</b></p> <p><b>2022 update:</b></p> <p><b>16 entries have been developed and posted on the DSS website.</b></p> <p><b>3 additional reports are also posted providing an introduction, acknowledgements and survivor voices.</b></p> <p><b>2023 update:</b></p> <p><b>VDSS completed a webpage redesign to improve the display of the PPG entries on the public website. 20 entries are now posted.</b></p> <p><b><a href="https://www.dss.virginia.gov/family/domestic-violence/ppg.cgi#shelter">https://www.dss.virginia.gov/family/domestic-violence/ppg.cgi#shelter</a></b></p>	
--	--	--	--	--	---	--

<b>4. Create a well-designed and rigorous evaluation system for Family First funded services.</b>	4.1 Establish clear goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes.	PIP 2.1, JLARC 30	2020-2024	<ul style="list-style-type: none"> <li>• Defined implementation plan for EBS</li> <li>• Established goals, outcomes and objectives of monitoring EBS vs. QA vs. family outcomes</li> <li>• Monitoring plan developed</li> <li>• Monitoring plan implemented</li> <li>• Monitoring plan evaluated bi-annually</li> </ul>	<ul style="list-style-type: none"> <li>• # of programs referred to federal clearinghouse</li> </ul> <p><b>2020 update:</b></p> <p><b>The implementation date of Family First has been extended to January 30, 2021.</b></p> <p><b>2021 update: The implementation date of Family First has been extended to July 1, 2021.</b></p> <p><b>2022 update:</b></p> <p><b>VDSS has not referred any programs to the federal clearinghouse. High Fidelity Wraparound, which is well established in Virginia, was added as a “promising” program in early 2022. VDSS plans to add it to the Prevention Plan in 2022 which will include an evaluation component that will be submitted to the clearinghouse.</b></p>	VDSS will seek external evaluation supports to evaluate the implementation and effectiveness. The evaluation team will provide training and technical assistance. VDSS will incorporate the evaluation into the CQI processes as appropriate.
	4.2 Develop a monitoring plan to maintain fidelity of programs.					
	4.3 Identify policies and procedures that support Virginia-specific programs that demonstrate positive outcomes that can be referred for federal clearinghouse.					
	4.4 Develop a title IV-E In- Home unit responsible for assessing and ensuring compliance with federal					




	regulations, identifying, and enhancing best practices and ensuring the accuracy of data in the child welfare system related to use of title I-VE funding for evidence-based prevention services.				<p><b>2023 update: VDSS has not referred any programs to the federal clearinghouse. An amendment to the Prevention Plan was submitted in 2022, including the addition of High Fidelity Wraparound, which is a “promising” program. Once implemented, VDSS will submit evaluation data to the clearinghouse.</b></p> <p>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</p> <p><b>2023 update:</b> <b>See CFSR Statewide Assessment Section</b></p>	
<b>5. Identify children and youth who have experienced</b>	5.1 Promote use of the Screening for Experiences	CAPTA	2020-2021	• Distribution of a final screening tool report	•# of service providers participating in facilitated SEAS Training	Ongoing maintenance of and updates to SEAS and online training courses

<b>crimes and connect them to needed services</b>	and Strengths (SEAS)			<ul style="list-style-type: none"> <li>• Facilitated course on SEAS converted to a virtual format and made available to service providers statewide as part of a training series and upon request.</li> </ul>	<b>2021 update:</b> <b>185</b>	
	5.2 Develop online trainings to ensure fidelity to the Virginia HEALS model of service delivery			<ul style="list-style-type: none"> <li>• E-learning courses on SEAS developed and promoted on website</li> </ul>	<b>2022 update: 104</b> <b>2023 update: 1373</b>	
	<b>Completed</b>  5.3 Promote use of Virginia HEALS toolkit resources, including Community Resource Mapping Facilitation Guide, SEAS online training, Family Engagement Guide, Referral and Response Protocol, Trauma-Informed Organizational Self-Assessment			<ul style="list-style-type: none"> <li>• E-learning courses on other toolkit items (Family Engagement and Trauma Informed Screening) developed and promoted on website</li> <li>• Facilitated Toolkit Overview course converted to a virtual format and made available to</li> </ul>	<b>2021 update: 89</b> <b>2022 update:</b> <b>62 completed Family Engagement e-course</b> <b>106 completed the Trauma Informed screening course</b> <b>2023 update:</b> <b>24 completed Family Engagement e-course</b> <b>61 completed Trauma Informed Screening</b>	

				<p>service providers statewide as part of a training series and upon request</p> <ul style="list-style-type: none"> <li>• Statewide rollout and use of SEAS</li> </ul>	<p><b>788</b></p> <p><b>2022 update: 755</b></p> <p><b>2023 update: 510</b></p> <ul style="list-style-type: none"> <li>• # of individuals accessing SEAS online training module</li> </ul> <p><b>2021 update:</b></p> <p><b>58 unique page views</b></p> <p><b>2022 update:</b></p> <p><b>62 completed SEAS e-course</b></p> <p><b>2023 update:</b></p> <p><b>43 completed SEAS online course</b></p> <ul style="list-style-type: none"> <li>•# of SEAS screens administered</li> </ul> <p><b>2021 update:</b></p> <p><b>Statewide rollout and implementation of SEAS was delayed due to COVID-19</b></p> <p><b>2022 update:</b></p> <p><b>2022 focused on training and outreach as statewide implementation was</b></p>	
--	--	--	--	--	--	--

					<p><b>delayed to support local agency capacity in the implementation of FFPSA, In-Home services, and CQI initiatives</b></p> <p><b>2023 update: No longer tracking</b></p> <p>•# of child/youth victims identified</p> <p><b>2021 update:</b></p> <p><b>Statewide rollout and implementation of SEAS was delayed due to COVID-19</b></p> <p><b>2022 update:</b></p> <p><b>2022 focused on training and outreach as statewide implementation was delayed to support local agency capacity in the implementation of FFPSA, In-Home services, and CQI initiatives.</b></p> <p><b>2023 update: No longer tracking</b></p>	
--	--	--	--	--	---	--

<b>6. Examine data related to prevention related activities to identify and understand areas of disparity or disproportionality</b>	6.1 Identify available data	VDSS DEI initiative	Yearly	<ul style="list-style-type: none"> <li>• Data identified</li> <li>• Complete review of identified trends</li> <li>• Determine strategies to implement</li> </ul>	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality  <b>2023 update: Will continue to work with the Data team and the Strategic Consultants to identify data where which may lead to disparate outcomes. This data is shared with DFS staff during monthly Date/CQI team meetings and subsequently shared with LDSS.</b>	<ul style="list-style-type: none"> <li>• Staff training on recognizing and understanding disparity and disproportionality</li> </ul>
	6.2 Identify strategies to improve outcomes					

<div>  <div> <b>Protection Objective</b>            Provide protection to Virginia's children through the timely response of child maltreatment reports with a primary focus on engagement to mitigate risk and safety concerns.         </div> </div>						
<b>Strategy</b>	<b>Activities</b>	<b>Alignments</b>	<b>Time Frames</b>	<b>Benchmarks</b>	<b>Measures of Progress</b>	<b>Implementation supports - staff training needs,</b>

						technical assistance, evaluation processes, etc.
<b>1. Ensure a primary focus on engagement through the Virginia Practice Model and Practice Profiles</b>	1.1 Hold structured meetings facilitated by a neutral moderator during critical decision points.	JLARC 13 CAPTA I.E, II.E	<ul style="list-style-type: none"> <li>• 20 PIP LDSS implementation by July 2021</li> <li>• % Regional implementation by 2024</li> </ul>	<ul style="list-style-type: none"> <li>• All 20 PIP LDSS are implemented by June 30, 2021</li> <li>• All 5 regional plans are developed in 2022</li> <li>• Implementation in regions by 2024</li> </ul>	<ul style="list-style-type: none"> <li>• % annual change in FPM and CFTM use</li> </ul> <p><b>2020 update: 15%</b></p> <p><b>2021 update: 14%</b></p> <p><b>2022 update: +18%</b></p> <p><b>2023 update: +4.5%</b></p> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</li> </ul> <p><b>2023 update:</b></p> <p><b>See CFSR Statewide Assessment section</b></p>	<ul style="list-style-type: none"> <li>• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles</li> <li>• TA on implementation and practice will be provided by Capacity Building Coaches (employed by VDSS) as well as TA provided by Regional Consultants</li> <li>• The Practice Profiles initial implementation of 20 LDSS (between 2015-18) were evaluated and are expecting final results in the coming months. Additional evaluations are not planned at this time. VDSS CQI process will be utilized throughout the</li> </ul>
	1.2 Install the Engagement Profile of Virginia's Practice Model	JLARC 14 PIP 1.1 CAPTA I.E, II.A				
	1.3 Develop and/or enhance the knowledge, skills and abilities of workers in an effort to deliver consistent engagement practices.	PIP 1.2 and 1.3 CAPTA I.E				

						implementation process to monitor and evaluate progress.
<b>2. Respond to reports of abuse and neglect with a timely consistent response.</b>	2.1 Develop and initiate timelines for contact with child through child protective services.	PIP 2.1 CAPTA I.A, I.C	June 2021	<ul style="list-style-type: none"> <li>• Increase timely face to face response with identified victim and increase use of individualized safety services early in the process</li> <li>• Annual maintaining of progress towards PIP goals</li> </ul>	<ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</li> </ul> <p><b>2023 update:</b> <b>See CFSR Statewide Assessment section</b></p>	<ul style="list-style-type: none"> <li>• Training and coaching are built into the implementation plan and will be provided by internal training staff and Regional Consultants as part of the implementation process for current workers. CPS New Worker training will train new staff.</li> <li>• TA provided by State staff to regionals and LDSS will support implementation efforts to include change management components, communication,</li> </ul>
	2.2 Provide Timely array of services to protect child(ren) in the home or current placement.	PIP 2.1, 2.2, 2.3 JLARC 11 CAPTA I.C, I.E				

	2.3 Establish case practices and protocol that ensure safety services are provided with consistency in decision-making.  <b>Completed</b>	PIP 2.3PIP 2.1, 2.3 CAPTA I.A, I.C				implementation strategies, timelines, etc. • TA will be provided to LDSS as needed by Regional Consultants. • Internal CQI process will evaluate and monitor the implementation and progress made.
<b>3. Implement and monitor a Statewide response to all reports involving victims of Child Trafficking</b>	3.1 Engage with stakeholders to receive input on Virginia's response to victims of child trafficking.	HB2597SB 1661	• 3.1 target- December 2019• 3.2 Target- December 2021• 3.3 Target- yearly December 2022-24	• Developed and implemented response to victims of child trafficking• Completed policy guidance• Completed technical assistance curriculum *SEAS online training module posted	• # of service referrals <b>2020 update: 25</b> <b>2021 update: 19</b> <b>2022 update: 21</b> <b>2023 update: 54</b>  •# of screens completed <b>2020 update: 74,929</b> <b>2021 update: 64,715</b> <b>2022 update: 67,157</b> <b>2023 update: 69,209</b>  • 10% increase in CFSR Items 1, 2, 3, 12, 13, 14 reviews by PIP completion in April 2022. Additional 10%	• VDSS is seeking consultation from subject matter experts for TA and implementation support• VDSS is looking into incorporating training via the Sex Trafficking Training Learning Experiences offered by the Center for States  • VDSS will seek partnership in formal evaluation activities and will utilize the CQI process to monitor.
	3.2 Identify and utilize technical assistance from Subject Matter Experts to help support the development, implementation, and evaluation of Virginia's response to victims of child trafficking.	CAPTA I.N	3.4 Statewide rollout beginning July 2020			



	3.3. Develop and implement policy guidance on the completion of Child Trafficking assessments.	CAPTA I.B			<p>increase between April 2022-October 2024</p> <p><b>2023 update:</b></p> <p><a href="#">See CFSR Statewide Assessment section</a></p> <p>• # Human Trafficking Assessments completed</p> <p><b>2021 update: 19</b></p> <p><b>2022 update: 19</b></p> <p><b>2023 update: 15</b></p> <p>•SEAS trainings offered in person and online.</p> <p><b>2021 update: 243 providers</b></p> <p><b>2022 update: 166 providers</b></p> <p><b>2023 update: No longer tracking<sup>2</sup></b></p>	<p>•VCU research completed &amp; report finalized - SEAS deemed an evidence-informed tool.</p> <p>•VDSS is working with state and local partners to promote use of SEAS across child-serving State Agencies.</p>
	3.4 encourage the use of the Screening for Experiences and Strengths by local stakeholders to identify victims of child trafficking.					
<b>4. Provide support to those who report abuse and neglect.</b>	4.1 Develop and implement Mandated Reporter Online	CAPTA I.I	<p>• 4.1 Target-June 2021</p> <p>• 4.2 Target-June 2021</p> <p>• 4.3 Target-October 2020</p>	<p>• Completion and implementation of VaCPS</p> <p>• Completed development of training</p>	<p>• Percentage of Hotline staff trained</p> <p><b>2020 update</b></p> <p><b>NA</b></p>	<p>• Training will be developed and delivered by VDSS training staff and will be offered to current hotline staff and</p>

<sup>2</sup> With the creation of the new office (Office of Trauma and Resilience Policy) within the Policy and Administration portfolio, the office has moved away from individual training unless it is at a regional or statewide level and directed the bulk of training requests towards the e-learning courses. The office has expanded their scope beyond Virginia Heals with building out internal workforce and supporting trauma-informed policy across the agency.

	Reporting System—VaCPS  Complete		<ul style="list-style-type: none"> <li>• 4.4 Target-June 2020 and ongoing</li> <li>• 4.5 Target-December 2022</li> </ul>	curriculum <ul style="list-style-type: none"> <li>• Completed business process reengineering</li> </ul>	<p><b>2021 update: Due to COVID-19 pandemic, implementation of training has not occurred. Development of curriculum is complete.</b></p> <p><b>2022 update:</b></p> <p><b>100% of staff have been trained on the Mandated Reporter Online System.</b></p> <p><b>100% of staff have completed the Hotline online course (CWSE6000)</b></p> <p><b>2023 update:</b></p> <p><b>100% of staff have been trained on the Mandated Reporter Online System.</b></p> <p><b>100% of staff have completed the Hotline online course (CWSE6000)</b></p> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April</li> </ul>	incorporated into new worker training <ul style="list-style-type: none"> <li>• TA supports are provided by training staff, IT staff, CQI staff, and change management staff</li> <li>• VDSS will use the CQI process to monitor and evaluate progress.</li> <li>• VDSS requests peer-to-peer support from the Center for States related to the operations of the State Hotline</li> </ul>
--	--	--	--	--	---	---

					<p>2022. Additional 10% increase between April 2022-October 2024</p> <p><b>2023 update:</b></p> <p><b>See CFSR Statewide Assessment section</b></p>	
<p>5. Examine data related to child maltreatment reports to identify and understand areas of disparity or disproportionality</p>	<p>5.1 Identify available data</p> <p>5.2 Identify strategies to improve outcomes</p>	<p>VDSS DEI initiative</p>	<p>Yearly</p>	<ul style="list-style-type: none"> <li>• Data identified</li> <li>• Complete review of identified trends</li> <li>• Determine strategies to implement</li> </ul>	<p>Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality</p> <p><b>2023 update: Will continue to work with the Data team and the Strategic Consultants to identify data where which may lead to disparate outcomes. This data is shared with DFS staff during monthly Date/CQI team meetings and subsequently shared with LDSS.</b></p>	<ul style="list-style-type: none"> <li>• Staff training on recognizing and understanding disparity and disproportionality</li> </ul>



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

Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
<b>1. Increase family engagement and placements based on individual needs for children/youth.</b>	1.1 Enhance birth family engagement through involvement in planning and decision making whenever possible.	PIP 1.1, 1.2	<ul style="list-style-type: none"> <li>• Target-2024, yearly updates</li> <li>• 1.2 June 2021</li> <li>• 1.3 June 2021</li> <li>• 1.4 October 2021</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement plan developed based on identified engagement points</li> <li>• Monitoring plan for parent visits established</li> <li>• Notification system developed for cases with over 5 months between parent visits</li> <li>• Annual maintaining of progress</li> </ul>	<ul style="list-style-type: none"> <li>• % of cases using concurrent planning and decision making</li> <li><b>2020 update: 54%</b></li> <li><b>2021 update: 88%</b></li> <li><b>2022 update: 87%</b></li> <li><b>2023 update: 88%</b></li> <li>• % of cases with at least one caseworker visit with birth parent every two months</li> <li><b>2020 update: 99%</b></li> <li><b>2021 update: 63.1%</b></li> <li><b>2022 update: 63%</b></li> </ul>	<ul style="list-style-type: none"> <li>• Specific Engagement training and coaching will be provided to LDSS staff- this training is based on the practice profiles.</li> <li>• TA on implementation and practice will be provided by Regional Consultants.</li> <li>• CQI process will be utilized throughout the implementation process to monitor and evaluate.</li> </ul>
	1.2 Identify and ensure engagement points with birth parents; relatives/foster parents; residential staff and other critical adults in youth's life, including the child/youth.	JLARC 6, 13, PIP 3.1, R3C; CC1 and CC2				

	1.3 Ensure caseworker visits with birth parents at least every two months.	JLARC 13		towards PIP goals	<b>2023 update: 64%</b>  • 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024  <b>2023 update:</b>  <b>See CFSR Statewide Assessment Section</b>	
	1.4 Monitor the frequency of birth parent visits with caseworker.	JLARC 13				
<b>2. Partner with the CIP to Identify and improve court processes to expedite permanency for children and youth in foster care.</b>	2.1 Ensure timely court hearings and processing of court orders.	CIP Priority 4 Outcome, 1 PIP 3.3 JLARC 17, 18	Targets- July 2021	• Identification of all cases needing a review of TPR eligibility • Complete list of acceptable reasons for not filing TPR after 15 months of foster care • All localities submitting reasons for not initiating TPR in foster care cases open for 15+ months	•% of timely permanency planning hearings  <b>2020 update: 91%</b>  <b>2021 update: 92%</b>  <b>2022 update: 97% (*Note: this was the % reported last year, in the data file from last year, the % was actually 92%)</b>  <b>2023 update:</b>  <b>Initial: 98.2%</b>  <b>Ongoing: 95.3%</b>	• TA will be provided by state staff and CIP staff to regions and LDSS • Training will be jointly developed and delivered by VDSS and CIP to supervisors, workers, GAL, attorneys, judges, CASA etc. • VDSS and CIP CQI process will monitor and evaluate progress.
	2.2 Develop the focus on the post adoption and ensuring long-term permanency for adopted youth.		2.2 October 2021 root case for dissolutions			
	2.3 Continue concurrent planning options during contact points.	CIP Priority 4, Outcome 5 JLARC 19 JLARC 16	2.2 June 2022 post adoptive resources			

		JLARC 17 PIP 3.3	2.2 December 2021 LCPA meetings	<ul style="list-style-type: none"> <li>• Identify root cause(s) related to increase in adoption dissolution from foster care</li> <li>• Develop educational/training resources for LDSS and foster/adoptive families about the role of adoption and post adoption resources based on root cause analysis</li> <li>• Facilitate meeting with private LCPAs who are certified to provide adoption services to review state post adoptive resources</li> </ul>	<ul style="list-style-type: none"> <li>• % of timely TPR petitions</li> </ul> <p><b>2020 update 53%</b></p> <p><b>2021 update: 56%</b></p> <p><b>2022 update: 69%</b></p> <p><b>2023 update: 71%</b></p> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</li> </ul> <p><b>2023 update:</b></p> <p><b>See CFSR Statewide Assessment Section</b></p>	
	2.4 Court orders to locate relatives and extended family members for placement.	CIP Priority 4, Outcome 4 CIP Priority 7 JLARC 4 JLARC 5 PIP 3.3				
<b>3. Increase the number of children in family-based</b>	3.1 Embed Family Recruitment and retention throughout the	CIP Area 7, Outcome 1 PIP 3.2 JLARC	<ul style="list-style-type: none"> <li>• 3.1, 3.2, 3.3, yearly updates</li> <li>• 3.4, 3.5 September</li> </ul>	<ul style="list-style-type: none"> <li>• Annual percent change of children in family-based</li> </ul>	<ul style="list-style-type: none"> <li>• % increase in children (under 18) in family-based settings</li> </ul>	<ul style="list-style-type: none"> <li>• The Center for states will provide TA support on recruitment efforts.</li> </ul>

<b>settings by Strengthening Diligent Recruitment of foster families.</b>	length of the case life.	4,5,6,10,15 FBP 1-4 KinGAP	2020 and yearly updates	settings • Family recruitment and retention implemented throughout entire length of the case • Completed resource parent recruiting and retention strategic plan	<b>2020 update: 87% in a family based setting</b> <b>2021 update: 89% in a family based setting</b> <b>2022 update: 88%</b> <b>2023 update: 87%</b>	The state staff will provide TA implementation supports to LDSS and regional staff. • Training will be developed and delivered by VDSS training staff and incorporated into new worker training. • VDSS CQI process will monitor and evaluate progress.
	3.2 Increase the number of children placed in the care of relatives when removal from the home is necessary.	PIP 3.2 JLARC 4,5,6,7,10,15 FBP 1-4 KinGAP	• 3.6 February 2021 adoptive family identified with visitation for children with TPR	• Completed resource parent recruiting and retention strategic plan	• % decrease in children (under 18) placed in congregate care <b>2020 update: 11% children placed in congregate care</b>	• Monthly case staffing (Permanency, Family Resource and Adoption programs)
	3.3 Develop and implement statewide strategic plan for recruiting and retaining foster parents. and kinship guardian assistance program	JLARC 8PIP 3.2	•3.6 September 2021 realign foster and adoptive family recruitment contract scope and contractors to support LDSS recruitment efforts	• Implemented resource parent recruiting and retention strategic plan • Completed model licensing standards for foster care placements	<b>2021 update: 9% children in a congregate placement setting</b> <b>2022 update: 9%</b> <b>2023 update: 10%</b>	• Collaborative training and TA provided by the permanency program, regional consultants, contract administrator and the Foster and Adoptive Family Recruitment (FAFR) contractors, Mutual Family Assessment staff
	3.4 Increase the number of foster homes to serve sibling groups.	PIP 3.2		• Annual review of all children placed in residential care	• % of children under 18 in relative care <b>2020 update: 6%</b> <b>2021 update: 10%</b> <b>2022 update: 12%</b> <b>2023 update: 14%</b>	
	3.5 Design Virginia-specific model licensing standards for foster care placements.	FBP4		• Implemented qualified residential treatment program		
	3.6 Increase family-based foster care placements and	JLARC 11, 12		• Finalized training		

	reduce the number of youth who are placed in congregate care while maintaining oversight.	Adoption Call to Action (ACTA) (ended 12/20)		improvements for caregivers	<ul style="list-style-type: none"> <li>• % of foster homes serving sibling groups</li> </ul>	
	3.7 Implement qualified residential treatment program (QRTP) requirements as it relates to Family First.	FBP3		<ul style="list-style-type: none"> <li>• Children placed in congregate care with termination of parental rights will have an adoptive family identified with visitation ongoing and the family actively participating in the child's treatment plan.</li> <li>• Realign the Foster and Adoptive Family Recruitment contract scope to align with the state's Kin First vision and training plan with a focus on foster parent recruitment</li> <li>• Align the Mutual Family Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• 2020 update: 1,172 48%</li> <li>• 2021 update 74%</li> <li>• 2022 update: 71%</li> <li>• 2023 update: 71%</li> </ul> <p># of families approved</p> <ul style="list-style-type: none"> <li>• 2020 update: 1,825; 4,604</li> <li>• 2021 update: 5,498</li> <li>• 2022 update: 5,560</li> <li>• 2023 update: 5,466</li> </ul> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</li> </ul> <p>2023 update:</p> <p>See CFSR Statewide Assessment section</p>	



				contractors to support LDSS recruitment efforts to include ICPC and adoptive home studies	<ul style="list-style-type: none"> <li>• % of children with TPR with identified adoptive family visitation and participation in planning</li> </ul> <p><b>2021 update: 71%</b></p> <p><b>2022 update: Program no longer tracking</b></p> <p><b>NEW ITEM for 2023: Rate of youth first placed with relatives upon entry into foster care: 10.1%</b></p>	
<b>4. Increase availability, accessibility and effectiveness of Independent Living (IL) services to support successful transition to adulthood.</b>	4.1 Implement the Youth Exit Survey (YES) statewide.		<ul style="list-style-type: none"> <li>• 4.1 June 2022 Completed</li> <li>• 4.2 ongoing yearly</li> <li>• 4.3 December 2021</li> <li>• 4.4 June 2021</li> <li>• 4.5, 4.6, 4.7, 4.8 ongoing yearly</li> </ul>	<ul style="list-style-type: none"> <li>• Finalized and implemented YES</li> <li>• Data analysis and evaluation system in place for YES results</li> <li>• Defined feedback loop to provide NYTD data to youth and key stakeholders</li> <li>• Updated guidance on Fostering Futures</li> <li>• Annually</li> </ul>	<ul style="list-style-type: none"> <li>• # of Youth Exit Surveys taken</li> </ul> <p><b>2020 update: 40</b></p> <p><b>2021 update: 36</b></p> <p><b>2022 update: 33</b></p> <p><b>2023 update: 57</b></p> <p><del>• Annual % change in Youth Exit Surveys taken</del></p> <p>Annual participation rate of Youth Exit Surveys</p> <p><b>2021 update: 10.2%</b></p> <p><b>2022 update: 11%</b></p>	<ul style="list-style-type: none"> <li>• Specific training will be developed and provided by VDSS staff (training unit and Foster Care unit), current staff (supervisors/workers) will receive training and training will be incorporated into new worker training. Youth voice (panels, videos, written content) will be incorporated.</li> <li>• State staff will provide TA via change management</li> </ul>
	4.2 Continue to collect and analyze quality data through NYTD to indicate Virginia's trends, barriers, and gaps in IL services.					
	4.3 Update Fostering Futures guidance to address practice issues; promote quality	JLARC 23				

	engagement of older youth receiving services			analyzed credit check data shared with youth and stakeholders	<p><b>2023 update: 12.9%</b></p> <ul style="list-style-type: none"> <li>Continued data analysis via NYTD</li> </ul> <p><b>See NYTD section</b></p> <ul style="list-style-type: none"> <li>% of eligible youth participating in Fostering Futures</li> </ul> <p><b>2020 update: 37.7%</b></p> <p><b>2021 update: 57.6%</b></p> <p><b>2022 update: 56%</b></p> <p><b>2023 update: 55%</b></p> <ul style="list-style-type: none"> <li># of months which Fostering Futures participants remain in the program</li> </ul> <p><b>2020 update: 5.6</b></p> <p><b>2021 update: 23.3</b></p> <p><b>2022 update: 18</b></p> <p><b>2023 update: 18.8</b></p> <ul style="list-style-type: none"> <li># of ETV participants</li> </ul>	<p>staff, CQI staff, and IL/ETV/Chafee specialists will provide TA to LDSS as needed. Capacity Building Engagement coaches will also provide coaching support.</p> <ul style="list-style-type: none"> <li>VDSS will use the CQI process to monitor and evaluate progress.</li> </ul>
	4.4 Incorporate principles of Positive Youth Development and Youth Engagement in training and services for youth.	PIP 1.1				
	4.5 Increase participation in the Education and Training Voucher (ETV).					
	4.6 Increase compliance with expectations around the use of skills assessments, transition plans, and team meetings to support youth transition to adulthood.	JLARC 22				
	4.7 Compile and analyze annual credit check data to improve technical					

	assistance and training for LDSS workers.				<b>2020 update: 258</b> <b>2021 update: 176</b> <b>2022 update: 172</b> <b>2023 update: 166</b>	
	4.8 Continue commitment to soliciting youth voice and incorporating feedback into VDSS decisions.				<ul style="list-style-type: none"> <li>• % of cases where identified credit check issues have been resolved</li> </ul> <b>2020 update: 25%</b> <b>2021 update: 32%</b> <b>2022 update: 28%</b> <b>2023 update: Revised Data Measure below<sup>3</sup></b>	
					<ul style="list-style-type: none"> <li>• % of cases with protective items (e.g., fraud alerts; credit freezes) in credit reports</li> </ul> <b>2023 update: 19.4%</b>	
					<ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 4, 5, 6, 12, 13, 14, 15 reviews by PIP</li> </ul>	

<sup>3</sup> It is challenging for VDSS to track successful resolutions of the irregularities (e.g., financial activities and/or personal data errors) observed in youths' credit reports for various reasons, including youth leaving foster care before receiving an additional credit check and the length of time between credit reports. VDSS proposes to track the following replacement measure: "The percentage of cases with protective items (e.g., fraud alerts; credit freezes) in credit reports," which mitigate or prevent credit issues.


					completion in April 2022. Additional 10% increase between April 2022-October 2024  <b>2023 update:</b> <b>See CFSR Statewide Assessment section</b>	
<b>5. Increase the well-being of children in foster care.</b>	5.1 Create a Director of Health and Safety position and recruit additional members for Health Planning Advisory Committee.	JLARC 3	<ul style="list-style-type: none"> <li>• 5.1 October 2019</li> <li>• 5.2 July 2021</li> <li>• 5.3 July 2021</li> <li>• 5.4 ongoing yearly</li> </ul>	<ul style="list-style-type: none"> <li>• Hired Director of Health &amp; Safety</li> <li>• Developed reporting and data sharing structure for Director of Health &amp; Safety findings and recommendations</li> <li>• Completed development of Psychotropic Medication Protocol and Training</li> <li>• Implemented Psychotropic Medication Protocol and Training</li> </ul>	<ul style="list-style-type: none"> <li>• # of workers trained in Psychotropic Medication Protocol</li> </ul> <p><b>2020 update: # of workers 39</b></p> <p><b>2021 update: 118</b></p> <p><b>2022 update: 296 (2021 update: 291 staff completed Psychotropic Medications and the Child Welfare System and 61 staff completed Psychotropic Medication Consenter)</b></p> <p><b>2023 update: 298 staff completed Psychotropic Medications and the Child Welfare System and 72 staff completed</b></p>	<ul style="list-style-type: none"> <li>• VDSS training staff will develop training for supervisors and workers</li> <li>• The Director of Health and Safety, Foster Care Program Manager and regional office staff will provide TA on implementation and policy guidance.</li> <li>• VDSS will use CQI processes to evaluate and monitor progress.</li> </ul>
	5.2 Collaborate with partners to address service needs, gaps, and barriers.	CC1,CC2, PIP 3.1				
	5.3. Develop and implement Psychotropic Medication Protocol and Training per the Health Oversight Policy.					

	5.4 Maintain successful strategies for school stability for youth in foster care.			<ul style="list-style-type: none"> <li>• High-risk case review process established and implemented</li> <li>• Data sharing agreement with Department of Education to get complete information on school attendance for children in foster care</li> <li>• Annual maintaining of progress towards PIP goals</li> </ul>	<p><b>Psychotropic Medication Consenter.</b></p> <ul style="list-style-type: none"> <li>• % of children in foster care prescribed psychotropic medications</li> </ul> <p><b>2020 update: 27%</b></p> <p><b>2021 update: 30%</b></p> <p><b>2022 update: 33%</b></p> <p><b>2023 update: 31%</b></p> <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</li> </ul> <p><b>2023 update:</b></p> <p><b>See CFSR Statewide Assessment section</b></p>	
<b>6. Collaborate with Leadership from Tribes to Ensure VDSS Support</b>	6.1 Notification of Indian parents and Tribes of state proceedings involving Indian children and their right to intervene		2020-2024	<ul style="list-style-type: none"> <li>• Formalized and regular roundtables established to share knowledge and ideas</li> <li>• Formalized</li> </ul>	<ul style="list-style-type: none"> <li>• # of ICWA cases collaborated on between states</li> </ul> <p><b>2020 update: 0</b></p>	<ul style="list-style-type: none"> <li>• TA implementation supports are provided by the Center for States and Tribal partners. TA will also be provided in identifying NICWA</li> </ul>

	6.2 Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes			methods for collaboration and shared knowledge of ICWA laws •Technical Assistance developed for how ICWA and Federal laws interact •Formal guidelines developed on ICWA and cultural competencies	<p><b>2021 update: 6 (5 FC, tribes outside VA, 1 VA tribe)</b></p> <p><b>2022 update: 4 (4 FC with tribes outside of VA)</b></p> <p><b>2023 update: 0</b></p> <p># of potential ICWA cases collaborated with Tribes</p> <p><b>2020 update: 1</b></p> <p><b>2021 update: 0</b></p> <p><b>2022 update: 3 (2 FC with Monacan Indian Nation, 1 In-Home with Chickahominy)</b></p> <p><b>2023 update: 2 (2 FC with Upper Mattaponi Indian Tribe)</b></p> <p># of FSS that complete ICWA training as part of new worker training</p> <p><b>2020 update</b></p> <p><b>CPS: 333</b></p> <p><b>FC: 273</b></p>	<p>cases, and properly training Tribes in responding to NICWA case claims. DFS will request assistance in gather information from other locally administered states on how to increase inquiry of Indian Status. <b>Complete – consult with New York state</b></p> <p>•Annual attendance of the NICWA Conference</p> <p>-Seek assistance through Casey Family Programs for the next year to provide ICWA training to VA’s seven federally recognized tribes.</p> <p>-CPS guidance will include an update in July 2022 release that mirrors FC guidance re: documenting Indian Status in OASIS under I&amp;I - this is contingent upon IT being able to</p>
	6.3 Create guidelines to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption					
	6.4 Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe					

					<b>2021 update</b> <b>CPS: 320</b> <b>FC:276</b>  <b>2022 update:</b> <b>CPS: 284</b> <b>FC:101</b>  <b>2023 update:</b> <b>CPS: 330</b> <b>FC:233</b> <b>NEW In-Home: 339</b> <b>NEW Adoption: 190</b>  <b>NEW CWSE5020</b> <b>Introduction to ICWA</b> <b>eLearning course</b> <b>launched May 2022:</b> <b>167 child welfare staff</b> <b>completed</b>	make the change in OASIS.
7. Examine data related to permanency for children in foster care to identify and understand areas of disparity or disproportionality	7.1 Identify available data  7.2 Identify strategies to improve outcomes	VDSS DEI Initiative	Yearly	<ul style="list-style-type: none"> <li>• Data identified</li> <li>• Complete review of identified trends</li> <li>• Determine strategies to implement</li> </ul>	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality  <b>2023 update: Will continue to work with the Data team and the Strategic Consultants to</b>	<ul style="list-style-type: none"> <li>• Staff training on recognizing and understanding disparity and disproportionality</li> </ul>

					identify data where which may lead to disparate outcomes. This data is shared with DFS staff during monthly Date/CQI team meetings and subsequently shared with LDSS.	
--	--	--	--	--	---	--

<div>  <b>Workforce Objective</b> To invest in and recruit and maintain a well-trained workforce that is prepared, knowledgeable and skilled to support the prevention, protection, and permanency outcomes for the children we serve. </div>						
Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
<b>1. Provide staff with innovative technology to assist with practice in the field and allow the workforce flexibility in how, when and</b>	1.1 Continue work with the Quality Improvement Center on Workforce Development.	PIP 4.2	<ul style="list-style-type: none"> <li>1.1 July 2022 Collaboration with QIC-WD ended August 2022</li> <li>1.2 September 2021 <b>Full</b></li> </ul>	<ul style="list-style-type: none"> <li>Full implementation of Compass Mobile</li> <li>Full implementation of Compass CCWIS system</li> </ul>	<ul style="list-style-type: none"> <li>Annual % changes in staff retention rates <b>2020 update 2019 retention</b></li> <li><b>FSSI – 43%</b></li> <li><b>FSSII – 73%</b></li> <li><b>FSSIII – 77%</b></li> <li><b>FSSIV – 76%</b></li> <li><b>FS Sup – 88%</b></li> </ul>	<ul style="list-style-type: none"> <li>TA implementation supports are provided by the QIC-WD and by private provider, Red Mane.</li> <li>Additional TA project management supports and change</li> </ul>
	1.2 Implement Compass Mobile application	PIP 4.2 CAPTA I.A	<b>implementation of COMPASS Mobile was April</b>			



where casework is completed. <sup>4</sup>	<b>Completed</b>		<b>2021</b>	<b>Overall – 73%</b>	management are provided to LDSS by state staff. • Training is developed with the support of the QIC, and state staff develops and deliver training to supervisors and workers. Technical training is incorporated into new worker training. • The QIC-WD is providing evaluation TA on 1.1. • VDSS will also use CQI processes to monitor and evaluate.
	1.3 Implementation of Compass CCWIS system.	APD CAPTA I.A	• 1.3 September 2024 • 1.4 Ongoing	<b>2021 update:</b> <b>FSSI 75%</b> <b>(+ 32%)</b> <b>FSSII 83%</b> <b>(+ 10%)</b> <b>FSSIII 90%</b> <b>(+ 13%)</b> <b>FSSIV 88%</b> <b>(+ 4%)</b> <b>FS Sup 92%</b> <b>(+ 4%)</b> <b>Overall 86%</b> <b>(+ 13%)</b>  <b>2022 update:</b> <b>(+/- Change compared to 2021)</b> <b>FSSI 70%</b> <b>(- 5%)</b> <b>FSSII 80%</b> <b>(- 3%)</b> <b>FSSIII 84%</b> <b>(- 6%)</b> <b>FSSIV 89%</b> <b>(+ 1%)</b> <b>FS Sup 89%</b> <b>(- 3%)</b> <b>Overall 82%</b> <b>(- 4%)</b>  <b>2023 update:</b>	
	1.4 Continue to update OASIS, the current child welfare system of record to meet federal and state requirements. Status updates provided through the submission of yearly Operational Annual Planning Document (OAPD).	OADP CAPTA I.B			

<sup>4</sup> Currently, VDSS reports point in time data on retention and turnover. This does not provide a full picture of the workforce issue. Over the next year and moving forward, VDSS will be assessing the data on a monthly basis and providing annual data based on those monthly calculations.

			<p>(+/- Change compared to 2022)</p> <p><b>FSSI 75%</b> (+5%)</p> <p><b>FSSII 79%</b> (-1%)</p> <p><b>FSSIII 84%</b> (+/-0%)</p> <p><b>FSSIV 85%</b> (-4%)</p> <p><b>FS Sup 90%</b> (+1%)</p> <p><b>Overall 82%</b> (+/-0%)</p> <p><b>NOTE: These numbers are based on the number of positions vs. positions filled. The total number of positions have increased from 3477 in 2020 to 3590 in 2022.</b></p> <p>• # of Compass Mobile users  <b>2020 update: 1,574</b>  <b>2021 update: 1,744</b>  <b>2022 update: 2,094</b>  <b>2023 update: 2,246</b></p> <p>• 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP</p>
--	--	--	--

			completion in April 2022. Additional 10% increase between April 2022-October 2024 <b>2023 update:</b> <a href="#">See CFSR Statewide Assessment section</a>			
<b>2. Increase the retention and recruitment of a workforce that is aligned to both their role and the communities they serve.</b> <sup>5</sup>	2.1 Expand the Child Welfare Stipend Program.	JLARC 32,3,9,26, 27, 34, 24, 25 PIP 4.1 CAPTA I.J	• 2.1 Ongoing yearly updates • 2.2 June 2020 • 2.3 Ongoing yearly updates	• Annual cohort update from Stipend Program • Annual worker retention/turnover update • Average caseload of 15 or below	• # of participants in Child Welfare Stipend Program <b>2020 update</b> <b>59 BSW and MSW students</b> <b>38 graduated in 2019, 44% BSW, 56% MSW</b>  <b>2021 update:</b> <b>2019-2020 academic year</b> <b>67 total BSW/MSW students</b> <b>48 graduated in 2020</b> <b>25% BSW</b> <b>75% MSW</b>  <b>2020-2021 academic year</b> <b>76 total BSW/MSW students</b>	• VDSS provides stipend program TA supports to LDSS and students; VDSS will also provide TA supports to LDSS to help maintain foster care caseloads of 15 or less. • VDSS offers new worker training to stipend students. • VDSS will use CQI processes to evaluate and monitor progress.
	2.2 Reduce caseloads for those foster care workers carrying caseloads of more than 15 children.					
	2.3 Decrease turnover rate for case workers and increase retention of two years or more.					

<sup>5</sup> Currently, VDSS reports point in time data on retention and turnover. This does not provide a full picture of the workforce issue. Over the next year and moving forward, VDSS will be assessing the data on a monthly basis and providing annual data based on those monthly calculations.

			<p><b>44 scheduled to graduate in May 2021</b></p> <p><b>14% increase in enrollment between academic year 2018/19</b></p> <p><b>13% increase in enrollment between academic year 19-20 and 20-21</b></p> <p><b>2022 update:</b>  <b>2021-2022 academic year</b>  <b>78 total BSW/MSW students enrolled; 45 expected to graduate May 2022</b></p> <p><b>2023 update:</b>  <b>2022-23 academic year 57 total BSW/MSW students enrolled; 38 expected to graduate May 2023.</b></p> <p><b>The COVID-19 pandemic has impacted enrollment at colleges and universities, and thus impacted enrollment</b></p>
--	--	--	--

			<p><b>in the CWSP during this academic year.</b></p> <ul style="list-style-type: none"> <li>• Average caseload per locality</li> </ul> <p><b>2020 update</b>  <b>SFY20: Q 1 15 staff had case load over 15,</b>  <b>Q 2 12 staff had case load over 15</b></p> <p><b>2021 update:</b>  <b>Statewide:</b></p> <ul style="list-style-type: none"> <li>• <b>Percentage of children impacted decreased from 3.5% (2019) to 1.1% (2020)</b></li> <li>• <b>Number of children impacted by a worker with a caseload exceeding 15 dropped from 187 (Feb. 2020) to 23 (Sept. 2020)</b></li> </ul> <p><b>2022 update:</b>  <b>19 FSS carried a caseload over 15 at some point in 2021. These FSS worked with 387 children (5.3%)</b></p> <p><b>2023 update:</b></p>
--	--	--	---

			<p><b>20.4% of children in foster care were assigned to a caseworker with more than 15 cases.</b></p> <p>• Turnover and retention rates  <b>2020 update 2019</b>  <b>turnover rate</b>  <b>FSSI – 35%</b>  <b>FSSII – 19%</b>  <b>FSSIII – 14%</b>  <b>FSSIV – 9%</b>  <b>FS Sup – 8%</b></p> <p><b>2021 update:</b>  <b>2020 turnover rate</b>  <b>FSSI 32%</b>  <b>(- 3%)</b>  <b>FSSII 23%</b>  <b>(+ 4%)</b>  <b>FSSIII 15%</b>  <b>(+ 1%)</b>  <b>FSSIV 15%</b>  <b>(+ 6%)</b>  <b>FSS Sup 8%</b>  <b>(no change)</b></p> <p><b>2022 update:</b>  <b>2021 turnover rate</b>  <b>(+/- change compared to 2021)</b>  <b>FSSI 34%</b>  <b>(+2%)</b></p>
--	--	--	---

			<p> <b>FSSII 24%</b>  <b>(+ 1%)</b>  <b>FSSIII 16%</b>  <b>(+ 1%)</b>  <b>FSSIV 14%</b>  <b>(-1%)</b>  <b>FSS Sup 9%</b>  <b>(+1)</b> </p> <p> <b>2023 update:</b>  <b>2022 turnover rate</b>  <b>(+/- change</b>  <b>compared to 2022)</b>  <b>FSSI 37%</b>  <b>(+3%)</b>  <b>FSSII23%</b>  <b>(-1x%)</b>  <b>FSSIII 16%</b>  <b>(+/-0%)</b>  <b>FSSIV 13%</b>  <b>(-1%)</b>  <b>FSS Sup 9%</b>  <b>(+/-0%)</b> </p> <p>           • Annual % change in            retention rates         </p> <p> <b>2021 update:</b>  <b>Annual % change in</b>  <b>retention rates (2019</b>  <b>to 2020)</b>  <b>FSSI 32%</b>  <b>FSSII 10%</b>  <b>FSSIII 13%</b>  <b>FSSIV 4%</b> </p>
--	--	--	--

				<p><b>FS Sup 4%</b>  <b>Overall 13%</b>  <b>increased retention rates</b></p> <p><b>2022 update:</b>  <b>(2020 to 2021)</b>  <b>FSSI - 5%</b>  <b>FSSII - 3%</b>  <b>FSSIII - 6%</b>  <b>FSSIV + 1%</b>  <b>FS Sup - 3%</b>  <b>Overall - 4%</b>  <b>decreased retention rates</b></p> <p><b>2023 update:</b>  <b>(2021 to 2022)</b>  <b>FSSI +5%</b>  <b>FSSII -1%</b>  <b>FSSIII +/-0%</b>  <b>FSSIV -4%</b>  <b>FS Sup +1%</b>  <b>Overall +/-0%</b>  <b>change in retention rates</b></p> <p>• 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP completion in April 2022. Additional 10% increase between April 2022-October 2024</p>
--	--	--	--	--




			<b>2023 update: See CFSR Statewide Assessment Section</b>			
<b>3. Follow Butler Study recommendations by providing more advanced training supporting and enhancing supervisor skills and coaching.</b>	3.1 Create Child Welfare Leadership Institute.	PIP 4.1	June 2021	<ul style="list-style-type: none"> <li>• Development of Leadership Institute curriculum</li> <li>• Implementation of Leadership Institute</li> </ul>	<ul style="list-style-type: none"> <li>• # of participants in Family Services Leadership Institute</li> </ul>	<ul style="list-style-type: none"> <li>• VDSS training team provides implementation TA, project management, change management, and communication support to LDSS.</li> <li>• VDSS training team will provide training</li> <li>• VDSS CQI process will evaluate and monitor progress.</li> </ul>
	3.2 Support cohort learning and peer-to-peer networking.				<b>2020 update</b> <b>Central: 15</b> <b>Eastern: 39</b> <b>Northern: 44</b> <b>Piedmont: 30</b> <b>Western: 6</b> <b>TOTAL: 134</b> <b>2021 update:</b> <b>SUP5701 - 53</b> <b>SUP5702 – 18</b> <b>SUP5703 – 22</b> <b>SUP5704 – 26</b> <b>SUP5705 – 27</b> <b>2022 update: These classes were not offered due to COVID and conversion of other classes to virtual.</b>  <b>2023 update:</b> <b>SUP5701 – 90</b> <b>SUP5701W-38</b> <b>SUP5702 – 52</b> <b>SUP5705 – 33</b>  <ul style="list-style-type: none"> <li>• 10% increase in CFSR Items 1,2 ,3, 4, 5, 6, 12, 13, 14, 15 reviews by PIP</li> </ul>	

			completion in April 2022. Additional 10% increase between April 2022-October 2024 <b>2023 update:</b> <b>See CFSR Statewide Assessment Section</b>			
<b>4. Hire additional staff and provide workforce resources as suggested by JLARC report.</b>	4.1 Increase workforce to support caseworkers, special populations, and broader workforce.	JLARC 26-28 JLARC 34	June 2020	<ul style="list-style-type: none"><li>• Child Welfare Ombudsman office created</li><li>• Ombudsman reports and recommendations regularly reviewed and implemented</li><li>• Recruiting and retaining strategy developed and implemented</li></ul>	<ul style="list-style-type: none"><li>• # of positions hired</li></ul> <b>2020 update</b> <b>6 positions hired:</b> <b>1 Permanency Consultants,</b> <b>3 Diligent Recruitment Consultants,</b> <b>1 Diligent Recruitment Program Manager,</b> <b>1 Data analyst,</b> <b>(2 additional Diligent Recruitment Consultants transferred into the position)</b>  <b>2021 update:</b> <b>Recruitment in progress for:</b> <b>- Dir of Foster Care Health and Safety*</b> <b>- 5 Strategic Consultants</b> <b>- Additional permanency</b>	<ul style="list-style-type: none"><li>• VDSS receives support from the Office of Development with recruitment and hiring.</li><li>• Training will be provided to new staff.</li><li>• VDSS will utilize CQI processes to determine needs, and track outcomes.</li></ul>
		4.2 Create independent office of Child Welfare Ombudsman.				
		4.3 Identify LDSS assistance needs with recruiting and retaining case workers.	JLARC 9 JLARC 26; 28 CAPTA I.J			

				<p>consultants (4, 1 hired in 2019)</p> <p>2022 update: Ombudsman office opened -4 permanency consultants hired (4/2021) -3 Strategic consultants hired (1 in 2021, 2 in 2022)</p> <p>2023 update: Strategic consultants fully staffed in 2022</p>		
5. Examine data related to maintain the workforce to identify and understand areas of disparity or disproportionality	5.1 Identify available data 5.2 Identify strategies to improve outcomes	VDSS DEI initiative	Yearly	<ul style="list-style-type: none"><li>• Data identified</li><li>• Complete review of identified trends</li><li>• Determine strategies to implement</li></ul>	Policy, practice, regulation, legislation changed to begin to address areas of disparity or disproportionality 2023 update: Will continue to work with the Data team and the Strategic Consultants to identify data where which may lead to disparate outcomes. This data is shared with DFS staff during monthly Date/CQI team meetings and	<ul style="list-style-type: none"><li>• Staff training on recognizing and understanding disparity and disproportionality</li></ul>

					subsequently shared with LDSS.	
--	--	--	--	--	--------------------------------	--

 <b>Continuous Quality Improvement (CQI) Objective</b> Strengthen Virginia's CQI system by applying data to inform, manage and improve practices and outcomes for permanency, safety and well-being.						
Strategy	Activities	Alignments	Time Frames	Benchmarks	Measures of Progress	Implementation supports - staff training needs, technical assistance, evaluation processes, etc.
<b>1. Create foundational CQI system that is data driven and outcome focused to support</b>	1.1 Create written policies, practices, and procedures describing foundational administrative CQI structure.		<ul style="list-style-type: none"> <li>• Written policies and procedures by December 2020</li> <li>• Training development completed by</li> </ul>	<ul style="list-style-type: none"> <li>• Written CQI policies and procedures finalized and incorporated into programmatic</li> </ul>	<ul style="list-style-type: none"> <li>• % of staff at each level trained in CQI operations</li> </ul> <b>2020 update: 50 staff from DFS Home Office and Regional Offices participated in</b>	<ul style="list-style-type: none"> <li>• Assist leadership in CQI training via the CQI Training academy</li> <li>• Technical assistance provided by the Center for States for</li> </ul>

<b>overarching engagement strategy.</b>	1.2 Develop reporting structure for communication, data, and program improvements that are connected to outcomes and inform service improvement.	PIP 1.1, 2.1, 2.2, 4.2	December 2019	operations	<b>the CQI Training Academy Learning Collaborative that ran from June 2019-October 2019.</b>	evaluation plan and CQI Training Academy implementation
	1.3 Create training program for all staff levels with a focus on CQI operations and data consumption		<ul style="list-style-type: none"> <li>• Training and technical assistance provided through 2024</li> <li>• Statewide implementation plan completed by June 2020</li> <li>• Implementation of administrative CQI system across entire state through 2024</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting structure related to outcomes developed and used to inform management decisions</li> <li>• Training developed and incorporated into staff development plans</li> <li>• Administrative CQI system implemented and operationalized</li> </ul>	<b>2021 update: CQI has identified further training opportunities that will be provided to staff in 2021</b>  <b>2022 update: 2 League presentations (LDSS audience), Commissioner calls (internal state staff LDSS), and November 2021 Lunch &amp; Learn (internal state staff). November CQI Kick-Off virtual meeting (state staff, LDSS)</b>  <b>2023 update: 12 CoP meetings held in 2022 by Regional Offices, 12 Statewide CQI meetings held in 2022 by CQI Team and DFS Program Staff, 2 presentations at Quarterly Director Meetings,</b>	<ul style="list-style-type: none"> <li>• Training on data-driven management decision making</li> <li>• Regional Offices provide regular technical assistance to local departments and engage/encourage CQI activities throughout the process</li> </ul>
	1.4 Create a CQI implementation plan for a statewide administrative CQI system, and a system for tracking outcomes related to federal reporting requirements					

<b>2. Develop a comprehensive data plan across all programmatic areas</b>	2.1 Perform a review of data sources, methodologies, and storage in all programmatic areas.		<ul style="list-style-type: none"> <li>• Complete Data Plan review – December 2020</li> <li>• Implement recommendations from Data Plan – 2021-2022</li> <li>• Develop and implement dashboards – 2020-2024</li> <li>• Connect data to outcomes – 2020-2024</li> </ul>	<ul style="list-style-type: none"> <li>• Data plan finalized and recommendations incorporated into daily operations</li> <li>• Completed plan for data analysis and dissemination</li> </ul>	<ul style="list-style-type: none"> <li>• % of LDSS and staff trained in data-driven management practices</li> </ul> <p><b>2021 update: Data-driven management training is in the Division's long-term future and will continue to be evaluated.</b></p> <p><b>2022 update: 2 League presentations (LDSS audience), Commissioner calls (internal state staff LDSS), and November 2021 Lunch &amp; Learn (internal state staff). November CQI Kick-Off virtual meeting (state staff, LDSS)</b></p> <p><b>2023 update: During 2022 CoP meetings, Regional Practice Consultants engaged in collective thinking activities with local departments to begin teaching how to use</b></p>	<ul style="list-style-type: none"> <li>• Training on new dashboards will be provided to VDSS, LDSS, and Regional Staff</li> </ul>
	2.2 Develop tools to assess organizational data readiness and provide comprehensive data-informed management training.					
	2.3 Create functional dashboards to communicate data and progress towards outcomes for all levels of organization and types of users.					
	2.4 Identify opportunities to coordinate and connect data entry, data sources, and databases within					

	the Division of Family Services.				the data to drive changes in practice	
	2.5 Connect DFS data to desired outcomes for the CFSP, PIP, IV-E, JLARC, and all other reporting requirements					
	2.6 Develop systemic capacity to analyze and disseminate data and outcomes	PIP 1.2, 2.1				
<b>3. Integrate current QAA review process into CQI model.</b>	3.1 Ensure CQI components are factored into case reviews in IV-E reviews, CFSR, VCFSR, and Sub-recipient monitoring, and identify opportunities to align the review processes.		<ul style="list-style-type: none"> <li>• Report findings of CANS Assessment in case planning (JLARC 2) to Virginia Board of Social Services by April 2021</li> <li>• Develop plan to phase in</li> </ul>	<ul style="list-style-type: none"> <li>• All JLARC recommendations incorporated into CQI &amp; QAA operations</li> <li>• All serious case-specific or systemic safety-related concerns from 2019 and 2020</li> </ul>	<ul style="list-style-type: none"> <li>• % decrease in children in foster care for more than 36 months</li> </ul> <p><b>2020 update: 1002 children</b></p> <p><b>2021 update: 578 children, 42.3% decrease</b></p> <p><b>2022 update: 594, 2.7% increase</b></p>	<ul style="list-style-type: none"> <li>• QAA staff will provide technical assistance on opportunities to combine QAA reports into the CQI model</li> <li>• QAA staff received training on the COMPASS Portal to include uploading, document placement</li> </ul>

	3.2 Incorporate JLARC recommendations into QAA process and align the OSRI tool with CQI process		structured comprehensive annual quality assurance reviews to Virginia Board for Social Services (JLARC 30) by June 30, 2020	recommunicate d	<p><b>2023 update: 633 children, 6.6% increase</b></p> <ul style="list-style-type: none"> <li>• % of children in in Virginia in foster care for over 12 months, 24 months, and 36 months</li> </ul> <p><b>2020 updates:</b>  <b>Over 12 months - 58.7%</b>  <b>Over 24 months - 31.9%</b>  <b>Over 36 months - 17.9%</b></p> <p><b>2021 update:</b>  <b>Over 12 months: 54.4%</b>  <b>Over 24 months: 26.2%</b>  <b>Over 36 months: 12.4%</b></p> <p><b>2022 update:</b>  <b>Over 12 months: 57.1%</b>  <b>Over 24 months: 52.7%</b>  <b>Over 36 months: 14.6%</b></p>	and using the naming convention
	3.3 Quarterly conduct structured reviews to ensure state and federal compliance, communicate areas for improvement to LDSS, work with LDSS to resolve identified opportunities for improvement, monitor performance and report to Virginia Board of Social Services.	JLARC 29				
	3.4 Develop a plan to phase in annual quality assurance reviews for a representative sample and report findings to the	JLARC 30				



	Virginia Board for Social Services.				<p><b>2023 update:</b>  <b>Over 12 months:</b>  <b>52.7%</b>  <b>Over 24 months:</b>  <b>27.4%</b>  <b>Over 36 months:</b>  <b>15.1%</b></p> <p># of agency case reviews</p> <p><b>2021 update:</b>  <b>139 CFSR cases,</b>  <b>2,497 IV-E new case validations,</b>  <b>740 ongoing case reviews</b>  <b>(3,237 total IV-E cases)</b>  <b>33 VCFSR</b></p> <p><b>2022 update:</b>  <b>140 CFSR cases</b>  <b>2,093 IV-E new case validations</b>  <b>1,248 ongoing case reviews</b>  <b>(3,341 total IV-E</b></p>	
	3.5 Continue conducting agency case reviews at all localities, examine the results of agency case reviews, work with localities on identified opportunities for improvement, and monitor progress.	JLARC 31				
	3.6 Develop a list of children in foster care for more than 36 months, review each case, and respond with required technical assistance or referrals to minimize unnecessarily lengthy stays in foster care.	JLARC 20				

	<p>3.7 Prepare reports each quarter to provide:</p> <ul style="list-style-type: none"> <li>• Percentage of children in each locality in foster care for over 12 months, 24 months, and 36 months.</li> <li>• Regional and state average lengths of stay in foster care.</li> </ul>	JLARC 21			<p><b>cases)</b>  <b>25 VCFSR</b></p> <p><b>2023 update:</b></p> <p><b>120 CFSR cases</b>  <b>2,287 IV-E new case validations</b>  <b>1,073 ongoing case reviews</b>  <b>(3,360 total IV-E cases)</b>  <b>9 VCFSR</b></p>	
	<p>3.8 Review all information collected via agency case reviews from 2017 and 2018, and re-communicate all serious case-specific or systemic safety-related concerns from the previous reviews. A letter from the commissioner should be submitted to the House Health, Welfare and</p>	JLARC 1				

	Institutions Committee and the Senate Rehabilitation and Social Services Committee to certify all safety-related concerns identified have been resolved no later than November 1, 2019.					
<b>4. Develop systemic capacity to analyze and disseminate data and outcomes</b>	4.1 Create routine processes for collecting, organizing, and tracking data related to outcomes.		• 2020-2024	• Longitudinal data sets created and used to improve services and identify trends in services	• # of data trainings provided annually  <b>2022 update</b>  <b>Data-driven management training is in the Division's long-term future and will continue to be evaluated.</b>  <b>2023 update:</b> <b>No specific data trainings provided but CQI data meetings are held twice a month for VDSS staff to improve data consumption &amp; use in daily operations</b>	• Training will be developed and provided for VDSS staff on improving data consumption and use in daily operations
	4.2 Develop organizational capacity to store and analyze longitudinal case and cohort data					
	4.3 Define dedicated processes for data analysis and regularly available data-related					

	trainings for staff at all levels.				<p>•# of available reports</p> <p><b>2020 update</b></p> <p><b>DFS has not had the capacity to build out the reporting to be independent of existing Departmental data reporting structures at this time.</b></p> <p><b>2021 update</b></p> <p><b>DFS currently has a quarterly congregate care focused data pull to inform review efforts, a monthly data report that includes measures across all programmatic areas to inform progress and track previous performance, and contributes to a department-wide COVID-related dashboard.</b></p> <p><b>2022 update:</b></p> <p><b>DFS posts a quarterly report that includes Prevention,</b></p>	
	4.4 Develop a human-centered design process to translate data and outcomes for use by a broad range of stakeholders and disseminate reports to explain progress towards outcomes					

					<b>Protection, and Permanency outcomes. Data is shared bi-weekly with home office and regional staff on selected topics</b>  <b>2023 update:</b>  <b>DFS continues to post the quarterly report and review/delve deeper in meetings with DFS &amp; regional staff twice a month.</b>	
--	--	--	--	--	--	--

## Diversity, Equality, and Inclusion

On November 2, 2022, Governor, Glenn Youngkin, appointed Martin Brown as the Chief Diversity, Opportunity and Inclusion Officer. Per the state website, the position is “focused on promoting ideas, policies, and economic opportunities for disadvantaged Virginians”, including persons with disabilities and bringing persons of different faiths together.

Commissioner, Dr. Danny TK Avula, remains committed “to design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being,” which involves inclusion of diverse populations and being equitable. VDSS is in the process of developing a plan which highlights intersections of populations most often affected by poverty and most likely to receive support and services from social services. The plan will include a long-term roadmap to increase community involvement which would eventually lead to a decrease in unwarranted involvement with social services.

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

VDSS is committed to fostering a workplace that is diverse, inclusive, and prioritizes equity in all matters. DFS also has a Diversity, Equity, and Inclusion Committee that is charged with developing initiatives that bolster diversity of thought and perspective within the division, including, but not limited to, providing educational materials, raising awareness and collaboration to encourage change. The DEI Committee strives to foster awareness-raising in matters of DEI on behalf of people with marginalized identities and experiences, inclusive of DFS staff, local stakeholders and the people they serve, support the collection and dissemination of relevant resources related to diversity, equity and inclusion, and develop and share DEI recommendations for DFS. The committee has six members representing all programs with a diverse representation. The committee is developing a topic web-page on the VDSS intranet site, FUSION, which will provide various Internet resources regarding diversity, inclusion and areas of opportunity. This web-page (while not publicly accessible) will be accessible to all VDSS and LDSS staff.

In the past year, DFS continued to review and share data related to disparities and disproportionality among the leadership team, in program meetings, in bi-monthly Data/CQI meetings, during monthly “Knowledge Break” DFS meetings with state staff, and during CWAC meetings. Programs within the Division are working to determine the best method of sharing and addressing this data with local agencies. DFS reached out to the Capacity Building Center for States to assist in initiatives to advance racial equity. A concerted effort has been made to include data in each meeting, internally, with stakeholders, and with LDSS, about racial inequalities within Virginia’s child welfare system. A list of racial equity resources has been compiled and shared with DFS staff in an effort for individuals to begin the process of self-reflection and understanding of internal bias, prejudice, and to encourage conversations.

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

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

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

VDSS developed a DFS Parent Advisory Council in partnership with the Children's Trust Fund Alliance (CTFA) and Casey Family Programs in 2021. Development of the Parent Council is part of the effort to ensure equity in policies and guidance through input from parents with lived experience. The technical assistance received for the development of the Parent Advisory Council will further work towards greater equity in access and service provision to all families, utilizing the voices of lived experience, collaborating with partners who can be most responsive to the unique needs within distinct communities, and address disparities in service access. The DFS Parent Advisory Council has been involved in many facets of DFS work such as serving on panels and representing at conferences. The goal is to expand the DFS Parent Advisory Council across the child welfare continuum and increase their program involvement in all aspects of program development and improvement.

During the Spring VDSS Human Services Portfolio STEP (State Team Engaging as Partners) meeting in May 2022, Diaspora AI presented an in-depth workshop about "Making Inclusion Actionable in 2022" to state staff. This workshop provided a deeper view of diversity and bias, specifically unconscious bias. The workshop consisted of bias refresher, building self-awareness to reduce the potential for unconscious bias and building multicultural intelligence through self-awareness, empathy and social skills. The workshop was designed to address scenarios for the work environment through several breakout sessions.

VDSS staff attended the first annual National Convening on Building an Inclusive Human Services System, March 28-29, 2023. The convening highlighted various workshops and panel discussions around inclusivity and diversity. There were many takeaways VDSS can consider which may enhance the work with children and families.

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

## Child Welfare Evolution

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

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

VDSS began this conversation internally as well as with the League of Social Services Executives and has begun strategic planning that will include aligning roles within the Human Services portfolio. VDSS is working with Chapin Hall and the Anne E. Casey Foundation to create an action plan to operationalize the framework to move the work forward. This includes identifying opportunities in Virginia and specific actions to target to make the Evolution a reality. Once finalized, VDSS will meet with stakeholders to:

- gain a shared understanding of the Evolution, how economic and concrete supports strengthen families and prevent the need for child protection;
- build a consensus about core components of prevention and kinship;
- establish integrated and joint ownership and accountability for strengthening families, preventing child maltreatment, identifying and supporting kin, and reducing the use of foster care and congregate care; and
- frame out strategies, investments, and budgetary priorities necessary across program areas.

## High Quality Legal Representation for All Parties in Child Welfare Proceedings

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



attorneys to provide legal representation for a child in foster care and the child's parents to prepare for and participate in all stages of foster care related legal proceedings.

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

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

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

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

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

discussions about creating of this type of center in the future. In order to draw down title IV-E funding, a new state funding source must be secured, which is the main barrier towards implementing programs of this nature or more broadly supporting the availability of quality parent legal representation in CPS and Prevention cases which go to court.

## Collaborations

VDSS has collaborated with a myriad of state, local, and community partners to provide input on assessing strengths and needs of the system; integrate cross-disciplinary services; steer initiatives and implementation of policies and legislation; provide critical stakeholder feedback and guidance in general; and, ensure comprehensive, aligned efforts take place across the state. Virginia is actively working with other internal Divisions, state agencies, private sector and non-profit organizations to improve service delivery to individuals involved in the constellation of family services. VDSS believes that strong partnerships lead to better outcomes, as the practice model states. We believe that how we do our work is as important as the work we do. This not only holds true for direct service practice with children and families, but also with the work we do across agencies, stakeholder groups, and communities throughout the state.

Collaboration is key to ensuring that all those across Virginia dedicated to serving children and families share their passion and expertise to achieve the best possible outcomes. Continual collaborative communication loops are critical to provision of appropriate, targeted services and partnering effectively with all stakeholders. VDSS engages focus groups, designs and distributes surveys, utilizes interviews, collects and analyzes data, and continually gains feedback from a multitude of stakeholder meetings, workgroups and multi-disciplinary projects. VDSS interfaces with many local, state and national partners to ensure that feedback is gained from those with lived experience, Tribal partners, LDSS, Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program (CIP), and a host of additional collaborators. Similarly, VDSS has partnered this year with numerous state agencies, non-profits, state and federal partners on proposals, projects and aligned efforts to address the need for integrated, responsive and comprehensive services for children and families across Virginia. Utilizing data and data driven priorities and processes, VDSS intends to maintain and build additional collaborative partnerships this year to strive towards better informed, child/youth/family-driven services and approaches to whole family well-being.

While partner collaboration occurs on specific portions of the CFSP as well as review and monitoring of CFSP progress and assessment of agency strengths and areas needing improvement, overall completion of these items are managed through the Child Welfare Advisory Committee (CWAC) meetings. Stakeholders that received invitations to CWAC meetings and who attended one or more 2022 CWAC meetings included LDSS representatives, tribal council representatives, parent council representatives, state agency partners, and other community partners. Every CWAC meeting contains a review of CFSP data or data from the statewide data indicators, including deeper exploration of areas needing improvement. For example, September's meeting explored Items 4, 11, and 12 with a focus on Item 12, including multiple collective thinking questions for partners to provide feedback regarding this area needing improvement. The CWAC meetings helped review and monitor the CFSP progress and goals and provide feedback to assist VDSS in adjusting future activities or processes. In 2023, the CWAC meetings will be primarily focused on problem exploration, solutioning, and alignment to support the development of Virginia's next CFSP. In addition to CWAC, additional partnerships such as the Practice Advisory

Committee (PAC) meetings, parent and tribal councils, and other community partners provide feedback on specific portions of the CFSP or areas needing improvement.

### **Lived Experience**

In 2022, birth parents, foster parents and youth were engaged through a variety of methods and venues to leverage their lived experience in guiding direction, planning for changes, and supporting customer-centered policy and practice. Through SPEAKOUT (Strong Positive Educated Advocates Keen on Understanding the Truth), the state youth advisory board, youth currently or recently in foster care engaged with VDSS to identify areas of focus and board goals, informed by their experiences in Virginia's child welfare system, as well as each member's unique interests and skill sets. During 2022, SPEAKOUT met each month virtually to discuss state updates and plan what events or activities they wanted to participate in on state and regional levels. VDSS has continued to administer the Youth Exit Survey, enabling regular and ongoing collection of feedback from youth who were exiting foster care. **(Permanency Strategy 4.1)**

VDSS partnered with Casey Family Programs and the Children's Trust Fund Alliance (CTFA) to develop and create a state-sponsored Parent Advisory Council ("the Council"), composed of parents and caretakers with lived experience. The mission of the Council is to actively collaborate with VDSS in building strategic partnerships between parents and staff, promoting parent leadership development, and helping expand the meaningful roles and voices throughout the system. The creation of the Council is to ensure parent voices are included in the shaping of programs, services, strategies and policies. At the time of this report, 10 of the original 11 members remain on the Council. The Council represents a diverse set of parents who have lived experience in either a Child Protective Services case, In-Home, Foster Care, or Adoption. The Council meets once a month virtually with smaller meetings occurring for time-limited projects and initiatives. Individual members have also participated in activities that are specific to their personal experience and/or interest. VDSS continues to use the support of the Permanency Project Manager to coordinate the Council's activities as well as serve as the liaison between the Council and VDSS, with the Family Engagement and Resource Family Program Manager providing oversight. DFS had hired a contractor to be the liaison between the Council and VDSS, starting in January 2022. However, the contractor and VDSS agreed that it was not the right fit, which stalled some of the activities planned this year.

Nevertheless, the Council provided input on several initiatives across all program areas. The Council's input was sought for Prevention programs to include the Thriving Families, Safer Communities grant for which two Council members joined the planning workgroup, and evidence-based programs used in In-Home cases. The Council provided input to the Protection brochures on water and gun safety and marijuana usage. The Council also provided input and participated on several Kin First and Permanency efforts, to include Foster Care Month, Child Abuse Prevention Month, Reunification Month activities, Kinship Month, the Permanency Conference, the Kinship Notification and Appeal legislation, the Faster Families Highway for foster parent recruitment, foster parent enhanced maintenance payments, the impact of changing barrier crimes legislation, the foster parent recruitment video, and the KidsCorp Contract training series for volunteers working with families involved in the child welfare system. Several of the Council members provided input during the 2023 General Assembly session on bills that impacted child welfare programs. This was an extraordinary feat given the quick turnaround needed for stakeholder responses.

One of the most significant activities that occurred this year was the creation of the Council's bylaws and selection of officer roles. Four parents volunteered to take on the roles of the Chairperson, Co-chairperson, Secretary, and Coordinator for the Council. These officer roles went into effect February 2023. The creation of bylaws and officer roles provided the Council with more structure and a framework by which to operate as well as to increase sustainability. This will also provide the Council members more opportunities to develop their leadership skills. The other significant activity that occurred this year was the Council's first in-person meeting was held in January 2023 in Richmond, Virginia. Five of the 10 Council members were able to attend this in-person, all day meeting. The Council used this time to get to know each other in-person and to develop strategic goals for the coming year. VDSS remains committed to supporting the Council's activities and providing opportunities to provide input on all VDSS initiatives. The Council will be instrumental in assisting with the creation of Virginia's next CFSP.

As previously mentioned, several of the Parent Advisory Council members participated in VDSS's first Annual Permanency Conference, December 7-8, 2022, in Hampton, VA. One of the plenary sessions during the conference included a Lived Experience Panel around reunification. The panel was composed of four birth parents with involvement in the foster care system in Virginia and one foster parent. During this question and answer panel facilitated by national expert, Chauncey Strong, the parents spoke to their personal journeys towards achieving reunification with their children as well highlighting the do's and don'ts to the audience, who were primarily LDSS child welfare staff. The foster parent also went into details of how she was able to support reunification with some of the families with whom she worked. Feedback from conference participants about this lived experience panel was extremely positive, noting that hearing from those who were directly impacted by the system made a lasting impact and would change their practices. One of the Council members served on a panel for the Child Abuse Prevention Conference, April 3-4, 2023, in Midlothian, VA. The panel was composed of three members; two with lived experience and a facilitator. The Council member offered her experience of connecting with the other lived experience panel member and how that experience provided her with the confidence to work towards her goal of regaining custody of her children.

Similarly, as the Community-Based Child Abuse Prevention (CBCAP) lead agency, VDSS is involved with all sectors engaged by CBCAP, which includes parent leadership within communities. CBCAP funding also supports Families' Forward Circle of Parents and the Virginia Parent Council which coordinates parent voice in planning and implementing family services in support of child abuse prevention programming in Virginia. Feedback gained from the Virginia Parent Council and community-based projects and parent leadership continues to facilitate the direction and support of networks of coordinated child abuse prevention resources, and activities that strengthen and support families. This collaboration connects to **Prevention Strategy 3**, providing a collaborative environment in which community partners can better understand and address specific barriers around prevention services.

### **Local Departments of Social Services**

As part of the VDSS system and functioning within the locally administered, state supervised structure, LDSS stakeholders are imperative partners in a multitude of state-driven initiatives. VDSS utilizes numerous stakeholder meetings and gatherings to leverage feedback gained from LDSS directors, supervisors, and frontline workers. Local department staff directly provide input and collaborate with VDSS in regularly occurring contexts like quarterly directors' and supervisors' meetings held in each state region; the Virginia League of Social Services Executives (VLSSE) bi-annual conferences, quarterly Board meetings, and sub-committee meetings (which meet monthly); and three local advisory committees

comprised of LDSS staff that advise child welfare programs across the continuum. All of these stakeholder meetings and groups provided input from the field this year, which directly informed the APSR. The VLSSE Professional Development Committee advised VDSS attendees monthly on issues around workforce development, training, the CWSP and university partnerships, and other related topics. The VLSSE Child and Family Services Committee was instrumental in communicating feedback on policy and practice issues within service areas.

In July 2022, VDSS began pre-implementation of the Navigator initiative to capture stakeholder representation from 120 LDSS about post-implementation of COMPASS|Mobile, and to expand input on the design, pre-implementation, and implementation of Comprehensive Child Welfare Information System (CCWIS) COMPASS. This initiative was implemented in February 2023. Meetings occurred bi-monthly with VDSS and frontline workers from LDSS to engage about the technology that supports the critical work they perform.

The COMPASS Advisory Committee was established April 2022 and continues to meet regularly; meetings are held quarterly, at a minimum, but may increase as the project progresses. The Committee is a multi-year, collaborative effort of VDSS, VLSSE, and LDSS about the design, development, pre-implementation, and implementation of a Comprehensive Child Welfare Information System (CCWIS) COMPASS.

### **Tribal Consultation**

VDSS continues to use the quarterly roundtable meetings (**Permanency Strategy 6**) as the primary avenue for building and sustaining relationships between VDSS and the tribes. VDSS participated in the NICWA conferences and supported participation of tribal members as well. Tribal members shared their experience and takeaways from the conference with other tribal members during a roundtable meeting. VDSS continues to work towards the benchmark of developing formal guidelines on ICWA and cultural competencies and remains committed to continuing to improve the cultural competence of all staff. The relationships being fostered through roundtable meetings, site visits and other child welfare focused committees, are all opportunities for VDSS to be introduced to the culturally specific attributes of those tribes. These interactions will lend themselves to identification of any themes or problem areas that will be addressed and built into existing training around cultural competency. VDSS provided an ICWA training for the federally recognized tribes in 2022.

### **Court Improvement Program**

VDSS Foster Care, Adoption, and QAA Program Managers are members of the CIP Advisory Board and regularly attend meetings. The CIP and VDSS partnered in 2022, as in previous years, to ensure that title IV-E requirements are adequately documented in court proceedings; as collaborative partners in ongoing efforts of the CWAC and permanency sub-committee and provide, in general, updates and technical assistance to court partners including judges and guardians ad litem. CIP meets bi-weekly with DFS staff, the Children's Bureau and the contracted partners (JBS staff), and the representative from the Center for States to talk through questions or issues that have arisen. During 2021, CIP and VDSS staff met several times to discuss the use of title IV-E for legal representation for parents during child welfare proceedings.

As mentioned in the Tribal Collaborations section of this report, VDSS partnered with CIP in 2022 upon the tribes' approval to participate in the ICWA training led by national subject matter expert with Casey Family Program, Jack Trope. Two staff from CIP attending the training with Virginia's federally recognized tribal leaders on October 3 in Richmond, VA.

CIP staff are invited to and regularly attend the Quarterly Roundtable meetings with Virginia's Tribes. In one of the meetings held in December 2022, the CIP representative updated the tribes on newly created ICWA court forms that were to go into effect February 2023. VDSS and CIP representatives met to discuss the updates to the child welfare specific court forms and the newly created ICWA-specific forms so that VDSS could provide guidance to the field for the forms' application.

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

The Child Welfare Advisory Committee (CWAC) meets three times a year, typically in March, June and September. As with many meetings, CWAC has pivoted to meeting virtually. A bonus of this shift has been greater representation from across the state, as people who would not normally be able to travel for the meeting have been able to attend. Stakeholders that attend CWAC include LDSS representatives, tribal and parent council representatives, state agency partners, and other community partners. The agenda set for CWAC always includes collaborative work towards meeting the outcomes for Virginia's children and families. Topics covered in 2022 CWAC meetings included review and input for the APSR, Evolution, statewide transportation assistance program for youth in foster care, CFSR stakeholder feedback, preserving connections for youth in foster care, Faster Families Highway and diligent recruitment, alternate living arrangements, placement stability, Safe and Sound Taskforce, engaging parents in caseworker visits, collaborative foster home placement programs between LDSS, and Family First Prevention Services Act and evidence-based services. These topics involved breakout planning time to gather input from those in attendance. The feedback, which can include recommendations for policy changes, training strategies, and resources or tools, is taken back to the respective program areas and incorporated into the program planning and guidance as needed.

### **Practice Advisory Groups**

During 2022, VDSS continued participating in quarterly practice advisory committee (PAC) groups for child welfare program areas, including Permanency, Prevention and Protection groups, to solicit input and feedback from LDSS and stakeholders. Permanency includes Foster Care, Resource Family, Adoption, and Interstate Compact on the Placement of Children (ICPC) programs. The Permanency PAC met quarterly, with virtual participation, expanding the meetings from three to five hours. This created greater opportunities for participation and feedback on the topics presented. In 2022, PAC solicited feedback on using PSSF funds, KinGAP, and State-funded kinship subsidy and adoption assistance. The Permanency PAC was used to develop program guidance, forms, job aids, and resources. Ideas were solicited for resources and events for featured months (i.e., National Foster Care and Adoption). VDSS updated the Permanency PAC on staff training, legislative updates, and the new resource family recruiting portal. The Permanency PAC was also used to form smaller work groups focusing on program-specific topics.

The CPS Advisory Committee merged with the Prevention Advisory Committee in September 2021, to form the Prevention & Protection Advisory Committee. The committee is comprised of local CPS, In-Home, and Prevention supervisors and workers, plus VDSS program staff. Similar to the Permanency advisory committee, this committee has also continued in a virtual format and participation has remained steady. The group provides input on the CAPTA plan, legislative proposals, regulatory review, policy and guidance, and overall program direction. In 2022, the committee members provided input and feedback on practice protocols related to drug testing and establishment of memorandums of understanding (MOU), utilization of additional PSSF funding awarded from the Consolidated Appropriations Act, development of informational brochures regarding marijuana use and storage while parenting, practice considerations related to alternative living arrangements (ALA), development and piloting of the Child

Advocacy Center (CAC) Decision Tree Tool, and continued implementation of Family First and evidence-based services in Virginia.

### **Additional Collaborations**

#### **Community Based Child Abuse Prevention Grant**

As the Community Based Child Abuse Prevention (CBCAP) grant lead agency, VDSS is involved with all sectors engaged by CBCAP, the efforts of which address elements in **Prevention Strategy 1**. Funds awarded to Virginia through this grant are used to support the development, operation, and expansion of community-based, prevention-focused programs and activities with the goal of prevention of child abuse and neglect. During 2022, VDSS worked in collaboration with the interdisciplinary, collaborative, public-private structure, including representation from private and public sector parents and service providers, directing and supporting networks of coordinated child abuse prevention resources, and strengthening and supporting parents. CBCAP collaboration includes partnerships with the Virginia Family and Children's Trust Fund Board; the Virginia Partnership for People with Disabilities; DBHDS; VDH; DCJS; DJJ; Early Impact Virginia (under the umbrella of Families Forward); and, other state and local public and private non-profit agencies and organizations.

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

VDSS is focused on developing foster families as a resource for their communities by offering in-service trainings specific to the needs of older youth, sibling groups and medically fragile children through the Community Resource/Adoptive Family Training (CRAFFT) contract. Trauma-informed care and factors of resilience are regularly offered to foster families in addition to other trainings on how to become foster parents and deal with issues that arise while taking care of children in foster care. (More information about collaborations with CRAFFT is located in Item 28 p. 155-158)

#### **Safe and Sound Task Force**

Virginia's child welfare leaders have been making concerted efforts to transform Virginia's system, including focusing on specific challenges around high-acuity youth in foster care. Efforts include strengthening Virginia's focus on kinship placement and expanding treatment foster care, working across systems and payors to increase access to high quality evidence-based mental health and other supportive services, fostering a trauma-informed culture throughout child welfare, adjusting provider rates, and the ongoing implementation of Family First Prevention Services Act. To address long-standing and recent challenges, including placement disruptions and high-acuity youth in foster care sleeping in local offices or other unsuitable locations, Governor Youngkin launched the Safe and Sound Task Force on April 1, 2022. The Task Force's Vision is aligned with Virginia's vision for its child welfare system: children should grow up in safe, stable, and secure families that support their long-term well-being. The Taskforce is led by a Governor's appointee. Virginia agencies represented on the Taskforce include VDSS, DBHDS, OCS, DMAS, the Office of the Children's Ombudsman, and DJJ. Private providers, non-profit organizations, advocacy organizations, faith-based organizations, LDSS and others comprised the Task Force membership, as well.

The Task Force was initiated with three goals: 1) ending the phenomenon of youth sleeping in local department of social services offices, hotels, or other unsuitable locations by identifying and securing safe placements for high-acuity youth who are displaced; 2) developing a "reservoir" of safe and appropriate placements for youth who may need them in the future; and 3) enacting changes to address policy and systemic changes to the child welfare and other systems in Virginia.

The first two Task Force meetings were held in April 2022. Task Force members discussed the mission and goals, reviewed “portraits of the problem” case examples, and brainstormed. Beginning April 2022, VDSS hosted daily coordination meetings to plan and strategize with other system partners (providers, local agencies, managed care organizations, etc.) regarding displaced youth. Go Team and Rapid Response meetings were conceptualized and launched in April 2022 and continued to be held throughout 2022 as specialized case-specific discussion related to one child. The purpose of Go Team and Rapid Response meetings was to bring together involved stakeholders in a coordinated manner to brainstorm placement ideas, identify interventions, and identify which private and/or public providers should be engaged in the process to ensure that high acuity youth in foster care would not sleep in offices, hotels, or other unsuitable places, and to align and leverage the authorities of each organization in supporting high acuity youth. Go Team and Rapid Response meetings served as the primary means for addressing placement disruptions and at-risk disruptions and were state-driven processes that included many state and local partners.

Additional strategies used by the Task Force include discussing and clarifying roles and responsibilities among state and local agencies and assigning responsibility for actions; engaging directly with providers, managed care organizations, and Virginia’s Behavioral Health Services Administrator (Magellan); leveraging various systems and processes in child-serving systems in a coordinated manner to address unmet needs; using high fidelity wraparound and other proven models to gain placements and services; ensuring the voice of the youth were represented in their placement goals; using creative problem-solving by employing a “What Would It Take?” system of care framework, and leveraging the authority of the Governor’s Office.

Lastly, new resources offered a pivotal boost to the Task Force’s efforts. The 2022 Special Session I Virginia Acts of Assembly, Chapter 2, approved June 22, 2022, included \$4,591,060 in one-time funding to support child welfare initiatives within VDSS and the Task Force recommendations. Pilots and projects that are underway include collaborative partnerships to increase kinship caregiving capacity, enhanced treatment foster care pilot programs, and additional one-time projects to increase access to community-based services, treatment, and support for kinship, foster and adoptive families and trauma-informed care for children in foster care who are displaced or at risk of placement disruption.

**Office of Children’s Services for At Risk Youth and Families (OCS)/Children’s Services Act (CSA)**  
Unique to Virginia, the Children’s Services Act (CSA) is a single state pool of funds to support services for eligible youth and their families. In addition to DBHDS and DMAS, the OCS is the primary funding source of services for children, parents, and caregivers who are involved in the child welfare system. OCS has been a critical collaborative partner helping with implementation planning for Family First. OCS has collaborated with VDSS around the implementation of KinGAP for title IV-E eligible and state funded children. OCS was a collaborative partner serving on the Three Branch leadership team and continues to advance policies that support the implementation of Family First and alignment with OCS policies and practices, as well as a broad continuum of care to meet the holistic needs of children and families. OCS is critical to ensuring children and families receiving title IV-E funded services also receive supports that may not be funded with title IV-E funding (transportation, homemaker services, etc.). Additionally, OCS, DBHDS, DMAS, DJJ and VDSS met throughout 2021 to enact the Center for Evidence-based Partnerships in Virginia (CEP-Va), a unique partnership developed from the Three Branch team to implement Family First, based on the shared agency interest in developing capacity for EBPs in Virginia, ensuring fidelity to the EBPs, and enhancing service provision across private and public sector partners in



the community. (See below for additional information on CEP-Va.) VDSS, OCS, and CEP-Va entered into a data sharing agreement to match clients, funding, and services for CQI, capacity building, and fidelity monitoring purposes.

OCS has been a strategic partner in the planning and development of permanency-related projects. OCS was consulted in the creation of a scope of work for the Enhanced Treatment Foster Care Pilot Program that launched in January 2023. An OCS representative also participated in the Additional Daily Supervision (ADS) Workgroup held October through December to examine the VEMAT as well as implement a short-term, state-funding, Exceptional Circumstances Payment pilot program to foster parents.

### **Quality Improvement Center for Workforce Development**

The Quality Improvement Center for Workforce Development (QIC-WD) partnered with VDSS to conduct research examining the efficacy of technology interventions aimed at reducing child welfare staff turnover and improving child welfare outcomes, addressing **Workforce Strategy 1**. Throughout 2022, VDSS and QIC-WD partners met virtually twice a month through August 2022, to assess progress and work towards program evaluation goals. VDSS continued to study the implementation of and outcomes from job modernization technology interventions in 18 localities. These 18 localities represent a workforce of approximately 450 of the state's 2,200 frontline staff. The QIC-WD team reviewed their final surveys for the project and continued to work towards obtaining all necessary data for the project. QIC-WD analyzed data pulls to answer theory of change questions and developed a brief about the project. VDSS and QIC-WD partners presented initial findings at a final all-sites meeting in August 2022. QIC-WD provided these resources through a no cost extension from the Children's Bureau. The QIC-WD targets disseminating reports to localities early 2023.

### **Statewide Prevention Plan**

VDSS led the development of a five year plan to prevent child abuse and neglect, prompted by Budget Amendment [HB30](#) in Virginia's 2020 General Assembly Session. This plan was submitted to the General Assembly in June 2021 and focused on primary prevention, using a trauma informed and public health framework on abuse prevention. This concerted focus on prevention presented a unique opportunity to begin to better align prevention activities while also identifying gaps and opportunities in the continuum of prevention services available in order to positively influence child well-being, safety, and permanency for children in Virginia. In developing this plan, VDSS collaborated with the DBHDS, VDH, DOE, OCS, FACT, Families Forward Virginia, Voices for Virginia's Children, Virginia Poverty Law Center, and other relevant state agencies and community stakeholders. VDSS will continue to work with stakeholders to implement the five year plan as resources allow, ensuring the alignment and inclusion of CBCAP funding and priorities.

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

risk factors. Virginia's TFSC plans incorporate some of the recommendations of the five year plan. VDSS will be prioritizing the American Rescue Plan Act (ARPA) CBCAP funding for the TFSC initiative.

In September 2022, requests for applications (RFA) were sought for Family Resource Center (FRC) demonstration sites across Virginia. This RFA presents the opportunity to provide three-year funding to selected (five to seven) sites who are committed to building protective factors for children and their families within their communities. These sites will utilize the National Family Support Network (NFSN) FRC model as a strategy to strengthen family resiliency in order to reduce the likelihood of child abuse and neglect, advance racial equity and support for underserved communities in prevention programs and speak to the complex issues that often contribute to families becoming involved in the child welfare system. The project will demonstrate a statewide significance with the implementation and evaluation of FRCs through integrating, cross-system approaches to developing comprehensive child and family well-being systems that are co-designed with families and communities. Sites will demonstrate a process for incorporating primary prevention and public health approaches to improve overall community well-being consistent with the social and environmental determinants of health and to create the conditions necessary for all families to thrive. A new position of Prevention Director has been added to the Prevention Department of Families Forward Virginia to coordinate this effort. Two additional positions have been funded to support the establishment of the FRCs. Families Forward Virginia has also hired a Community Engagement Manager and a Lived Experience Specialist.

### **Trauma-Informed Workgroups**

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

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

The Governor's Trauma-Informed Care Workgroup recommendations for trauma-informed work were incorporated to ensure consistent delivery across all child-serving agencies in Virginia (**Prevention Strategy 2**) when it was convened in the past, but it has not been reconvened since the change in administration.

### **Trauma Informed Community Networks**

In 2022, VDSS provided agency representation and participation at the Trauma Informed Community Network (TICN) in the greater Richmond area, as well as LDSS and VDSS representation on other regions' TICNs throughout the state. Connection to the over 150 member group composed of multi-disciplinary, cross-sector participants enables VDSS' connection to multiple areas of community work

impacted by and affecting family services and child welfare services. VDSS representatives attended quarterly large group meetings and provided leadership on the Trauma Informed Workforce Development (TIWD) sub-committee, to gain and address feedback from academic, private and public partners in the central region on workforce and general child welfare topics.

### **University Partners**

Addressing **Workforce Strategy 2**, in partnership with five state universities, VDSS offers the Child Welfare Stipend Program (CWSP) and Child Welfare Employee Education Assistance Program (CWEEAP) throughout all regions of the state. VDSS continues to partner with George Mason University, Norfolk State University, Radford University, and Virginia Commonwealth University. Each university partner has established Regional Advisory Committees, which are composed of LDSS leadership, university child welfare faculty, state CWSP leadership, and community partners. Meetings are convened quarterly to discuss child welfare workforce needs, gain feedback on how students and graduates are performing in the field, staff any barriers to programmatic or student success, and design curriculum and para-curricular activities, including topical seminars, case simulations, employment workshops, and other events. In 2022, 34 LDSS actively participated on a Regional Committee, and three child serving agencies contributed actively. Additionally, VDSS works closely with the Professional Development Committee of the VLSSE, which serves as a state-level advisory group. All partner universities are entering a renewal phase of the memorandum of understanding (MOA) process and VDSS anticipates entering into renewed agreements with all four partner universities to become effective July 1, 2023.

### **Center for Evidence-based Partnerships in Virginia**

VDSS partnered with the newly established Center for Evidence-based Partnerships in Virginia (CEP-Va) in 2020. CEP-Va is a newly formed partnership between state agencies and Virginia higher education institutions to support the implementation, evaluation and sustainability of evidence-based programs across the state and among state agencies. The Governance Committee for the CEP-Va includes DBHDS, DMAS, DJJ, DCJS, DSS, OCS, and VDH. VDSS partners with CEP-Va to conduct fidelity monitoring of evidence-based practices (EBP), particularly those in the Title IV-E Prevention Services Plan, and provide data from fidelity monitoring to utilize in the VDSS CQI process. VDSS also partners with CEP-Va to continually identify needs and gaps in EBP across the state to make recommendations for the implementation of additional EBP. Through a capacity building agreement, CEP-Va utilizes VDSS funding to identify and train CSBs and community-based providers in the EBPs approved in the Prevention Plan. CEP-Va's initial Needs Assessment and Gaps Analysis (NAGA) report, presented to VDSS in late 2021, identified high need areas, allowing for targeted outreach to find providers and match community needs with EBPs for implementation. A second NAGA report from CEP-Va will be released in 2023. VDSS will review and discuss this report and its recommendations with CEP-Va and their partner agencies to determine next steps and priority areas.

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

The Department of Criminal Justice Services (DCJS) is a critical partner with VDSS on grant funded services for children and victims of domestic violence. In 2022, DCJS continued to provide Victims of Crime Act (VOCA) funding to VDSS to support Child Advocacy Centers (CACs). Nineteen CACs provide a multidisciplinary approach to serving victims of child abuse and neglect. Core disciplines collaborate via a Multidisciplinary Team (MDT) to discuss the investigation, treatment, intervention, and prosecution of child abuse cases. VDSS collaborates with DCJS, the Children's Advocacy Centers of VA (CACVA – the statewide association of CACs), and the Southern Regional Chapter of the National

Children's Alliance to provide introductory and advanced training for MDTs in Virginia. VDSS and CACVA are also working together to better integrate CACs with the state office and local social service departments. VOCA funds from DCJS provided financial support to local domestic violence programs that are also funded by VDSS. The collaborative partnerships included participation on the development, funding and ongoing leadership of the Underserved Population Learning Collaborative (UPLC), cross-participation on advisory committees, and monthly meetings to strategize on responses to the COVID related needs of sub-grantee agencies. VDSS also participates in VSTOP (Virginia STOP Violence Against Women Act) meetings where state funders and stakeholders discuss funding priorities and service improvement in trauma informed, domestic violence programming. VDSS partners with the State Trafficking Response Coordinator for the Commonwealth, based at DCJS, and provides annual, aggregate data on children and youth who are suspected victims or are victims of trafficking. More information on collaborations between protection and DCJS is included in Virginia's CAPTA plan in Appendix A.

### **Virginia Department of Education**

Most of the collaboration between the Virginia Department of Education (VDOE) and VDSS has typically been directed at improving the educational stability and attainment outcomes of children in foster care. VDSS and VDOE continue collaborating on fulfilling requirements of a five year grant that VDOE received to improve data visualization linking foster care and educational data via the Virginia Longitudinal Data System (VLDS). VDSS has mandated the inclusion of the VDOE State Testing Identification (STI) in the child welfare information system. This allows VDSS and VDOE to share aggregated educational data of students in foster care. During FY 2022, VDSS and VDOE team members continued their virtual joint trainings. The educational stability training was separated into two parts, general education and special education. Each department maintains two primary points of contact for LDSS and schools to reach out to for consultation. VDSS and VDOE model the collaboration that LDSS and local schools need to make joint best interest determinations by looping each other into all conversations and providing joint, agreed upon answers to difficult questions. With the enactment of Every Student Succeeds Act (ESSA) in December 2015 and joint publication of VDSS/VDOE guidance on ESSA in 2017, VDOE and VDSS continue collaboration, largely focusing on providing technical assistance to local education agencies (LEAs/school divisions) and LDSS, ensuring school enrollment and stability issues are collaboratively resolved, looping in OCS as necessary.

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

VDSS and the Virginia Department of Juvenile Justice (DJJ) have partnered on initiatives including coordinating guidance around re-entry for youth in foster care and implementation of Family First provisions, including use of evidence-based services. DJJ has continued to use Functional Family Therapy (FFT) and Multisystemic Therapy (MST) throughout Virginia to serve youth. DJJ has been an asset to VDSS throughout the implementation process, sharing lessons learned and resources, which made the implementation successful. LDSS can use DJJ providers of FFT and MST for children who are candidates of foster care by purchasing services from DJJ's existing contracts.

In 2020, DJJ began using the VDSS Virginia HEALS screening tool, Screening for Experiences and Strengths (SEAS), statewide. VDSS staff worked closely with DJJ to train their staff and provide technical assistance with the Referral and Response Protocol. DJJ implemented SEAS statewide in July 2022 for any DJJ involved youth with a completed social history. They have screened approximately 700 youth in the six months following.

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

Medicaid is the largest payer of behavioral health services for children in Virginia. Throughout 2021, VDSS worked closely with DBHDS and DMAS on implementation of Project Bravo of the Children's Behavioral Health redesign, which promotes a robust array of outpatient services, integrated behavioral health services in primary care and schools, and intensive community-based and clinic-based supports shifting from a crisis-oriented approach towards prevention and early intervention. VDSS' coordination with this redesign is integral to the success in ensuring children, regardless of funding source, have access to high-quality, evidence-based, and trauma-informed services. This implementation continued through 2022.

DMAS has also been a partner in VDSS implementation of Family First policy, protocol and practice, particularly around determining responsibility around use of congregate care and Qualified Residential Treatment Providers (QRTPs). Also, VDSS participated in the Transition Planning Action Group in partnership with DMAS and Managed Care Organization (MCO) providers. This group worked on solutions to strengthen communication pathways between VDSS, DMAS, MCO providers, LDSS, foster care providers and youth in care to be able to provide client-centered services to Medicaid eligible youth in and formerly in care.

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

Virginia's Kids Belong Regional Coalitions have continued to assist with recruitment of foster families, supporting kinship caregivers and supporting child welfare workers. Virginia's Kids Belong "I Belong Project" (IBP) in collaboration with Regional Resource Family and Permanency Practice Consultants coordinated six child specific video shoots to develop child specific recruitment pictures and videos for children placed in congregate care and awaiting adoptive families. The IBP shoots were strategically coordinated in areas throughout the state near congregate care facilities where targeted children were placed. Regional Practice Consultants worked with LDSS to register children for the video shoots and supported efforts to coordinate transportation to and from the locations of the shoots. As a result, 72 children in need of adoptive families participated resulting in 833 family inquiries during 2022. There has been a 201% increase in inquiries from 2021 to 2022.

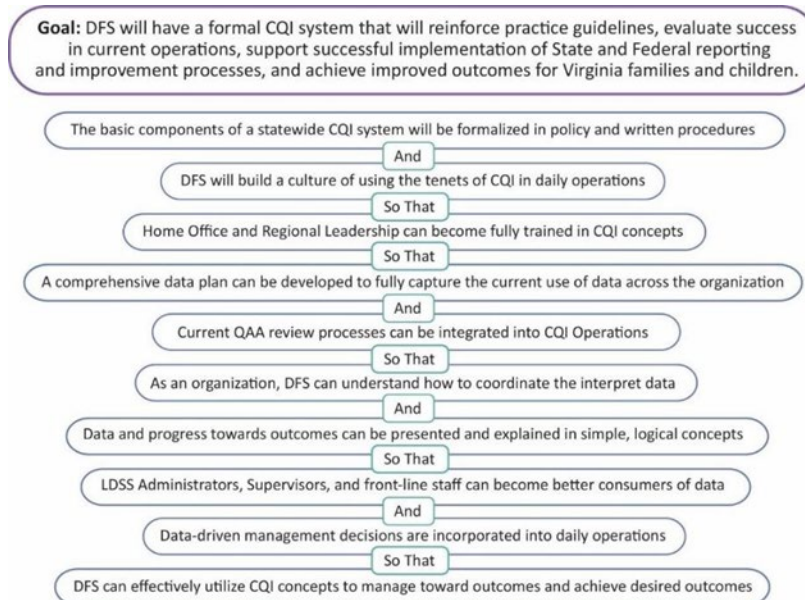
## **Continuous Quality Improvement (CQI)**

Virginia's CQI system is designed to operate at all levels within the child welfare system. There are three core principles of the CQI system: collaboration, data-driven and solution-oriented, and informed by practice.

- Collaboration – CQI in Virginia is designed to bring in ideas, anecdotes, and innovations from all levels of the child welfare field and find ways to enhance services and implement change. Without the ideas, collaboration, and partnership with LDSS and other stakeholders, there is no true path forward for CQI in Virginia. The CQI process does not solely implement State Office directives to local department operations.
- Data-driven and solution-oriented – The CQI process involves using data to inform decisions, to ensure that solutions are founded in current performance, and to identify next steps and benchmarks for measures marking performance. With data as a foundation 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 LDSS to improve outcomes for youth and families served by the child welfare system.

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



### ***CQI Resources***

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

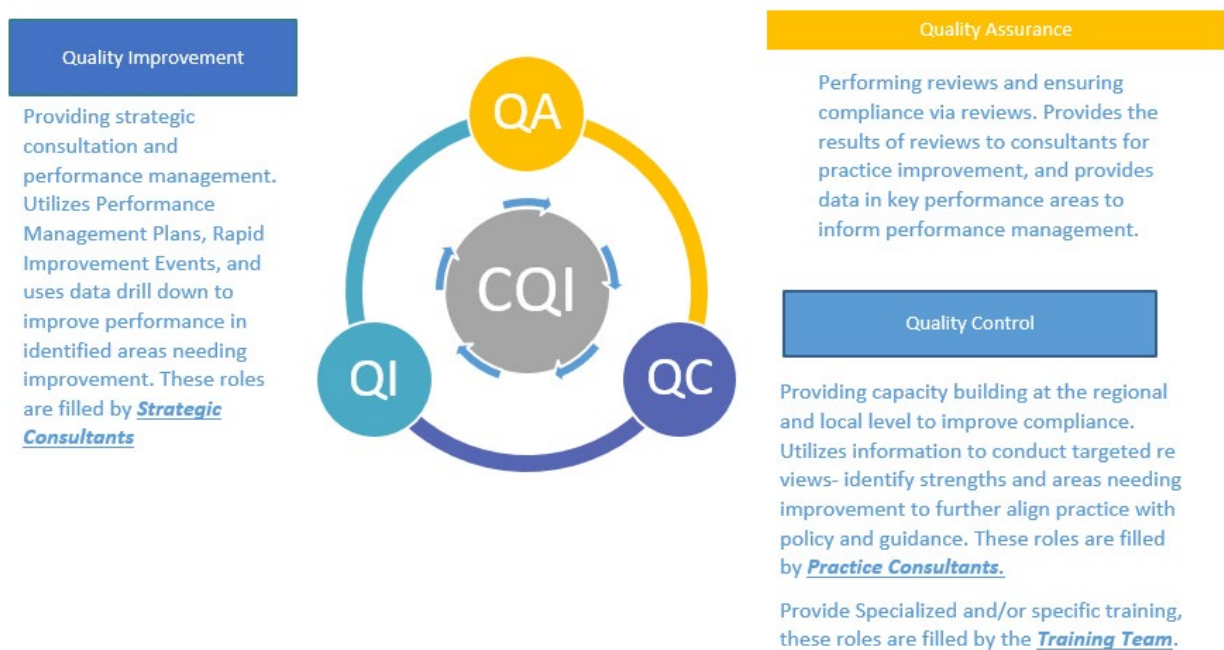
The Strategic Consultant positions, which were established in response to JLARC recommendations and S.B. 1339 legislation in 2019, also play a critical role in the CQI system. The Strategic Consultant positions are dedicated to improving outcomes and increasing shared accountability between LDSS and VDSS, within the CQI context; specifically, leading CQI State meetings, supporting regional Communities of Practice meetings, ensuring integration and alignment of multiple efforts, strategies and goal achievement across divisions, programs, projects, initiatives and stakeholders; and overseeing alignment of the respective data. Strategic Consultant roles support the regional level CQI process and serve to connect the bridge between state and regional efforts. The COVID Pandemic halted efforts to onboard consultants in 2020; however, one consultant was hired in 2021 and four consultants were hired in 2022.

## *The CQI Process*

Virginia's CQI system is built upon the APHSA's Define-Assess-Plan-Implement-Monitor (DAPIM) model<sup>6</sup>. The steps include:

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

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



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

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

<sup>6</sup> [https://aphsa.org/OE/OE/consulting\\_practice.aspx](https://aphsa.org/OE/OE/consulting_practice.aspx)

development opportunities through courses including micro-learnings, e-learnings, and traditional classroom learning.

In 2022, state and regional CQI events occurred monthly. Efforts for targeted improvement focused on three areas of practice: increasing utilization of In-Home services, increasing Kinship placements, and decreasing Youth Aging Out of Care. Prior to CQI's inception in 2021, each LDSS was encouraged to identify a core team within their agency. These individuals would attend the State CQI meeting, be the conduit of information from this meeting back to their agency and assist in the development of their agency's implementation plan which specifically addressed how to increase performance outcomes related to each of the three areas of practice.

Monthly State CQI meetings, rotating the focus on one of the three practice areas, offered an overview of state and regional data trends, highlighted optimal practice in LDSS, and provided opportunities for peer-to-peer resource sharing through a collaborative approach.

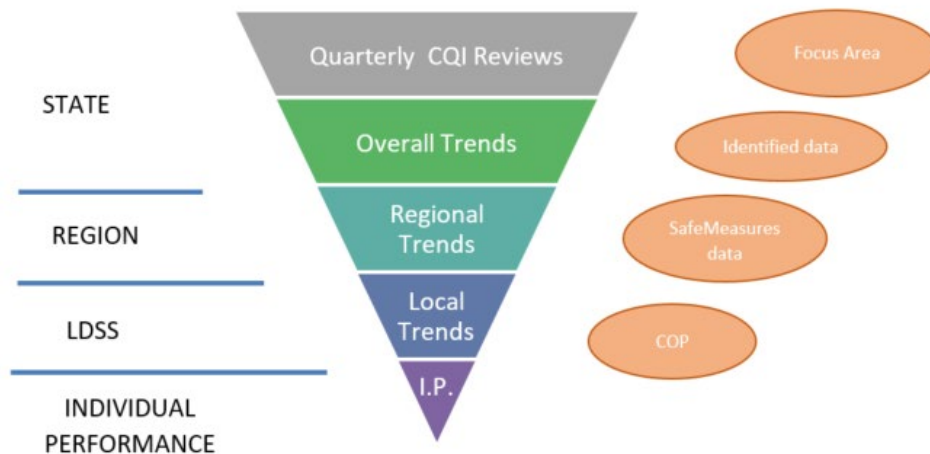
Following each State CQI Meeting, all five regions held a Communities of Practice (CoP) for supervisors, caseworkers, and LDSS core team members, facilitated by the Regional Practice Consultants. Each meeting rotated its focus on one of the three areas of practice and provided a more robust regional and LDSS overview of data trends. This environment also allowed for solution focused discussion around strategies to enhance outcomes in the three areas of practice.

Beginning in January 2023, the format, cadence, and focus of state and regional CQI events will shift to align with the Governor's Objectives and Key Results (OKRs) and the Commissioner's Priorities: shift to Prevention, decreasing Congregate Care, and increasing Kinship placements. State CQI meetings will take place on a quarterly basis and will focus on increasing positive outcomes in eight key performance measures, all of which contribute to the Governor's OKRs and the Commissioner's Priorities. This shift will help align each program area and facilitate more collaborative discussions and teaming on how practices and processes collectively contribute to positive outcomes.

The CoPs will continue to take place, but during each region's Quarterly Child Welfare Supervisor's Meeting. To help support a progressive approach to practice and process improvements, the Strategic Consultants, along with the Regional Practice Consultants, will focus on supporting optimal supervisory practices. To assist in the reinforcement of this methodology, a Strategic Consultant will be assigned to each region. Strategic plans that rely on root cause analysis will be developed to improve practice and systems processes in partnership with the Regional Practice Consultants, Program Managers, and Program Consultants.

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





## Statewide Information Systems

VDSS relies heavily on the functionality included and information maintained in several in-house legacy systems: Online Automated Services Information System (OASIS); Comprehensive Permanency, Assessment and Safety System (COMPASS) mobile application and portal; the Structured Decision Making (SDM) intake tool, the Adoption Resource and Research Information System (ARRIS); the Mandated Reporter Portal (MRP); the Central Registry System (CRS); the Virginia Enhanced Maintenance Assessment Tool (VEMAT); and Virginia's Faster Families Highway.

System	Purpose	Interface
OASIS	Supports adoption, foster care, CPS intake, investigations, In-Home, independent living, foster/adoptive family provider management	SDM Intake, CRS, COMPASS Mobile, COMPASS Portal, MRP
COMPASS Mobile	Cloud-based mobile application that provides workers flexibility in when and where they complete their work. The SDM tools (other than intake) are housed in COMPASS Mobile	OASIS
COMPASS Portal	A web-based version of the mobile application for users who do not access information via the mobile application.	OASIS
SDM Intake	Web-based assessment instrument to formalize child protective services intake.	OASIS
ARRIS	Client-server application utilized by DFS staff to track finalized adoptions and interstate placements	Stand-alone
MRP	Online, public facing portal to allow for the reporting of suspected cases of abuse	OASIS

	and neglect by citizens required by law to do so.	
CRS	The central registry is a check to determine if the person has ever been the subject of a founded complaint of child abuse or neglect in Virginia.	OASIS
VEMAT	Web-based application used by both VDSS and LDSS staff to assess a child's level of need for additional daily support and supervision	Stand-alone
Virginia's Faster Families Highway	Online public facing portal that facilitates the recruitment, training, and approval of resource families for children in foster care and manages inquiries from prospective foster parents in a more efficient and geographically organized way.	Stand-alone

VDSS also relies on external systems: the National Electronic Interstate Compact Enterprise (NEICE); Blue Iron (soon to be replaced by eCare Vault); and SafeMeasures to assist in case management activities.

System	Purpose	Interface
NEICE	National electronic system for quickly and securely exchanging all the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines.	Stand-alone
Blue Iron/eCare Vault	Blue Iron is a cloud base security system where ICAMA forms are stored nation-wide. Blue Iron has a comprehensive range of cybersecurity and Cloud Hosting services.	Stand-alone
SafeMeasures	SafeMeasures is a comprehensive internet-based reporting and quality improvement system including data analysis, report publishing, and hosting bundled into an annual subscription fee. Reports are delivered using the interactive SafeMeasures reporting engine.	Stand-alone

### ***OASIS: Case Management***

OASIS is the primary application and system of record. It was a transfer solution from Oklahoma. The transferred system, Oklahoma's KIDS, was customized to meet Virginia's needs and launched as OASIS in 1997. At the time of the transfer and initial implementation, OASIS supported only the adoption and foster care programs. Since 2000, OASIS has also been used to support the following case types and functions: CPS intake and investigations, In-Home, Family Support, Independent Living, ICPC, and Resource Family.

OASIS interfaces with COMPASS|Mobile, COMPASS|Portal, the SDM intake tool, MRP, and CRS, while ARRIS, VEMAT and the Faster Families Highway are utilized as stand-alone applications. COMPASS|Mobile is a cloud-based application accessible on an iPad and COMPASS|Portal is web based and is accessed via desktop or laptop computer. OASIS and COMPASS|Mobile-Portal exchange information bi-directionally. However, forms, documents, and photos are unable to be transmitted to OASIS due to limitations of the OASIS platform. Forms, documents, and photos are secured on the application in the cloud. The COMPASS|Mobile-Portal based SDM tools are used as an assessment instrument to formalize safety and risk business rules. The web based SDM Intake Tool is used as an assessment instrument to formalize CPS Intake. ARRIS, a client-server application, is utilized by DFS staff to track finalized adoptions and interstate placements. Information entered via the MRP is transmitted to OASIS and Hotline staff then route the referral to the appropriate LDSS to handle. Using CRS, OASIS users can search and determine if a person has ever been the subject of a founded complaint of child abuse or neglect in Virginia. VEMAT, a web-based application, is used by both VDSS and LDSS staff to assess a child's level of need for additional daily support and supervision. The Faster Families Highway is a new system that allows for enhanced recruitment of resource families. Collectively these internal systems, along with the external systems listed above, allow for Virginia to manage child welfare cases.

In November 2020, VDSS went live with technology to provide those who report abuse and neglect with a mandated-reporter online reporting system (**Protection Strategy 4.1**) called VaCPS. The system allows mandated reporters to report allegations of child abuse/neglect through an online website. This secure website is an innovative way to minimize wait times for mandated reporters and decrease the number of reports the LDSS must input into the online case-management system. This technology assists mandated reporters and LDSS in ensuring timely capturing of information for children who may be at risk of abuse and/or neglect and increase validation of referrals that require action to be taken by LDSS (**Protection Strategy 4.2**). The portal significantly reduces data entry for the hotline staff saving time and freeing them up for other calls.

In April 2022, VDSS went live with the Faster Families Highway. It began as a pilot and was implemented statewide in September 2022. The Virginia Faster Families Highway is a newly implemented statewide foster parent recruitment portal to serve Virginia's five (5) regions. The portal will allow all local departments, regional and state staff access to a list of parents who have created profiles through the portal including the locality in which the parent resides, demographic information regarding the parent, along with a readiness assessment score. (**Permanency Strategy 3**). Local, regional and state reporting will include the number of families who have registered through the portal on a weekly, monthly and annual basis; the number of families advanced into the formal approval process; demographic information including race and ethnicity along with religious preference and the parents' preferences (age, race and gender) of children they will foster and/or adopt.

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

OASIS is currently supported in PowerBuilder 12.6 Classic. Since the initial deployment, the department has continued to enhance the system by adding new functionality to meet the changing needs of the programs and technological innovations. OASIS is built on obsolete technology and consequently it is rigid to modifications. The department currently employs three PowerBuilder developers, all via contract, to maintain and update OASIS and ARRIS. Due to the limited number of staff with required

PowerBuilder skills, OASIS has become difficult to support and expensive to maintain, enhance, and expand. The system does not have the capability to perform automatic updates and requires staff intervention to distribute updates. The existing costs of maintenance significantly outweigh the estimated cost of replacement.

Although OASIS provides the foundation for automation of child welfare services and currently gives the department the ability to collect and maintain demographic characteristics, location, status, and goals for every child in foster care, it is incapable of meeting DFS operational requirements. OASIS and the other in-house applications require duplicate entry of information, support cumbersome data-entry processes, and lack major capabilities required to effectively support programs, including financial management, electronic document management, mobile utilization, and interoperable functions. OASIS will continue to be utilized until a new CCWIS can be implemented (**Workforce Strategy 1.4**).

### ***COMPASS (CCWIS) Program***

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

VDSS has invested a significant amount of time and resources in the development of functional and non-functional requirements of a potential CCWIS system. These requirements reflect the needs and objectives identified by the department and its stakeholders. These needs and objectives will guide the replacement of the current legacy systems and better meet end-user needs. The VDSS CCWIS solution is currently in Program Phase 1, which includes procurement and project initiation along with the mobility solution. The CCWIS solution will replace the legacy systems hosted at VDSS listed above with a new system called COMPASS.

The COMPASS Program is a multi-phased project to bring Virginia's child welfare information system into compliance with federal CCWIS standards. The first phase was to integrate web-based tools that accelerate service delivery and improve outcomes for Virginia's children and families as a mobile solution (**Workforce Strategy 1.2**). Equipping staff with industry-leading tools is a major step and core focus in advancing the mission to accelerate service delivery and improve outcomes for Virginians.

- COMPASS|Mobile-Portal is Virginia's solution for phase one. COMPASS|Mobile-Portal was implemented in October 2019 for child welfare workers and supervisors. The mobile application is cloud based and is currently accessible via iPads for child welfare workers. In addition, for ease of usage while not in the community, the application can be accessed via a desktop portal. COMPASS|Mobile can be used both online and offline.

As part of a multi-year plan, VDSS requires a CCWIS-compliant system. Once implemented, CCWIS will be fully compliant with state and federal requirements (**Workforce Strategy 1.4**). It will also provide uniform and reliable information about children involved with VDSS, supporting the agency's service delivery and all associated day-to-day case-management activities.

### ***CARES Act Funding***

VDSS utilized CARES Act funding to provide a virtual meeting platform, Doxy.me to all LDSS. As of June 2022, the contract for this service has been terminated due to the lifting of COVID restrictions and decreased usage.

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

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

Key areas for concern include the following:

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

Additional themes for improvement include:

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

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

### *Outcome measures: 2022*

<b>Safety outcome 1: Children are, first and foremost, protected from abuse and neglect.</b>		
Substantially achieved 85.19%	Partially achieved 0%	Not achieved 14.81%
<b>Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>		
Substantially achieved 70%	Partially achieved 10.83%	Not achieved 19.17%
<b>Permanency outcome 1: Children have permanency and stability in their living situations.</b>		
Substantially achieved 56.58%	Partially achieved 39.47%	Not achieved 3.95%
<b>Permanency outcome 2: The continuity of family relationships and connections is preserved for children.</b>		
Substantially achieved 84.21%	Partially achieved 15.79%	Not achieved 0%
<b>Well-being outcome 1: Families have enhanced capacity to provide for their children's needs.</b>		
Substantially achieved 65.83%	Partially achieved 25.83%	Not achieved 8.33%
<b>Well-being outcome 2: Children receive appropriate services to meet their educational needs.</b>		
Substantially achieved 94.59%	Partially achieved 1.35%	Not achieved 4.05%
<b>Well-being outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>		

Substantially achieved 76.79%	Partially achieved 9.82%	Not achieved 13.39%
-------------------------------	--------------------------	---------------------

In January of 2022, Virginia passed the Round 3 PIP; since that time, Virginia has made changes to the state CFSR process. In January 2022, the sampling methodology was altered in order to ensure that all 120 LDSS experienced a CFSR in the calendar year. Within that process, focus was placed on selecting agencies that had never experienced a CFSR before, and that had high title IV-E error rates. These changes were implemented with the goal of familiarizing more LDSS with the federal CFSR review process and to prepare them for Round 4. In November 2022, the percentages were increased for each item, in order to gradually move Virginia forward toward meeting the Round 4 goals of 95% for item 1 and 90% for items 2-18.

MP14 reflects Virginia's last MP under the PIP. Virginia passed the PIP in January 2022, mid-MP15. Outcomes have remained relatively stable across MPs despite the different sampling method implemented in January 2022, apart from dips in items 1, 16, and 17 in MP17; this could be a result of less experienced or lower performing agencies making up the sample.

The most recent MP18 reflects the numbers since increasing the goals mid-MP in November 2022, in order to move Virginia toward meeting Round 4 goals. The Q20 outcomes (Nov 22-Jan 23) significantly impacted the overall MP18 due to the increase in goals. This was also likely impacted by the smaller sample size and primarily small/less experienced agencies.

To support all local agencies in Virginia in preparation for Round 4 CFSR, the QAA team is implementing a virtual training offered quarterly until the start of Round 4 in October 2025. In addition, the QAA team will offer targeted training and technical assistance to agencies, in collaboration with regional practice consultants and strategic consultants.

### **Safety Outcomes 1 and 2**

As of MP18, Item 1; agency response and face-to-face contact made within established time frames, was rated as an ANI and was only substantially achieved in 83% of the cases reviewed. Of the cases reviewed, there were no cases found where the reason for the delay in initiation of the investigation or family assessment and face-to-face contact were due to circumstances beyond the agency's control. Item 2; services to prevent entry or re-entry into foster care, is an ANI with 82% substantially achieved. Item 3; assess and address the risk and safety concerns, is an ANI with 69% substantially achieved.

"Recurrence of Maltreatment" investigates the recurrence of maltreatment within 12 months of an initial founded disposition. National performance is 9.7% and Virginia risk standardized performance (RSP) falls below that at 5.6%. "Maltreatment in Care" shows the rate of victimization per 100,000 days in care for children in foster care during a 12-month period. National performance is 9.07 victimizations and Virginia's RSP is below that at 4.93 victimizations per 100,000 days in care. "Reentry into Foster Care" shows what percentage of children in care in a 12-month period who exited to permanency, re-entered care within 12 months of discharge. National performance is 5.6% and Virginia's RSP is below that at 3.7%.

The State and Regional Teams at VDSS identified and implemented practice strategies and set performance goals for the LDSS to enhance performance on key protection measures. The strategies included layered communication at each operational level of the LDSS, targeted training for the LDSS, and utilization of tools to assist in meeting the performance goals. With the support of VDSS, the Regional Practice Consultants were instrumental in outlining performance expectations and sharing agency data on a monthly basis in order to ensure optimal performance on key protection measures. The

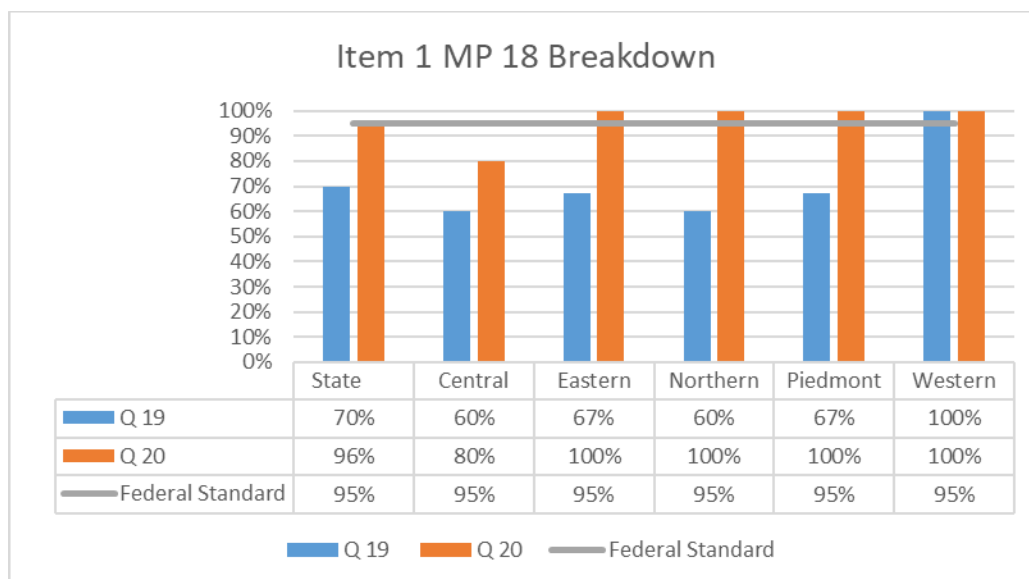
monthly efforts of the Regional Practice Consultants created an accountability loop for the LDSS to identify practice strengths and areas of improvement for the LDSS. The information garnered from the accountability loops has been used by the Regional Practice Consultants to provide targeted technical assistance, inform policy and best practice development, and make system enhancements. For example, based on feedback from the LDSS, several report enhancements have been made in SafeMeasures to help agencies more accurately and efficiently monitor their data and performance on key protection measures. Additionally, the Regional Practice Consultants review data and discuss practice strengths and areas of improvement at their monthly Supervisor Check-In Calls and Quarterly Child Welfare Supervisors Meetings. Furthermore, LDSS with promising practices on key performance measures are highlighted in “agency spotlights” at the Policy Advisory Committee Meetings. In 2022, statewide monthly CQI meetings focused on strategies for the LDSS to improve practice and performance in the areas of prevention, protection, and permanency and included “agency spotlights” to highlight promising practices and performance on key measures occurring at LDSS.

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

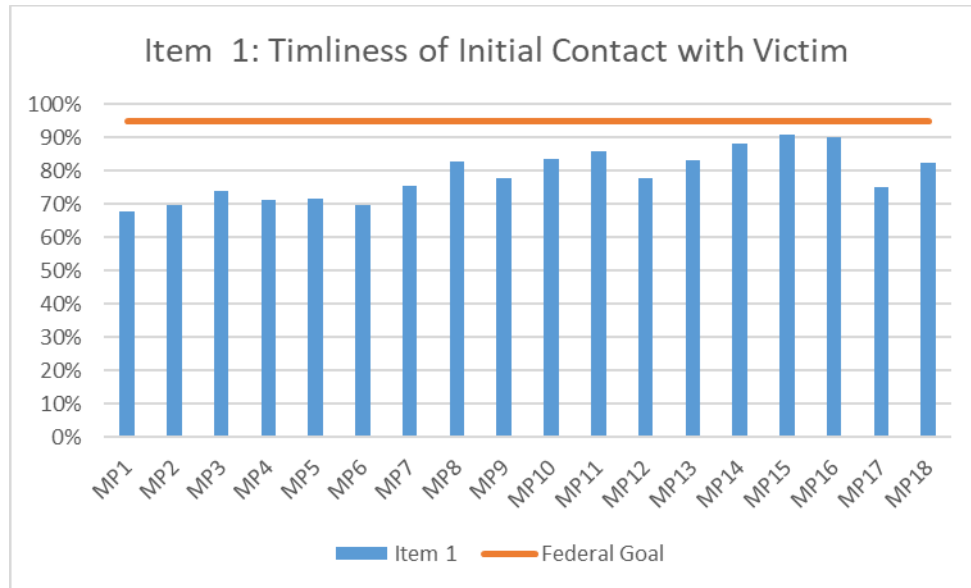
#### **Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment**

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

Item 1 – Measurement Period 18 (Aug 2022 – Jan 2023)



The above chart shows the comparison between the state and each of Virginia’s five regions during MP18. During this MP, Virginia saw marked improvements in Item 1 outcomes in Q20. The discrepancies between quarters during MP18 is attributed to the different sampling methods that have been implemented for CFSR reviews since Virginia has been out of the PIP.



The above chart shows Item 1 during each measurement period. MP1 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 23% difference from the onset of the PIP in MP1 to the passing of Item 1 in MP15, or November of 2021 through April 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 overall upward trend in Item 1 outcomes, apart from MP17. Lower outcomes in MP17 are attributed to the different sampling methods that have been implemented for CFSR reviews since Virginia has been out of the PIP. New sampling methods include sampling from agencies that have not experienced a CFSR before, and that have experienced high title IV-E error rates.

During 2022, Virginia reviewed 81 applicable cases and had a total of 12 cases that received an Area Needing Improvement (ANI) in Item 1. Five of the cases were cases listed as foster care, and seven cases the case type were In-Home, differential response. In three of the reports, a neighboring agency received the referral and did not respond or transfer the referral to the primary agency in a timely manner. In two cases, the agency did not make concerted efforts to physically see the child but responded by virtual means. Other areas measured as an ANI were:

1. The agency waited for local law enforcement to respond
2. The agency deemed the youth safe as they were in foster care
3. The agency cited staff shortages

### **Practice Enhancements for Item 1:**

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

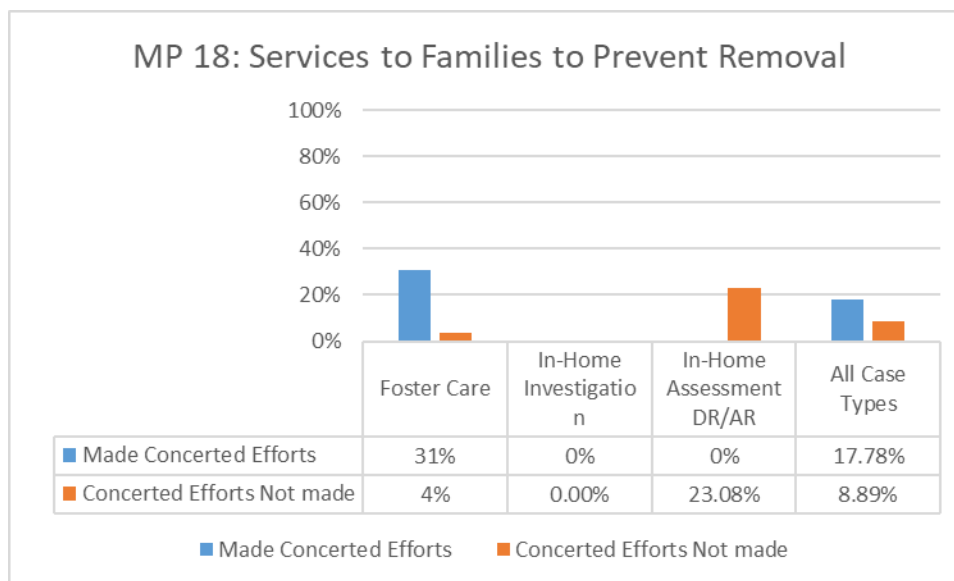
## **SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE**



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

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

Item 2 – Measurement Period 18 (Aug 2022 – Jan 2023)



The above chart represents the concerted efforts made by the LDSS to provide or arrange for appropriate services for the family to protect children and prevent entry or reentry into foster care. During 2022, there were 76 cases applicable for this item. Concerted efforts were made in 61 cases, for a total strength rating of 80.26%. In 15 of the cases, concerted efforts were not made.

During 2022, Virginia reviewed 76 applicable cases and had a total of 15 cases that received an ANI in Item 2. Nine of those cases had a foster care case type, and six cases the case type was In-Home, differential response. In ten cases, assessments were completed, but services were not provided to prevent removal of a child and placement in foster care. In two cases, the child was returned home with no supports in place and a case was not opened. Some other reasons listed were:

1. The agency did not do any initial or ongoing assessments

Virginia continues to build out and focus on efforts to prevent removal.

**Practice Enhancements for Item 2:**

Virginia launched the In-Home services program in April of 2021, which included new guidance for In-Home services cases and prevention services, a multi-pronged training program, and significant changes to the child welfare information system (p. 199-202). In July 2021, Virginia implemented the Family First Prevention Services Act, which allowed title IV-E funding for three identified prevention services (Appendix K). Additionally, in 2021 there were multiple guidance changes to Foster Care and Child Protective Services to provide services to protect children and prevent re-entry, including:

- Safety services guidance added to Foster Care and Child Protective Services guidance manuals; and

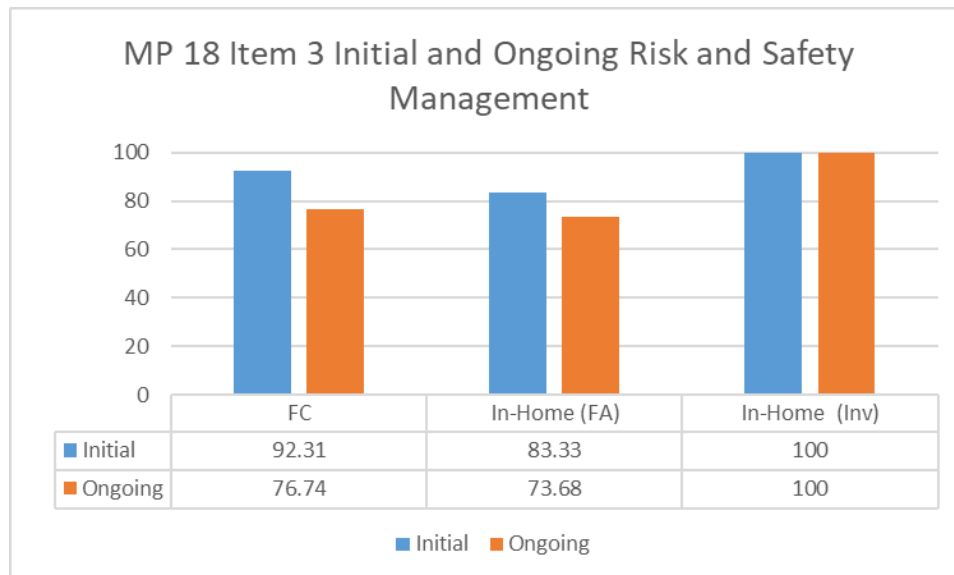
- Trial home visit guidance revised to include a requirement that one worker visit per month must occur in the family’s home and with all household members.

In-Home Services also ensures that when children temporarily or permanently reside with relatives or fictive-kin caregivers, services are provided to ensure the safety and permanency of those living arrangements. 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. VDSS will continue to focus on the use of data to drive decisions, support recommendations, and conduct thorough root-cause analysis in this area of practice. Detailed living arrangement and services data will offer insight into the circumstances leading to the use of alternative living arrangements and the types of services and supports provided during the arrangement. This data will also enable VDSS to further explore whether disparities exist in alternative living arrangements statewide and how the practice impacts the well-being of children and families over time. VDSS will also continue to collaborate with the Virginia League of Social Services Executives (VLSSE) who has established a workgroup to discuss and consider potential recommendations in this area.

### Item 3: Risk and Safety Assessment and Management

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

Item 3 Risk and Safety MP18 (August 2022 – Jan 2023)



Item 3 determines whether, during the PUR, the agency made concerted efforts to assess and address the risk and safety concerns relating to children in their own home. This chart represents Item 3 broken into In-Home Services Cases (CPS Ongoing Cases that opened from an Investigation) and In-Home Services DR/AR (CPS Ongoing Cases that opened from and Family Assessment). In-Home is a combination of both FA and INV. The PIP Goal for Item 3 of 56% was met in MP2. Measurement periods 6 and 7 fell below the PIP goal; however, the goal was met again in MPs 8-14. When safety concerns were present in foster care and In-Home (INV) cases, 83% of cases reviewed developed an appropriate safety plan. Safety plans were developed for 82% of In-Home cases and with 85% on In-Home (FA) cases.

During 2022 Virginia had a total of 120 cases reviewed and 36 that received an ANI in Item 3. Virginia had a higher percentage of foster care cases that lacked concerted efforts to assess and monitor risk and safety ongoing with a total of 25 ANI's. In 11 In-Home cases opened from an assessment, there was a lack of effort to monitor risk and safety initially and ongoing. Virginia saw the highest number of ANI's due to insufficient visits in the home and lack of monthly visits to ensure assessments of safety were done. Other areas of noted concern were:

1. The agency did not ensure the caregivers were actively engaged in safety-related services
2. Safety Plans/interventions/removal were not implemented to address risk and safety concerns
3. SDM assessments were not accurately completed and/or not completed at all

### **Practice Enhancements for Item 3:**

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

VDSS Prevention and Protection Program staff conducted webinar trainings targeted for child welfare staff and supervisors that focused on the use of SDM tools to guide decision-making regarding child and family safety, services, and quality visits. These targeted trainings explored bias and the use of standardized tools as factors that influence decision-making and adaptive and technical supervision strategies that promote the optimal use of the SDM suite of tools in child welfare practice.

- VDSS - FSWEB1051: In-Home Support Webinar: Are you a random decision maker?
- VDSS - Decisions! Decisions! Decisions! - Supervision Strategies for the SDM Suite of Tools

### ***Permanency Outcomes 1 and 2:***

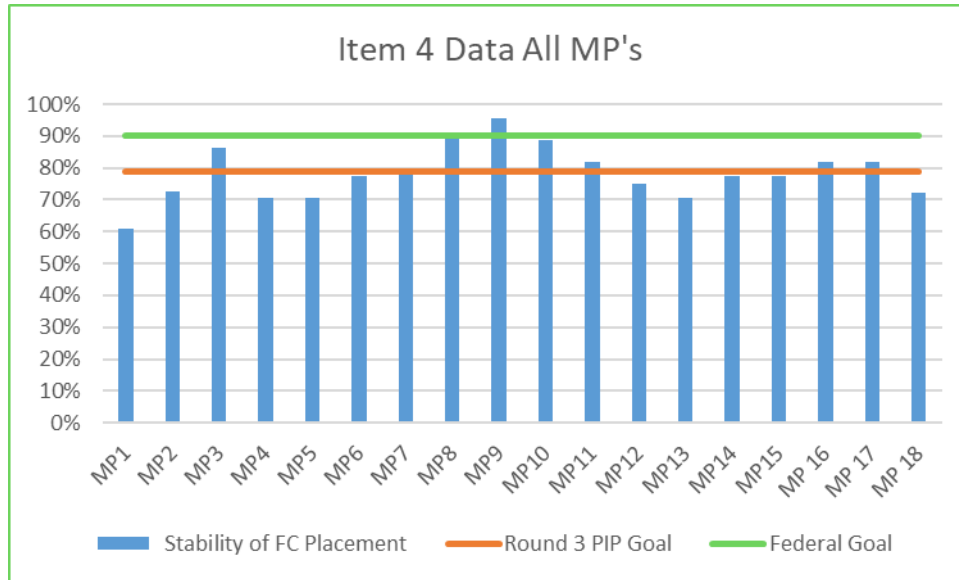
The permanency in 12 months for children entering foster care indicator measures whether the agency reunifies children with parents or caregivers or places children in safe and permanent homes as soon as possible after removal. Virginia's RSP is 31.6%, below the national performance of 35.2%. Permanency in 12 months for children in care 12-23 months measures whether the agency reunifies or places children in safe and permanent homes in a timely manner if permanency was not achieved during the first 12 months of foster care. Permanency in 12 months for children in care 24+ months measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. Virginia falls below the national performance percentage with RSP at 41.4% for Permanency in 12 months for children in care 12-23 months; however, Virginia is above the national average for Permanency for children in care 24+ months with RSP at 39.4%. Placement stability measures the rate of moves per 1,000 days in care. Virginia's RSP is slightly above the national performance at 4.61 moved/1,000 days in foster care.

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

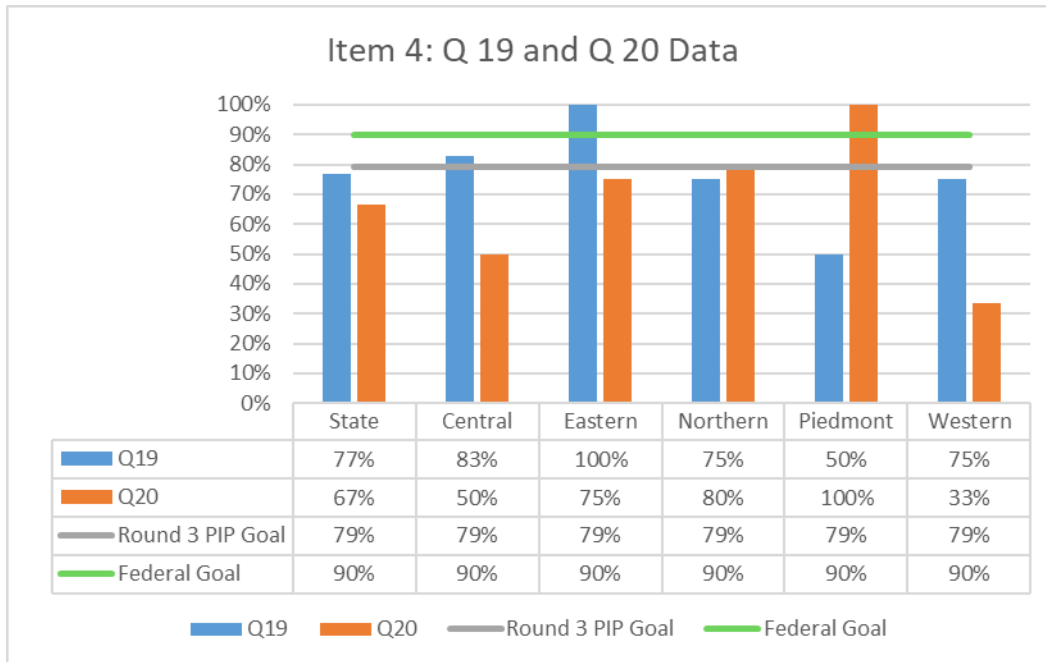
### **Item 4: Stability of Foster Care Placement**

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

#### Item 4 – Measurement Period 18 (Aug 2022 – Jan 2023)



The above chart represents Item four during all MPs. Since MP13, Virginia has experienced an upwards trend in Item 4, although more ANIs have been seen since the onset of COVID. While placement stability for most youth has remained stable, ensuring that the placement change is consistent with the child’s needs and the identified permanency goals is an identified issue. Virginia needed to pass the established PIP Goal of 79% for Item 4, and in MP3, Virginia scored an overall percentage of 86. The passing score was maintained in MP 7-MP 11, with the highest score being 89% in MP10. Virginia fell short of meeting the PIP Goal in MP12-MP14 but then increased the overall percentage in MP15 and 16. The period under review for MP12 was February 2020-July of 2021, which coincides with the beginning of the pandemic, and Virginia has seen a slow increase in the numbers since that time.



The above chart is a comparison of the data gathered in Q19 and Q20 (both quarters in MP18). This chart shows the stability of the foster care placement broken down by State and regions. In Virginia Item 4 continues to show the effects of COVID on placement stability, in that Virginia has had issues with finding placements for children entering foster care and for children after a disruption in their foster care placement.

During 2022, Virginia reviewed a total of 76 cases that met applicability criteria for Item 4 and had a total of 17 cases that received an ANI. In four of the cases, the resource parents could not meet the mental health needs of the child and in three cases, the resource parents could not meet the behavioral needs of the child. In three cases, there was a change in the financial status of the resource parent with the explanation of there being a separation, new job or a health issue related to the resource parent. In addition to the reasons listed above, other areas of concern were:

1. The agency did not offer supports or services to the resource home to prevent placement disruption
2. There were no available emergency long-term placements

#### **Enhancements to Practice Item 4:**

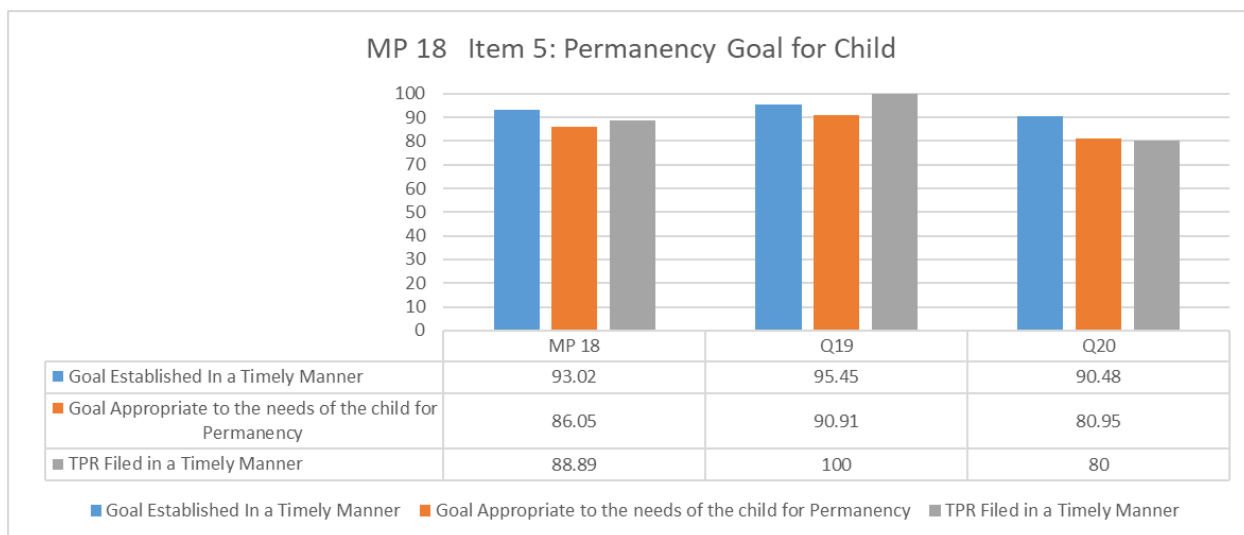
Virginia continues to work to improve placement stability with much of the work supporting a Kin First framework, with the actions outlined in the Items 9 and 10 practice enhancement. In addition to the Kin First related activities, Virginia continues to monitor placements in congregate care facilities to prevent inappropriate placement and promote discharge planning at time of placement to support reduced stays in congregate care. Virginia conducts congregate care reviews through regional practice consultants who provide ongoing technical assistance (p. 219 and Appendix B, p. 13-14). Beginning in July 2022, Foster Care Guidance requires that any foster care plan must include information on the placements explored for the youth and information related to placement stability. This includes services provided and/or planned to address any placement stability or to prevent disruption. A description of any other placements that were considered and why they were not provided is also required. This information is required to be documented in Service Plan Part A.

Placement availability was identified in the areas needed improvement. Virginia has engaged in numerous recruitment activities (described in p. 173-180, 220-221 and Appendix C: Virginia’s Diligent Recruitment Plan) as well as a focusing recruitment campaigns to distinguish the role of foster parents in supporting reunification and preserving family connections. Other initiatives and actions included the Virginia Kids Belong “I Belong Project” and the Foster and Adoptive Family Recruitment contract (p. 230-232). Through the Governor’s Safe and Sound Task Force initiative, funding for the Exceptional Circumstances Payment Pilot program was made available. The Exceptional Circumstances Payment Pilot program provided a time-limited payment to facilitate support activities that would allow the foster parent to provide near constant supervision such as taking a period of leave from employment during an exceptional circumstance. The intention of the pilot program is to evaluate whether the payment reduces the number of children who become at-risk of or are displaced. In the upcoming year (2023), Virginia plans to support local agency collaborations to create pools of available foster families.

### Item 5: Permanency Goal for Child Foster Care Cases Only

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

Item 5 – Measurement Period 18 (Aug 2022 – Jan 2023)



Item 5; Permanency Goal for the child, had a PIP goal of 75% which was first achieved in MP5 and then again in MPs 8-18. For cases reviewed during MP18, 93% of cases had permanency goals in effect during the period under review that were established in a timely manner. Permanency goals in effect during the period under review were appropriate to the child’s needs for permanency and circumstances of the case in 86% of cases reviewed. The agency filed a termination of parental rights (TPR) petition in a timely manner, or an exception was applied in 89% of cases reviewed.

During 2022, Virginia reviewed 76 applicable cases and had a total of 14 cases that received an ANI for Item 5. In seven cases, the goal remained in place, but was inconsistent with the needs of the child. In six cases, timeliness to change case goals when the prior case goal was no longer appropriate, was not considered. In one case, the goals were not established within 60 days of entering foster care.

### Practice Enhancements for Item 5:

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

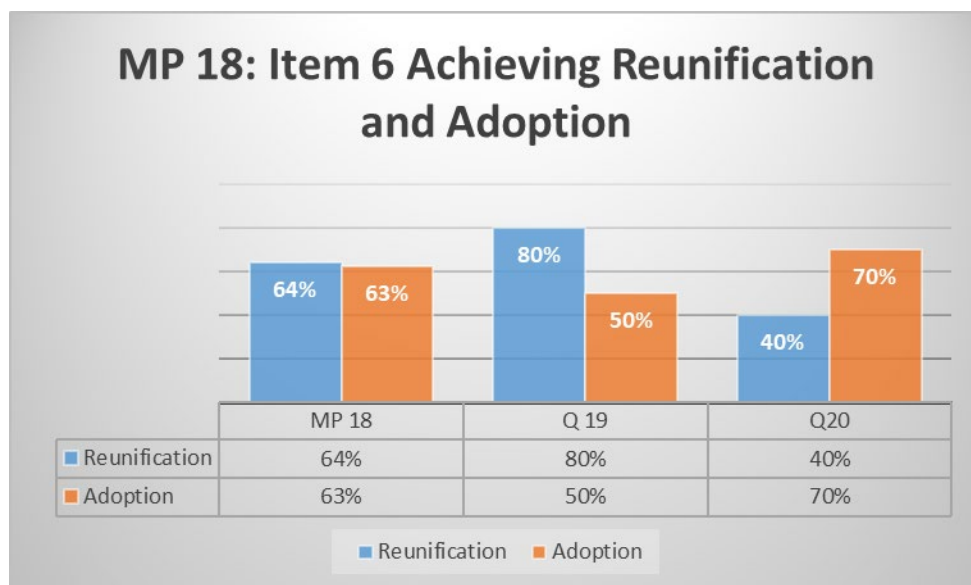
- CIP benchcards that offer a series of questions to assess agency efforts to move a child to permanency (p. 137);
- CIP Information Memorandum that outlines state and federal provisions on the filing of petitions for termination of parental rights; and
- Foster Care Plan Cheat Sheet Part B and guidance updates to support workers in determining whether a compelling reason exists to not file for termination of parental rights and documenting the decisions correctly on Part B of the Foster Care Plan submitted to court.

Additionally, there were several changes made to foster care guidance in 2021, including identification that the SDM Reunification Tool can be used in the assessment process for reunification, expansion of the guidance around required efforts to determine adoption is not appropriate for eligibility for kinship guardianship assistance, requirement to determine that the LDSS will not file for TPR 30 days prior to the 15<sup>th</sup> month (p. 136), and that the Summary of the Decision Not to File form must be attached to the foster care plan submitted to the next court hearing.

### Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (Foster Care Cases Only)

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

Item 6 Measurement Period 18 (Aug 2022 – Jan 2023)



Item 6 Achieving Reunification, Guardianship, Adoption, or other planned permanent living arrangement, had a PIP goal of 48% which was achieved in MPs 8-18. The chart highlights the goals of reunification and adoption. In MP18, Item 6 had an overall score of 65% statewide.

During 2022, Virginia reviewed a total of 76 applicable cases for Item 6 and had a total of 25 cases that received an ANI. In all but three cases, the circumstances of the ANI were within the agencies control. In six cases, the agency neglected to change the goal, even though the goal was not appropriate to the needs of the child. In six cases, the agency did not provide the services necessary to address the needs of the caretaker. Other areas needing improvement consisted of:

1. Permanency delayed due to the sibling's permanency needs;
2. The agency did not engage an incarcerated parent;
3. The child in congregate care and the agency did not make efforts towards permanency; and/or
4. There was a delay in the court

### **Practice Enhancements for Item 6:**

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

Beginning in early 2023, regional practice consultants have begun taking a closer look at children who have parental rights terminated and are placed in congregate care. They are working closely with agencies to help them in identifying adoptive families for these children. Agencies are encouraged to make use of the Adoption Through Collaborative Partnership contract to support permanency through adoption. Regional practice consultants are monitoring these cases on a monthly basis and working collaboratively with the Regional Adoption Negotiators to ensure there is movement toward permanency.

### **PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS**

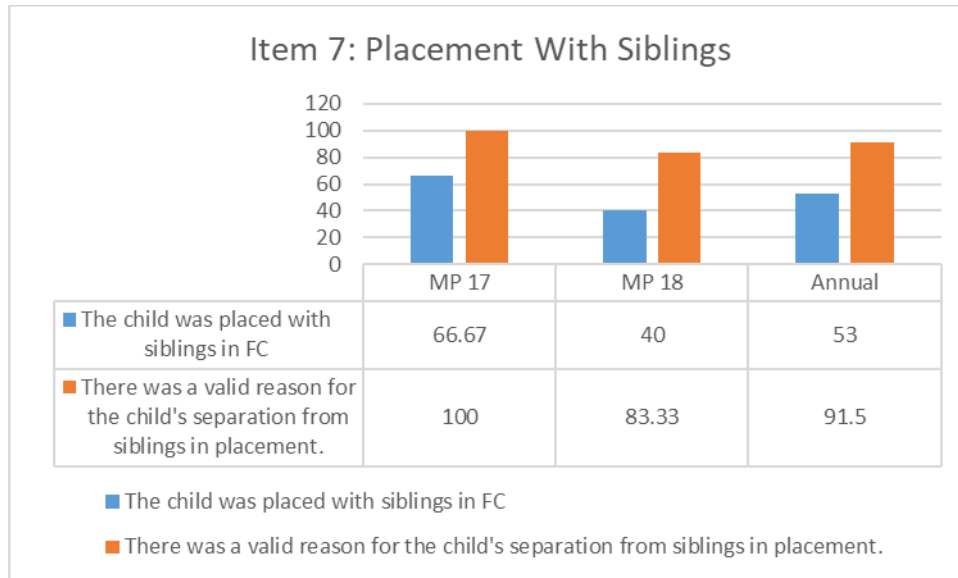
The following items were not selected to be monitored for PIP improvement and the rates are based on 2022 reviews. Item 7, placement with siblings, was substantially achieved in 94.4% of cases reviewed for the year. There were only two cases that reflected an ANI in this outcome.

#### **Item 7: Placement with Siblings**

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

Item 7 Measurement Period 17-18 (Jan 2022 – Dec 2022)





The chart shows the work that Virginia has done to ensure that youth in foster care are placed with their siblings when possible and appropriate. Virginia needed to pass Item 7 with an overall score of 77% and passed in MP2 with an 88%. Virginia maintained this goal in all but three measurement periods, and during the last two MPs scored a staggering 94% and 90% respectively for an overall measurement. This chart breaks down to measurements within Item 7.

During 2022, Virginia had a total 36 applicable cases, of which two cases received an ANI in Item 7. In one of the cases, the LDSS was faced with extreme behaviors from a sibling; therefore, the agency did not place the siblings together. In the other case, the locality lacked resource homes in the area capable of taking large sibling groups.

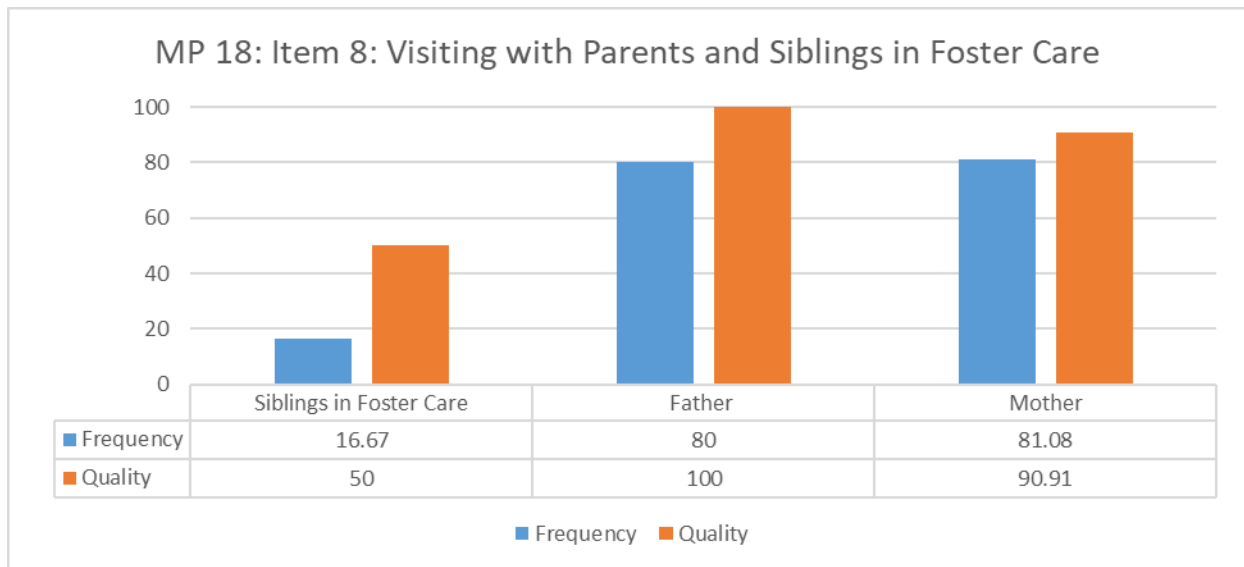
#### **Practice Enhancements for Item 7:**

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

#### **Item 8: Visiting with Parents and Siblings in Foster Care**

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

Item 8 Measurement Period 18 (Aug 2022 – Jan 2023)



A major theme for Item 8, visiting with parents and siblings in foster care, was lack of frequent visitation with the parent. Item 8 was substantially achieved in 73.85% of cases. The PIP Goal for Item 8 is 43% and Virginia passed this item in MP1 with a statewide score of 46%. Virginia has maintained this item all but one quarter since the start of Round 3. Children were not offered calls/video call/transportation to visit with the mother or father. There was not much flexibility with scheduling and transportation support was not offered or provided. In some cases, the visitation did not progress to unsupervised visitation in the community, did not increase in frequency, and did not promote permanency. The overarching theme for this calendar year was lack of efforts on the local agency to establish, promote and ensure visitations were occurring frequently enough to promote return home and permanency.

During 2022, Virginia had a total of 65 cases that were applicable, with 17 cases receiving an ANI in Item 8. In this item, five of the cases reviewed showed that the LDSS did not offer the parents of the child in a foster care setting visits that were of sufficient frequency, and three cases reviewed showed that the LDSS did not establish a plan for visitations. The numbers in this category for siblings was lower with sufficiency of frequency and quality having both one ANI.

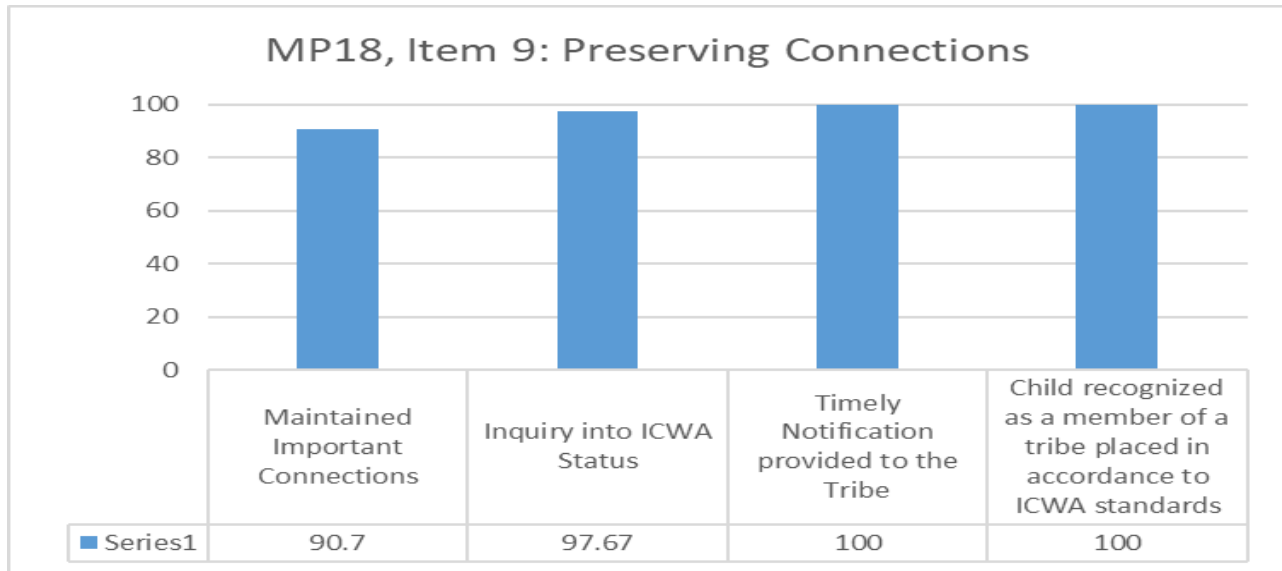
### Practice Enhancements for Item 8:

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

### Item 9: Preserving Connections

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

Item 9 Measurement Period 18 (Aug 2022 – Jan 2023)



Item 9, preserving connections, had a PIP Goal of 72% and that goal was achieved in MP6. Since MP6, Virginia has sustained a higher than PIP Goal percentage, and in MP18 had an overall statewide percentage of 91%.

Virginia had a total of 76 cases that were applicable for review and seven cases that received an ANI in Item 9. In three cases, the agency did not make concerted efforts to maintain connections between the child and the available extended family. In three cases, there were no concerted efforts to maintain connections between the child and the siblings not in foster care and in two cases, the child was not kept close to or within their community of origin.

#### **Practice Enhancements for Item 9:**

During the 2022 Virginia General Assembly Session companion bills, House Bill 716 and Senate Bill 307 were introduced and passed into law, establishing a relative notification, denial and appeal process in cases where relatives are seeking approval as foster parents. Effective July 1, 2022, local departments are required to inform relatives in writing of the process related to seeking approval as a kinship foster parent. Local departments are also required to notify relatives in writing when they are denied approval as kinship foster parents, which in turn allows relatives to appeal the decisions of local departments to the office of Appeals and Fair Hearings. To support LDSS in adapting to this law, VDSS developed a Kinship Foster Parent Approval Letter to be provided to identified relatives and fictive kin within 15 calendar days of a relative or fictive kin expressing the desire to become an approved kinship foster parent. In order to support solution focused assessment of relatives being considered for approval as foster parents, with the input from LDSS, the Permanency Assessment Tool (PAT) was developed. LDSS are required to use the tool to engage prospective kinship foster parents and facilitate an understanding of the role they will play in supporting reunification and permanency, to outline the requirements of the approval process and to identify supports (natural and paid) necessary to make placement possible. The PAT is intended to allow LDSS to recognize strengths that prospective kinship foster parents possess and to develop plans related to those strengths in order to remove barriers to immediately placing children with relatives when they are identified. LDSS are required to complete the PAT whenever relatives are considered for approval and are required to maintain a copy of the completed PAT in the child's foster care record.

When LDSS determine that a relative is not eligible for approval or placement with the relative is not in the best interest of the child, they must utilize the Relative Notification of Denial and Appeal letter to inform the relative of their decision. LDSS are required to send the letter by mail within 10 business days of the decision to deny approval and details as to the reasons for the denial must be indicated in the letter. The letter also notifies relatives of their right to appeal the decisions of LDSS and requires that they notify the Office of Appeals and Fair Hearings in writing by US mail or email of their intent to appeal. Relatives are required to notify the Office of Appeals and Fair Hearings within 30 calendar days of the postmarked date indicated on the Notification of Denial and Right to Appeal letter. Upon notification of relative's intent to appeal the decision of an LDSS, the Office of Fair Hearings and Appeals must conduct a hearing and render a decision within 90 calendar days. If the decision of the LDSS is overturned, a more thorough assessment must be conducted to remove barriers to allow for placement with the relative. To support implementation of the Relative Notification and Appeal process, VDSS hosted a Kinship Notification Webinar during September, which featured Policy Specialists from program areas of Protection and Resource Family to support LDSS understanding of the process, particularly use of the Permanency Assessment Tool.

During September, as Kinship Care Awareness Month, VDSS facilitated a lived experience youth panel after extolling the value of kinship families considering adverse childhood experiences in and outside of the child welfare system. This event was open to DSS staff and community partners. Also, during September, VDSS organized another lived experience panel with kinship caregivers offered insight on unique needs and benefits of engaging and supporting kinship caregivers. Along with webinars featuring panels of lived experienced experts, a Discovery webinar designed to inform LDSS staff about finding those individuals connected to children, youth and parents involved in the child welfare system using search tools and technology and practicing engagement skills was also made available to LDSS staff during the month of September. The webinars featuring panels of lived experienced experts and effective strategies of discovery and engagement were recorded and remain available to support the onboarding of Family Services Specialists within LDSS as they are hired.

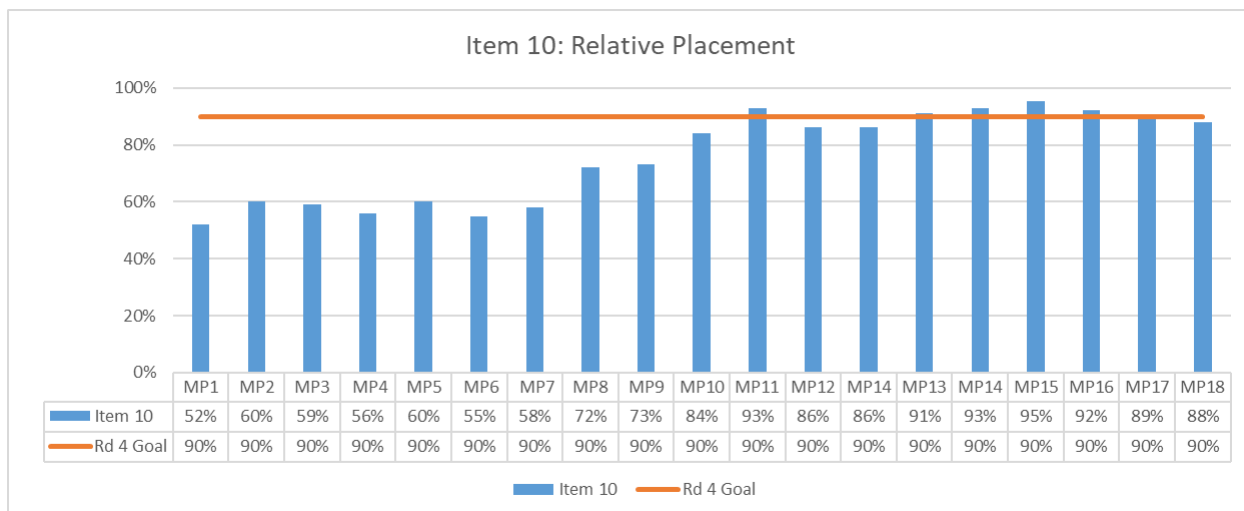
Virginia's list of Barrier Crimes remains one of the most extensive in the country. To support LDSS understanding and recognition of barrier crimes when assessing relatives for approval as kinship foster parents, VDSS facilitated a Barrier Crimes Determination Webinar during the month of December 2022. The guide was developed to be used by LDSS staff to understand criminal record checks and the exceptions to barrier crimes applicable to kinship resource parents to facilitate the screening prior to placing children in foster care with kinship resource parents. Tip sheets were developed to assist LDSS staff in complying with the various steps required to approve resource families and documentation in the resource files. Finally, an intranet webpage was developed to contain the extensive collection of kinship resources to support LDSS staff in developing a Kin First culture and skill set.

#### **Item 10: Relative Placement**

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

Item 10 All Measurement Periods

Item 10 Measurement Period 18 (Aug 2022 – Jan 2023)



**Item 10**, relative placement, needed to reach an overall percentage of 56% to pass the PIP Goal. Virginia reached that goal in MP2 and has sustained that goal in all but one MP. In MP18, Virginia scored a statewide percentage of 88%. No children reviewed were identified as American Indian or Alaska Native.

During 2022, Virginia reviewed a total of 76 applicable cases, and had a total of seven cases that received an ANI in Item 10. In two of the cases, the LDSS did not conduct searches for maternal/paternal relatives, likewise in two cases, no letters were sent. In two cases, there were identified relatives, but no evaluations despite the interest in placement. In one case, the agency cited staffing issues causing their inability to locate, inform or evaluate family members.

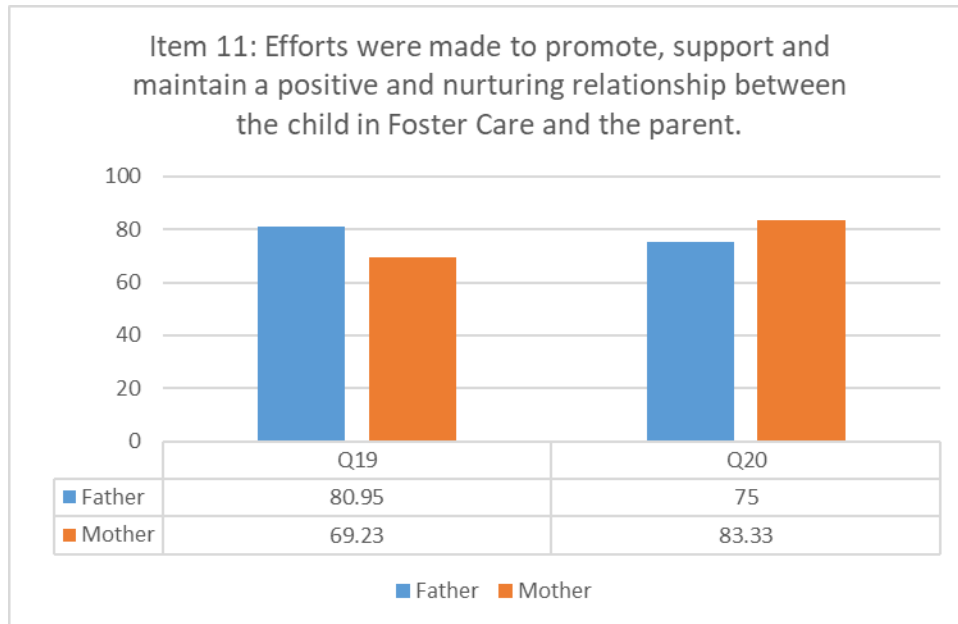
#### **Practice Enhancements for Item 10:**

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

#### **Item 11: Relationship of Child in Care with Parents**

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

Item 11 – Measurement Period 18 (Aug 2022 -Jan 2023)



Virginia needed to reach an overall PIP Goal of 44% and achieved that goal in MP1. Item 11, relationship of child in care with parents, was substantially achieved in 76% of cases for MP 18. The local departments did not provide or facilitate opportunities for therapeutic situations between an incarcerated parent and their child. In several cases, because the child was placed outside the community, usually several hours away, parents were not informed of or invited to activities or doctor’s appointments. In most cases, the parents were provided information about doctor’s appointments after they had occurred. Reviewers noted in several cases that the local department did not encourage the foster parents to work with biological parents or grandparents.

During 2022, Virginia reviewed a total of 62 applicable cases and had a total of 13 cases that received an ANI in Item 11. In five of the cases, the LDSS failed to involve the parents in medical, dental or educational visits virtually in the absence of the ability to attend face to face. In two cases, the resource parents did not promote engagement between the child in foster care and the parents. In two cases, the parent of the child in care was incarcerated, and the LDSS made no attempts to provide avenues of communication between the parent and child. One other area of concern was that there were no efforts made to maintain contact with the parents.

#### **Practice Enhancements for Item 11:**

In 2022, improving engagement practices was embedded throughout the three focus areas of the CQI monthly state meetings. Additionally, Virginia continues to encourage the creative use of technology in supporting contact and involvement of parents and family members with children, including scheduling a lunch date over Skype, having the family member help with homework over FaceTime, or scheduling to have their family read a bedtime story to the child on the phone before bed.

Virginia has entered into a contract with Pale Blue to deliver the Family Seeing framework across the state. The Virginia Department of Social Services remains focused on improving the experiences of families through the development of a Kin First culture that drives child welfare work by recognizing families as the architects of plans that ensure safety and well-being of children. Kevin Campbell’s work has spearheaded improved performances of child welfare systems throughout North America, Australia and Western Europe through the implementation of the Family Seeing™ practice framework

centered around engagement of networks of family member and other important adults to promote the safety, healthy development, and healing of children and youth involved with government systems.

The theory of change in Family Seeing™ is that parents, relatives, and other caring adults, within the context of culture, are the agents of change in children's lives (not case managers, models, and services). Through this approach, agencies and staff will stand in support of families as the families create solutions to challenges and increase opportunities each day to build health, resilience, and well-being.

Family Seeing™ builds on critical truths established in consensus with scientific evidence, not industry created models. The major tenets of the transformation will be:

- Large numbers of adult relatives and supportive community members can be found to support parents and provide care for children who cannot live safely with a parent.
- Urgent identification of relatives and community members can create increased opportunities for safety and healing in families while protecting and promoting healthy development.
- Caseworkers/leaders can develop new engagement skills which transform the quality of collaboration between parents, youth, and relatives through access to powerful facilitation tools which place families and youth at the center of creating solutions to the challenges that most affect their lives.

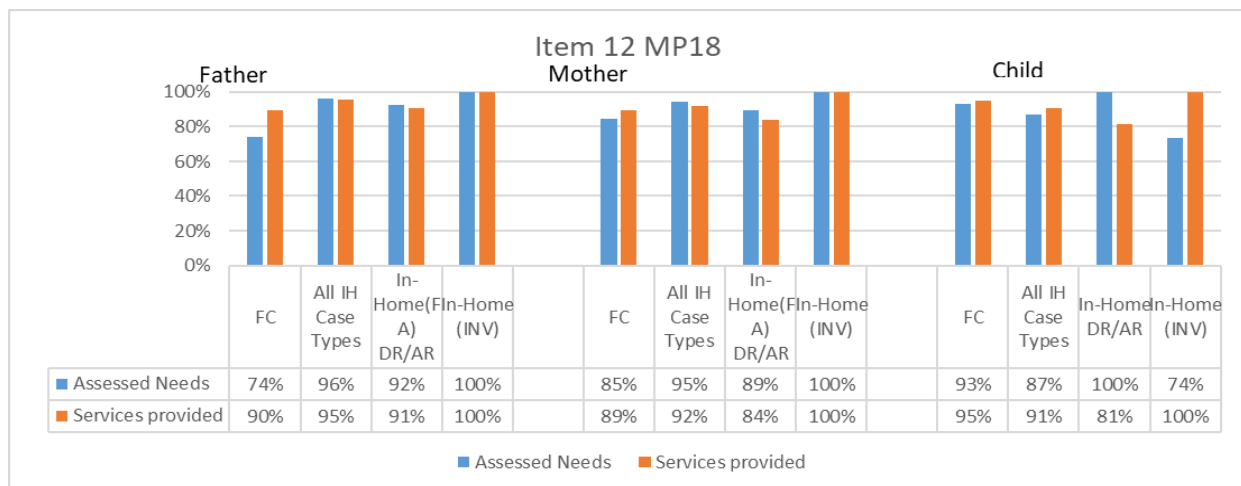
Virginia's work with Pale Blue begins in 2023 with a gathering to include cross sectional leadership from across Virginia to facilitate an understanding of the principles of family seeing and how the framework will drive Child Welfare practice in Virginia. Practice accelerator sessions will be organized to include Regional and Local Department staff from across the child welfare continuum. During practice accelerator sessions, Regional and Local Department staff will work together to utilize the tools and concepts of Family Seeing to shift the focus on child welfare work from one reliant on paid supports and clinical services to one that recognizes and prioritizes the critical nature of family connections in order to ensure the long-term well-being of Virginia's children and their families.

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

Well-being outcome 1 was achieved in 65.83% of cases. As of MP18, **Item 12**; assess the needs of and provide services to children, parents, and foster parents, is a Strength with 65.83% substantially achieved. **Item 13**; involve parents and children in case planning, is a Strength with 80% substantially achieved. **Item 14**; visits with children is a Strength with 77% substantially achieved. **Item 15**; visits with parents, is a Strength with 79% substantially achieved.

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

Item 12 – Measurement Period 18 (Aug 2022 -Jan 2023)



Item 12 provides a breakdown of assessed services and services provided to the father, mother and child. The chart specifies the types of cases reviewed: In-Home services cases (CPS on-going cases that opened from and investigation (INV)), In-Home services DR/AR (CPS on-going cases that opened from a Family Assessment (FA)), and foster care cases. The PIP goal for item 12 was 46%. Virginia met the goal during MP10 and has sustained that goal throughout. During the MP, overall needs were assessed and identified more often than the appropriate service was provided for mothers and fathers. For the child, service provision trended overall higher than the assessment for In-Home case and service provision was slightly above assessment in foster care. Assessments and service provision for the mother and father happened less consistently when a youth is in foster care. During this MP, the cases opened from an In-Home CPS case both boasted 100% in both accuracy of assessments and accuracy of services provided. Although Virginia has work to do to further enhance the service array, engagement is a key to improving results related to item 12. Cases that were rated as a strength showed the family was engaged in the process. During 2022, Virginia had a total of 120 cases reviewed with 41 cases that received an ANI in Item 12 overall.

Focusing on the Item 12A, the child subset, 120 applicable cases were reviewed and there was a total of 18 cases that received an ANI. Breaking down the data in this subset shows nine cases were rated as an ANI in both foster care and In-Home differential response, and one In-Home case received an ANI. In 10 cases, the agency did not engage the child(ren) frequently enough to accurately assess for services. The data shows that less than monthly visits, no in-home visits and not enough meeting the child in private were some of the overarching concerns. In each of these areas, there were two ANI cited statewide:

1. The agency assessed the needs but did not provide appropriate services
2. The agency did not provide services to strengthen/re-establish the caregiver-child bond
3. The agency did not assess the needs of the non-custodial caretaker due to infrequent contact
4. There was a delay in service provision due to a long waitlist

Focusing on Item 12B, the parent subset, a total of 113 applicable cases were reviewed, and there was a total of 31 cases that received an ANI. The breakdown of case types indicated that 21 of the cases cited as an ANI were foster care, 8 cases were In-Home differential response, and 2 cases were In-Home. In Item 12 B, 16 cases were rated as an ANI as the agency assessed the needs of the caregiver, but no services were provided to address the identified needs. This was either due to lack of follow through on behalf of the agency, and/or a lack of service providers to ensure compliance with services. Another area of concern was noted in 10 of the cases receiving an ANI was that the agency failed to assess the needs of incarcerated individuals or individuals in an in-patient substance use facility. In three each respectively, the following areas were noted as ANI:

1. Agency staffing delayed timely assessments and/or service provision



2. Agency did not provide services due to lack of engagement and/or infrequent caseworker visits

Focusing on Item 12C, the resource parent subset, and total of 67 applicable cases were reviewed, and there was a total of 11 cases that received an ANI. In three cases, there was a lack of concerted efforts to provide services needed to support the resource parents in providing for the child's needs. In each of these areas, there were two ANI cited statewide:

1. The children were placed in unapproved placements
2. No caseworker visits were conducted in the resource home
3. The agency did not provide services to the child to prevent placement disruption

### **Practice Enhancements for Item 12:**

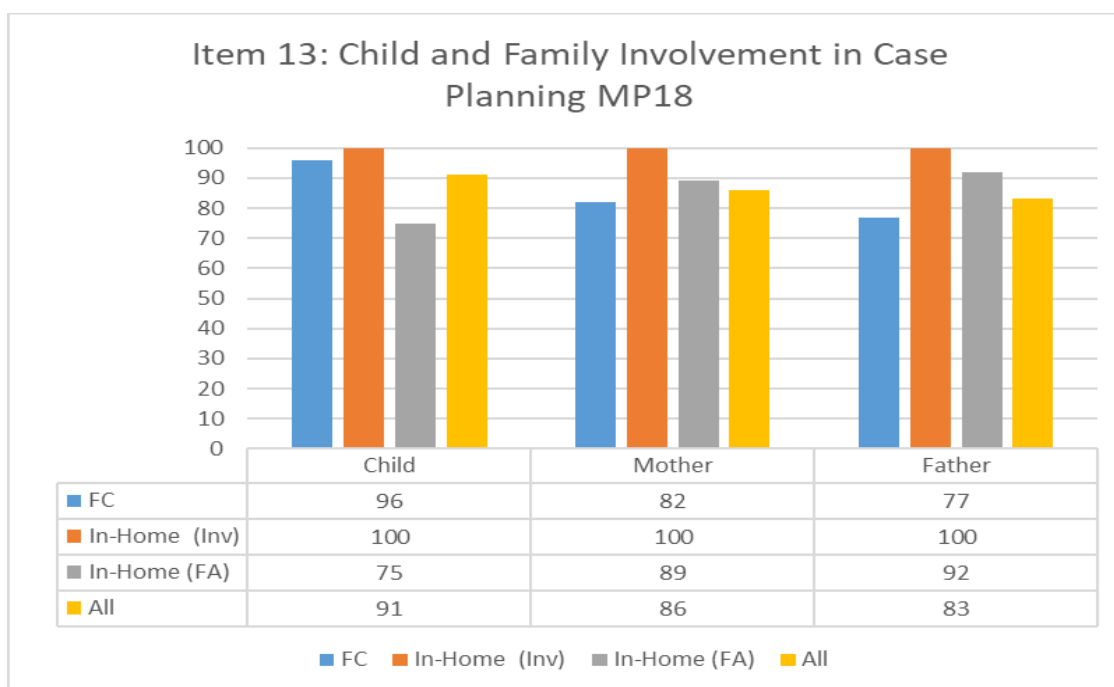
Virginia launched the In-Home services program in April 2021, which included new guidance for In-Home services cases and prevention services. In July 2021, Virginia implemented the Family First Prevention Services Act, which allowed title IV-E funding for three identified prevention services (Appendix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

VDSS is working towards increasing title IV-E eligible services and has partnered with the Center for Evidence-based Partnerships in Virginia (CEP-Va) to assist in expanding service eligibility and availability. CEP-Va conducted a Needs Assessment and Gaps Analysis (NAGA) and prepared a report that highlighted which areas of the state need evidence-based services and what the service needs are for Virginia's families. Based on the findings in the NAGA report, VDSS is adding the following evidence-based services to Virginia's approved federal Title IV-E Prevention Services Plan: Brief Strategic Family Therapy (BSFT), Family Check Up, Homebuilders, High Fidelity Wraparound, and Motivational Interviewing (MI). In 2022, VDSS in partnership with CEP-Va released a Request for Applications (RFA) for MI trainers and through a review process selected Sage Training and Consulting. VDSS will work with Sage Training and Consulting over the next three years to train LDSS staff in MI and integrate MI into practice. Studies have shown that MI helps workers engage with families and focus on the family's strengths and can help to support workforce capacity by providing staff with skills to increase job satisfaction which may reduce burnout and turnover.

### **Item 13: Child and Family Involvement in Case Planning**

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

Item 13 – Measurement Period 18 (Aug 2022 – Jan 2023)



Item 13: Child and Family Involvement in Case Planning looks at the overall concerted efforts made by the agency to involve the family in case planning. This chart is broken down into the following categories: In-Home Services cases (CPS ongoing cases that opened from INV), In-Home Services DR/AR (CPS ongoing cases that opened from and FA), In-Home (combination of both FA and INV), and foster care cases. The PIP goal for Item 13 is 42.7%. Virginia has exceeded the PIP goal since Measurement Period 6. Of the cases reviewed, children, mothers, and fathers in foster care cases were involved in case planning on average 85% of the time. Of the cases reviewed for CPS on-going (INV) mothers, fathers and children were involved in case planning 100% of the time.

During 2022, Virginia had 119 cases applicable for this item, and had a total of 26 cases that received an ANI in Item 13. In 19 cases, the agency did not engage the father during service planning, which rivaled the 15 cases scoring an ANI where mothers were not engaged. In six cases, neither parent was engaged in service planning, and in four cases, either the mother or the father was incarcerated, therefore the agency failed to incorporate them into the case planning process.

### **Practice Enhancements for Item 13:**

In 2021, foster care guidance was revised to include reducing required child involvement and inclusion of the child's choices in case planning from age 14 to age 12 and older. Additionally, relative and fictive kin involvement in case planning was highlighted and both the child and relative/fictive kin changes were reflected in modifications to the child welfare information system. In 2022, through the QRTP Assessment process, regional permanency consultants were made aware of cases that lacked sufficient youth engagement providing them with the opportunity to encourage practice enhancement with the agencies.

The In-Home Services alignment 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. Additionally, the In-Home Services

framework includes three child safety scenarios and the practice requirements needed to support families based on their unique needs.

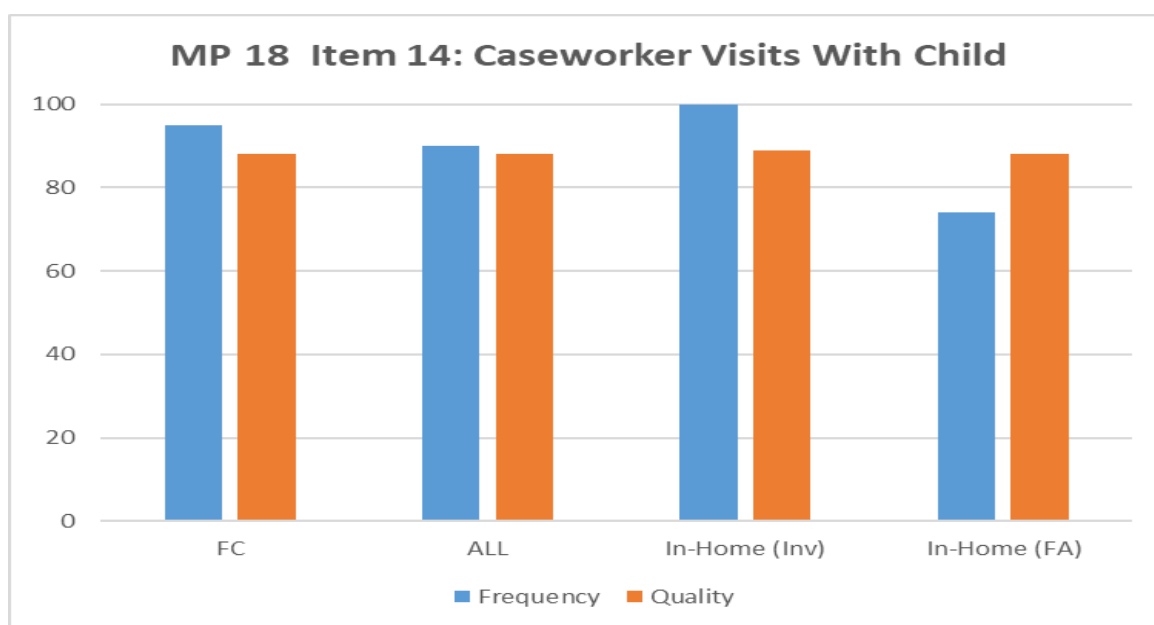
- Child or youth residing with parent(s) or relative or fictive kin caregivers(s)
- Child or youth temporarily residing with relative or fictive kin caregiver(s) and will return to the parent(s) or caretaker/guardian(s) within six months
- Child or youth permanently residing with relative or fictive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

#### Item 14: Caseworker Visits with the Child

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

Item 14– Measurement Period 18 (Aug 2022 – Jan 2023)



Item 14: Case Worker Visits with Child focus on overall efforts of the agency to ensure caseworker visits with the child(ren) being served in the case reflect the frequency and quality to promote permanency and completion of case goals. The categories In-Home Services cases (CPS ongoing cases that opened from INV), In-Home Services DR/AR (CPS ongoing cases that opened from and FA), In-Home is a combination of both FA and INV, and foster care cases. The PIP goal for Item 14 was 64.7%. This goal was met first in Measurement Period 2 and again in Measurement Periods 5 – 18. For the cases reviewed, case worker visits with children in foster care were of sufficient frequency 95% of the time and quality 88% of the time. For the cases reviewed, case worker visits with In-Home (INV) had sufficient frequency

of 100% and quality 89% of the time. VDSS is committed to encouraging engagement across the child welfare spectrum. While the case reviews mostly exceed the PIP goal, this is an area of focus as these case ratings would not meet the CFSR goal.

During 2022, Virginia reviewed a total of 120 cases applicable for this item and had a total of 17 cases that received an ANI in Item 14. In the foster care setting, there were three areas where frequency of the visit was insufficient, and in eight cases, the quality of the caseworker visits was insufficient. The details behind the ANI are as follows:

1. Agency staffing issues caused at least one monthly visit to be missed in two cases
2. The agency missed one in home visit prior to the child entering foster care
3. In four visits, the monthly visits primarily took place outside of the resource home
4. In two cases, the agency failed to engage the child privately and in an age-appropriate manner

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

1. The agency missed at least one monthly visit for undocumented reasons
2. The agency failed to engage the child privately and, in an age-appropriate manner
3. The agency was unable to engage the child privately due to a mental illness

#### **Practice Enhancements for Item 14:**

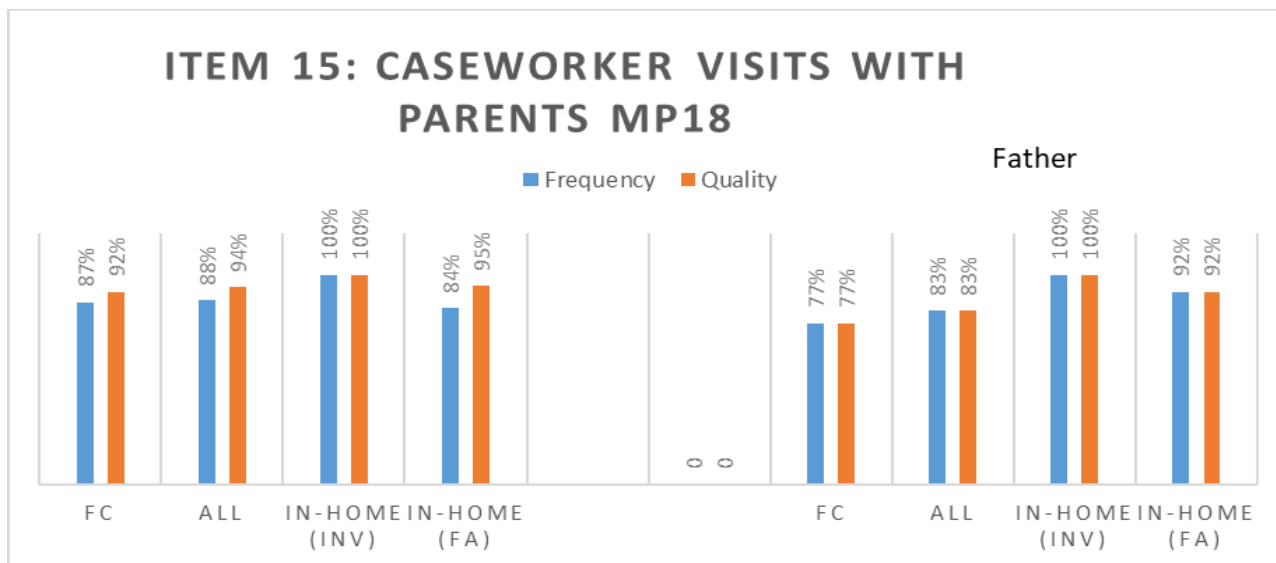
In 2021, foster care guidance was updated to include the requirement to visit children in the home every month with all the household members when on a trial home visit to support better safety assessment and planning. In addition, new guidance for In-Home services cases and prevention services was released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

The Prevention Services program has established five In-Home Services Regional Practice Consultant positions in each regional office, enabling VDSS to significantly increase the level of technical assistance, support, and ongoing review of In-Home Services case work at the LDSS level. The In-Home Services Practice Consultants are responsible for collaborating with the LDSS to provide programmatic consultation to enhance service delivery to children and families in In-Home Services cases in each region. The In-Home Services Practice Consultants will assist LDSS in developing data-driven approaches that emphasize a concerted focus on case opening behaviors, initial and ongoing assessment, and quality visits that promote meaningful engagement of children and families. This additional capacity at the regional level institutes regular and intentional provision of technical assistance toward implementing best practices and improving outcomes for children and families in In-Home Services cases.

#### **Item 15: Caseworker Visits with Parents**

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

Item 15 – MP18 (August of 2022-January of 2023)



Item 15 Caseworker Visits with Parents determines whether the frequency and quality of visits between caseworkers, mothers and fathers were sufficient to ensure safety, permanency and wellbeing. Item 15 is broken down into the categories In-Home Services cases (CPS ongoing cases that opened from INV), In-Home Services DR/AR (CPS ongoing cases that opened from and FA), In-Home is a combination of both FA and INV, and foster care cases. The PIP goal for Item 15 is 42% and was first achieved in MP4 and then again in MPs 8-18. For the cases reviewed, caseworker visits with mothers were sufficient in frequency in foster care cases and In-Home (FA) cases in greater than 80% of cases. The quality was acceptable in 86% of foster care cases reviewed and in 87% of In-Home (FA) cases. For the cases reviewed, case worker visits with mothers were sufficient frequency and quality 95% of In-Home cases and in 100% of In-Home (INV) cases. For the cases reviewed with fathers, the frequency and quality of visits varied. In foster care cases, the frequency was sufficient in 77% of cases as was the quality of those cases. The frequency and quality of visits with fathers involved in In-Home (FA) cases was sufficient in 92% of the cases reviewed for frequency and 92%. For both In-Home (FA) and In-Home (INV) the frequency of visitation was 100% and 100% respectively. Father engagement continues to improve for this item.

During 2022, Virginia reviewed a total of 113 applicable cases for Item 15 and had a total of 24 cases that received an ANI in Item 15. There was a total of 26 instances of ANIs for frequency of visits with both mothers and fathers. In 12 cases, there was minimal to no contact while the parents' whereabouts were "unknown". In nine cases, there was a lack of contact related to the parents being incarcerated or in rehabilitation. In four cases, the worker visits were less than monthly, and in one case agency staffing shortages were noted. There were 21 cases that received an ANI due to insufficient quality of visits. In those cases, eight cases were lack of engagement of the parents. In seven cases, there was minimal to no quality contacts with both parents, and in four cases, there were insufficient assessments made by the agency.

#### **Practice Enhancements for Item 15:**

In 2022, improving engagement practices was embedded throughout the three focus areas of the CQI monthly state meetings. Additionally, increased use of the SafeMeasures Tool monitoring this measure during the PIP allowed for additional revisions to the tool and data correction by local staff.

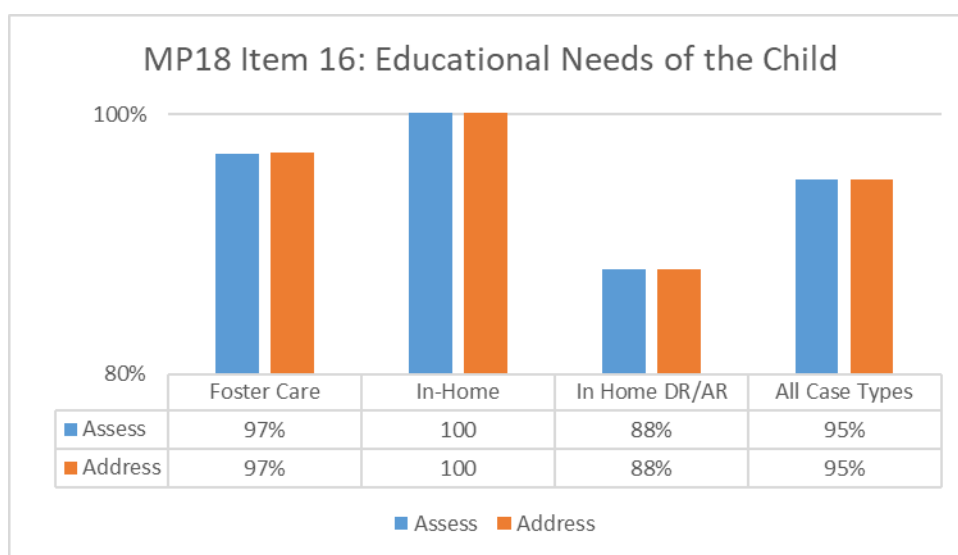
### **WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.**

Virginia is in substantial conformity with Well-being Outcome 2 with 94.59% of cases substantially achieved in 2022 reviews. Virginia had a total of 74 cases that met applicability for Item 16, and only four cases that received an ANI. Notable strengths for agencies were ensuring that children had Best Interest Determination meetings, educational assessments, IEPs/504 Plans, and behavioral intervention services.

### Item 16: Educational Needs of the Child

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

Item 16 – MP18 (August of 2022-January of 2023)



Virginia passed Item 16 during MP15 with an overall state rating of 97%. In order to pass Item 16 for the PIP, Virginia needed to reach a PIP Goal of 91%. During MP18, 97% of youth in foster care received the appropriate education assessments, and in 97% of the foster care cases assessed, the educational needs were addressed. For all In-Home cases assessed, in 100% of the cases opened out of an investigation all youth had their educational needs both assessed and addressed.

During 2022, Virginia had a total of 74 cases that met applicability for Item 16, and four cases that received an ANI in Item 16. Four cases in Item 16 were cited for poor communication between the school and the agency resulting in the child's academic needs not being met. In three In-Home cases, the agency did not provide academic support and/or assess the students overall needs. Other areas measured as an ANI are as follows:

1. The agency did not complete the BID process
2. The child had poor attendance or no attendance at times.

### Practice Enhancements for Item 16:

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

During 2022, VDSS and VDOE team members, jointly provided virtual educational stability trainings to school personnel, LDSS family services workers, LCPAs, and community partners that assist with the enrollment of children and youth in foster care in school. The educational stability training was split into two parts, general education and special education. Four training dates and times were offered to accommodate the schedules of school staff and LDSS workers.

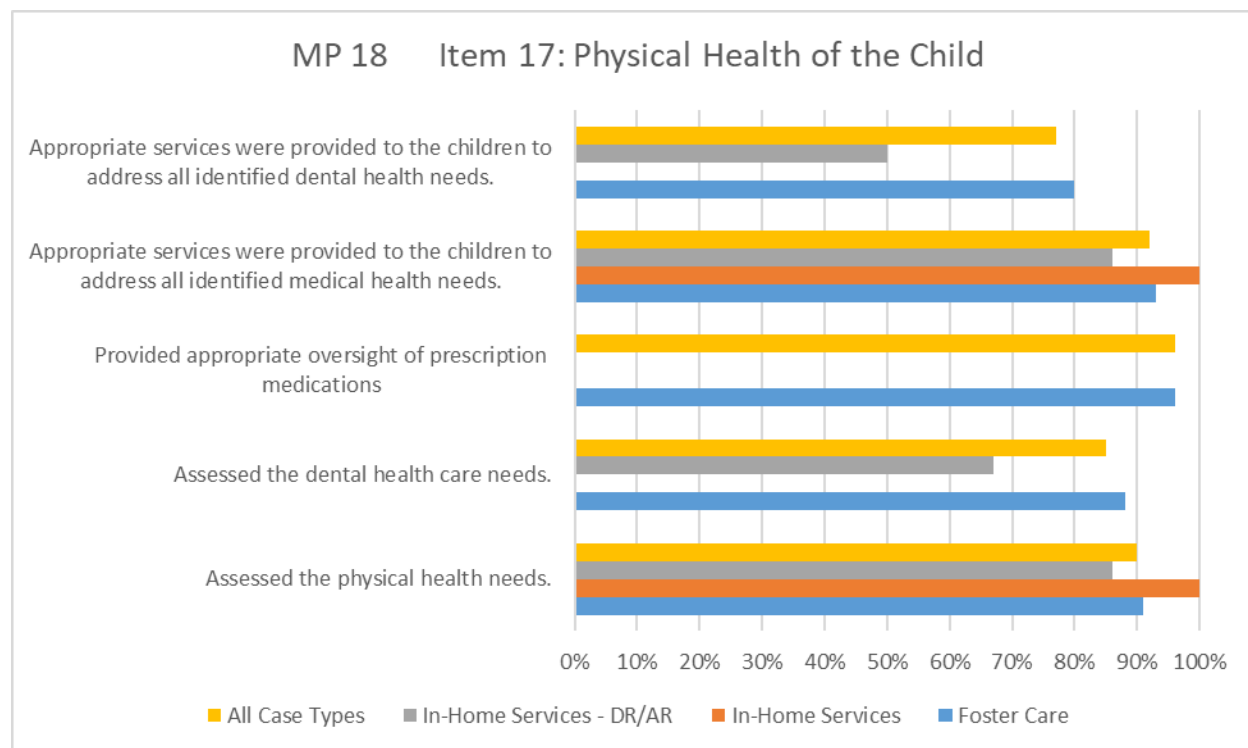
### WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

In MP18, **Item 17**, physical health of the child, was substantially achieved in 78.26%. Most cited for physical health was missing dental exams and a lack of follow through on dental health needs. **Item 18**, mental/behavioral health of the child, was substantially achieved in 86.36% of cases. A theme in Item 18 is an overall lack of follow-through with provision of identified recommended services. In most cases, recommendations were made for the child's mental health service needs, and services were not followed-up on or provided by the agency. In fewer cases, services were either not provided timely, or assessments of needs were not conducted in order to identify appropriate services.

#### Item 17: Physical Health of the child

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

Item 17 – MP18 (August of 2022-January of 2023)



Item 17, physical health of the child, Virginia needed to reach an overall PIP Goal of 80% and Virginia was successful in MP 2 with a statewide score of 82%. In MP18, Virginia scored a statewide score of 78.26% in this item.

During 2022, Virginia reviewed 92 applicable cases. Virginia had a total of 20 cases that received an ANI in Item 17. In eight foster care cases, the agency did not ensure timely physical or dental care needs. In six foster care cases, the agency did not provide or follow up on dental health needs timely. In two cases, the agency was cited for a lack of follow through with physical health needs, and in one case the physical health needs were not met timely.

#### Practice Enhancements for Item 17:

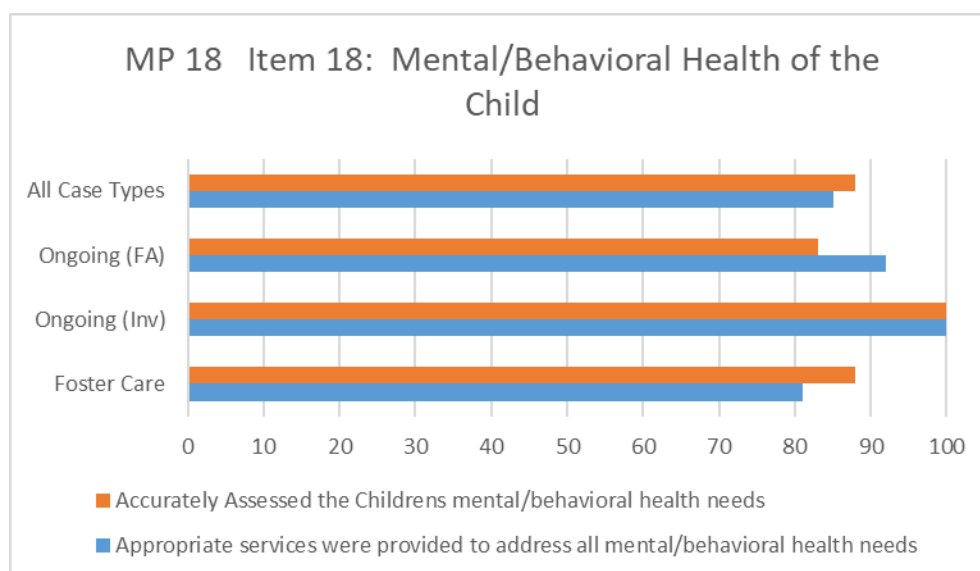
Virginia continues to follow through with established guidance in these areas and supports local staff through provision of tracking tools through SafeMeasures and COMPASS|Mobile.

VDSS and DMAS continue to co-lead the Improving Timely Health Care for Children and Youth in Foster Care Affinity group which also includes representatives from the various managed care organizations. The goal of the work by this group is to establish more effective workflows that will increase the percentage of children entering foster care who receive their initial medical exam within 30 days of entering foster care. The group started in late summer 2021 and will continue through 2023. In 2021, the DMAS/Foster Care Partnership bi-monthly meetings resumed providing increased collaboration with various stakeholders to improve the overall access to healthcare for children in and aging out of foster care. As these meeting continued in 2022, there were two smaller focus groups that worked to provide targeted interventions to improve outcomes for youth transitioning out of foster care and to improve overall service utilization. The partnership brings together various stakeholders to enhance cross-agency communication, overcome barriers to meeting the health needs of children in foster care, and to share resources and information and will continue in 2023.

#### Item 18: Mental/Behavioral Health of the child

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

Item 18 – MP18 (August of 2022-January of 2023)





Item 18, mental/behavioral health of the child was substantially achieved in 83% of cases during MP18. Virginia needed to pass Item 18 with an overall score of 48% and achieved that in MP1 with an overall score of 58%. Virginia has passed Item 18 in every MP during Round 3 of the CFSR. Most cited for mental health was a lack of follow through on addressing identified needs. Secondary ANIs were a lack of ongoing assessments for mental/behavioral health needs.

During 2022, 88 applicable cases were reviewed, and Virginia had a total of 12 cases that received an ANI in Item 18. In eight foster care cases, the agency did not follow up with mental health recommendations and in four cases, did not provide services for identified needs. In one In-Home case, the agency did not provide services for identified needs timely, and in one In-Home case, the agency did not provide adequate initial assessments.

**Practice Enhancements for Item 18:**

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

CFSR items Requiring Measurement	PIP Base-line	PIP Goal	M P 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP 12	MP 13	MP 14	MP 15	MP 16	MP 17	MP 18
Item 1 – Timeliness of initiating investigations of reports of child maltreatment	76.9 %	87.5%	68 %	69.6 %	73.9 %	71.4 %	71.7 %	69.7 %	75.6 %	82.6 %	77.8 %	83.7 %	86.05 %	78%	83.33 %	88.37 %	91 %	90%	75%	83%
Item 2 - Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	67.6 %	77.9%	60.6%	60%	74.2 %	71.4 %	62.2 %	48.8 %	58.8 %	77.1 %	84.8 %	82%	79.4 %	85.71 %	82.93 %	78.95 %	78%	78%	83%	82%
Item 3 – Risk and safety assessment and management	48.6 %	56.2%	50 %	58.6 %	58.6 %	58.5 %	60%	54.2 %	51.4 %	67.1 %	71.4 %	71.4 %	78.5 %	72.86 %	65.71 %	64.29 %	67%	74%	68%	69%
Item 4 - Stability of foster care placement	70.5 %	79.3%	61.4%	72.7 %	86.4 %	70.4 %	70.4 %	77.2 %	79.6 %	88.6 %	95.5 %	88.6 %	81.8 %	75%	70.45 %	77.27 %	77%	82%	82%	72%
Item 5 - Permanency goal for child	65.9 %	75.1%	72.7%	72.7 %	65.1 %	74.4 %	76.7 %	54.7 %	58.1 %	81.4 %	81.4 %	79.5 %	81.8 %	79.07 %	83.72 %	86.05 %	81%	84%	87%	79%
Item 6 - Achieving reunification, guardianship, adoption, or other planned permanent	38.6 %	48.0%	38.6%	34.1 %	30.2 %	27.2 %	29.5 %	36.3 %	45.5 %	56.8 %	61.4 %	61.4 %	72.7 %	75%	72.73 %	72.73 %	70%	71%	71%	65%

CFSR items Requiring Measurement	PIP Base -line	PIP Goal	M P 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP 12	MP 13	MP 14	MP 15	MP 16	MP 17	MP 18
living arrangement																				
Item 7 - Placement with siblings	63.2 %	77.3%	55 %	87.5 %	92.6 %	81.4 %	79.3 %	77.4 %	76.9 %	75%	74.1 %	81.2 %	90.4 %	81.48 %	69.23 %	80.77 %	96%	100%	94%	90%
Item 8 - Visiting with parents and siblings in foster care	33.3 %	43%	46. 2%	51.6 %	51.7 %	51.2 %	51.2 %	48.7 %	43.1 %	51.2 %	65%	81.1 %	86.8 %	76.92 %	69.23 %	67.5 %	78%	86%	59%	63%
Item 9 - Preserving connections	62.8 %	72.2%	52. 3%	52.3 %	58.1 %	60.4 %	64.2 %	76.1 %	77.3 %	68.2 %	72.7 %	86.4 %	90.9 %	84.09 %	81.82 %	86.36 %	91%	92%	89%	91%
Item 10 - Relative placement	46.5 %	56.2%	52. 4%	59.5 %	58.5 %	58.5 %	60.4 %	54.5 %	58.1 %	72.1 %	72.7 %	84.1 %	93%	86.05 %	86.36 %	93.18 %	95%	92%	89%	88%
Item 11 - Relationship of child in care with parents	34.2 %	44.1%	48. 4%	47.6 %	52%	50%	48.6 %	43.2 %	35.7 %	42.9 %	44%	56.8 %	69.4 %	63.89 %	65.79 %	65.79 %	71%	79%	79%	76%
Item 12 - Needs and services of child, parents, and foster parents	38.6 %	46.0%	27. 1%	30.0 %	42.9 %	32.8 %	31.4 %	28.5 %	25.7 %	37.1 %	42.9 %	46%	52.8 %	62.86 %	61.43 %	45.71 %	49%	66%	63%	68%
Item 13 - Child and family involvement in case planning	35.3 %	42.7%	29. 9%	41.3 %	43.8 %	34.7 %	40.5 %	44.9 %	42.9 %	51.4 %	54.3 %	64.2 %	81%	79.71 %	70%	62.86 %	71%	82%	78%	78%
Item 14 - Caseworker	57.1 %	64.7%	55. 7%	65.7 %	64.3 %	61.4 %	70%	75.7 %	75.7 %	82.9 %	80%	77.1 %	85.7 %	85.71 %	81.53 %	77.14 %	81%	90%	85%	84%

CFSR items Requiring Measurement	PIP Base -line	PIP Goal	M P 1	MP 2	MP 3	MP 4	MP 5	MP 6	MP 7	MP 8	MP 9	MP 10	MP 11	MP 12	MP 13	MP 14	MP 15	MP 16	MP 17	MP 18
visits with child																				
Item 15 - Caseworker visits with parents	34.4 %	42%	19.0%	22.4 %	41.5 %	41.5 %	36.3 %	33.3 %	34.2 %	42.9 %	50.7 %	62.1 %	76.9 %	75%	70%	64.29 %	69%	80%	78%	77%
Item 16 - Educational needs of the child	83.7 %	90.9%	85.7%	87.8 %	86.4 %	82.6 %	80.9 %	80.9 %	82.9 %	83.7 %	86.9 %	89.5 %	85.2 %	86.11 %	87.18 %	89.47 %	97%	97%	89%	93%
Item 17 - Physical health of the child	72.2 %	80%	72.7%	81.8 %	90.4 %	84%	72.5 %	74%	75.4 %	80.7 %	81.5 %	69.4 %	72%	90.2 %	96%	88.24 %	84%	97%	77%	77%
Item 18 - Mental/behavioral health of child	39.1 %	48.3%	58 %	76.6 %	59.5 %	52.1 %	59%	55.3 %	51.1 %	62.2 %	76.5 %	74.5 %	83.3 %	93.02 %	84.44 %	72.73 %	76%	87%	91%	83%

## Systemic Factors

### Item 19: Information Systems

The Information Systems systemic factor was found to be in substantial conformity during the last CFSR review. Virginia continues to assess this item as a strength as VDSS and LDSS can readily identify the status, demographic characteristics, location, and goals for every child in placement in foster care as evident by the AFCARS and NCANDS submissions, the reports available in OASIS and SafeMeasures, and LDSS feedback included in this section.

VDSS relies heavily on the functionality included and information maintained in several in-house legacy systems including OASIS, the case management system. In preparation for migrating data to a new CCWIS-compliant system, VDSS has several committees to oversee implementation, training, and data governance related to data from this system. This stakeholder engagement is critical to the success of the migration to the CCWIS system.

The case management system currently gives the department the ability to collect and maintain status, demographic characteristics, placement location, and goals for every child in foster care. OASIS, as the system of record, is used to meet other federal reporting requirements for NCANDS, NYTD, monthly foster care contact, state foster care agency foster child data (SSA), and AFCARS.

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

Virginia's IAPD for CCWIS development was approved in January 2023. Virginia will continue to engage with federal partners throughout the development of a CCWIS compliant case management system to ensure that VDSS is better able to serve the families in Virginia and to better meet federal reporting mandates. While the current systems gather information needed to meet current AFCARS requirements they do not fully support all ACF federally prescribed requirements, nor do they effectively support an integrated business model. Modifications to the AFCARS elements as a result of the 2020 Final Rule required extensive and costly updates to OASIS. All elements are present, and the agency is on target to successfully submit the updated AFCARS report in Summer 2023. The deficiencies in these existing legacy systems pose challenges to the efficiency of data collection and prevent the management of payments to foster care providers. These deficiencies will be corrected with the design, development, and implementation of a CCWIS compliant system.

Data	OASIS Screen
Basic Demographic Information	Client General Information Screen Path: Workload/Case/Client/Gen Info
Indian Status	Client General Information Screen Path: Workload/Case/Client/Gen Info

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

**Examples of available OASIS reports that capture the information above for cases and clients:**

*Note – the reports below are on a case/client basis, except for the first two that can be pulled with statewide data.*

- Active Foster Care Children
  - This report can be printed based on statewide, regional, locality, unit or unit/worker data
- Resource (Foster Family/Placement Providers)
  - The data for this report can be filtered by all or current resources, locality, a specific resource ID, resource category and resource type.
- Foster Care Face Placement Sheet

- Case Information
- Client Hearing Detail
- Client Health
- Placement History
- Foster Care Service Plan
- Summary of Hearings
- Client Funding Report
- Termination of Parental Rights

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

Section 4.3.1 Information for every child in foster care shall be entered into OASIS as soon as possible but no later than five calendar days after the child's custody is transferred to a LDSS or he is placed in foster care. The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 30 calendar days after each activity or event, with two exceptions:

- Placement and funding information for children shall be entered within five business days of any placement change, in order to accurately track the whereabouts of children in care.
- The foster care case should be closed within five business days after the child leaves the care of the LDSS.

Section 5.6 The initial assessment shall be entered into OASIS within 30 days of LDSS acceptance of the child for placement, using the assessment screen (unless otherwise noted) and completing all the required elements of appropriate screens.

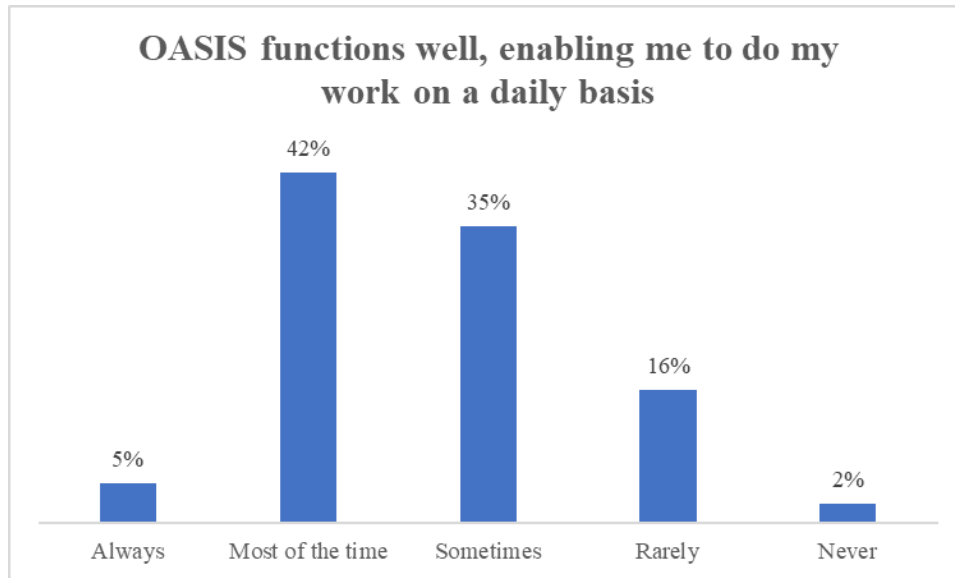
Section 17.8.7 Face-to-face contacts shall be entered into OASIS immediately but no later than 30 days following the contact. Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five business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

Section 17.17 OASIS shall be kept up to date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements.

Staff of licensed child placing agencies or children's residential facilities do not have access to OASIS to update information for the children in their care. The child's FSS worker is required to gather necessary information and enter that information into OASIS in a timely manner.

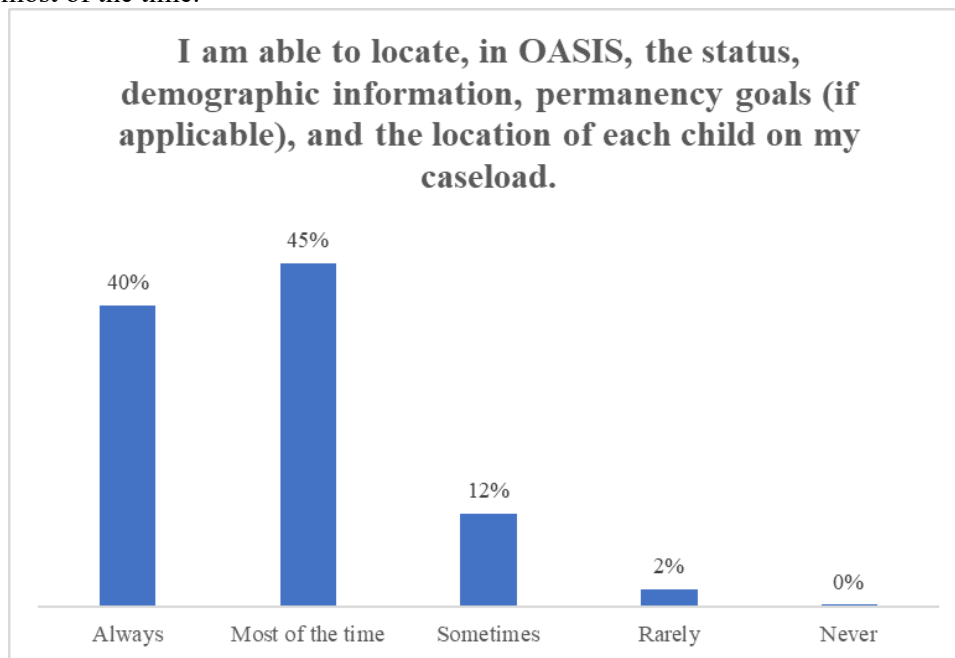
Data validation and reconciliation relies on federal data quality reporting. The CFR 4 Data Profile from February 2023 provided an assessment of data quality. For the AFCARS data quality checks for submissions 18A through 22B, there was only one area where the data quality performance exceeded the data quality limit; Missing number of placement settings for submission 19A at 8.8%. There were no data quality issues noted for the NCANDS data quality check.

In a 2023 survey of FSS workers, a total of 47% of respondents indicated that OASIS functions well; enabling them to work on a daily basis. An additional 35% indicated that OASIS sometimes functions well.



N=340

When asked if they were able to locate the status, demographic information, permanency goals (if applicable) and the location of each child in their caseload, 40% responded always and 45% responded most of the time.



N=340

## Item 20- 21: Case Review

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



Virginia received an overall rating of ANI for Item 20 during the last CFSR review. VDSS has implemented a series of practice enhancements since that time including collaborations with CIP and updates to the foster care plan template. However, Virginia continues to assess this item as an ANI due to concerns noted with the engagement of families in case planning and the proxy measurement of case plan completion. VDSS has plans to implement several practice enhancements regarding family engagement in 2023 and to explore additional data avenues to identify alternate calculations of case plan completion.

The Code of Virginia § 16.1- 281, Section 15 of Chapter E, Foster Care of the Child and Family Services Manual, and the Social Security Act, Title IV, §475(1) [42USC 675] include requirements for development of a foster care plan. Subsection 15.5 “What should be included in foster care plan” in the Foster Care chapter outlines what should be included in Part A and Part B of the foster care plan.

Part A must include:

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

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

In a 2023 survey conducted of FSS who carry a foster care caseload, workers reported how frequently certain needs of children in foster care are addressed in foster care plans. The results of the survey are listed in the chart below:

	Always or Most of the time	Sometimes	Rarely or Never
--	----------------------------	-----------	-----------------

Educational needs	94%	6%	1%
Dental Health needs	89%	8%	4%
Medical Health needs	93%	5%	1%
Mental/Behavioral Health needs	95%	4%	1%

N=139

In a 2023 survey of kinship, foster, and adoptive parents, respondents identified whether certain needs of children were addressed in case planning as listed in the chart below:

	Always or Most of the time	Sometimes	Rarely or Never
Educational needs	72%	11%	17%
Dental Health needs	62%	12%	26%
Medical Health needs	77%	11%	12%
Mental/Behavioral Health needs	71%	14%	16%

A full-service plan for children in foster care through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement, or temporary entrustment must be documented in OASIS. The documentation of foster care service plans is monitored through a proxy measurement by calculating the number of youth under 18 in care for 60 days or more that had at least one 60-day dispositional hearing at any point in time between their most recent removal date and end of 2022 or discharge date, whichever is first. In 2022 96% of children in foster care for sixty days or more had a service plan documented in OASIS (**Permanency Strategy 2.1**). Due to the limitations of the child welfare information system, VDSS can identify if a written case plan has been entered into the system but there is no way to indicate in the system that the plan has been completed. As a completed case plan is a requirement for a dispositional hearing with an approved goal, VDSS uses the dispositional hearing measurement to calculate case plan completion.

The purpose of the dispositional hearing is to review the foster care plan. If a foster care plan is not filed, the purpose of the hearing cannot be fulfilled and would not be held but may be continued. Because 96% of children had a hearing to dispose of the foster care plan filed pursuant to Va. Code § 16.1-281, 96% of children had a service plan.

#### Percent of Cases with Case Plans Completed 2022

Children Under 18 in Care 2022	#	%
Total Children under 18 in Care for 60 Days or More	5,350	
Dispositional Hearing Held	5,157	96%

Dispositional Hearing Held within 60 days (0-60 days)	3,170	59%
No Dispositional Hearing Held	193	4%

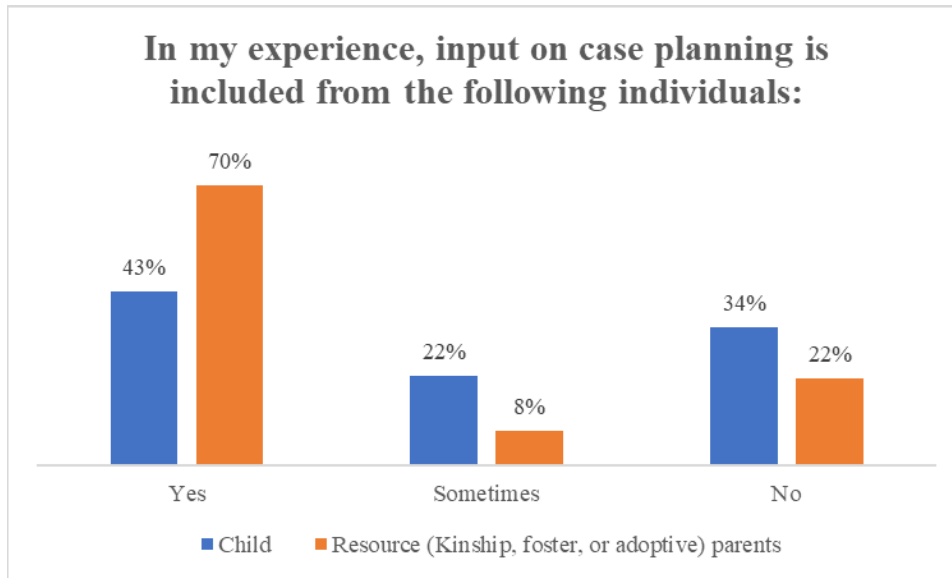
Source: ROASIS, Active Foster Care Report - children under 18 in care for 60 days or more, ROASIS “60-day dispositional hearing”

In 2022 5,350 children under 18 were in foster care for whom case planning should have occurred during 2022. Fifty-nine percent of these cases had hearings where a qualified goal was approved within 60 days of child removal, down from 80% from Oct. 2020- Sept. 2021. This decrease is likely due to expanding the sample to include all children under 18 in care for 60 days or more. The previous data was based on only children entering care between October 2020-September 2021 that did not discharge within 75 days and the timeliness timeframe was within 75 days. VDSS updated the methodology to include all children under 18 in care during CY2022 for 60 days or more and changed the timeliness timeframe for when the hearing was held to be within 60 days. Clients without a removal date or who had a discharge date prior to 2022 from the OASIS query were excluded.

In addition, in a 2023 survey conducted of FSS workers, 92% of workers responded that initial foster care plans are always or most of the time completed within 45 days of case opening.

VDSS continues to try to ensure that all parties have input into the development of case plans through the use of family partnership meetings (FPM) or child and family team meetings (CFTM). Subsection 15.3 in the Foster Care Chapter of the Child and Family Services manual instructs workers to involve and engage parents, prior custodians, foster parents, other family members and others identified as significant to the family in developing the foster care plan through FPMs. Children are also encouraged to participate in the planning and if the child is 12 years of age or older, that child may invite two people to participate in the planning team. OASIS has the ability to document that youth were provided the opportunity to invite up to two people to team meetings, as well as the names of the individuals the youth chose. VDSS uses the system to monitor the use of FPMs, as foster care guidance requires that a FPM be held prior to the filing of court documents in preparation for each hearing. Overall, there has been an 4.5% increase in the number of FPMs and CFTMs from CY2021 compared to CY2022. There were 2,018 FPMs and CFTMs in 2022 held for concurrent planning and/or goal change. These meetings involved 1,118 different cases. There were 761 (68%) cases that had a parental role included at one of their meetings in 2022. There were 838 (75%) cases that had relative/fictive kin included at one of their meetings in 2022.

In a 2023 survey conducted of Kinship, Foster, and Adoptive Families, 70% indicated they contribute to the development of the case plan that is submitted to court. The resource parents responded positively 43% that in their experience the child has input on case planning and for both the resource parents and the child, 22% responded that sometimes they contributed to case planning. Some of the barriers to their contribution to case planning include lack of interest, respect, regard and planning, communication, childcare, and scheduling.

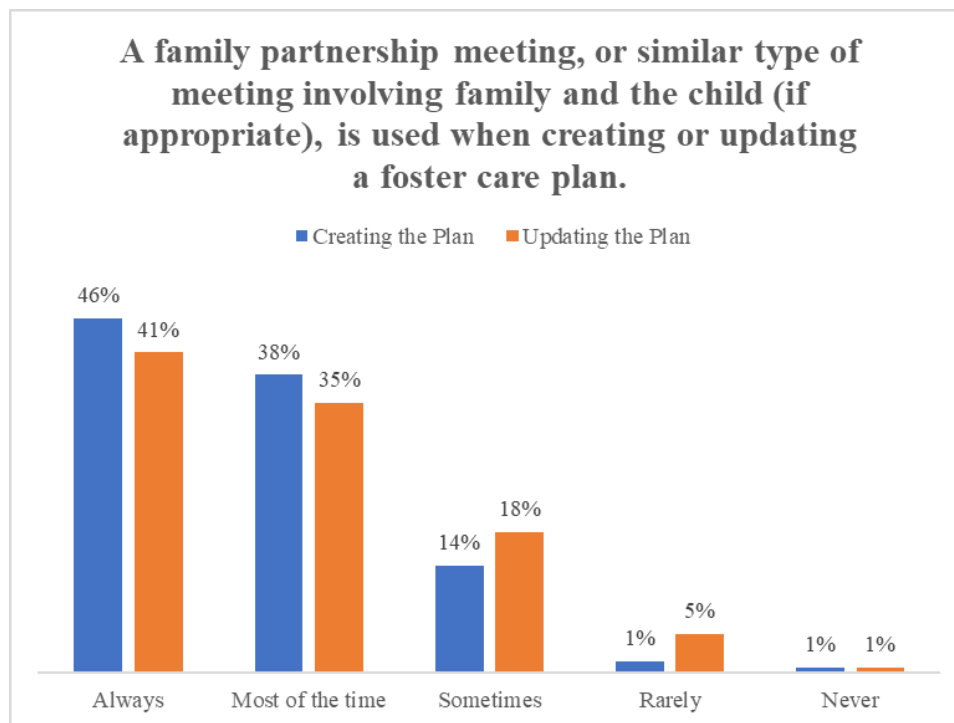


In a 2023 survey conducted with FSS, workers that carry foster care cases were asked who was involved in developing case plans. Results include:

	Always	Most of the time	Sometimes	Rarely	Never
Mothers	21%	48%	29%	2%	1%
Fathers	16%	42%	36%	5%	2%
Other family/Kin	7%	25%	49%	16%	2%
GAL	6%	27%	32%	24%	11%
Foster Parents	29%	42%	20%	8%	2%
Service Providers	21%	32%	37%	7%	3%
Child	14%	28%	48%	8%	2%

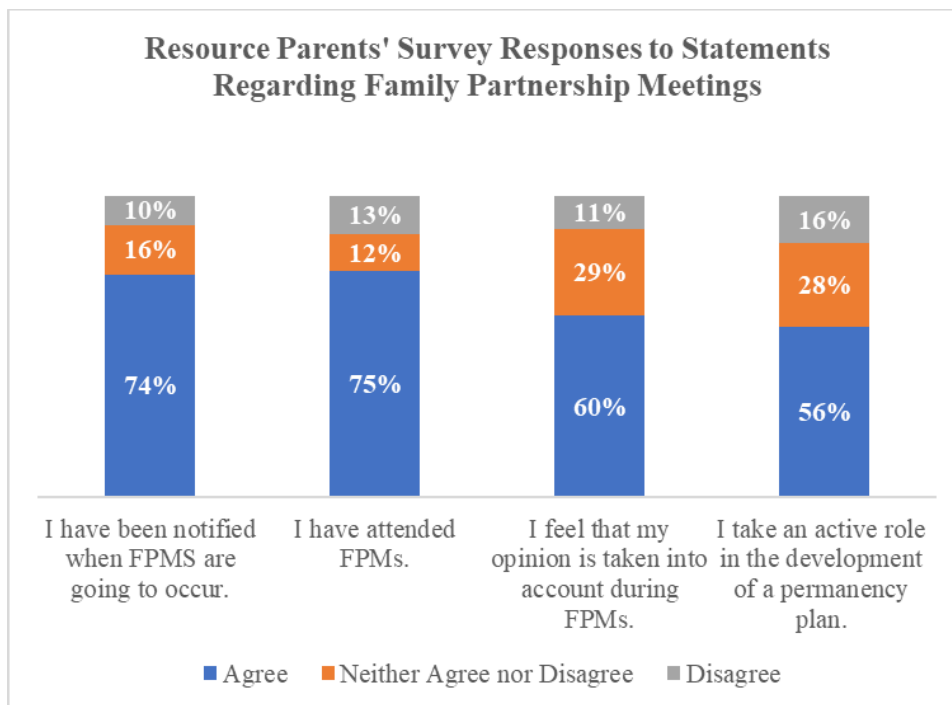
N=139

When asked about the use of FPM, or similar type of meeting involving family and the child when creating a foster care plan, workers indicated a meeting was used always or most of the time 85% of the time. When asked about the use of FPM, or similar type of meeting involving family and the child when updating a foster care plan, workers indicated a meeting was used always or most of the time 76% of the time.



N=138

In a 2023 survey conducted of Kinship, Foster, and Adoptive Families, 74% of them reported that they are notified when FPMs occur, 75% report attending FPMs, 60% report that their opinions are considered during FPMs and 56% reported that they take an active role in the development of a permanency plan at FPMs.



### Periodic Reviews

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

Virginia received an overall rating of Strength of Item 21 during the last CFSR review, Virginia continues to assess the functioning of this item as a strength, due to data reported from SafeMeasures (98% completion rate) as well as evidence from LDSS survey response with 96% reporting that they complete the periodic reviews all or most of the time. VDSS requires that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child (§§ 63.2-907 and 16.1-282 of the Code of Virginia and Section 16 of Chapter E, Foster Care of the Child and Family Services Manual). Formal reviews are held at least every six months. Dispositional hearings are held within 60 days after removal and foster care plans are filed within 45 days from removal. Foster care reviews are held within four months (§ 16.1-282) from the dispositional hearing. Petitions for permanency planning hearings are filed 30 days prior to the scheduled court date for the hearing, which will be held within ten months of the dispositional hearing (§ 16.1-282.1). For all and any review, considerations include the child's safety, the continuing necessity for foster care placement, compliance, and progress with the case plan for both child and family, transition planning for youth 14 or older, and whether an out-of-state placement continues to be in the child's best interest. When possible and appropriate, a projected date for reunification, adoption, or other permanency goal is identified as well.

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

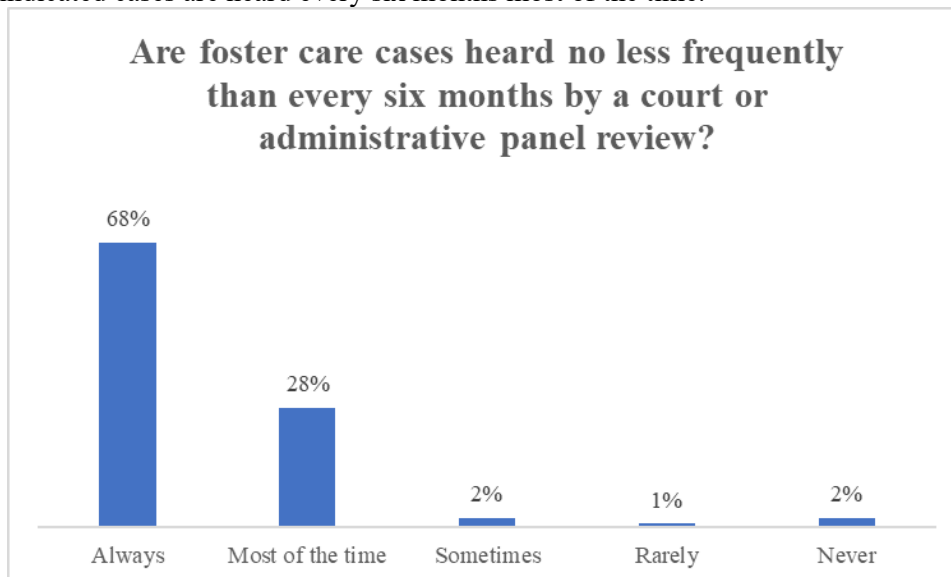
At the dispositional hearing, the judge decides who should have custody of the child. The court may return custody to the parent or guardian from whom the child was removed with certain conditions and requirements, place the child with a relative, or keep the child in foster care with the LDSS. If the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

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

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

Data gathered using the SafeMeasures AFCARS Approved Court Hearing Status report shows that during calendar year 2022, 98% of children participated in a periodic review.

In a 2023 survey of FSS who carry a foster care caseload, 68% indicated foster care cases are heard no less frequently than every six months by a court or administrative panel review. Twenty eight percent indicated cases are heard every six months most of the time.



N = 138

When asked about the reason that cases are not heard every six months, workers indicated case continuances (37%) and delay in scheduling by the court (28%) were most likely. Unavailability of the parent (18%), unavailability of an attorney (13%), and unavailability of a worker (5%) were also indicated as reasons why cases are not heard every six months.

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

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

### ***Permanency Hearings***

Virginia received an overall rating of Strength of Item 21 during the last CFSR review, Virginia continues to assess the functioning of this item as a strength, due to data regarding ongoing and initial permanency hearings and results from the most recent title IV-E review identifying that Virginia conducts frequent permanency hearings.

In Virginia, a LDSS may, under identified circumstances, petition the court for approval of an interim foster care plan at the time of the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). An interim plan may be approved by the court for a maximum period of six months, if the court finds that marked progress is being made towards reunification or is being made to achieve the permanency goal identified (Virginia Code § 16.1-282.1).

Virginia Code § 16.1-282.1 provides, “In the case of a child who was the subject of a foster care plan filed with the court pursuant to § 16.1-281, a permanency planning hearing shall be held within ten months of the dispositional hearing at which the foster care plan pursuant to § 16.1-281 was reviewed.” The initial foster care plan filed pursuant to Virginia Code § 16.1-281 is generally reviewed at the disposition hearing, which is held within 60 days of the child’s placement in foster care in cases of abuse or neglect and at-risk of abuse or neglect, or within 45 to 75 days of filing a petition for approval of an entrustment agreement. These timeline requirements support a permanency hearing being held within 12 months of a child entering foster care.

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

#### **2022 Initial and On-Going Permanency Hearings**

	#	%
Initial Permanency Hearing	3,339	98.2%
On-going Permanency Hearings	1,506	95.3%

Source: Active Foster Care Reports

During 2022, there were 3,339 children that had their permanency planning/court review hearing before one year in care out of 3,400 children in care for 12+ months. There were 2,562 children had a court review or permanency planning hearing before one year from their first court review or permanency planning hearing out of 2,573 children that were in care 12 months after their first hearing.

In a survey of FSS that carry foster care cases, workers indicated permanency planning hearings are always held no later than 12 months from the date the child enters care in 67% of cases. Workers indicated permanency planning hearings were held no later than 12 months from the date the child enters care most of the time in 25% of cases. When asked if subsequent permanency hearings were held no less frequently than every 12 months after the initial permanency hearing, FSS indicated hearings were always held every 12 months in 73% of cases and held within 12 months most of the time in 19% of cases.



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

Virginia received an overall rating of ANI for Item 20 during the last CFSR review, and Virginia continues to assess areas of concern in this item from data reported indicating untimely TPR petitions and worker surveys indicating inconsistency in including compelling reasons not to terminate parental rights. VDSS implemented a requirement to notify VDSS of intent not to file a TPR in July 2021 in response to state legislation. However, LDSS staff have struggled to adequately monitor and track this new requirement. VDSS will continue to monitor the implementation of this relatively new requirement and provide technical assistance to LDSS.

### ***Termination of Parental Rights***

Virginia Code § 63.2-910.2 requires the local board to file a petition to terminate the parental rights of a child who has been in foster care for 15 of the most recent 22 months or if the parent of a child in foster care has been convicted of certain crimes. The board must concurrently identify, recruit, process, and approve a qualified family for adoption of the child. There are three exceptions to filing: 1) the child is being cared for by a relative, 2) there are documented reasons a termination is not in the best interest of the child, or 3) services have not been provided or reasonable efforts have not been made to return the child home. Section 16.1-283 of the Code of Virginia clarifies that a petition to terminate parental rights cannot be accepted by the court prior to the filing of a foster care plan, pursuant to § 16.1-281, which documents termination of residual parental rights as being in the best interests of the child. The court may hear and adjudicate a petition for termination of parental rights in the same proceeding in which the court has approved a foster care plan with the goal of adoption which documents that termination is in the best interests of the child.

### **TPR Status for Children in Care for 15 Months+ (Status at the End of 2022)**

<b>TPR Status</b>	<b>#</b>	<b>%</b>
Total Children in Care 15+ Months	1,917	
No Petition for TPR Filed and No Exception Noted	575	30.0%
Petition for TPR Filed	1,272	66.4%
Exception to TPR noted	21	1.1%
Pre-Implementation – No Petition or Exception	49	2.6%

*Source: SafeMeasures TPR 15 Months (extract 2/15/2023, subset 0-17 years old)*  
*Steps Taken: Exported the TPR 15 Months for children under 18 for December 2022.*

### **Timely TPR and Timely Permanency Planning Hearings**

	<b>2022 Monthly Average</b>
<b>% of Children with Timely TPR Petitions</b>	71%

<b>% of Children with Timely Initial Permanency Planning Hearings</b>	98.2%
<b>% of Children with Timely Ongoing Permanency Planning Hearings</b>	95.3%

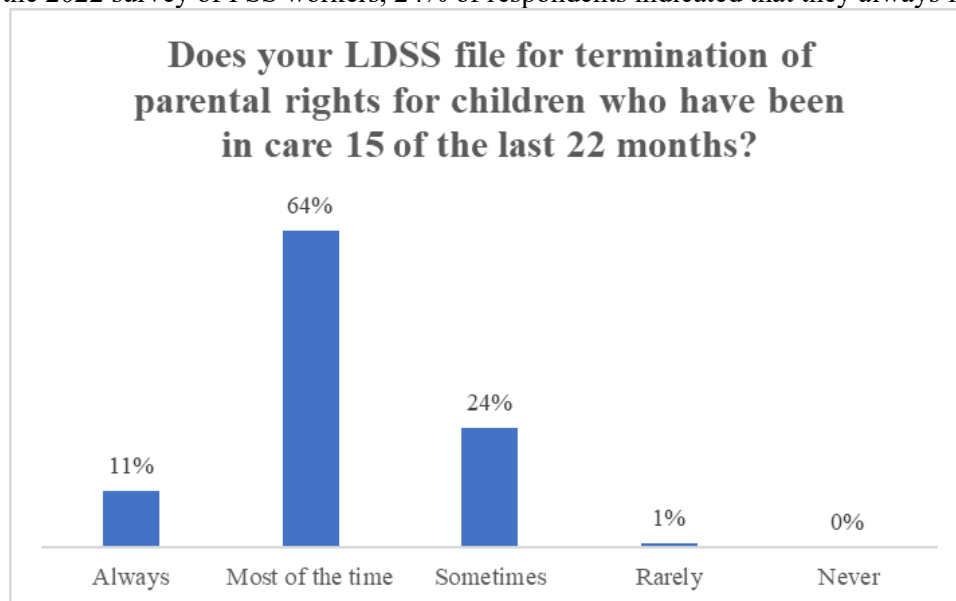
*Timely TPR Source: SafeMeasures®, TPR Status*

*Timely Permanency Planning Source: OASIS Active Foster Care Children Reports CY2022 and OASIS; Includes children under 18\* in care at some point in CY2022 that spent 24 months or more in care and had a permanency planning/court review hearing in CY2022. \*Based on the most recent information in OASIS Active Foster Care Children Reports in CY2022.*

There is an increase in 2022 of timely TPR petitions with 71% up from 69% in 2021.

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

In a Spring 2023 survey of FSS who carry a foster care caseload, 64% indicated that TPR is filed for children who have been in care 15 of the last 22 months most of the time and 11% always file for TPR. In the 2022 survey of FSS workers, 24% of respondents indicated that they always file for TPR.



When asked in the Spring 2023 survey if TPR is not filed, 79% of workers indicated they always document compelling reasons not to file in the foster care plan or Part B of the permanency plan, compared to the 2022 survey results with 81% of respondents indicating that they always document compelling reasons.

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

### ***Notice and Right to be Heard***

Virginia received an overall rating of ANI for Item 20 during the last CFSR review; however, Virginia currently assesses this item as a strength, due to responses from foster parents and LDSS workers

indicating that most of the foster parents are being provided notice of the hearing and are informed of their right to be heard.

Subsection 16.2.2 of Chapter E, Foster Care of the Child and Family Services Manual

Foster parents and pre-adoptive parents are to be notified of every hearing in writing. Their names shall be included on the foster care plan transmittal submitted to the court. Service workers should also discuss upcoming hearings with the parents, foster and pre-adoptive parents and encourage their attendance. The service worker should provide and discuss with the foster parent, pre-adoptive parent, or relative caregiver a copy of the brochure Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts.

[http://www.courts.state.va.us/courtadmin/aoc/cip/resources/asfa\\_brochure\\_web.pdf](http://www.courts.state.va.us/courtadmin/aoc/cip/resources/asfa_brochure_web.pdf) This brochure explains the requirements that they must be provided with timely notice of and an opportunity to be heard in six-month review hearings and permanency hearings held with respect to the child in their care. It explains they do not have the right to standing as a party to the case. It also describes the participants in the case and what they may expect by way of notice and “a right to be heard.” The foster parent, pre-adoptive parent, or relative caregiver should be encouraged to attend and speak at the hearing, when recognized by the judge, with respect to the child during the time the child is in their care.

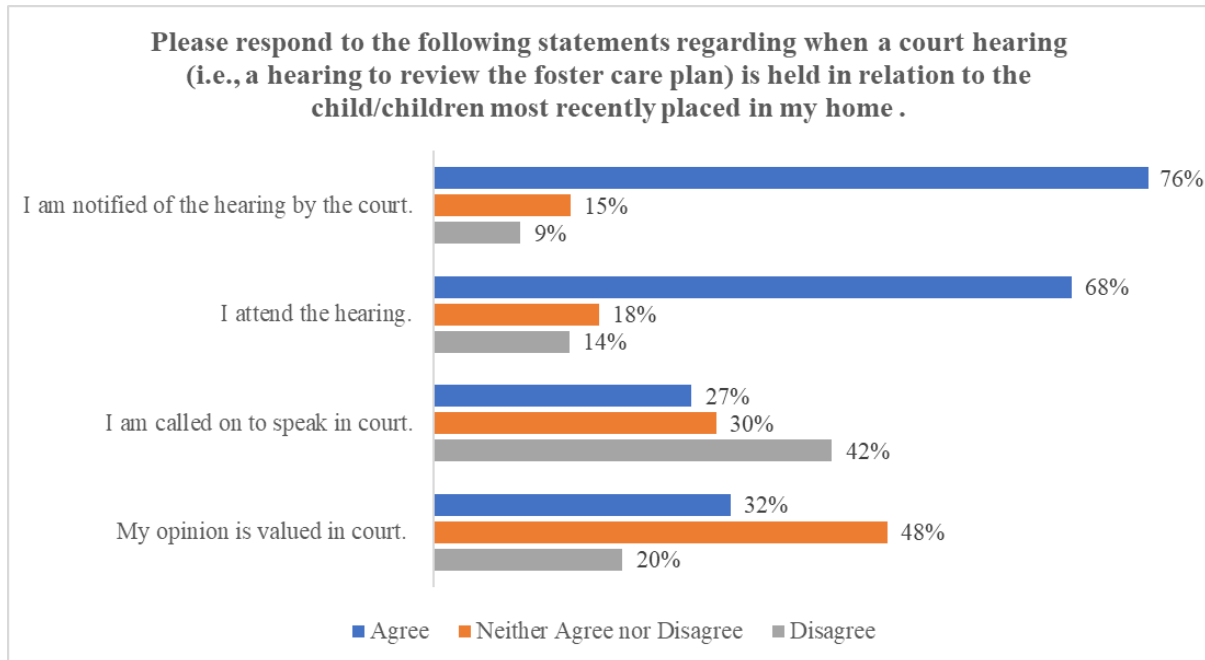
CFSR PIP Activity 3.3.2 was to develop a bench card for judges to use at all court hearings that offer a series of questions to assess agency efforts to move a child to permanency. Because it is important that discussions about child permanency take place throughout the life of a case, a separate bench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

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

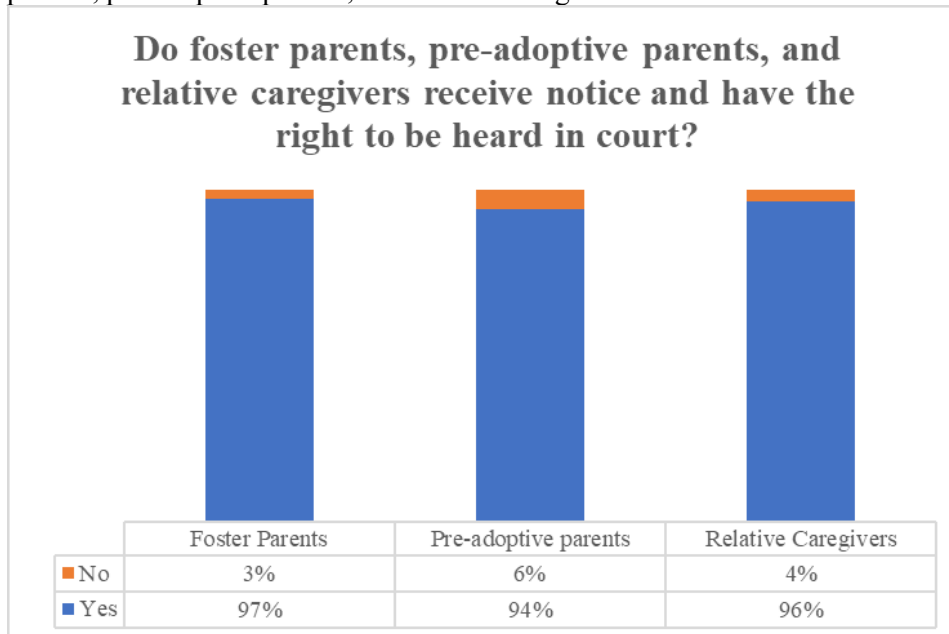
The bench cards associated with foster care reviews and permanency planning include a prompt for the judge to consider foster parent participation in the hearing. If the foster parent was not included in the hearing, there is a prompt to ask why that has not occurred. Virginia CIP created a bench card binder for each Virginia J&DR district court judge. Virginia CIP has notified all guardians ad litem for children (who also serve as parents' counsel), counsel for LDSS, and the state CASA program coordinator (for distribution to Virginia's CASA network) about the availability and how to access them online.

Local departments must share the Foster Parent Bill of Rights with all approved foster parents and maintain a signed copy in the family file. Along with other rights in this bill of rights, foster parents are informed of their right to be notified of court hearings, scheduled meetings and to be informed of decisions made by the court, local departments, or licensed child-placing agency concerning the child's foster care services.

In a 2023 survey of kinship, foster, and adoptive parents, 76% of respondents indicated they are notified of a court hearing and 68% indicated they attend hearings. While only 27% indicated they were called on to speak in court, 32% believe that their opinion is valued in court.



In a 2023 survey of FSS who carry a foster care caseload, the majority of workers indicated that foster parents, pre-adoptive parents, and relative caregivers receive notice and have a right to be heard in court.



N= 137

## Item 25: QAA System

**Item 25:** How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and

needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Item 25 was found to be in substantial conformity during the last CFSR review. Virginia continues to assess this item as a strength as the CQI processes have expanded and strengthened since 2017.

Virginia's CQI system covers all geographic jurisdictions and LDSS (all 120 LDSS) within the state. Virginia's CQI system is implemented through a quality triad model including Quality Assurance, Quality Control, and Quality Improvement. Quality Assurance is carried out through the Quality Assurance and Accountability (QAA) team which ensures compliance through reviews at local levels and connects results with practice via Practice Consultants who provide coaching, technical assistance and support to local departments. Quality Control is enabled through title IV-E reviews (also conducted by the QAA team) to address and predict financial penalties and gaps in compliance; and, fully enacted through Practice Consultants who support localities in aligning practice with policy and guidance. Strategic Consultants and Data Analysts facilitate data alignment between programs, divisions and regions and lead state and regional CQI events for Quality Improvement. State and regional meetings facilitated by the Strategic Consultants allow for a deeper dive into regional trends, local strengths and needs and peer to peer resource sharing and learning collaborative oriented, targeted improvement of outcomes.

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

#### **Title IV-E New Case Validations**

New case validations ensure that the initial funding determination has been made on every child who enters foster care. These reviews coincide with the title IV-E on-going and VCFSR reviews. For new case validations, QAA consultants review the initial eligibility determination to validate the funding determination of either IV-E or CSA as well as any other IV-E requirements. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument to ensure that federal judicial language, AFDC eligibility, IV-E expenditures, and safety and licensing requirements are met. In addition, the QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS. The QAA consultants look at the eligibility requirements for Fostering Futures cases and determine whether the case has been appropriately found to be IV-E or CSA. Once the eligibility has been determined for a Fostering Futures case, no future monitoring is required.

If during the new funding case validation, errors are identified that result in ineligible IV-E expenditures, the report generated reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency must provide proof that the adjustments have been made prior to the error being marked as resolved. The Title IV-E Performance Management and/or Corrective Action Plan processes are triggered by the QAA title IV-E review error percentages but are separate from the fiscal responsibility plan which identifies adjustment payment sources.

#### **Title IV-E Ongoing Reviews**

QAA Title IV-E Ongoing reviews facilitate compliance with title IV-E, state, and VDSS requirements and guidance. Ongoing reviews are designed to provide continuous quality control and support to the LDSS by reviewing all open title IV-E cases at least once per fiscal year. The review coincides with the title IV-E new case validations and is part of the quarterly QAA process.

The QAA regional consultants review a percentage of ongoing cases, based on the previous year's review outcome, that were eligible for IV-E payments made during a specific period under review (PUR). The consultants verify that the initial eligibility determination has been previously reviewed during new case validation. If it has not, then the consultant will validate the initial eligibility determination. Once validated and/or verified, the ongoing items required to maintain title IV-E eligibility are reviewed. During the review, the QAA consultants utilize an instrument that closely mirrors the federal instrument to ensure that the ongoing judicial activity, IV-E expenditures, safety requirements, and licensing requirements comply with federal requirements. Title IV-E expenditures include but are not limited to maintenance rates, enhanced maintenance rates, clothing expenditures, childcare, and transportation costs. The consultants verify the proper use of IV-E funds for services provided by requesting and reviewing the Standard Payment Record (SPR) for each case.

The review process includes examination of systems and documentation of the OASIS and case record to include the foster care, eligibility, and resource files. During the review, the consultants select two resource files belonging to LDSS-approved foster homes where a IV-E payment has been made during the PUR. The QAA consultants monitor certain items to ensure that placement, funding, and court screens are accurate in OASIS. In addition, the consultants verify the dates of the required safety checks on the checklist in the eligibility file to the formal results housed in the resource file.

The shared accountability process between VDSS and LDSS originally began July 1, 2021; however, effective October 1, 2022, to ensure continuous quality improvement, the QAA team, in collaboration with local departments, implemented changes to support the local agencies while also ensuring federal guidelines are met. This process provides a mechanism of shared accountability between VDSS and LDSS. This plan ensures appropriate management of title IV-E funds, following all state and federal requirements. If a Title IV-E payment has been made in error, an adjustment must be made by the LDSS with the appropriate funding source.

During the new funding case validation, if errors are identified that result in ineligible IV-E expenditures, the report reflects the total fiscal amount that requires adjustments. During the actions taken process, the agency must provide proof that the adjustments have been made prior to the error being marked as resolved. The Title IV-E Shared Fiscal Accountability processes are triggered by the QAA Title IV-E review error percentages but are separate from the fiscal responsibility plan which identifies adjustment payment sources. The Title IV-E Shared Fiscal Accountability includes payment corrections/adjustments that are required as a result of a title IV-E payment error being identified whether by the LDSS, or during a state or federal review.

For an agency to be placed on an Identification Review a title IV-E review must show either a case error rate greater than 10% or a funding error rate that is greater than 15%. If the error rate exceeds the allowable threshold, VDSS in conjunction with the LDSS, will complete the Shared Fiscal Accountability Progress Document within 45 days. This can include, but is not limited to, an analysis of the root causes of errors to include services and CSA finances if relevant, QAA 1:1 training, Practice Consultant training of Benefit Programs Staff and Family Services Specialists, and/or peer to peer sharing of best practices. A second subsequent title IV-E review is done to measure the Identification Review progress. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops; however, if that review identifies a case error rate greater than 10% or a funding error rate that is greater than 15%, the Identification Review is transitioned to a Support Plan Activation. Then a subsequent third review to measure the Support Plan is done. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops; however, if that review identifies a case error rate greater than 10% or a funding error rate that is greater than 15% the Support Plan is transitioned to an Ongoing Support Plan. Then a subsequent fourth review to measure the Ongoing Support Plan progress is done. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops. However, if that review

identifies a case error rate greater than 10% or a funding error rate that is greater than 15% the Ongoing Support Plan is transitioned to a Program Management Plan. There is then a subsequent fifth review to measure the Program Management Plan progress. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops; however, if that review identifies a case error rate greater than 10% or a funding error rate that is greater than 15% the Program Management Plan is transitioned to an Ongoing Program Management Plan. Then a subsequent sixth review to measure the Ongoing Program Management Plan progress is completed. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops. However, if that review identifies a case error rate greater than 10% or a funding error rate that is greater than 15% the Ongoing Program Management Plan is transitioned to a Corrective Action Plan. There is then a subsequent seventh review to measure the Corrective Action Plan progress. If the agency is below the error thresholds, then the Shared Fiscal Accountability process stops; however, if that review identifies a case error rate greater than 5% or a funding error rate that is greater than 10% the Corrective Action Plan is transitioned to an Ongoing Corrective Action Plan to be determined jointly by VDSS and the LDSS.

The percentage of both new foster care funding determinations and ongoing cases that had an AFDC error found during the reviews declined from 2.35% to 1.67% in 2022. By combining findings for the purpose of quarterly reporting, the combined total error percentage of cases that had an error found during the review decreased from 7.54% to 3.63%.

The findings for both new foster care funding determinations and ongoing cases are reported to LDSS quarterly providing the number of cases reviewed, number of IV-E errors found, and an error percentage. The data is provided by region and by LDSS and is posted to the intranet site.

#### **Child and Family Service Reviews (CFSR):**

The CFSR reviews enable Virginia to accomplish the following: (1) ensure conformity with federal child welfare requirements; (2) determine what is happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance their capacity to help children and families achieve positive outcomes. Ultimately, the goal of the review is to help Virginia improve child welfare services and achieve the following outcomes for families and children who receive services: Safety, Permanency, and Family and Child Well-Being. Based on the Federal Round Three CFSR results, Virginia was found not to be in substantial conformity, requiring a Program Improvement Plan (PIP). As part of the PIP, Virginia was required to complete a review of 35 cases per quarter statewide resulting in 140 cases reviewed each year. Virginia passed the Round 3 PIP in January 2022. Since that time, Virginia has not been under federal oversight or required to follow federal guidelines for case sampling. Since passing the PIP, Virginia has altered the sampling method to ensure that all agencies in Virginia received a CFSR review following the federal guidelines, as well as to focus on agencies with high Title IV-E error rates. The current CFSR review process continues to follow the federal requirements regarding case eliminations, and completion of the federal instrument. Virginia continues to utilize the federal CFSR portal and Onsite Review Instrument (OSRI).

Each case consists of a two-day review, during which the key participants in each case are interviewed, and the case file is reviewed. The key participants include the child, the child's parents and/or caregivers, the child's foster parents, pre-adoptive parents, or other caregivers, the FSS, and any other case participant that is deemed important to the integrity of the case. These interviews can occur within the agency, the community, or the home. Per case, each review requires a Regional Site Leader (RSL), who coordinates the review with the LDSS and provides the required initial quality assurance (QA) and two reviewers. The CFSR consists of 18 items that reviewers must assess during the review process. The OSRI provides ratings based on the responses entered and provides a final rating of either "Strength" or "ANI." Once the OSRI is completed, initial QA of the case is required to ensure consistency across all 18 items. Following the completion of the initial QA, second level QA is required by the statewide lead

QAA supervisor. Federal partners conducted Secondary Oversight of 10% of Virginia's CFSR case reviews during Round 3; although federal oversight is not currently required, Virginia will work with federal partners to review a percentage of CFSR cases in preparation for Round 4 CFSR.

Virginia's federal partners have established Round 4 goals for each of the 18 CFSR items, which are a 95% Strength rating for Item 1, and a 90% Strength rating for Items 2-18. In November 2022, the QAA team implemented new goals for each item, to slowly move Virginia forward toward meeting the Round 4 goals. The new goals were calculated by averaging the percentage of Strength ratings over the last six measurement periods (six-month review periods) and increasing the values. The new goals are monitored every six months; when a new goal is met, it will be increased by 10% until reaching the Round 4 goal.

Item Number	6 MP Average	New 6 Month Goal	Federal Standards
Item 1 Timeliness of Response	85%	95%	95%
Item 2 Safety-related Services	81%	90%	90%
Item 3 Risk and Safety	70%	77%	90%
Item 4 Placement Stability	78%	86%	90%
Item 5 Timeliness/Appropriateness of Permanency Goals	82%	90%	90%
Item 6 Efforts to Achieve Permanency	71%	78%	90%
Item 7 Placement with Siblings	83%	90%	90%
Item 8 Visitation	77%	85%	90%
Item 9 Maintaining Connections	87%	90%	90%
Item 10 Relative Placement	90%	90%	90%
Item 11 Preserving Relationship with Parents/Caretakers	65%	75%	90%
Item 12 Needs Assessments/Services	53%	70%	90%
Item 13 Case Planning	72%	80%	90%
Item 14 Caseworker Visits with Child	81%	90%	90%
Item 15 Caseworker Visits with Parents	70%	77%	90%
Item 16 Education	89%	90%	90%
Item 17 Physical and Dental Health	83%	90%	90%
Item 18 Mental/Behavioral Health	81%	90%	90%

The QAA reviews not only include face to face interaction with key participants, but also includes a debriefing meeting (exit conference), during which findings from the reviews are discussed with LDSS leadership and staff. The CFSR Reviewers may connect the LDSS with a Regional Practice Consultant for specific technical assistance, resource material, and direct suggestions for practice improvement. During the COVID-19 pandemic, exit conferences have been scheduled by virtual means with LDSS leadership and staff. In a collaborative effort to meet Round 4 federal CFSR goals, the QAA team has developed training for LDSS agencies on how to attain Strength ratings in each of the 18 Items and is holding regular meetings with the CQI and Data teams regarding CFSR outcomes. These collaborative efforts will result in the ability of Practice Consultants and Strategic consultants to provide appropriate



support for practice enhancement. In addition, agencies will be able to receive more targeted training based on their CFSR outcomes and be partnered with other similar LDSS agencies for support and mentoring.

### **Virginia Child and Family Services Review (VCFSR)**

Beginning February 2020, the VCFSR combined the practice of the Agency Case Review and Child Welfare Case Review into one streamlined process – the VCFSR. The VCFSR was developed at that time to ensure that VDSS reached all agencies in Virginia and gave them valuable feedback about their practice regarding the safety, permanency, and wellbeing of children they serve. During a VCFSR, the LDSS had one foster care case and one In-Home Services case randomly selected to review, using the same criteria for selection as a CFSR review. The VCFSR provided an introduction to localities who have not experienced a CFSR to the uniform practice required in the PIP and federal reviews while giving each LDSS the opportunity to know how well they are functioning regarding their child welfare case practices. The VCFSR utilized the federal CFSR OMS and OSRI which allowed for detailed reports, to better capture trends resulting from LDSS practice. The QAA team reviewed automated data, hard file documents, and conducted a caseworker interview as part of the review process. Each LDSS participated in a thorough and comprehensive exit conference process with the reviewer to discuss the cases' strengths and areas needing improvement. During the exit conference process, LDSS received a complete OSRI report detailing the findings of the review. In 2022 VDSS completed nine VCFSR's statewide; however the VCFSR process was discontinued in January 2022 after passing the federal Round 3 PIP. In lieu of the condensed VCFSR process, the CFSR team has altered the current sampling process to allow for the QAA team to review more agencies using the federal CFSR review process while Virginia is not in the PIP. VDSS continues to retain the framework for the VCFSR process in case this review type is beneficial in the future to provide support and oversight to Virginia agencies that are less likely to be randomly sampled for a CFSR under federal oversight in Round 4.

### **Title IV-E In-Home Reviews**

Effective October 2022, the QAA team added a title IV-E In-Home unit, with the hire of a title IV-E In-Home supervisor and data analyst. The unit was formed under the umbrella of the division's QAA team, which oversees title IV-E New Case Validations and Ongoing Reviews, Virginia CFSR, and federal CFSR. The unit is responsible for assessing and ensuring compliance with federal regulations, identifying, and enhancing best practices and ensuring the accuracy of data in the child welfare system related to use of title I-VE funding for evidence-based prevention services. Title IV-E funds were made available, effective July 1, 2022, for LDSS to utilize in providing evidence-based prevention services through the Family First Prevention Services Act, adopted in February 2018. The Family First Prevention Services Act enables the use of federal funds under parts B and E of title IV of the Social Security Act. These funds provide enhanced support to children and families and prevent foster care placements through the provision of mental health prevention and treatment services, substance use disorder prevention and treatment services, in-home, skill-based parenting programs, and Kinship Navigator services.

Prevention services are an integral part of the continuum of all child welfare services. They include, but are not limited to, providing information and services to accomplish the following goals: strengthen families, promote child safety, well-being, and permanency, minimize harm to children, maximize the abilities of families to protect and care for their children, prevent the occurrence or reoccurrence of child maltreatment, and prevent out-of-home care, including preventing foster care.

Evidenced-based services consist of specific interventions and models, are researched based and rigorously evaluated, have proven outcomes, and utilize a quality approach. A child and their caregiver who are identified as a candidate for foster care, who can remain safely at home, or in a kinship home

and, who are at imminent risk of entering foster care, if a child in foster care who is pregnant or parenting, or a child whose adoption or guardianship is at risk of a disruption or dissolution and includes post-reunification services are eligible for evidenced-based prevention services funded by title IV-E. It is anticipated that the title IV-E In-Home review process will mirror components of both the title IV-E and CFSR review processes. QAA consultants will likely review the initial and ongoing eligibility to validate the funding for the evidence-based service as well as any other title IV-E In-Home case requirements identified by the state. The title IV-E In-Home reviews will be unique in that qualitative and quantitative components will be included.

Some examples of qualitative components that will likely be reviewed include timeliness of court reviews, timeliness of the CANS, service plans, and reasonable candidacy. During the review, the QAA consultants will utilize an instrument created specifically for title IV-E In-Home services that captures the federal title IV-E requirements as well as other requirements related to safety and well-being. The case review process will utilize OASIS and the COMPASS|Portal to review pertinent case documents.

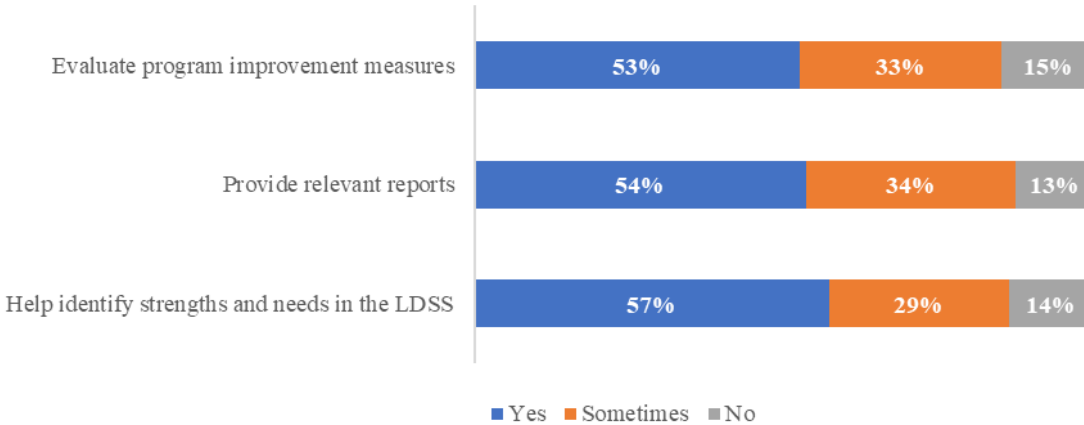
Effective Spring 2023, the QAA team will begin the hiring of five additional QAA consultants for the title IV-E In-Home unit.

### **Virtual Reviews**

In response to the COVID-19 pandemic, VDSS established an electronic review process, in coordination with the LDSS in March 2020. VDSS ceased in person contact following VDSS and state COVID-19 guidelines for face-to-face interaction and has continued the COVID-19 virtual protocol during the 2021 calendar year. VDSS utilized the COMPASS|Portal and OASIS platforms to search hard file information and continued to use the structured interview process to gain information not retrieved in the hard file case review. For LDSS that had difficulties uploading cases into the COMPASS|Portal, electronic case files were scanned and emailed using encryption software. VDSS engaged participants using a variety of virtual platforms to include, ZOOM, Google Meets, and Microsoft Teams to conduct interviews and hold conversations with LDSS. All platforms listed are used to discuss general information that was not confidential in nature.

In a survey of FSS, 57% of staff indicated that the QAA system helps identify strengths and needs in the LDSS. Twenty nine percent indicated the QAA system sometimes identifies strengths and needs and 14% indicated the system does not identify strengths and needs. FSS staff indicated similar perspectives that the QAA system does evaluate program improvement measures at 53% of respondents indicating “yes” and provide relevant reports at 54% of respondents indicating “yes”.

**Do you believe the reviews your LDSS participates in, including CFSR, VCFSR, IV-E new case validations, on-going case validations, congregate care reviews:**



### Statewide CQI

As mentioned previously (p. 85-88), VDSS launched the statewide CQI meetings in November 2021. The first state CQI meeting was held in January 2022 and focused on In-Home, the second meeting was held in February and focused on Kinship and the third meeting was held in March and focused on Youth Aging Out of Care. In 2022, state and regional CQI events occurred monthly. Efforts for targeted improvement focused on three areas of practice: increasing utilization of In-Home services, increasing Kinship placements, and decreasing Youth Aging Out of Care. Prior to CQI's inception in 2021, each LDSS was encouraged to identify a core team within their agency. These individuals would attend the State CQI meeting, be the conduit of information from this meeting back to their agency and assist in the development of their agency's implementation plan which specifically addressed how to increase performance outcomes related to each of the three areas of practice.

Monthly State CQI meetings, rotating the focus on one of the three practice areas, offered an overview of state and regional data trends, highlighted optimal practice in LDSS, and provided opportunities for peer-to-peer resource sharing through a collaborative approach. Following each State CQI Meeting, all five regions held a Communities of Practice (CoP) for supervisors, caseworkers, and LDSS core team members, facilitated by the Regional Practice Consultants. Each meeting rotated its focus on one of the three areas of practice and provided a more robust regional and LDSS overview of data trends. This environment also allowed for solution focused discussion around strategies to enhance outcomes in the three areas of practice. Additional information on planned 2023 CQI efforts is in the CQI section on p. 85-88.

### Use of Data

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

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

Some of the specific data tools that VDSS uses to analyze and disseminate data include Virginia Child Welfare Outcome Reports (VCWOR), SafeMeasures®, StateWide Data Indicators (SWDI), case review themes and data, and the Chapin Hall Data Center. VCWOR is maintained by the VDSS Office of Research and Planning and provides reports directly from the state electronic case-management system, OASIS. Safe Measures®, from Evident Change, provides data visualization and analysis across a large set of metrics that include length of stay in foster care, time to adoption, completion of monthly worker visits, and many others. The Chapin Hall Data Center obtains longitudinal case histories of children and families in contact with the child welfare system as well as comparison data from other states. CQI is in the process of sharing these data with localities on request, and identifying specific analytic reports to share with small to mid-size agencies that lack staff to perform research or analysis. VDSS has also developed a quarterly report with a core set of data points that is posted on the intranet site. The report includes statewide and regionally specific information and LDSS program data. Data highlighted in the state CQI meetings are also posted to the intranet site for easy access by LDSS.

<b>VDSS QAA/Case Review System</b>				
<b>Review Type</b>	<b>Reviewers</b>	<b>Review Description</b>	<b>Frequency and Target Population</b>	<b>Total Cases</b>
<b>Quarterly QA Reviews</b>	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, Child and Family Services Review (CFSR) Federal requirements, Virginia Child and Family Services Review (VCFSR) State requirements, and Subrecipient Monitoring State Requirements (Sr-M)	Each title IV-E New Case Validation is completed every 90 days, or quarterly, on 100% of children entering foster care. Each title IV-E ongoing review is completed one time annually. The number of cases reviewed are randomly selected and range between 25%-100% based upon prior fiscal year error rate. Each (Sr-M) is done annually as determined by risk assessment. *Note, Sr-M numbers are not included in the Total Cases reviewed.	<b>3,360</b>
<b>Title IV-E New Case Validations</b>	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance and accurate financial reporting.	Each 90 days ( <i>100% of children entering foster care within 90-120 days of entering care</i> )	<b>2,287</b>
<b>Title IV-E Ongoing Reviews</b>	QAA Team	Targeted observations to facilitate compliance with title IV-E federal, state, and VDSS requirements, guidance	One time annually ( <i>Cases selected at random</i> )	<b>1,073</b>

		and accurate financial reporting.		
<b>Child and Family Service Reviews (CFSR)</b>	QAA Team	Conformity with federal child welfare requirements; determine what is happening to children and families as they are engaged in child welfare services; and assist VDSS to enhance their capacity to help children and families achieve positive outcomes.	Quarterly ( <i>30 cases selected at random</i> )	<b>120</b>
<b>Virginia Child and Family Service Review (VCFSR)</b>	QAA Team	Targeted to agencies that do not receive a PIP CFSR, the VCFSR is to engage the non-PIP agencies in conformity with federal child welfare requirements; determine what is happening to children and families as they are engaged in child welfare services; and assist VDSS to enhance their capacity to help children and families achieve positive outcomes. The results of which are not measured by the Children's Bureau but are used by the QAA team to support the function at the LDSS level.	Quarterly selections done parallel to the PIP CFSR, the agencies that participate are agencies that have not engaged in a PIP CFSR during the last year. The frequency changes as PIP CFSR cases are selected at random per quarter. Because Virginia passed the PIP in January 2022, VCFSRs were continued in 2022, which accounts for the low numbers of cases reviewed. After the PIP ended, Virginia was able to alter the overall CFSR sampling process to include all Virginia agencies that otherwise would have received a VCFSR.	Total cases included the agencies which were not pulled for CFSR during the prior calendar year. A total of nine agencies were reviewed prior to the discontinuation of VCFSR, each agency had two cases selected for review, one foster care case and one CPS Ongoing Case.
<b>Subrecipient Monitoring (rM)</b>	Specific Program Staff Assigned	Monitors the appropriate allocation of federal funding, in compliance with the program parameters and state and federal supervisory guidelines.	One time annually ( <i>as determined by risk assessment</i> )	<b>Varies</b>

## **Items 26-28: Staff and Provider Training**

### **Staff and Provider Training**

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

With the suspension of all classroom training in March 2020 due to the COVID-19 pandemic, LTD has broadened online learning opportunities to help learners succeed in their professional and personal learning goals. After careful research and collaboration with colleagues from other state child welfare training programs, the decision was made to implement a four phase conversion process of all mandated classroom child welfare pre-service training and the newly established Leadership Institute. A series of live synchronous online learning webinars were developed to bring individual and group work to life in a virtual platform and transfer learning from online to on the job through assigned activities and a proficiency test upon completion. Engagement strategies include: chat, polling, quizzes, hand raising, screen annotation, paired-chat breakout activities, etc. Participant engagement and participation are closely monitored throughout virtual classroom sessions. All online course prerequisites must be completed prior to enrolling in the webinar series in the state learning center and is monitored using the required training console in the learning management system (LMS). Required training will continue to be delivered through online courses and live virtual webinar series. LTD successfully converted all required pre-service training for new workers to all virtual distance learning during this reporting period. Even with the ongoing conversion of all new worker required classroom course curricula to virtual distance learning, the team provided 493 training events with 8,700 completions in 2022 (January through December 2022).

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

The LTD team views training as a collaborative effort to meet the emerging needs of the workforce. Research shows that activities completed before, during, and after training can help a participant better understand the content of the training and apply it on the job much more effectively with the support of a skilled supervisor. LTD provides a supervisory tool for each pre-service training course as a way to facilitate discussion on the content of each course including specific topics covered, a description of

transfer of learning (TOL) from the training back to the LDSS, and suggestions for continuing the learning process within the LDSS to increase the knowledge, skills and abilities of family services workers. Staff is currently working on developing TOL in all LTD training classes.

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

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

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

The number of LDSS staff new hires in Virginia that require training, as of December 31, 2022:

<b>Dates</b>	<b># New hires required to complete training</b>	<b># of New Worker completions</b>	<b># of New Worker Incompletes</b>
January 1, 2022 – December 31, 2022	679	8700	47 VLC Inactivation

Table 2. Training Completions for January 1, 2022 – December 31, 2022

Protection – Child Protection Services	558 (multiple programs, intake, prevention)
Prevention – In-Home Services	38
Permanency – Foster Care and Adoption	83

Below are the initial training requirements for child protective services workers, In-Home services workers, and foster care and adoption workers. Completion rates for these courses are available on p. 5-9 of Appendix D: Virginia Child Welfare Staff and Provider Training Plan.

## **PRE-SERVICE TRAINING REQUIREMENTS FOR CHILD PROTECTION SERVICES**

**(Effective July 1, 2021):**

### **First Three Weeks**

- CWSE1002: Exploring Child Welfare

- CWSE1500: Navigating the Child Welfare Automated System:OASIS for CPS
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect

**First Three Months**

- CWS2000.1: CPS New Worker Policy Guidance With OASIS
- CWSE1510: Structured Decision Making (SDM) in Virginia
- CWSE5011: Case Documentation

**First Twelve Months**

- CWS1021: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1041: Legal Principles in Child Welfare Practice
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWS1305: The Helping Interview
- CWS2011: Intake, Assessment, & Investigation in CPS
- CWS2021: Sexual Abuse
- CWS2031.1: Sexual Abuse Investigation
- CWS2141: Out of Family Investigations
- CWSE4000: Identifying Sex Trafficking in Child Welfare
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5011: Case Documentation
- CWS5307: Assessing Safety, Risk & Protective Capacity
- CWSE6010: Working with Families of Substance Exposed Infants

**First Twenty Four Months**

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

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

**First Three Weeks**

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

**First Three Months**

- CWS1000: In-Home Services New Worker Policy Guidance With OASIS
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5307: Assessing Safety, Risk & Protective Capacity
- CWSE2010: In-Home Services Skills
- CWS4080: Kinship Care in Virginia
- CSA CANS Certification
- CWSE4060: Family Search and Engagement
- CWSE5501: Substance Use Disorder
- CWSE1006: Reasonable Candidacy
- CWSE2090: Injury Identification in Child Welfare



- CWSE4000: Identifying Sex Trafficking in Child Welfare
- CWSE5011: Case Documentation
- CWS5011: Case Documentation
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWSE7000: Family First in Virginia (5 modules)

#### **First Six Months**

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

#### **First Twelve Months**

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

#### **First Twenty Four Months**

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

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

#### **First Three Weeks**

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated System: OASIS for Foster Care
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect Mandatory Reporter Training

#### **First Three Months**

- CWS3000: Foster Care New Worker Policy Training with OASIS
- CWS3010: Adoption New Worker Policy Training with OASIS
- CWS5011: Case Documentation

#### **First Six Months**

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

#### **First Twelve Months**

- CWS1021: The Effects of Abuse & Neglect on Child & Adolescent Development
- CWS1031: Separation and Loss Issues in Human Services Practice
- CWS1041: Legal Principles in Child Welfare Practice
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWS1305: The Helping Interview
- CWS3041: Working with Children in Placement
- CWS3081: Promoting Family Reunification
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5307: Assessing Safety Risk and Protective Capacity

#### **First Twenty Four Months**

- CWS5305: Advanced Interviewing: Motivating Families for Change
- DVS1001: Understanding Domestic Violence

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

Information on how LTD uses feedback from LDSS workers and stakeholder groups in assessing and updating their courses is included in Appendix D on pages 1, 3, and 12-13. In addition, programs use their Policy Advisory Committees to gather feedback from LDSS workers on what courses to add to mandated new worker training and when along the timeline to add them. LTD has a strong partnership with the VLSSE and utilizes them to provide ongoing feedback on training.

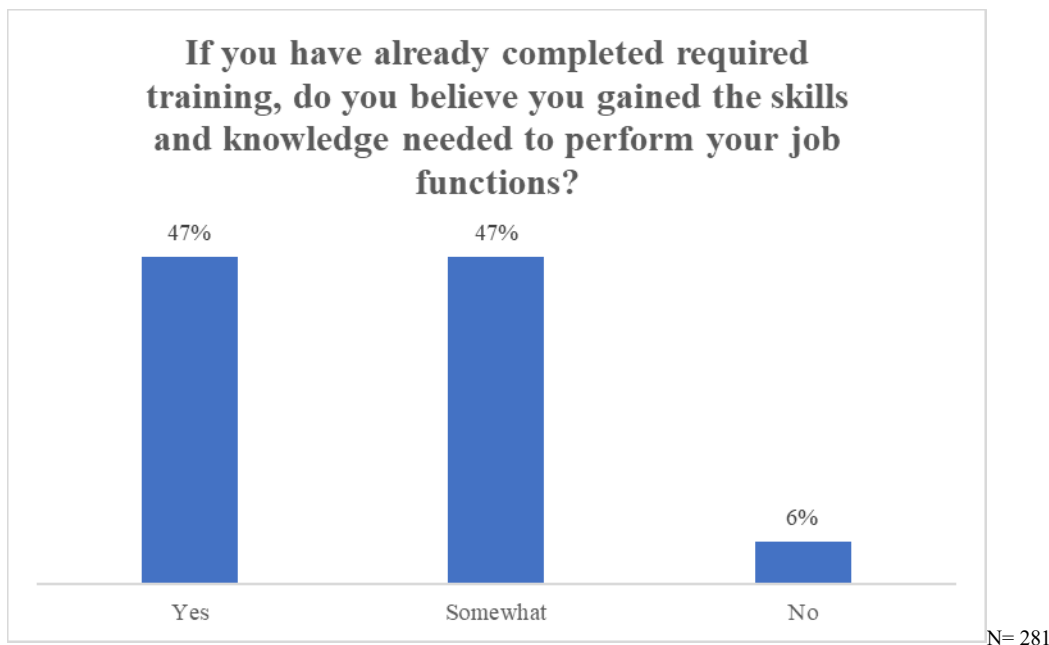
In a survey of FSS workers, staff were asked if they completed their training requirements within the required time frames. Workers who responded that these questions were applicable answered the following:

	Yes	No
Within 3 weeks	85%	15%
Within 3 months	83%	17%
Within 6 months	78%	22%
Within 12 months	71%	29%
Within 24 months	65%	35%

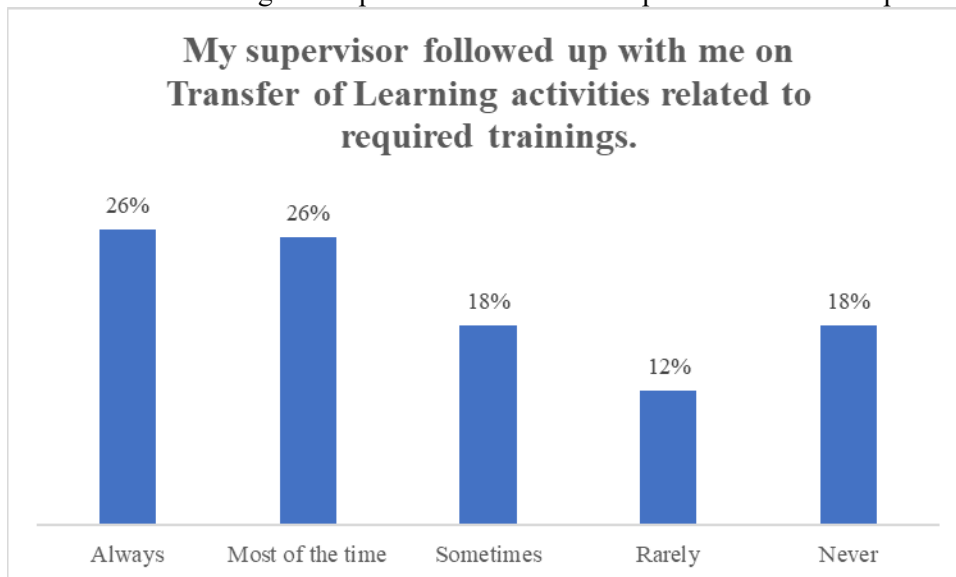
N=272

Virginia currently does not have a requirement in code or regulations for mandated training to be completed prior to case assignment. FSS were asked when they were first assigned sole responsibility for cases. Sixteen percent were assigned sole responsibility within the first week, 34% were assigned sole responsibility within the first month, 37% were assigned sole responsibility within the first three months, and 13% were assigned sole responsibility after three months.

For FSS who have completed the required training, 47% believe they have gained the skills and knowledge needed to perform job functions, 47% believe they have somewhat gained skills and knowledge needed, and 6% believe they have not gained skills and knowledge needed.



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



N = 291

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

As mentioned above, there is a 24-hour annual training requirement after initial training has been completed. Family Services Training provides subject matter expert (SME) trainings for experienced workers based on assessed needs of local staff. Continuing Education activities may include organized learning activities from accredited university or college academic courses, Continuing Education programs, workshops, seminars and conferences. Documentation of Continuing Education activities is the responsibility of the LDSS. In addition to SME trainings, VDSS regularly sends out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive

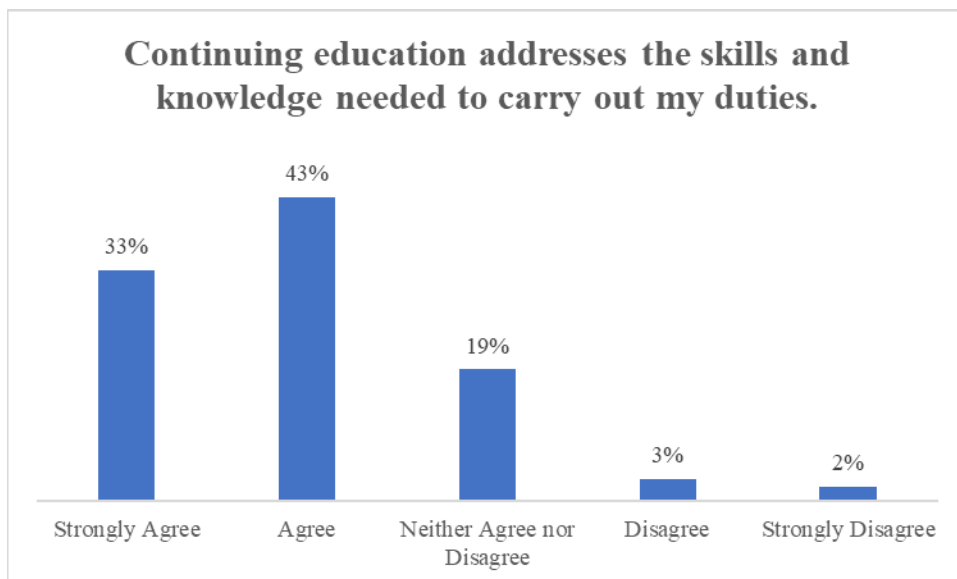
and that fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc. LDSS are able to submit training plans to VDSS to provide child welfare training and receive title IV-E reimbursement. Approval of LDSS training plans is contingent upon the plan's compliance with federal guidelines regarding allowable expenses. These plans must describe the type of training to be provided (i.e., new worker or on-going training for staff/ resource parents) as well as the topic area to be covered and the over-all plan for training. These training courses are provided in Appendix E: IV-E Pass Through Training and the courses that are geared towards LDSS worker audiences can fulfill hours of the annual training requirement.

In a survey of FSS workers, 82% of workers agreed or strongly agreed that the LDSS values training and has a positive culture of learning. Fifteen percent neither agreed nor disagreed with that statement and 3% disagreed or strongly disagreed.

When asked if the FSS worker completes 24 hours of continuing education yearly, out of the applicable responses, 78% indicated that they always or most of the time complete the training, 13% complete training some of the time, and 9 % rarely or never complete 24 hours of training yearly. The remainder of the respondents indicated they had not yet reached the third year of employment.

When asked if supervisors encourage completion of annual training, 77% said they agree or strongly agree. Eighteen percent neither agreed nor disagreed and 4% disagreed or strongly disagreed.

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



N=289

### ***Item 28: Foster and Adoptive-Parent Training***

The purpose of foster and adoptive family training is to enhance the knowledge, skills, and abilities of current and prospective foster and adoptive families for them to meet the needs of children receiving services funded by title IV-E and/or the state. Training is composed of two major components: pre-service training and in-service training. Providers are required to complete pre-service and annual in-service training as a condition of approval and re-approval.

Pre-service training provides prospective foster and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children in foster care. The pre-service training includes specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. The core competencies include protecting and nurturing children; meeting children's developmental needs and addressing their delays; supporting relationships with birth families; connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and working as a member of a professional team. PRIDE is made available to LDSS who wish to use this as their training curriculum. LDSS that do not use PRIDE are able to purchase or develop an alternative curriculum and submit a copy to VDSS for approval.

The Foster and Adoptive Parent Home Approval Standards (22VAC40-211) require both pre-service and ongoing training. In-service training is for current foster and pre-adoptive parents to refresh and enhance their knowledge and skills related to working with the LDSS and children in foster care. Families are surveyed no less than bi-annually to determine training needs. Although a specific number of hours is not required, guidance recommends that ten hours of in-service training annually (per parent) should be considered the minimum acceptable amount, with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.). In-service training is monitored in conjunction with the 36-month approval period. LDSS have the capacity to track all in-service training that is completed through Foster Parent College. With the release of Resource Family guidance in Fall 2023, post-placement reviews will require LDSS and resource parents to reflect on each placement and identify areas in need of development and identify targeted in-service training to support the development of the resource parent.

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

VDSS continues to maintain contracts with Virginia Commonwealth University, Radford University and Norfolk State University to provide regional training coordinators to support the provision of pre-service and in-service training in order to facilitate LDSS approval of kinship and foster families across Virginia. The contracts and related staff form the Consortium for Resource, Adoptive and Foster Family Training (CRAFFT) deliver state-wide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each LDSS. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or *A Tradition of Caring* training. CRAFFT staff serve as PRIDE co-trainers with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT coordinators also conduct the following activities:

1. Development and delivery of additional in-service training for foster and adoptive families, based on input from families as well as local agencies and VDSS;
2. Development and maintenance of a regional training plan, updated as needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
3. Close work with the regional Resource Family consultants and training, meetings, conference calls, and activities related to the implementation of a family engagement model, permanency roundtable process, and LDSS recruitment needs, as available;

4. Collaboration with the regional Resource Family consultants around the delivery of the newly revised mutual family assessment course (CWS3103), which covers both assessment skills and a review of Resource Family approval policy and is team taught; and
5. Conducting regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding foster and adoptive parent development and support, informing agencies of current state or program initiatives related to foster and adoptive parent training, and allowing agencies to collaborate, exchange resources, and share challenges and solutions.

The focus of CRAFFT remains to ensure that LDSS families receive adequate training, centered on core competencies identified in the current Resource Family approval guidance. CRAFFT coordinators have been partnering with LDSS to respond to training needs and intentional and timely support continues to be a focal point to meet the training demands throughout the state. CRAFFT is working towards being more innovative and creative in how training is offered (e.g., more flexibility, assisting LDSS with building collaborative training opportunities, pooling resources).

CRAFFT has maintained the facilitation of scheduled roundtables, bridging communication between CRAFFT, LDSS, and community partners. These meetings highlight positive training experiences and provide an environment to dialogue regarding needs. Additionally, the discussions support sharing information that is pertinent to enhancing training efforts and what is working well within LDSS. There is also attention given to including CRAFFT in the child welfare continuum, as there is emphasis on the importance of providing adequate training via pre-service and in-service requirements. For the time period of July 1, 2021, through June 30, 2022, the CRAFFT program successfully provided 385 training sessions for a total 1,736 prospective and current foster/adoptive parents. Three hundred and forty-one of the sessions were pre-service training with a total of 1,121 prospective resource families attending sessions. The pre-service training was provided using the Parent Resource for Information, Development and Education (PRIDE) curriculum, Traditions of Caring (TOC) curriculum or the New Generation (NG) PRIDE curriculum. Both the PRIDE pre-service training and the TOC training are comprised of a 9-week training series that consists of 27 hours of training. The PRIDE pre-service curriculum is designed for all prospective resource families (non-kinship and kinship) and the TOC curriculum is exclusively for kinship families. The NG PRIDE is a hybrid curriculum that is also designed for all prospective resource families, and it consists of five in-person sessions and four on-line sessions that are called clusters.

The 341 pre-service sessions that were facilitated during this fiscal year, resulted in the completion of 29 NG PRIDE series and 27 TOC series. There were 25 NG PRIDE information sessions; nine TOC information sessions; Two NG PRIDE/TOC Info sessions; three extra content sessions; and four NG PRIDE sessions to assist agencies with their series. Due to COVID-19, all sessions were provided virtually via Zoom. In addition to the scheduled pre-service training series for groups, the CRAFFT Coordinators facilitate pre-service series or in-service sessions for individuals or couples who needed training immediately due to time sensitive placement needs or for those who needed to make-up a missed session. During this fiscal year, 64 sessions were facilitated for 66 individuals who needed one-on-one training due to time sensitive placement needs or missed a session.

The CRAFFT Coordinators also facilitated 44 in-service sessions for 615 foster/adoptive parents. The in-service sessions were selected based on topics identified on LDSS Needs Assessments and the sessions varied from one to six hours. The CRAFFT Coordinators also consulted with or visited 97 agencies during this fiscal year to discuss training needs assessments and to provide technical assistance for

training. They successfully completed 71 Needs Assessments. Additionally, the CRAFFT coordinators facilitated the one-day Traditions of Caring Day of Preparation for Workers course five times for a total of 106 workers: the two-day Introduction to PRIDE course seven times with 50 workers in attendance and the two-day Mutual Family Assessment course six times with 60 workers in attendance. They also completed 19 roundtable meetings with 209 workers in attendance.

The regional breakdown is as follows:

- The Central Region CRAFFT Coordinator facilitated 103 training sessions. The sessions were a combination of pre-service and in-service sessions for a total of 505 prospective and current foster/adoptive parents. Ninety-two of the sessions were pre-service trainings for a total of 300 prospective foster/adoptive parents and the remaining 11 sessions were in-service trainings for 205 current foster/adoptive parents. Additionally, the Central Region CRAFFT Coordinator facilitated 15 sessions for four individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Central Region CRAFFT Coordinator also consulted with 13 agencies via Zoom for the annual site visit. Additionally, the Central Region CRAFFT Coordinator completed 26 needs assessments. The Central Region CRAFFT coordinators facilitated the one-day Introduction to PRIDE course once for seven workers; facilitated the two-day Mutual Family Assessment course twice with 19 workers in attendance and facilitated three roundtable meetings for 43 workers.
- The Eastern Region CRAFFT Coordinator facilitated 73 scheduled training sessions. The sessions were a combination of pre-service and in-service sessions for 270 prospective and current foster/adoptive parents. Sixty-six of the sessions were pre-service trainings for 152 prospective foster/adoptive parents and the remaining seven sessions were in-service trainings for 118 current foster/adoptive parents. The Eastern Region CRAFFT Coordinator also facilitated 29 sessions for ten individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. The Eastern Region CRAFFT Coordinator also made a virtual site visit to 18 agencies; completed 12 needs assessments; facilitated the two-day Mutual Family Assessment course twice with 22 workers in attendance; facilitated the two-day Introduction to PRIDE course once with five workers in attendance; and facilitated two roundtable meetings for 35 workers.
- The Northern Region CRAFFT Coordinator retired at the beginning of the third quarter. A new Northern Region CRAFFT Coordinator was hired towards the end of the fourth quarter. Despite the changes in the position, the Northern Region CRAFFT Coordinator facilitated 39 scheduled training sessions. The sessions were a combination of pre-service and in-service sessions for 176 prospective and current foster/adoptive parents. Thirty-one of the sessions were pre-service trainings for 110 prospective foster/adoptive parents and the remaining eight sessions were in-service trainings for 66 current foster/adoptive parents. Additionally, the Northern Region CRAFFT Coordinator facilitated the one-day Traditions of Caring Day of Preparation for Workers course once for ten workers; the two-day Introduction to PRIDE course twice with 18 workers in attendance; and the two-day Mutual Family Assessment course once with nine workers in attendance. The Northern Region CRAFFT Coordinator also made an annual site visit virtually to 24 agencies and facilitated two roundtable meetings for 45 workers.
- The Piedmont Region CRAFFT Coordinator facilitated 91 scheduled training sessions. The sessions were a combination of pre-service and in-service sessions for a total of 439 prospective

and current foster/adoptive parents. Seventy-nine of the sessions were pre-service trainings for 285 prospective foster/adoptive parents and the remaining 12 sessions were in-service trainings for 154 current foster/adoptive parents. The Piedmont Region CRAFFT Coordinator also facilitated ten sessions for 21 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. Additionally, the Piedmont Region CRAFFT Coordinator made an annual site visit virtually to 25 agencies and completed 24 needs assessments. The Piedmont CRAFFT Coordinator also facilitated the two-day Introduction to PRIDE course once with five workers in attendance. The Piedmont CRAFFT Coordinator also facilitated the two-day Mutual Family Assessment course once with ten workers in attendance; facilitated the two-day Traditions of Caring Day of Preparation course four times with 96 workers in attendance; and facilitated 11 roundtable meetings for 72 workers.

- There are staffing capacity issues that impact the Western Region CRAFFT sessions beginning in the fourth quarter of 2022 and continuing into 2023. Prior to the staffing capacity issue, the Western Region CRAFFT Coordinator facilitated 79 scheduled training sessions. The sessions were a combination of pre-service and in-service sessions for 346 prospective and current foster/adoptive parents. Seventy-three of the sessions were pre-service trainings for 274 prospective foster/adoptive parents and the remaining six sessions were in-service trainings for 72 current foster/adoptive parents. The Western Region CRAFFT Coordinator also facilitated ten sessions for 31 individuals who needed one-on-one training immediately due to time sensitive placement needs or to make-up a missed session. Additionally, the Western Region CRAFFT Coordinator made an annual site visit virtually to 17 agencies and completed nine Needs Assessments. The Western CRAFFT Coordinator also facilitated the two-day Introduction to PRIDE course twice and facilitated a roundtable meeting for 14 workers.

### **Mutual Family Assessment (MFA)**

VDSS employees contract staff who support the completion of MFAs of non-relative and kinship foster parents at the request of LDSS. These ten contract employees (two full-time Licensed Clinical Social Workers and eight part-time mutual family assessors) are supervised by the CRAFFT Coordinator who is employed by Norfolk State University through their CRAFFT contract with VDSS. For the period of July 1, 2021, through June 30, 2022, the MFA Program received 296 referrals from LDSS to complete assessments. The MFA program successfully completed 195 of the referrals. Upon completion of the assessments, the MFA Specialists make a recommendation for the LDSS to select the family in as a foster, adoptive, or kinship family or select the family out. The LDSS makes the final decision to approve or deny a family. The type of assessments completed were General, ICPC, Adoption Only, Child Specific, and Kinship. The MFA Program completed 93 General MFAs. The MFA Specialists recommended that 76 of the General MFAs be selected in and 17 be selected out as foster families. The MFA Specialists also completed 52 Kinship assessments, recommended that 42 of the kinship families be selected in, and recommended that the remaining ten be selected out as a viable kinship placement. Additionally, the MFA Specialists completed 47 ICPC MFAs and recommended 33 families for selection in and 14 for selection out as an ICPC family. The MFA Specialists completed two Adoption Only assessments and the MFA Specialists recommended both of those families for selection in as adoptive placements. The MFA Program also completed one Child Specific MFA and the MFA Specialist recommended that the family be selected out as a placement option for the child.

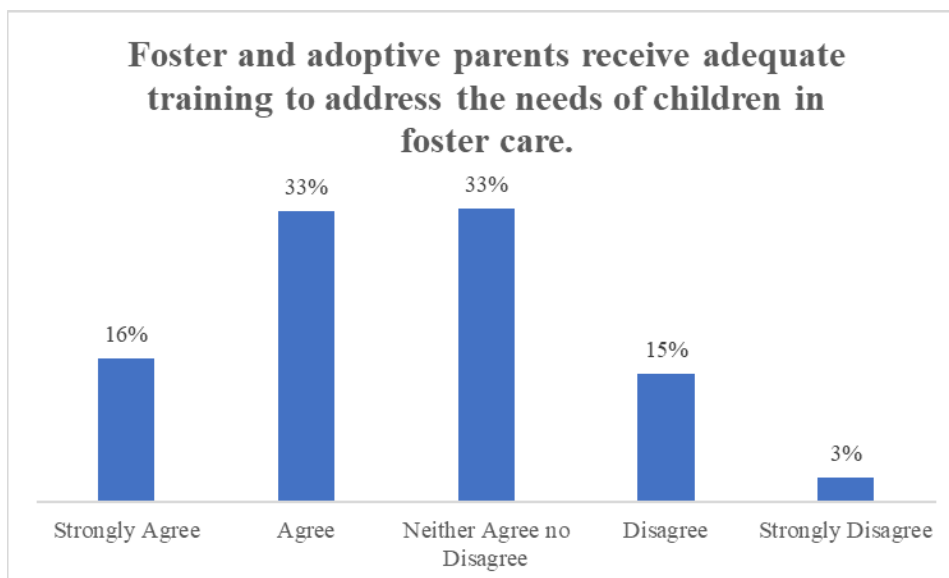
The regional breakdown for the 195 completed assessments is as follows:



- There were 72 MFAs completed in the Northern Region. Of the assessments completed for the Northern Region, 54 were recommended for selection in and 18 were recommended for selection out as a foster, adoptive, or kinship family. In the Western Region, there were 52 MFAs completed. Forty-five of the assessments completed in the Western Region were recommended for selection in and seven were recommended for selection out. There were 29 MFAs completed in the Eastern Region with 21 recommended for selection in as a foster, adoptive, or kinship family and eight recommended for selection out. The MFA Specialists completed 22 MFAs in the Piedmont Region. Seventeen of the assessments completed in the Piedmont Region were recommended for selection in and five were recommended for selection out as a potential resource family. In the Central Region, 20 MFAs were completed with a recommendation to select in 16 of those families and a recommendation to select out four families as viable foster, adoptive, or kinship families.

The MFA Program received a referral for 101 assessments that did not result in an active assessment. The reason that the referral did not lead to an assessment varied. In some instances, the family selected themselves out prior to the assessment. Sometimes the LDSS decided to rescind the request because they determined they had internal capacity to complete the assessment. There are also times when custody of the child was awarded to the family prior to the assessment. Additionally, there were cases where the child was removed from the family's home prior to the assessment. Another reason that the MFA Program was unable to move forward with a referral is the family did not attend training as scheduled and did not have any plans to attend training in the near future. Finally, in some instances it was determined that it was more appropriate for the LDSS to complete the assessment because it was a court ordered custody home study.

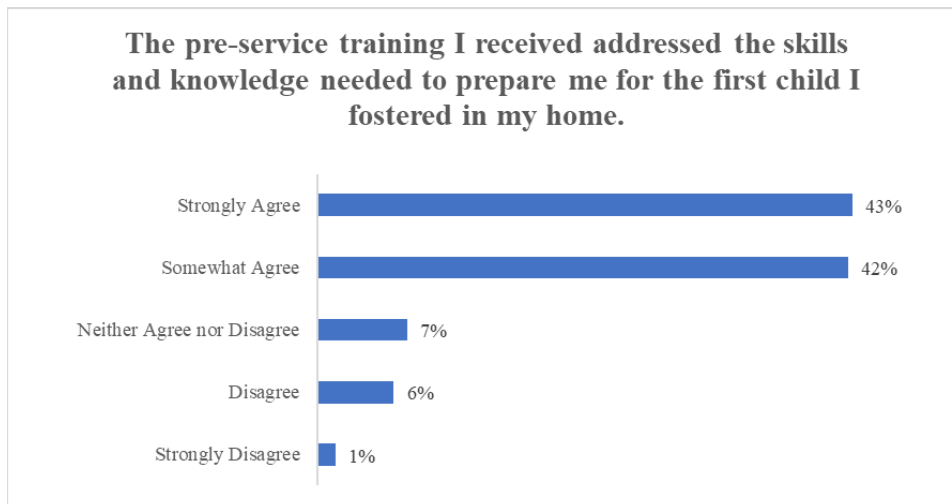
FSS workers were asked in a 2023 survey if foster and adoptive parents receive adequate training to address the needs of children in foster care. Almost 33% neither agreed nor disagreed while 49% agreed or strongly agreed that foster/adoptive parents receive adequate training.



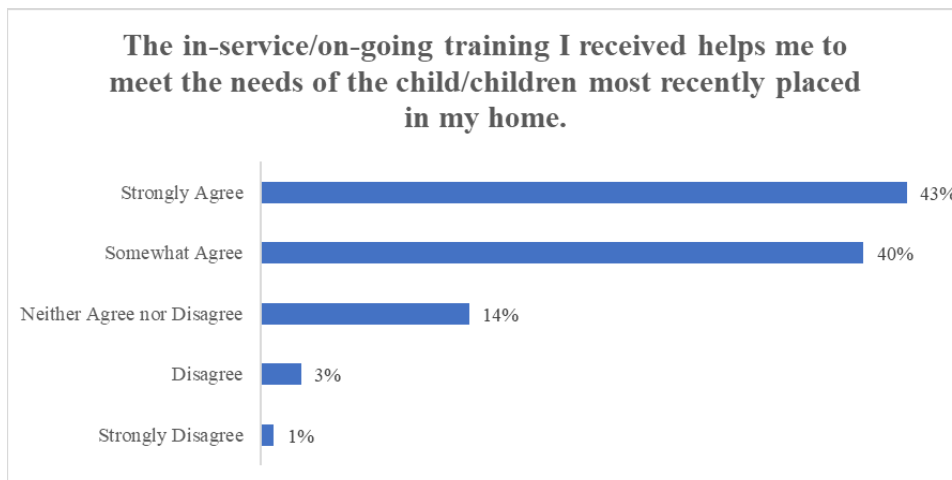
N=288

In a 2023 survey of kinship, foster, and adoptive parents, they were asked about their pre-service training and how well prepared they were to meet the needs of the children placed with them. Of the 558 kinship,

foster, and adoptive parents who responded to the question, 85% either strongly or somewhat agreed that pre-service training prepared them to meet the needs of children placed with them.



The resource parents were overall satisfied with 83% either strongly or somewhat agreeing with how helpful the in-service training was in assisting them in meeting the children's needs who were placed with them.



### Items 29-30: Service Array and Resource Development

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

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

Items 29 and 30 were both identified as areas needing improvement in Virginia's last CFSR. Virginia continues to assess these items as areas needing improvements. While progress has been made in these items as outlined below, continued feedback and reports indicate that service availability differs throughout the localities and that personalization of services is limited.

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

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

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

Since 2006, the General Assembly requires local CPMTs to report to OCS on gaps and barriers in services needed to keep children in their local community. This process requires a full survey be completed in odd-numbered years and interim updates provided in even-numbered years. The most recent full survey, the SFY 2021 OCS service gap survey indicated the populations that included the most gaps in services were youth with autism (14.2%), youth with multiple mental health diagnoses (14.2%), and youth with sex offending/sexually reactive behaviors (10.9%). In addition, the top three age groups with gaps were middle school age (20.4%), high school age (19.5%), and elementary school age (18.1%). The gaps in services are grouped by type of service and include: community based behavioral health services (17.9%), foster care services (15.9%), family support services (14.7%), educational services (10.8%), other services (9.6%), crisis services (11.8%), evidence-based behavioral health (11%), and residential services (8.8%). As a group, gaps in community-based behavioral services were identified most often statewide. Family foster care homes were selected as the top individual service gap.

The OCS survey found the top five barriers to obtaining services are 1) provider availability, 2) lack of transportation, 3) lack of funding, 4) need for collaboration and consensus, and 5) need for more information and data. Eighty percent of localities initiated action over the past year to address these perceived barriers. The full report can be found on the OCS website:

[https://www.csa.virginia.gov/content/doc/FY\\_2021\\_CSA\\_Service\\_Gap\\_Survey.pdf](https://www.csa.virginia.gov/content/doc/FY_2021_CSA_Service_Gap_Survey.pdf)

[https://www.csa.virginia.gov/content/doc/FY\\_2021\\_CSA\\_Service\\_Gap\\_Survey.pdf](https://www.csa.virginia.gov/content/doc/FY_2021_CSA_Service_Gap_Survey.pdf)

In the SFY22 update, 75% of respondents indicated that there were new or increased services gaps from SFY21 to SFY22. The top service gaps identified were in the categories of community-based behavioral health, residential services, and crises. These three service gaps were identified at higher percentages of the response than the past three years. Thirty-six percent reported that the service gaps identified in SFY21 have been resolved in SFY22 with new provider/program and evidence-based services the top resolved/decreased service gaps. Additional significant barriers identified in the 2022 update included provider availability and staffing. The 2022 update is available here:

[https://www.csa.virginia.gov/content/doc/FY\\_2022\\_CSA\\_Service\\_Gap\\_Survey.pdf](https://www.csa.virginia.gov/content/doc/FY_2022_CSA_Service_Gap_Survey.pdf)

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

Services available in Virginia include the following:

Applied Behavior Analysis	Maintenance - Clothing Supplement	Residential Daily Supervision
Assessment/Evaluation	Maintenance - Enhanced	Residential Education
Case Support	Maintenance - Independent Living	Residential Medical Counseling
Crisis Intervention	Maintenance - Transportation	Residential Room and Board
Crisis Stabilization	Material Support	Residential Supplemental Therapies
Family Partnership Facilitation	Mental Health Case Management	Respite
Family Support Services	Mental Health Skills Building	Special Education Related Services
Chafee FC Ind. Pg./Independent Living Services	Mentoring	Sponsored Residential Home Services

Individualized Support Services	Other (Emergency Shelter Care)	Substance Abuse Case Management
Intensive Care Coordination (ICC)	Outpatient Services	Therapeutic Day for Children & Adolescents
ICC Family Support Partner	Private Day School	Transportation
Intensive In-Home Services	Private Foster Care Support-Supervision-Administration	Treatment Foster Care Case Management
Maintenance - Basic	Private Residential School	Utilization Review
Adoption Services	Post-adoption services	

In addition to regular PSSF funding, Virginia was awarded \$1,337,210 from the Consolidated Appropriations Act. These funds will be used for the same purposes as the regular annual PSSF grant, i.e., to provide community-based family support, family preservation, family reunification and adoption promotion and support services, consistent with the purposes and definitions in sections 430 and 431 of the Act. VDSS hosted an informational meeting for LDSS in January 2022 to provide information about the additional funding, application process and requirements for utilization. In addition, VDSS provided examples of how PSSF funds could be used to provide additional support to services approved through title IV-E prevention services (Family First), Social Services Block Grant (SSBG), or CSA, so that families receive wrap-around services and supports. Additional information on the PSSF Program can be found in the PSSF section (p.185-188).

VDSS supports five locally established Kinship Navigator Programs throughout Virginia. The local programs serve 34 localities (28% of the state). All local departments of social services provide benefit and support services to families.

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

- Arlington Department of Social Services: Serving Arlington, Alexandria, Fairfax, Prince Williams, Loudoun
- Bedford Department of Social Services: Serving Amherst, Appomattox, Bedford, Campbell, Lynchburg, Nelson
- Dickenson Department of Social Services: Serving Dickenson, Buchanan, Russell, Tazewell, Lee, Wise, Scott, and City of Norton
- James City County Department of Social Services: Serving James City County, Williamsburg, York-Poquoson
- Smyth Department of Social Services: Serving Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford, Smyth, Washington, Wythe

Additional information on the Kinship Navigator Programs can be found in the In-Home Services section on p. 202-207.

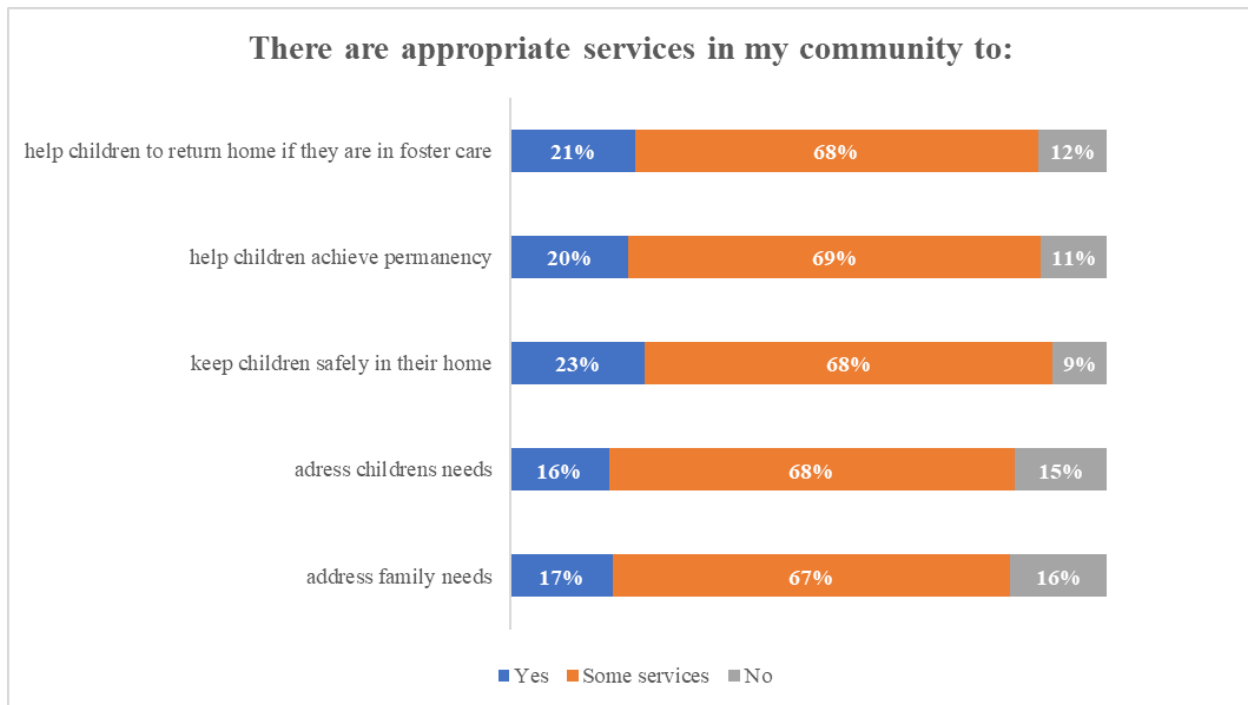
VDSS implemented Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Parent Child Interaction Therapy (PCIT) in 2021 through the Title IV-E Prevention Services Program (Family First).

Over 50% of families receiving In-Home services had service needs identified to mental health, substance use and/or parent skill-based training, which could be addressed through FFT, MST, and/or PCIT. Through examination of data and information collected in the initial provider survey (2018) for the implementation of Family First, these three services were available throughout Virginia at the time of implementation and met the needs of families served through In-Home Services and Prevention. VDSS regularly reviews the Title IV-E Prevention Services Clearinghouse for services eligible for title IV-E funding.

VDSS is working towards increasing title IV-E eligible services and has partnered with the Center for Evidence-based Partnerships in Virginia (CEPVA) to assist in expanding service eligibility and availability. CEPVA conducted a Needs Assessment and Gaps Analysis (NAGA) and prepared a report that highlighted which areas of the state are in need of evidence-based services and what the service needs are for Virginia's families. Based on the findings in the NAGA report, VDSS is adding the following evidence-based services to Virginia's approved federal Title IV-E Prevention Services Plan: Brief Strategic Family Therapy (BSFT), Family Check Up, Homebuilders, High Fidelity Wraparound, and Motivational Interviewing (MI). In 2022, VDSS in partnership with CEP-Va released a Request for Applications (RFA) for MI trainers and through a review process selected Sage Training and Consulting. VDSS will work with Sage Training and Consulting over the next three years to train LDSS staff in MI and integrate MI into practice. Studies have shown that MI helps workers engage with families and focus on the family's strengths and can help to support workforce capacity by providing staff with skills to increase job satisfaction which may reduce burnout and turnover.

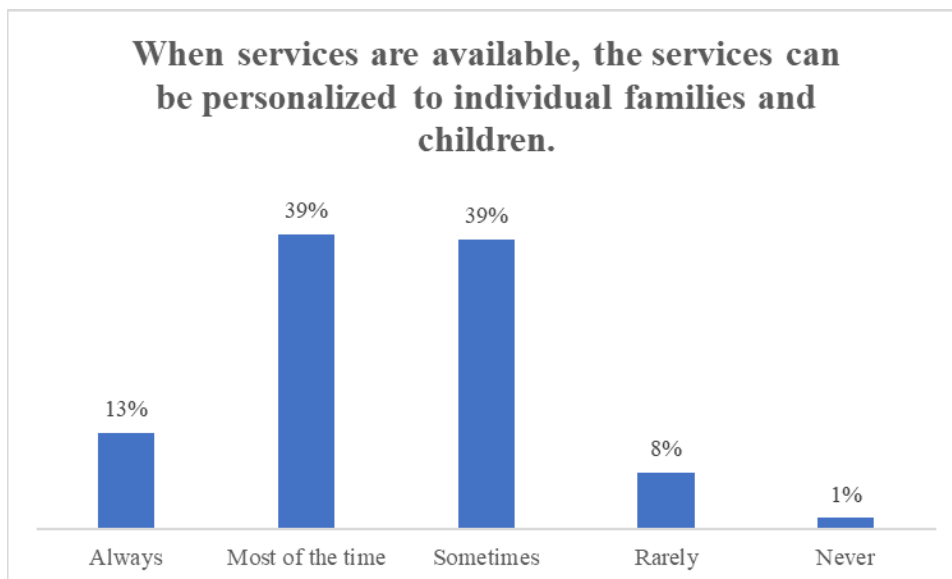
In 2022, LDSS had the opportunity to apply for adoption incentive funds through proposal submissions. Approximately 60 agencies of the 120 local agencies, applied and were awarded funds in excess of \$255,000. Local agencies utilized the funds to provide adoption trainings for postadoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November.

In a 2023 survey, FSS workers were asked about services in their communities and whether appropriate services existed in their community in a variety of categories. The category with the highest reported existence in FSS' communities were services to keep children safely at home with only 9% of workers reporting no services in their community. The two categories FSS reported more lack of services were services to address children's needs and services to address family needs.



N=268

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



N= 279

In a 2023 survey of foster and adoptive parents, 76% agree that the children in their home have been provided with the services they need.

### **Item 31: Agency responsiveness to the Community**

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

Item 31 was identified as a strength in Virginia's last CFSR review, and Virginia continues to assess this item as a strength. VDSS collaborates with a myriad of state, local, and community partners to provide integrated, cross-disciplinary services; steer initiatives and implementation of policies and legislation; solicit critical stakeholder feedback and guidance; and, ensure comprehensive, aligned efforts take place across the state. Virginia is actively working with other internal divisions, state agencies, private sector and non-profit organizations to improve service delivery to individuals involved in the constellation of family services. Continual collaborative communication loops are critical to provision of appropriate, targeted services and partnering effectively with all stakeholders. VDSS engages focus groups, designs and distributes surveys, utilizes interviews, collects and analyzes data, and continually gains feedback from a multitude of stakeholder meetings, workgroups and multi-disciplinary projects. VDSS interfaces with many local, state and national partners to ensure that feedback is gained from those with lived experience, Tribal partners, Child Welfare and Practice Advisory Committees, Virginia's Court Improvement Program, parent advisory council, and a host of additional collaborators. The feedback and input gained from these groups have guided the development of the CFSP and this APSR. A description of collaborative partners, including activities and feedback loops, can be found in the Collaborations section of this document.

### **Item 32: Coordination of Services with Other Federal Programs**

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

VDSS assesses this item as a strength due to the collaborative process that VDSS engages in with multiple agencies to coordinate services or benefits. Virginia's state supervised and locally administered system allows for the state agency (VDSS) to supervise the LDSS through the provision of policy and support. LDSS administer the specific state and federally funded programs to provide services to children and families in their communities. Each locality utilizes title IV-B subpart I funding, as distributed for the service coordination of child-welfare services in each locality. The majority of the funds in Virginia are spent on staffing for foster care caseworker services.

LDSS not only provide child-welfare services in the community, but also provide a variety of federally funded assistance, such as Low-Income Heating and Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), child care assistance, and eligibility for Medicaid. This design provides a one-stop-shop for children and families in their communities to receive holistic support to meet their needs. Virginia's LDSS have the flexibility to access and design child-welfare services to meet a wide range of individual needs and circumstances for children and their families who are involved in the child welfare system based on needs, local demographics, and available resources in each community. LDSS are expected to coordinate services with local private agencies and community organizations engaged in activities relevant to the unique needs of children and families involved in each local child welfare system.



VDSS has several MOUs and MOAs with partnering agencies. VDSS and DJJ entered into a MOA in 2015 that has been maintained since to clearly identify the roles and responsibilities and provide instruction and guidance for both parties to serve the best interests of youth that were in foster care prior to being committed to DJJ. VDSS entered into MOAs with partner universities to support the child welfare stipend programs. Additionally, in 2019 VDSS entered into a data sharing agreement with Social Security Administration to share data relating to youth in foster care who receive SSA benefits.

Virginia's IAPD for CCWIS development was approved in January 2023. Virginia will continue to engage with federal partners throughout the development of a CCWIS compliant case management system to ensure that VDSS is better able to serve the families in Virginia and to better meet federal reporting mandates.

VDSS engages in ongoing coordination with the Social Security Administration (SSA), particularly in regard to children and youth involved in the foster care system. In 2021, VDSS collaborated with SSA in hosting three webinars:

- Wednesday, January 27, 2021: An Overview of Social Security and Supplemental Security Income (SSI): History of programs, services offered including SSN card requests, types of benefits and online services
- Wednesday, February 24, 2021: Supplemental Security Income- In Depth: Benefits, policies and procedures, youth transitioning out of foster care applications, age 18 redeterminations, working while disabled, SSI Spotlights, dedicated accounts, reporting responsibilities, scenarios
- Wednesday, March 24, 2021: An overview of the Representative Payee Program: Individual and Organizational Payee's, policies and procedures, reporting responsibilities

After completion of the webinars, SSA and VDSS compiled an FAQ which was posted to an intrant site that LDSS have access to along with recordings of the webinars. During these webinars, there were concerns expressed by LDSS about communication between their agencies and SSA. As a result, SSA, VDSS, and LDSS collaborated to develop and distribute a list of identified points of contacts for both the LDSS and the SSA. In 2022, VDSS continued collaborating with SSA and hosted a training session by SSA during the 2022 Annual Permanency Conference.

VDSS also partners with the Department of Education (as outlined in p.83-84) in coordinating improving the educational stability and attainment outcomes of children in foster care. Additionally, in 2022, VDSS coordinated messaging with DOE to ensure efforts to prevent child maltreatment deaths were supported across both agency's audiences as well as reiterate messaging amongst shared audiences. DOE supported these efforts by publishing VDSS infographics on water safety, gun safety and safe sleep information in their newsletters for childcare providers.

The Children's Justice Act (CJA) hired a third-party vendor to create a child death investigation protocol for law enforcement. VDSS was an active stakeholder in this process and provided insight and feedback into the protocol; it includes sections regarding SEI as well as child asphyxia, suffocation and sudden unexplained infant death. The protocol has been included in VDSS's upcoming training on Child Death Investigations for the child welfare workforce. The protocol was made available as a job aid to all local departments of social services March 2023.

The Department of Criminal Justice Services has also developed a train-the-trainer model that is being implemented across the state related to this protocol. Ten cohorts have been trained on how to instruct community partners on the importance of collaboration during child death investigations and use of the protocol by CPS and law enforcement. These cohorts will lead eight trainings across the state in 2023

with training locations in Abingdon, Winchester, Martinsville, Virginia Beach, Fredericksburg, Roanoke, Charlottesville, and Richmond.

VDSS provides technical support to each locality as needed, to ensure federal programs and funding are maximized with state and local resources. There are specific areas detailed in this report that do coordinate at the state level with federal, state, and local resources, but overall, the child welfare system is locally implemented.

Within VDSS, staff and leadership partner with the following state groups:

Division of Benefit Programs - DFS staff members have worked with Division of Benefit Programs staff members to provide guidance on when a relative can receive Temporary Assistance for Needy Families (TANF) for a child. DFS also partners with the Childcare and Early Childhood Development. This group was incorporated into Benefit programs after a legislative change. Collaboration with the Childcare group ensures that day care referrals for foster children and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay.

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

Office of New Americans – This office oversees federal foster care cases and DFS staff has supported the development of guidance for those children.

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

Input from each division is used in developing guidance in Family Services. Information is shared between divisions through a collaborative process and on an as needed basis. The Divisions of Family Services and Benefit Programs report to the same Deputy Commissioner.

Additional information on coordination between programs and agencies is located in the Collaborations Section.

### **Items 33-36: Foster and Adoptive Parent Licensing, Recruitment, and Retention**

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

There has been intentional collaboration between program areas, including Resource Family, Quality Assurance and Accountability (QAA), and the VDSS Division of Licensing Programs (DOLP) to discuss strengths and areas needing improvement as it relates to the foster and adoptive parent licensing, recruitment, and retention statewide to ensure state standards are applied to all licensed or approved foster family homes or child-care institutions receiving title IV-B or IV-E funds. Regional Resource Family Consultants are completing spot checks on resource family files and addressing gaps in LDSS documentation and approval process for LDSS approved resource families. Monitoring of LDSS licensing of foster and adoptive homes is also provided through the Virginia title IV-E review process. While not all children in foster care in Virginia are served with title IV-E funds, all foster and adoptive homes provided by the state must be approved to take children covered by title IV-E. Therefore, families

included in IV-E reviews provide a valid and reliable sample of all families licensed by Virginia's LDSS. Virginia passed the last federal title IV-E review.

Foster and Adoptive parents approved or licensed by LDSS follow the Foster and Adoptive Family Home Approval Standards for Local Departments of Social Services 22VAC40-211 and foster and adoptive parents approved by a licensed child placing agency (LCPA) in Virginia follow Standards for Licensed Child Placing Agencies 22VAC40-131. There is coordination between DFS and DOLP around these regulations to ensure they include the same requirements. Foster and adoptive parents, along with all adult members of the household, must complete background checks including a sworn statement or affirmation, criminal history record check and search of the child abuse and neglect registry in Virginia. Also, for any foster or adoptive parent and adult household member, a search of the child abuse and neglect registry in any other state a person has lived within the past five years. Pre-service training is required prior to approval or licensure along with training related to mandated reporting of suspicion of child abuse and/or neglect. A mutual family assessment or home study must be completed by LDSS or LCPA staff and indicate that the parent demonstrates competency in the areas of protection of children, meeting developmental needs, permanency, supporting biological family relationships and acting as a member of a child welfare team. The physical environment of the parents' home is evaluated to ensure compliance with health and safety standards.

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

According to 22VAC40-211-90A, to place children timely with kinship foster parents, the LDSS may request, and a kinship foster parent may receive, a kinship waiver for a period of six months to complete pre-service training, mutual family assessment and to obtain physical examinations and tuberculosis screenings. From January to December 2022, 380 kinship waivers were submitted for kinship foster parents resulting in 456 children being placed in kinship foster homes. The Piedmont Region utilized the most waivers at 131, followed by the Northern Region at 88, Western Region at 69, Central Region at 65, and the Eastern Region at 27.

LCPA cannot approve homes that do not meet licensing standards unless the LCPA is granted an allowable variance. The DOLP Director has the authority to grant an allowable variance to a standard. A licensee or applicant may request an allowable variance when they believe that the existing standard or requirement poses a substantial financial or programmatic hardship and when they believe that either an alternative method of compliance with the intent of the standard that is causing the hardship, or the actual suspension of all or part of that standard, would neither endanger the safety or well-being of persons in care nor create a violation of statutes or of the requirements of another regulatory agency. (22VAC40-80-230) A variance cannot be granted to law or to the requirements of other agencies. The most common variances for LCPA homes are 1) to allow the use of background checks obtained more than 120 days

prior to the date of approval, and 2) to allow medication, epi-pen, to be unlocked so that it is available in an emergency.

The process for allowable variances begins when the licensee or applicant makes a written request for consideration of an allowable variance. The DOLP licensing representative may provide consultation to the applicant or licensee in the development of the written request and throughout the allowable variance process. The licensee or applicant describes the special hardship to the existing program or to a planned innovative or pilot program that will be caused by the enforcement of the requirement or requirements. The next step is the licensee or applicant proposes alternatives to meet the purpose of the requirement that will ensure the protection and well-being of children in foster care. Then they obtain, when requested by DOLP, the opinions of professionals in the field or documented research, or both that the proposed activities, facilities, or equipment are not injurious to the children in foster care. DOLP may attach conditions to the granting of allowable variance to protect children in foster care. Allowable variances are conditional upon there being no change in the circumstances that were the basis for the approval. Any allowable variance may be rescinded or modified if needs or conditions change; additional information becomes known that alters the basis for the original decision; the applicant or licensee fails to meet any conditions attached to the allowable variance; or results of the allowable variance jeopardize the safety, comfort, or wellbeing of children in foster care. Allowable variances expire automatically when there is a change in the facility's location or a change in the sponsorship of the facility or agency. Allowable variances are granted by the DOLP Director, after documentation and recommendations are made by the Licensing Specialist, Licensing Administrator & Associate Director (dependent upon the request). All of them review the information and provider's rationale for the variance request, along with supporting documentation submitted, and make recommendations for approval or denial for consideration by the Director. Variances are tracked by letter in the provider file and maintained in a centralized electronic file for reference by Licensing staff and reviewed annually. DOLP's licensing representative notifies the petitioning applicant or licensee of DOLP's decision. The department's licensing representative will review each allowable variance at least annually. At minimum, this review shall address the impact of the allowable variance on persons in care, adherence to any conditions attached, and the continuing need for the allowable variance.

When the decision is to deny a request for an allowable variance, the reason is provided in writing to the applicant or licensee. A denial may be reconsidered if the applicant or licensee submits another written request and provides new or additional supporting information within 30 days of denial and DOLP will reconsider and respond to the new request within 30 days. This decision will be considered final and is not appealable. When an allowable variance is denied, expires, or is rescinded, routine enforcement of the standard or portion of the standard is resumed. The applicant or licensee may withdraw a request for an allowable variance at any time.

DOLP is the licensing authority for child-placing agencies not operated by a LDSS and children's residential facilities (CRF). The LCPA is responsible for approving, training, monitoring, and supervising the homes that the LCPA has approved. The LCPA visits the foster or adoptive home as often as necessary but at least every 90 days to monitor the performance of the foster parent. These visits may coincide with the monthly visits with the child. If no children are placed in the home, the LCPA may monitor the home by visiting or calling the foster parent at least once every 90 days.

LCPA are inspected by DOLP at least twice annually. Inspections are unannounced. From January to December 2022, 298 inspections of LCPA were conducted. In addition to routine monitoring inspections, additional inspections may be conducted for requests for modification, investigation of complaints, investigation of incidents reported by the licensee, or for additional compliance monitoring. During the inspection, compliance is verified with the laws and regulations applicable to LCPA. During each

inspection, background checks for all employees hired and foster parent homes approved (including adult household members) since the last inspection are reviewed. At each inspection, the inspector must review the case records for at least 10% of the children in care and 10% of the foster parent homes approved. The inspection protocol requires that at a minimum the inspection include 1) review of the background checks for all foster parent homes approved since the last inspection and 2) 10% of the records for all approved foster parents. The regulation, Background Checks for Child Welfare Agencies 22VAC40-191, requires that approval be denied for unsatisfactory background checks. The Standards for Licensed Child-Placing Agencies regulation requires that children be removed, and no additional children placed if the approval of the home is revoked.

For Children's Residential Facilities (CRF), inspection protocol requires that at minimum the inspection include 1) review of the background checks for all staff hired since the last inspection and 2) review of two to four personnel records in their entirety depending on the capacity of the facility. Satisfactory background checks are required as a condition of employment and must be in place before an individual begins working. From January to December 2022, 33 inspections of CRF were conducted.

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

The Code of Virginia §63.2-901.1 requires criminal history record checks from the central criminal records exchange, the FBI, and a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child in foster care on a kinship, or permanent basis. The Code of Virginia also requires background checks to be performed on all adult members of the home where a child is to be placed and requires that background checks comply with the provisions of the Adam Walsh Child Protection and Safety Act of 2006.

LDSS or LCPA cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia §19.2-392.02 (known as barrier crimes), or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry. During the period of January 1, 2022, to December 31, 2022, the Office of Background Information (OBI) completed 8,103 criminal history record checks involving prospective foster and adoptive parents and other adults in the home: 5,104 for LDSS and 2,999 for LCPA. Criminal history record checks were completed for 1,348 relatives of children in foster care from January 1, 2022, to December 31, 2022. OBI determined that 243 applicants were not eligible, 111 of those found not eligible were relatives. OBI reported that 158 criminal history record checks were found unable to determine. Unable to determine means there is not enough information to determine if a barrier crime conviction has occurred. During this period 7,595 prospective foster and adoptive parents and other adults in the applicants' home were found to be eligible. In order to assess compliance percentages, Virginia relies on results from QAA reviews. There were a total of 3,434 New IV-E Validation and Ongoing IV-E cases reviewed during the SFY 2022. Of the cases reviewed, 3,307 did not have a federal error. The statewide overall error rate was 3.70% and the error rate for Safety Requirements was 0.73%.

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

volunteer service in VDSS facilities. Virginia Code §37.2-408.1 was amended on April 27, 2022, through Virginia Senate Bill 577 to allow DBHDS children's residential facilities the ability to employ individuals while their criminal fingerprint background checks were pending provided they do not work in the CRF or any other location operated by the facility where children are present. Satisfactory background checks must be received prior to working in the CRF or at any location operated by the facility where children are present.

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

There were 298 inspections (all inspection types) conducted for LCPA from January 1, 2022, to December 31, 2022. Background check violations for LCPA foster homes resulted from three of those inspections. The applicable regulation, 22VAC40-191, Background Checks for Child Welfare Agencies was revised effective October 31, 2021. The revision resulted in the renumbering of some standards. As a result, some standards are listed in the chart with two numbers:

<b>Standard</b>	<b>Violation description</b>
22 VAC 40-191-40-C-1-d Sworn statement, central registry search, and criminal history record check required prior to approval of foster home	1 violation – (1) LCPA failed to obtain a search of the central registry. (2) LCPA failed to obtain a search of the child abuse and neglect registry for another state where prospective foster parents had resided in the past five years. (3) Background checks obtained by LCPA for foster parents after approval, instead of prior to approval as required. (4) LCPA failed to obtain a search of the child abuse and neglect registry for another state where prospective foster parents had resided in the past five years.
22 VAC 40-191-40-C-1-f 63.2-901.1 B Sworn statement, central registry search, and criminal history record check required for other adult household members prior to approval of foster home	0 violations – (1) LCPA failed to obtain a criminal record check for another adult residing in the home prior to approval. (2) LCPA failed to obtain a search of the child abuse and neglect registry by another state where the household member resided in the last 5 years. (3) LCPA failed to obtain sworn statements for foster parents prior to approval. (4) LCPA failed to obtain search of the child abuse and neglect registry for another state where the household member had resided in the last 5 years. (5) A sworn statement was not obtained by the LCPA for an adult member of a foster home.
22 VAC 40-191-40-D-3 Sworn statement, central registry search, and criminal history record check required for adult household members within 30 days of turning 18 or beginning to reside in the home.	1 violation – (1) LCPA failed to obtain a national background check within 30 days of a household member becoming 18 years old.
22 VAC 40-191-40-D-4-a 22 VAC 40-191-40-D-5-a Central registry search required for household members aged 14 and older	2 violations – (3) LCPA failed to obtain a central registry search within 30 days of a household member becoming 14 years of age.

22 VAC 40-191-40-D-5 22 VAC 20-191-40-D-6 Agency must not accept criminal history records or central registry findings dated more than 90 days prior to approving the foster home	2 violations – (1) LCPA accepted criminal history record checks for four adult household members that were dated more than 90 days prior to approval. (2) Central registry results for a foster parent obtained by LCPA more than 90 days prior to approval.
22VAC 40-191-50-A-1-a A satisfactory sworn statement is a fully completed original.	0 violations - (2) LCPA did not ensure that sworn statements for foster parents or adult household members were complete.

If a violation is cited due to an applicant, agency, employee or volunteer not having any part of the required background checks and a request has not been submitted, the applicant must provide the licensing specialist (LS) documentary proof that the request has been submitted, as soon as possible, but no later than ten business days following notification; and, the applicant must upon receipt of the background checks, send documentation to the LS of the date that the background checks were received. A license cannot be issued if any required background check(s) have not been completed. A complete application includes documentary proof that the applicant or agency are in compliance with all applicable background check laws and regulations. If the applicant does not send documentation to the LS that the background check(s) have been requested within the 10-day time frame, the department may consider further action to be taken, including denial of the application. Before issuance of an initial license, all required background check results must be received and reviewed for any applicant, listed on the application. Before issuance of a renewal license, all required background check results must be received and reviewed for any new applicant listed on the application.

For CRF Providers, if there is a background check violation the facility must not allow the employee to work with children or work at the residential facility or any other site operated by the facility where children are placed. The CRF provider must provide the LS with documentary proof that the request has been submitted, as soon as possible but no later than ten business days from following notification. Upon receipt of notification, the provider must send documentation to the LS of the date that the background checks were received. Additionally, VDSS also monitors compliance with a Safety Matrix which tracks the completion of safety requirements (such as background checks) of CRF staff.

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

**Item 35:** How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

VDSS assesses this item as an ANI due to continued concerns with data quality regarding foster parent race/ethnicity data collected. Faster Families Highway will be able to provide supplemental foster parent race/ethnicity data as use of the recruitment portal continues to expand in future years. Additionally, as part of AFCARS 2020 Final Rule efforts, data quality will continue to be targeted for this item.

#### Foster Home Placements at the End of CY 2022 - Ethnicity

Child		Foster Parent*	
Hispanic/Latino	9.6%	Hispanic/Latino	2.8%
Not Hispanic/Latino	82.7%	Not Hispanic/Latino	97.2%
Declined/Unable to Determine	7.7%	Declined/Unable to Determine	0%

#### Foster Home Placements at the End of CY 2022 - Race

Child		Foster Parent*	
Asian	0.6%	Asian	1.1%
Black/African-American	25.5%	Black/African-American	25.1%
Hawaiian/Pacific Islander	0.1%	Hawaiian/Pacific Islander	0.1%
Declined/Unable to Determine	3.1%	Declined/Unable to Determine	0.8%
White	59.1%	White	72%
Multiracial	11.4%	Multiracial	0.9%
American Indian/Alaskan Native	0.2%	American Indian/Alaskan Native	0%

Data compiled from VCWOR AFCARS Children in Care at End of Reporting Period (12/31/2022). Foster parent race/ethnicity reported based on race/ethnicity of Foster Parent/Caretaker 1.

#### \*Missing Data:

All Foster Parent race/ethnicity data is based on 48.3% of the foster home placements at the end of 2022. In Spring 2023, VDSS performed data cleanup outreach to LDSS which resulted in a 3% reduction in the missing data (from 54.7% missing to 51.7%). Due to efforts in implementing the AFCARS 2020 Final Rule VDSS expects more intensive data cleanup and management efforts around this measure in the next year.

In April of 2022, Adoption-Share and Virginia's Department of Social Services (VDSS) entered into a contract aimed at leveraging technology to create a more modernized, efficient process for recruiting, engaging, and selecting families to meet the needs of children and families involved in foster care. To achieve this vision, Adoption-Share and VDSS began implementing the Faster Families Highway for Recruitment, a web-based tool designed for:

- Increasing the pool of locally approved foster families across the Commonwealth of Virginia.
- Providing a more streamlined process of intentional recruitment.

Adoption-Share collaborated with VDSS to establish a work plan outlining the rollout and utilization of the Faster Families Highway for Recruitment tool by Local Departments of Social Services (LDSS) in the Piedmont and Western regions.

- Enroll and train 75% of Piedmont & Western localities by end of SFY22.
- Maintain a centralized repository of prospective resource families.
- Survey and evaluate current recruitment efforts of Piedmont and Western regions by SFY22.
- 50% of Piedmont & Western localities on-boarded will curate at least one family to their agency for training and approval by SFY22.



- Provide VDSS leadership, Regional Directors and Consultants, County Directors and staff, and VDSS community partners with overview presentation of the Faster Families Highway for Recruitment.
- Provide ongoing small group and/or one-on-one trainings for designated LDSS staff.
- Provide online education sessions for Virginia families.

The initial rollout of the Faster Families Highway for Recruitment began in the Piedmont region. Adoption-Share partnered with the VDSS Program Manager, Regional Director and Regional Consultants to organize and introduce LDSS directors to the application and subsequently rally 24 localities to engage in training and account activation. Though staffing challenges affected participation, Adoption-Share ultimately achieved 100% enrollment of Piedmont localities, surpassing the initial goal of 75%. The rollout of the Faster Families Highway for Recruitment continued next in the Western region following the same format as Piedmont. Adoption-Share collaborated with the VDSS Program Manager, Regional Director and Regional Consultants to organize and introduce LDSS directors to the application and rally 22 localities to engage in training and account activation. Similar to the Piedmont results, Adoption-Share surpassed its initial goal of 75% enrollment in the Western region with the participation of 90% of localities.

By November of 2022, the Faster Families Highway for recruitment had been installed in each of Virginia's five regions, following the same format of introduction that had been successful in the Piedmont and Western Regions. As of December 2022, 100% of Virginia's LDSS have enrolled surpassing the statewide target of 75% enrollment by the middle of 2023.

Coinciding with initial regional roll outs, Adoption-Share engaged VDSS community partners and Virginia Tribes to introduce organizations to the Faster Families Highway for Recruitment application and presented them with an opportunity to utilize the technology to recruit families and access data pertaining to their individual recruitment efforts. To date, Adoption-Share has worked with Resource Foster and Adoptive Family Recruitment Contractors, Extra Special Parents (ESP) and Jewish Family Services (JFS-Richmond) to create customized recruitment landing pages (OnRamps) for their organizations to onboard and contribute families to the database to support LDSS recruitment of foster families.

During 2023, Adoption-Share will continue to collaborate with Regional Consultants and localities to identify and connect with select Family Recruitment Organizations (FRO) partnering with VDSS and/or LDSS to inform them of the opportunity to sign-up for an OnRamp and contribute families to the Faster Families Highway for Recruitment. This will support further engagement of the community and ensure select community partners are connected to the VDSS recruitment ecosystem.

Over the course of the enrollment and training period for each of Virginia's 5 regions, Adoption-Share provided nine 90-minute virtual training sessions along with responding to several requests for 1:1 training and small group support.

Adoption-Share has prioritized communication with LDSS and VDSS by establishing routine reporting schedules consisting of daily, weekly, and monthly reports pertaining to activities and tasks. Conversely, Adoption-Share has a vested interest in receiving and applying feedback from LDSS and VDSS to improve the technology to increase the efficiency and effectiveness for Virginia's Family Services Specialists.

In response to Virginia's LDSS staffing challenges, Adoption-Share plans to employ advanced planning of training opportunities to provide localities with the ability to give staff time to work events into their calendars. Adoption-Share will continue to provide 1:1 and small group support to localities and staff to

accommodate staff changes and scheduling challenges. Regional Consultants continue to keep the Virginia Family-Match Director informed of critical staffing shortages and changes in staffing to keep system accounts current, provide training refreshers, and ensure localities are utilizing the Faster Families Highway for Recruitment. Regional Consultants began monitoring user logins in January 2023 to support effective utilization of the recruitment tool and identify training needs that may be related to staff turnover and reassignment of foster family recruitment duties within LDSS.

The Faster Families Highway for Recruitment offers ample opportunity for growth in developing and leveraging community partnerships. Because localities now have customized landing pages (OnRamps), they can collaborate with neighboring LDSS as well as community partners to direct prospective families to on-line entry points where the families can immediately engage in an online inquiry. Increasing community partnerships involving the recruitment of local families will dramatically increase the pool of prospective foster families. Adoption-Share will continue to assist LDSS staff with suggestions for increasing partnerships as appropriate. It is recommended that Regional Consultants guide and work with localities to identify potential partnerships that can assist with the targeted recruitment of prospective foster families. Finally, VDSS and Regional Consultants utilize data reports to inform recruitment efforts and support LDSS across the Commonwealth to sustain targeted recruitment campaigns that reflect the demographic profiles and needs of children in foster care in their localities.

Adoption-Share's continued contract goals for 2023 include:

- Maintain Family-Match's centralized repository of prospective resource families.
- Conduct a survey of the LDSS offices in each of the three newly participating regions to evaluate currently leveraged recruitment techniques, prepared parent inventories, and best practices within the first six months of the contract period.
- Achieve a 25% increase in the total number of families in Virginia's resource family pipeline (interested through approved) from SFY22.
- Work with key stakeholders in each region to refine their recruitment process and supporting infrastructure utilizing the Faster Families Highway
- Provide orientation and an overview to each newly enrolled region's VDSS Resource Regional Family Consultant and Directors of LDSS
- Build collaboration between Adoption-Share, community partners, and LDSS to maximize limited resources and to increase efficiency in family recruitment and licensure efforts
- Engage in a minimum of one collaborative call each month with VDSS Resource Family Leadership to include Resource Family Program Manager and Resource Family Regional Consultants
- Provide a minimum of two Regional Trainings for all LDSS designated staff involved in family recruitment per region
- Provide small group and/or one-on-one trainings for current and LDSS designated staff involved in family recruitment as needed
- Provide online education sessions with Virginia families (prospective resource families and approved resource families) at least ten times per year
- Maintain the account access for all LDSS workers, agency, and VDSS community partner sites accessing the Faster Families Highway
- Provide email and/or telephonic support for VDSS staff, LDSS agency workers, VDSS community partners, prospective foster care or adoption families, and local users to troubleshoot issues with the Faster Families Highway

As of December 31, 2022, 421 families had created profiles within the Highway. The chart below reflects a regional breakdown of the race and ethnicity of families who have created profiles, ages of children that

families have indicated a willingness to foster as well as the number of children families are willing to foster.

<b>Apr-Dec 2022</b>	<b>Family race/ethnicity</b>		<b>Family Preferences</b>		<b># of children willing to foster</b>	
Piedmont	76% White	23% BIPOC	Preferred Max age		Preferred # of children	# of families
			Average	9.7 yrs.	5+ children	1
			Range	0-18 yrs.	4 children	3
			Preferred Min age		3 children	1
			Average	1.5 yrs.	2 children	29
			Range	0-13 yrs.	1 child	41
			<b>49% open to age 12 and over</b>			
			<b>86% have no preference on gender</b>			
			<b>83% have no preference on race/ethnicity</b>			
Western	95% White	4% BIPOC	Preferred Max age		Preferred # of children	# of families
			Average	10.9 yrs.	5+ children	4
			Range	1-21	4 children	2
			Preferred Min age		3 children	7
			Average	1.6 yrs.	2 children	19
			Range	0-19 yrs.	1 child	16
			<b>47% open to age 12 and over</b>			
			<b>92% have no preference on gender</b>			
			<b>82% have no preference on race/ethnicity</b>			
Northern	70% White	29% BIPOC	Preferred Max age		Preferred # of children	# of families
			Average	10.7 yrs.	5+ children	5
			Range	0-21	4 children	3
			Preferred Min age		3 children	8
			Average	1.6 yrs.	2 children	59
			Range	0-16 yrs.	1 child	60
			<b>45% open to age 12 and over</b>			
			<b>79% have no preference on gender</b>			
			<b>88% have no preference on race/ethnicity</b>			
Eastern	47% White	52% BIPOC	Preferred Max age		Preferred # of children	# of families
			Average	10.2 yrs.	5+ children	1
			Range	0-21 yrs.	4 children	0
			Preferred Min age		3 children	7
			Average	1.6 yrs.	2 children	35
			Range	0-10 yrs.	1 child	35
			<b>46% open to age 12 and over</b>			
			<b>85% have no preference on gender</b>			
			<b>89% have no preference on race/ethnicity</b>			
Central	53% White	46% BIPOC	Preferred Max age		Preferred # of children	# of families
			Average	10.8 yrs.	5+ children	4
			Range	0-21 yrs.	4 children	2
			Preferred Min age		3 children	10
			Average	1.8 yrs.	2 children	37
			Range	0-7 yrs.	1 child	31
			<b>42% open to age 12 and over</b>			
			<b>72% have no preference on gender</b>			

During the 2022 Virginia General Assembly Session companion bills, House Bill 716 and Senate Bill 307 were introduced and passed into law, establishing a relative notification, denial and appeal process in cases where relatives are seeking approval as foster parents. Effective July 1, 2022, local departments are required to inform relatives in writing of the process related to seeking approval as a kinship foster parent. Local departments are also required to notify relatives in writing when they are denied approval as kinship foster parents, which in turn allows relatives to appeal the decisions of local departments to the office of Appeals and Fair Hearings if they are denied approval. To support LDSS in adapting to this law, VDSS developed a Kinship Foster Parent Approval Letter to be provided to identified relatives and fictive kin within 15 calendar days of a relative or fictive kin expressing the desire to become an approved kinship foster parent. In order to support solution focused assessment of relatives being considered for approval as foster parents, with the input from LDSS, the Permanency Assessment Tool (PAT) was developed. LDSS are required to use the tool to engage prospective kinship foster parents and facilitate an understanding of the role they will play in supporting reunification and permanency, to outline the requirements of the approval process and to identify supports (natural and paid) necessary to make placement possible. The PAT is intended to allow LDSS to recognize strengths that prospective kinship foster parents possess and to develop plans related to those strengths in order to remove barriers to immediately placing children with relatives when they are identified. LDSS are required to complete the PAT whenever relatives are considered for approval and are required to maintain a copy of the completed PAT in the child's foster care record.

When LDSS determine that a relative is not eligible for approval or placement with the relative is not in the best interest of the child, they must utilize the Relative Notification of Denial and Appeal letter to inform the relative of their decision. LDSS are required to send the letter by mail within 10 business days of the decision to deny approval and details as to the reasons for the denial must be indicated in the letter. The letter also notifies relatives of their right to appeal the decisions of LDSS and requires that they notify the Office of Appeals and Fair Hearings in writing by US mail or email of their intent to appeal. Relatives are required to notify the Office of Appeals and Fair Hearings within 30 calendar days of the postmarked date indicated on the Notification of Denial and Right to Appeal letter. Upon notification of relative's intent to appeal the decision of an LDSS, the Office of Fair Hearings and Appeals must conduct a hearing and render a decision within 90 calendar days. If the decision of the LDSS is overturned, a more thorough assessment must be conducted to remove barriers to allow for placement with the relative.

Under revised guidance in 2021, LDSS may utilize kinship waivers for a period of six months to allow for the completion of pre-service training, mutual family assessment, physicals and tuberculosis screening, or assessment of relative foster parents. An electronic waiver request process was developed to expedite submission and approval of kinship waivers to ensure timely placement of children. As a result, Virginia granted 380 kinship waivers from January 2022 to December 2022, which permitted placement of 456 children in kinship and fictive kin families. The number of children placed with kinship foster families has continued to increase. In 2016, 5.7% of the children in foster care were placed in a kinship foster home. In December 2022, 11.7% of children in foster care under the age of 18 were placed with a kinship foster family.

During May 2022, to celebrate foster care month, Virginia highlighted the importance of foster families through "Supporting Relative and Kin Connections – Keeping Families Strong," campaign. During the month of May, eblasts highlighted the role of Virginia's foster parents in making reunification possible and a webinar was organized that featured stories highlighting foster parents supporting biological

parents' journey to reunification. A webinar featuring Virginia's Kids Belong Executive Director and her team shared how they partner with LDSS to change the story for children in foster care through trauma-informed community engagement to ensure that all of Virginia's children achieve permanency. A second webinar provided a better understanding of the benefits and challenges of birth and foster families working together to explore strategies to ensure that these relationships are successful. In preparation for May 2022, Virginia's public webpage, [dss.virginia.gov/fosterVA](https://dss.virginia.gov/fosterVA), received additional updates to align with Virginia's Kin First culture and offer new stories of fostering successes. A description of kinship care is prominently featured along with a description of the role of foster parents in supporting children's relationships with their families to make reunification possible.

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

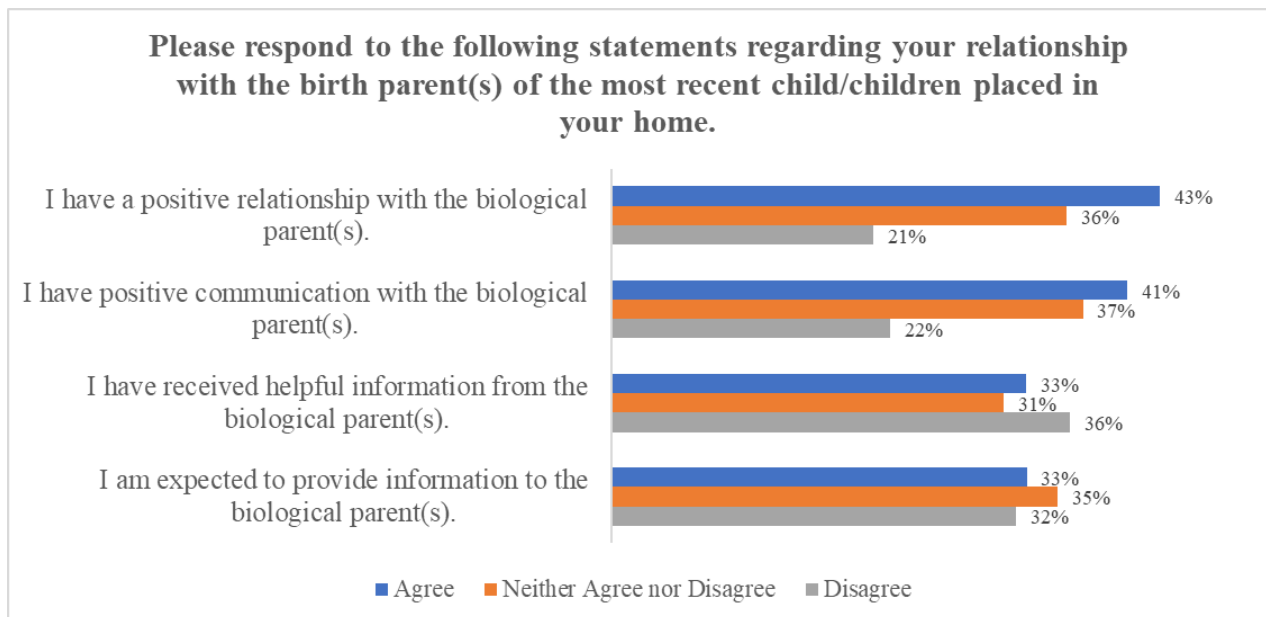
**CWSE4060: Family Search and Engagement** – This eLearning course refers to a collection of strategies that help locate and engage family members and fictive kin for children. These strategies focus on developing a Kin First culture which aims to find relatives and other important adults who can provide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

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

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

In 2023, a digital foster parent survey was sent out to LDSS and LCPA approved homes to inquire about their demographics, the experience of both pre-service and in-service training, satisfaction with both LDSS and LCPA staff in supporting them, notification of hearings and meetings as well as their experience of being valued by the professional team and satisfaction with adoptive services and support. There were 601 survey responses. The most common demographics for the respondents include 481 identified as female, 196 were 31-40 years old and 189 were 41-50 years old and 450 resource parents identified as White and 100 identified as Black/African American. The resource parents who responded (they could choose multiple identifiers) were broken down into 50 were kinship, 515 were foster parents and 242 were adoptive parents with 396 approved through LDSS and 168 approved through LCPA. Most of the survey participants had been approved for 3-5 years (170) with 142 were approved for 1-2 years, 126 were approved for under one year and 76 have been approved 6-10 years. Of 514 respondents, 400 are willing to accept children newborn to four years old, 355 are willing to accept children 5-12 years old and 209 are willing to accept children 13 years and older.

The resource parent survey shows that although resource parents overall have positive relationships and communication with birth parents, more work needs to be done to build the bridge and supports between these parties in child welfare.

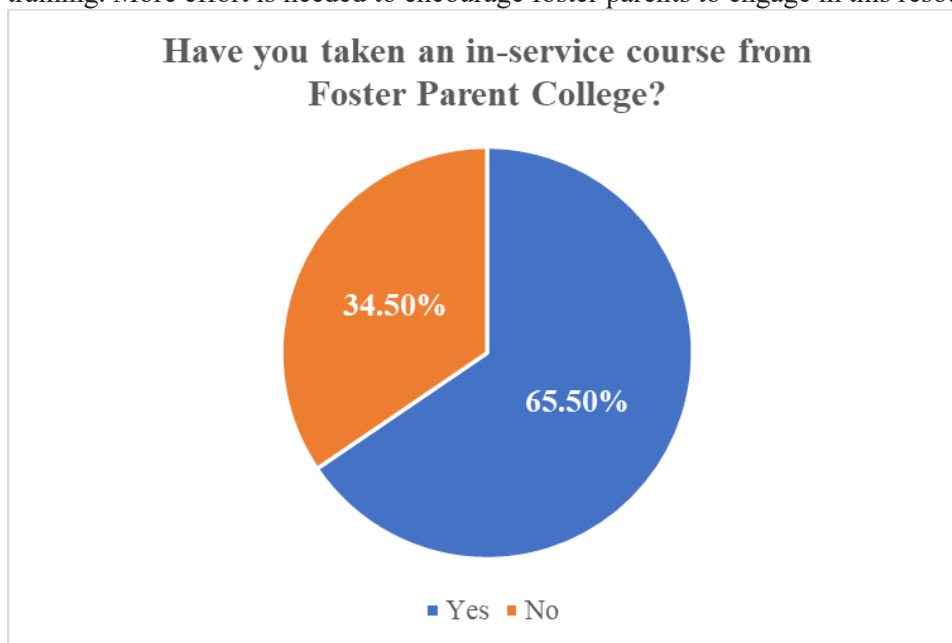


A list of all fully trained Family Partnership Meeting Facilitators in Virginia was shared with LDSS to address staff shortages and promote collaboration between LDSS as well as private contractor facilitators so family can be decision makers for the children in their families, maintain connections and are more likely to remain in their communities.

September, as Kinship Care Awareness Month, offered many opportunities related to engaging and recruiting kinship resource parents including with the Commissioner of VDSS facilitating a lived experience youth panel after extolling the value of kinship families considering adverse childhood experiences in and outside of the child welfare system. This event was open to DSS staff and community partners. Another lived experience panel with kinship caregivers offered insight on unique needs and benefits of engaging and supporting kinship caregivers. A Discovery webinar designed to inform LDSS staff about finding those individuals connected to children, youth and parents involved in the child welfare system using search tools and technology and practicing engagement skills. The Kinship Notification Webinar trained LDSS staff on 2022 legislation requiring the notification of prospective kinship resource parents of the approval process and their right to appeal a denial of approval. The Permanency Assessment Tool was developed to support LDSS to systematically inform families of expectations in becoming kinship resource parents and working with prospective resource families to ensure that they are capable to meeting the needs of a child in care placed with them and supported for success of a placement and address permanency plans. A new intranet webpage was developed bringing a wide collection of kinship resources to support LDSS staff in developing a Kin First culture and skill set.

In December 2022, a webinar on the Barrier Crime Determination Guide was offered to support LDSS staff. The guide was recently developed to be used by LDSS staff to understand criminal record checks and the exceptions to barrier crimes applicable to kinship resource parents to facilitate the screening prior to placing children in foster care with kinship resource parents. Tip sheets were developed to assist LDSS staff in complying with the various steps required to approve resource families and documentation in the resource files.

VDSS supports and retains resource parents by giving them access to the training needed to better meet the needs of the children they care for with virtual training modules in Foster Parent College. Of those who responded to the survey, 243 foster parents had taken advantage of Foster Parent College in-service training. More effort is needed to encourage foster parents to engage in this resource.



N=371

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

VDSS contracts with three organizations to perform child-focused, targeted, and general kinship, foster and adoptive family recruitment in four VDSS geographic regions, Eastern, Central, Piedmont and Northern under RFP #FAM-20-093. More information regarding this contract including data on the 2022 results of this contract are included in the Adoption section (p. 230-232). This contract underwent changes to the scope of work to focus more on family recruitment for youth with TPR that have adoption as the permanency goal, youth residing in congregate care with or without TPR and a goal of adoption. Even with the SOW changes, results were less than expected. The current RFP will expire on June 30, 2023. In early SFY 2023, the Permanency Unit agreed to implement a new recruitment model that focuses on relative and fictive kin search and engagement services for youth residing in congregate care or placed in non-relative home-based care. This decision was made in response to a Virginia data analysis from 2016-2020 of children who entered foster care and were first placed with a relative spent four fewer months in foster care when compared to children who were not placed with a relative upon entering care. Within this group 96% of children exited foster care to permanency through reunification, custody transfer to a relative or adoption by a relative and 98% did not age out of foster care. DFS issued a Request for Proposal (RFP #FAM-23-019) to solicit experienced service providers equipped to work with LDSS to discover relatives and fictive kin and facilitate connections with children in foster care in order to facilitate placement in each of the five geographic regions of the Commonwealth (Eastern, Central, Northern, Western and Piedmont). The new model will be implemented in July 2023.

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

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

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

The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides the administrative structure by which states adhere to the Consolidated Omnibus Budget Reconciliation Act (COBRA). ICAMA also is the mechanism by which the provision of Medicaid is provided to children with state-funded adoption assistance when these children move from state to state. Each ICAMA member state has a designated point of contact and follows the ICAMA protocol to ensure that eligible adopted children receive Medicaid in their states of residence. Currently, 47 states and the District of Columbia are members of ICAMA, including Virginia. Non-member states include New York, Vermont, and Wyoming.

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

This is an area that ICPC is currently working on to gather the average time it takes for Virginia Local Departments to complete ICPC referrals regarding the Safe and Timely Act of 2006, which states home studies are to be completed within 60 calendar days after a state receives a request from another state. Virginia has recently created a new excel data base to be able to gather timeliness

The ICPC unit will assign a case within 24-48 hours of receiving a referral and it is processed by an ICPC Consultant within five days of assignment. Most cases are processed within 24-48 hours of the referral being assigned to the ICPC Consultant. In 2021 the ICPC Unit processed 1,474 incoming and outgoing referrals for youth to be placed both into Virginia and out of Virginia. In Virginia, in 2022 the ICPC Unit processed 37 regulation 1 referrals, 1,310 Regulation 2 referrals, and 39 regulation 7 referrals. These numbers reflect the referrals that VA ICPC processed during the year. Information on the referrals completed during the year is reported in a chart further into this subsection.

- Regulation 1 addresses the request for approval for placement of a child in an approved placement resource in the receiving state where the sending state has already approved the placement in the sending state and the resource now desires to move to the receiving state.
- Regulation 2 provides, at the request of a sending agency, a home study and placement decision by a receiving state for the proposed placement of a child with a proposed caregiver who falls into the category of: placement for public adoption, or foster care and/or with parents, or relatives.



- Regulation 7 expedites ICPC approval or denial by a receiving state for the placement of a child with a parent.

At this time NEICE does not track the timeliness of how long it takes for a home study to be completed. It will only allow a state to see how many are overdue past the 60 days of the Safe and Timely Act. This can range from one day being past due, to a year past due. In 2022, Virginia LDSS completed, or had overdue, home studies (assessments) on the following regulations: This graph will show all home studies that Virginia completed in 2022, despite when the referral was made.

Regulation	Completed	Overdue
Regulation 1	10	1
Regulation 2	254	147
Regulation 7	11	3
Regulation 12	72	4

Virginia ICPC Unit has recently worked with the Data Team, in creating an excel spreadsheet in order to begin tracking how long it takes a local agency to complete home studies. This excel sheet will be able to assist to see which agencies are completing home studies timely, and where more interventions are needed to assist agencies with completing the studies timelier. Over the past year LDSS have utilized the Mutual Family Assessment team, however not all agencies utilize this assistance with completing the studies.

Virginia uses the NEICE System for case management of ICPC cases. As of Dec. 31, 2022, there are 105 LDSS agencies in Virginia that are using NEICE. (Accomack, Alleghany Co/Covington, Albemarle, Alexandria, Appomattox, Amherst, Arlington, Bedford, Bland, Botetourt, Bristol, Brunswick, Buckingham, Buchanan, Campbell Co, Caroline, Charlotte Co, Charlottesville, Chesapeake, Chesterfield, Clarke Co. Culpeper, Danville, Dinwiddie, Essex, Fairfax, Floyd Co, Fauquier, Franklin City, Franklin Co, Frederick, Fredericksburg, Galax, Giles, Gloucester, Goochland, Grayson, Halifax, Hampton, Hanover, Harrisonburg, Henrico, Henry/Martinsville, Hopewell, Isle of Wight, James City, King George, King William, Lancaster, Lee Co, Loudon, Louisa, Lynchburg, Madison, Manassas City, Mathews, Mecklenburg, Middlesex, Montgomery, Newport News, Norfolk, Northampton Co, Norton City, Orange, Patrick, Petersburg, Pittsylvania, Portsmouth, Prince Edward, Prince George, Prince William, Pulaski Co, Radford City, Richmond City, Richmond Co, Roanoke City, Roanoke Co, Rockbridge, Russell, Scott, Shenandoah Co, Shenandoah Valley, Smyth Co, Spotsylvania, Stafford Co, Suffolk, Surry, Sussex, Tazewell, Virginia Beach, Washington Co, Warren Co, Westmoreland, Williamsburg, Winchester, Wise Co, Wythe, York/Poquoson).

According to Family First Act all states are to be on NEICE by 2026. Virginia has been on NEICE since April 2016 and the majority of agencies came onto NEICE in 2020/2021. Agencies continue to be added onto NEICE as needed. For those agencies in Virginia not on NEICE, they must send the ICPC referral electronically and secured to the ICPC email address. [Vaicpcoffice@dss.virginia.gov](mailto:Vaicpcoffice@dss.virginia.gov) all communication with the agency will be done electronically between the agency and the ICPC Consultant and stored in the NEICE system.

ICPC does not collect information on the results of the youth referred to an exchange or placement or how many youth were emancipated without a permanency resource as the ICPC Unit does not have any jurisdiction over an ICPC case to determine permanency, however with the new data base that was created information that will be able to be gathered includes: length of time in care before an ICPC referral was made, and the outcome of the ICPC referral regarding permanency. There is a new data base

that is currently in the works that will be able to provide statistics and percentages of the number of children placed through the ICPC process.

Types of Cases and Referrals					
Count of Case #	Column Labels				
Row Labels	Incoming	Outgoing	(blank)	i	Grand Total
Reg 1	26	11	0	0	37
Reg 2	672	638	0	0	1310
Reg 4	1031	223	0	0	1254
Reg 7	18	21	0	0	39
Adoption (Private)	126	63	0	0	189
Reassignment	0	1	18	0	19
(blank)	0	0	4	0	4
Adoption (International)	1	0	0	0	1
Adoption (Public)	100	38	1	0	139
ICAMA	1	0	576	1	578
Grand Total	1975	995	599	1	3570

The below graph shows the referrals that were made for relative placements outside of the state of Virginia.

Relative Referrals - Option 1								
Option 1 with Filters (Slicer for SFY-Q still applies to this table)								
Incoming/Outgoing	Outgoing	<-Filter to only cases wanted						
	Column Labels							
	Reg 1	Reg 2	Reg 4	Reg 7	Adoption (Private)	Reassignment	Adoption	Grand Total
Count of Case #	11	638	223	21	63	1	38	995

In 2022, VDSS processed 2,992 new regulation 1, 2, 7 and 12 cases which is an increase of 642 cases from 2021. The above full graph shows a count of all regulation types that ICPC processed in 2022, which includes new referrals and existing cases for residential referrals, ICAMA, and Private Adoptions.

## Child and Family Services Continuum

### Program Coordination Team

At the state level, the child welfare program coordination team is comprised of three primary teams: Protection, Prevention, and Permanency. In addition to the primary teams, there are supportive teams, such as QAA, CQI, Data Team, Special Project Managers, DFS IT Portfolio, Hotline Operations and Family Violence Team. All teams are under the leadership of the Director and three Assistant Directors.

The objectives of the state teams are to:

- Develop regulations, policies, procedures, and guidance;

- Support LDSS staff in providing quality, best-practice service to children and families served;
- Implement statewide public awareness campaigns;
- Explain programs, policies, and services to mandated reporters and general public;
- Coordinate and provide training;
- Fund special grant programs;
- Maintain and disseminate data from the child welfare information system; and
- Utilize data to identify and support the installation of systems or practice changes which lead to improved outcomes.

The Protection Team is led by a Program Manager and supported by a Policy Specialist. There are five regional consultants that provide technical assistance, case consultation, training, and monitoring to LDSS for the protection program. A constituent program consultant responds to citizen concerns and a child fatality consultant reviews all child deaths.

The Hotline Operations previously was a part of the Protection Team and overseen by the Protection Program Manager. Due to the complexity of the Hotline Operations, the Hotline Manager position was revised to become a Program Manager level position.

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

The Permanency team is divided into four teams: Foster Care, Adoption, Resource Family and ICPC/ICAMA. The Foster Care team is led by a Program Manager and supported by a Policy Specialist. The team also has an Independent Living Team comprised of a Supervisor, Independent Living Program Specialist, and ETV Program Specialist. A Foster Care constituent program consultant responds to citizen concerns.

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

The Resource Family Team is led by a Program Manager supported by a Policy Consultant. There are five regional consultants supporting diligent recruitment. The resource family team use a data-driven approach to target families based on the needs of the children in foster care. Recruitment efforts include a focus on older youth, children with special needs, and siblings. The Resource Family team is responsible for the Contingency Program and Respite Care. The Resource Family and Prevention programs share a constituent program consultant who responds to citizen concerns.

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

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

The QAA Team is led by a Program Manager and three QAA Supervisors. The team is supported by one sub-recipient monitoring coordinator, 18 full-time program consultants, three part-time consultants, two full-time data analysts, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other. The QAA Team conducts new foster care funding determination, title IV-E ongoing reviews, VCFSR, and CFSR to assess compliance, identify and enhance best practices, and ensure the accuracy of data in the child welfare information system. In 2023, five full-time program consultants will join the team to monitor title IV-E prevention services funding as a result of the implementation of Family First.

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

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

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

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

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

PSSF (Title IV-B Subpart 2 funds) services reflect the Virginia Children's Services Practice Model concept that "children are best served when we provide their families with the supports necessary to safely raise them". Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based. PSSF services may be provided through local public or private agencies, individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-

community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home (**Prevention Strategy 4.3**).

Estimated Children and Families Served 115 Agencies reporting January 2022 to December 2022		
Service Type	Total Children	Total Families
Preservation	6,228	5,362
Support	11,356	10,460
Reunification	1,538	1,155
*Adoption	651	326
Total	**	**
*Approximately 1.5M PSSF funds were allocated for adoption initiatives at the home office level, therefore localities were not required to spend 20% on adoption promotion. This number includes localities that provided local adoption services.		
**Number of children and families served are reported by sub-grantees' quarterly reports; may be duplicative.		

PSSF funds are allocated to LDSS for control and expenditure. The CPMT is designated as the local planning body for PSSF funds. This role is consistent with their statutory responsibilities to manage community collaborative efforts for at-risk youth and families, conduct community-wide service planning, and maximize the use of community resources.

LDSS, with the support of their CPMT board, complete a Needs Assessment once every five years. The most recent Needs Assessment was completed in 2019. In 2022, VDSS formed a PSSF Committee that has been meeting monthly to review and update the PSSF program practices in preparation for the 2025 Needs Assessment. This assessment allows localities to identify unmet needs and the underserved populations in the community. The needs assessment serves as a guide for the development of community-based prevention and activities to promote the well-being of the entire family in order to prevent and reduce the likelihood of child maltreatment. Each year, thereafter, the locality and CPMT review the effectiveness of the program and continued funding.

In February 2023, in collaboration of the PSSF Committee, the PSSF service array was redesigned to serve as a functional, user-friendly document to aid family service specialists who directly work with families to identify services and supports in real time and without delay. The document includes an expansion of allowable services, detailed definitions, examples on how to provide different services and tips. The following services are part of the PSSF service array. LDSS may choose from these services when working with families.

Service Array	
Assessment/ Evaluation	Before & After School Activities
Case Management	Childcare
Community Based Education and Awareness	Counseling/ Therapy
Domestic Violence Prevention	Early Intervention
Educational Support	Emergency Aid
Vocational Training	Enrichment Activities
Home Based Services	Information & Referral Community Linkages

Life Skills	Mentoring/ Peer Mentoring
Nutrition Related	Parent Coaching
Parent Education	Parent/ Child Activities
Parent-Family Resource Center	Program for Fathers (Fatherhood)
Respite Care	Support Groups
Substance Use Disorder	Supervised Family Visitation
Teen Pregnancy Prevention	Transportation
Voluntary Home Visiting	

LDSS utilize information gleaned from the Needs Assessment to develop a community plan based on their designated allocation. The PSSF Program is not an entitlement program and localities must meet program requirements which include a minimum of 20% of each locality's total annual PSSF allocation must be spent under each of the four program components. Localities may be eligible for a waiver of these percentages with adequate justification. Localities are not required to spend a minimum of 20% for adoption promotion and support since VDSS applies more than 25% of title IV-B Subpart 2 funds to adoption service contracts to serve the entire state.

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

The focus on technical support and education provided to localities has resulted in the increase of PSSF funds used by localities to support children and families. In SFY 2022, in comparison to SFY 2021, VDSS saw a 38% increase in the use of Family Support funds, a 55% increase in Family Preservation funds, and a 49% increase in the use of Reunification funds by localities to serve children and families. The PSSF program consultant provides training, technical assistance, and peer sharing to assure local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. In addition, the PSSF program consultant provides ongoing monitoring through a review of quarterly reports to ensure the appropriate use of funds and uses data from those reports to guide training and technical assistance topics.

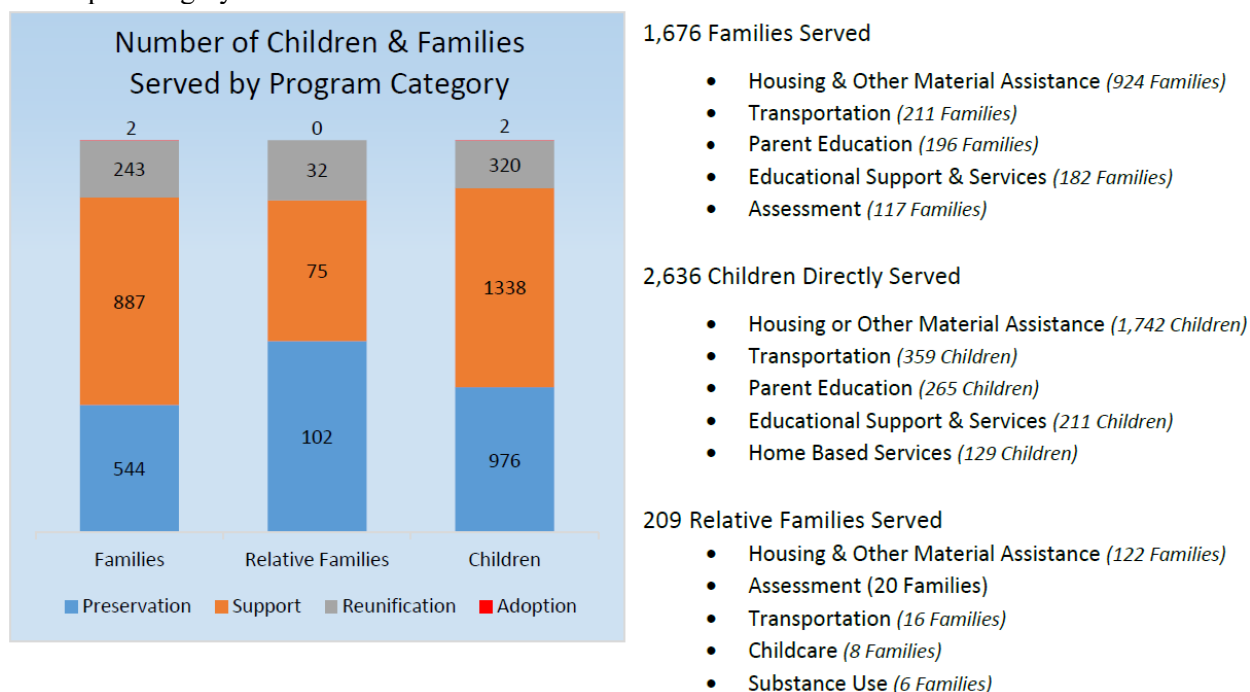
The Consolidated Appropriations Act, 2021 (Act) awarded Virginia with supplemental funding of \$1,337,210 to be used for the same purposes as the regular annual PSSF grant, i.e., to provide community-based family support, family preservation, family reunification and adoption promotion and support services,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

Supplemental funds received were spent in its entirety. Funds were designated for the purchase of services and goods to meet immediate needs of families. The chart below lists the services an LDSS may provide to families:

Service Array		
Adoption Promotion & Support	Assessment	After-School Activities
Childcare	Counseling/ Therapy	Early Intervention
Educational Support & Services	Enrichment Activities	Home Based Services
Housing/ Material Assistance	Intensive In-Home Services	Mentoring
Peer Mentoring	Parent Coaching	Parent Education

Parent Training	Parent/ Child Activities	Fatherhood Programs
Support Groups	Respite Care	Substance Use Treatment
Substance Use Recovery	Supervised Family Visitation	Transportation

The chart below lists the top five services provided by the LDSS and the number of families and children served per category:



## Prevention

Prevention services are an extension of VDSS continued efforts to embrace a family engagement practice model. This is consistent with accepted principles of strengthening families and with recognized best practices in early intervention and foster care prevention services. Prevention services are an integral part of the continuum of all child welfare services and are visible in all respective program areas, including protective services and permanency services. They include (but are not limited to) providing information and services intended to accomplish the following goals:

- Strengthen families;
- Promote child well-being, safety, and permanency;
- Minimize harm to children;
- Maximize the abilities of families to protect and care for their children;
- Prevent the occurrence or reoccurrence of child abuse and neglect; and
- Prevent out-of-home care, including preventing foster care.

Prevention services in Virginia are provided on a continuum that includes primary, secondary, and tertiary activities. Both LDSS and VDSS provide services across the continuum in the state. Many LDSS work closely with local partners to provide prevention services across the continuum with local funding sources. With the passing of the Family First Act, VDSS is prioritizing enhancement of prevention

services to ensure that all LDSS have the resources needed to provide prevention services for children and families, particularly those at risk of entering foster care.

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

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

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

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

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

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

VDSS works closely with Families Forward Virginia, through CBCAP funding, to strengthen the primary prevention vision. One of the strategies to advance and coordinate primary prevention efforts among communities is through the work of the Thriving Families Safer Children initiative in which VDSS, Families Forward and other key partners, will seek to better understand what community needs are and



develop a coordinated model to meet each unique community needs like a Family Resource Center. VDSS will utilize and share child welfare data to help prioritize which communities have the greatest needs.

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

VDSS will continue to work internally, towards a larger, multi-system alignment, committing to work among Benefit Programs (SNAP, Child Care Assistance, Medical Assistance, etc.) and Family Services to develop a more coordinated state system to work to radically shift the approach to and expectations of the internal structure and alignment. VDSS will prioritize system infrastructure alignment to better serve families further upstream by primary prevention programs, with concrete support via Benefits Programs as a key component as the evidence supports the need for families to have concrete supports (housing, food, child care, utilities, and medical care).

Service coordination is a pertinent part of developing and establishing a Virginia child-welfare prevention program that targets resources and services to prevent abuse and neglect, so that children can remain safely at home or with kin caregivers. Currently, primary and secondary prevention services are linked throughout the child and family services continuum and are largely funded by grants and projects as described subsequently. Those projects include:

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

Virginia's Title IV-E Prevention Services Plan (Appendix K) also addresses key tertiary prevention services activities within the In-Home Services Program. This plan aligns the In-Home Services Program and the requirements for title IV-E prevention services funding (Family First).

Primary and secondary grant-funded services and supports are included throughout the strategic plan in **Prevention Strategy 3**. The objective focuses on workflow improvements; evidence-based, trauma-informed services; ease of access for localities and communities to secure funding and services; and well-designed systems around Family First. VDSS has focused a significant amount of work in enhancing and aligning tertiary prevention efforts which are provided by LDSS and the In-Home Services Program. As the In-Home Services Program continues to grow, through continued implementation of Family First, along with the CQI model and ability to dive deeper into data, VDSS will work to better share and integrate the data upwards into the prevention services continuum particularly primary and secondary prevention efforts through the pass-thru grants.

The workflow focus will identify and organize these various grants and services, as well as funding streams, to determine service availability and identify gaps (**Prevention Strategy 4.1**). These partnerships will not only be streamlined, but also will focus on decreasing barriers to family engagement (**Prevention Strategy 4.3**). Through this, informed services will be created to fill these gaps and increase partnership effectiveness (**Prevention Strategy 4.2**). In Virginia, all child welfare funds align and support the overall

goals for the delivery and improvement of child welfare services, including CAPTA, PSSF, CBCAP, VOCA, child care, and domestic violence services. **(Prevention Strategy 1.1)**

### ***Child Abuse Prevention Awareness***

Since 1983, 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.

Although, the FY22 Child Abuse Prevention in-person conference was cancelled, VDSS in partnership with Families Forward hosted a virtual speaker series consisting of four virtual events. Topics for these events included *Growing Together: The Continuum of Child Abuse Prevention*, *Vu Le – A Better Normal: Lessons We Can Learn from the Past Three Years to Build a More Just and Inclusive Community*, *Thriving, Not Just Surviving – The Parent Leadership Perspective*, and *Against the Odds: Working Effectively with Children and Families of Color* presented by Dr. Kenneth Hardy.

VDSS also was able to allocate \$73,782.50 to 79 LDSS agencies through an application process. Funding was available for public information activities that focus on the healthy and positive development of parents and children and promotion of child abuse and neglect prevention activities during April (Child Abuse Prevention Month) and/or other activities occurring before May 31, 2022.

In addition, VDSS developed a Request for Proposal (RFP) for Child Abuse Prevention Month to solicit sealed proposals from qualified firms to establish one (1) contract through competitive negotiations to coordinate different planning and managing conference events which may be virtually based or arranged at an onsite conference facility to support the Division of Family Services' (DFS) Child Welfare Multi-Conference Trainings offered by the Virginia Department of Social Services (VDSS). These conferences shall offer onsite, virtual, or a combination of the two for conference planning and management of child welfare to be determined by VDSS.

VDSS held the Annual Child Abuse and Neglect conference in April of 2023 in partnership with Families Forward Virginia. The conference was a two-day in person event for DSS staff and community partners. The resulting contract will include renewal options for two (2) subsequent years, SFY2023 and SFY2024. As the Prevent Child Abuse Virginia Chapter, and as a recipient of CBCAP funding, Families Forward Virginia will continue to provide materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates, opportunities for engagement and child abuse prevention toolkit resources. They will develop and disseminate their child abuse prevention advocacy agenda; lead and participate in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services will be encouraged to attend their advocacy days at the General Assembly, sharing stories of how their programs have changed their lives.

### **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.

<b>Public Awareness &amp; Education Activities FY 2022 – CBCAP Programs</b>		
<b>Activity</b>	<b># Of Activities</b>	<b># Reached</b>
Prevention Month Activities including Blue Ribbon	121	52,462
Speaking Engagements	229	6,709
Radio/TV PSA announcements distributed for broadcast	8	160,015
Radio/TV Appearances	35	154,500
Newspaper Articles	26	2,181,650
Public awareness materials by CBCAP grantees (brochures, flyers, pamphlets, etc.)	143	71,168
Internet/web-based activities	753	436,513
Other Public Awareness	76	67,914
Parent Support Helpline	100	100
<b>Totals</b>	<b>1,491</b>	<b>3,131,031</b>

### ***Child Abuse Prevention Play***

VDSS annually contracts with Virginia Repertory Theatre (VRT) for the production and delivery of performances of the child sexual-abuse prevention play “Hugs and Kisses” for children in grades K-5 in elementary schools across Virginia. The play is a partnership between VRT, Families Forward Virginia, and VDSS. Families Forward Virginia receives funding from a VRT subcontract and from VDSS for continued evaluation of the program. The Virginia Repertory Theatre’s (VRT), Hugs & Kisses, spent 100% of their SFY22 grant funds. The VRT used funds from FY21 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 was piloted in SFY22 with an estimated 10 schools. During FY22, performances were booked for the throughout the whole year and booked 185 performances and delivered 183 total performances of Hugs and Kisses in schools around the state, serving a total of 54,900 Virginia elementary school children. In addition, they had 334 pertinent inquiries from children immediately after the performances and 32 referrals to the children’s local Child Protective Services workers.

### ***Victim of Crime Services Act (VOCA) Child Abuse and Neglect Grant Program: Child Advocacy Centers (CAC)***

VDSS administers the child abuse victim portion of VOCA funding through an interagency agreement with the Department of Criminal Justice Services (DCJS). The source of these funds is fines levied for conviction of federal crimes, and the level varies from year to year. The goal of the program is to provide

direct services to victims of child abuse and neglect. The intention of the VOCA grant program is to support and enhance the crime-victim services provided by community agencies facilitated through Child Advocacy Centers (CAC).

Child Advocacy Centers are child-focused, facility-based programs where representatives from many disciplines meet to discuss and make decisions about investigation, medical and mental health treatment, intervention strategies, and prosecution of child abuse cases. CACs conduct forensic interviews of child victims, case reviews and provide recommendations for services from a multidisciplinary team (MDT). Currently funded CAC programs also offer direct services that include shelter programs for children, counseling/therapy services, sexual assault programs, and court/victim advocacy and other support services for the victim and non-offending parent or guardian. CACs are incorporated, private, non-profit organizations or government-based agencies, or components of such organizations or agencies. CACs provide collaborative efforts of multiple agencies and are located across Virginia, including rural areas where services are limited.

Nineteen CACs continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Allegheny, Nelson, Franklin, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Vinton, Lexington, Charlottesville, and Waynesboro.
- Central – two program serving counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George; and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving counties of Arlington, Fairfax, Prince William, Rockingham, Shenandoah, Warren and Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the counties of Greenville, Franklin, James City, Isle of Wright, Prince George, Southampton, and York; and the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, Poquoson, Williamsburg, and Emporia.
- Western – four programs serving counties of Bland, Lee, Montgomery, Pulaski, Washington, Scott, Floyd, Giles, Grayson, Wythe, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, Galax, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) continues to provide training, support, technical assistance and leadership on a statewide level to the CACs and to communities in Virginia responding to reports of child abuse and neglect. All CAC sites are approved and accredited by the CACVA, to provide comprehensive services to victims of child abuse and neglect throughout the investigation, treatment, and prosecution of reported cases. The CACVA uses an established formula approved by the 2015 General Assembly to determine the annual funding distribution. CACs are funded through a formula that takes into consideration the agency's certification level, the number of localities served, and the rate of child abuse/neglect and the population of children under 18 years in the service area.

VDSS received state funds (\$2,136,500.00 TANF; \$405,500.00 General Fund) and VOCA funds (\$4,346,951.00) from DCJS for the 19 CACs and the CACVA. The total awarded to CACs for the current fiscal year is \$6,888,951.00 (**Prevention Strategy 2.1**).

### ***Community-Based Child Abuse Prevention Grants (CBCAP)***

The child abuse and neglect prevention grants have served a critical need by providing community organizations with an opportunity to develop and expand services for the prevention of child abuse and neglect and to serve families at risk for child maltreatment, that otherwise may not be reached. This funding provides for a range of primary and secondary child abuse and neglect prevention services and activities, both statewide and locally based, such as parent education and support, public education and awareness, and home visiting. Public and private non-profit, incorporated agencies and organizations in Virginia are eligible to apply.

CBCAP grantees are required to provide financial, statistical, and outcome information on a quarterly basis regarding the types of services that were offered (e.g., home visiting, parent education, parent support, etc.). In addition, programs are asked to report the number of participants that utilized each type of service. For FY 2022 (Oct. 1, 2021-Sept. 30, 2022), VDSS awarded 22 new contracts under RFA #FAM-21-073. A total of \$925,868.08 in CBCAP funds was awarded to 22 programs and a total of \$373,196.87 in state VFVPP Child Abuse and Neglect Prevention funds was also awarded to 22 programs. All 22 programs received a combination of CBCAP and VFVPP Child Abuse and Neglect Prevention funds. CBCAP funded projects provide a 20% cash match in non-federal funding. A review and compilation of quarterly statistical reports submitted by CBCAP grantees were used to determine the number of clients who received direct services during FFY 2022.

<b>Population served:</b>	<b># served</b>
Number of families with children with disabilities	78
Number of parents with disabilities	100
Total number children who received preventative direct services	1,179
Total number of parents/caregivers who received preventative direct services	1,636
Total number families who received preventative direct services	2,815

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

In addition to serving Hispanic or Latino families, Black or African American families, fathers and families facing homelessness, outreach services were also provided for single parents, incarcerated parents, teens, families with parents and/or children with disabilities, families with low income and families that live in rural communities.

The table below reflects the numbers of agencies targeting each of these special populations. Not all programs provide detailed demographic information so reported numbers may not reflect all individuals or families in special populations receiving services.

<b>Special Populations Served in SFY 2022</b>		
<b>Population</b>	<b>Number of Vendors who serve population</b>	<b>Numbers Served</b>
Families with low income	14	530
African American parents & children	15	365
Single parents	10	895
Incarcerated parents	4	0
Families facing homelessness	6	33
Pregnant/Parenting teens**	10	33
Parents with disabilities	10	100
Children with disabilities	10	78
Urban populations	9	9
Rural populations***	20	38
Parents/Children with other special needs	2	Not Reported
Unaccompanied homeless youth	0	0
Adult former victims of maltreatment	7	144
Adult former victims of domestic violence	5	Not Reported
Tribes	0	Not Reported
Fathers*	10	Not Reported

\* Figure calculated from the total # males aged 18 and over; teen males are not included in this total.

\*\* Teens are described as ages 13 – 17 years.

\*\*\* One program serves both rural and urban populations based on regional boundaries

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

VDSS has been allocated an estimated \$6,232,000 funding in CBCAP funds under the CAPTA State Grants provided within the 2021 ARPA. No funds were expended in 2022 but funds will be used to encourage community-based primary and secondary prevention initiatives aimed at child and family wellbeing in an effort to reduce child abuse and neglect. VDSS is utilizing this funding in conjunction with the national Thriving Families Safer Children initiative, by offering grants to local communities to review the needs of their community and develop solutions to meet family's needs (housing, child care, increase parental protective factors, reduce family and parental risk factors) through a Family Resource Center-type model in order to decrease child abuse and neglect. The expected outcomes of utilizing this supplemental CBCAP funding are:

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

- Reduced number of children entering foster care.

### ***Family Violence Prevention and Services Grant***

Family Violence Prevention and Services Act (FVPSA) funds combined with state appropriated TANF funds, are distributed by the Office of Family Violence to non-profit organizations and LDSS agencies, for the provision of services to families affected by domestic violence. Funds support four distinct purpose areas:

- The majority of grant funds are awarded to 51 local agencies spread across the state to support crisis and core services to address the secondary prevention of domestic violence, including emergency shelter/housing, crisis hotlines, advocacy, children's services, legal advocacy, and support groups.
- Through a separate grant, but using FVPSA funds, six local population-specific community-based organizations received funds to provide domestic violence services to underserved populations. Current sub-recipients include:

<b>Funded Community Based Organization</b>	<b>Underserved Population</b>
Boat People SOS, Inc.	Vietnamese
Ethiopian Community Development Council	African immigrants & refugees
Tahirih Justice Center	Immigrants
Just Neighbors	Immigrants
LGBT Life Center	LGBTQ
Sacred Heart Center	Latinx populations
New Bridges Immigration Resource Center	Immigrants
Church World Services	Refugees
Ayuda	Immigrants
Virginia Harm Reduction Coalition	Substance Use

### ***Promoting Primary Prevention Activities***

The OFV is currently promoting primary prevention activities by providing a small amount of FVPSA funding, currently supporting 11 DV programs to incorporate primary prevention initiatives into their domestic violence programming. (**Prevention Strategy 1.7**) Technical assistance is provided regarding best practices, program implementation and evaluation, and VDSS/OFV and VDH staff co-host a Quarterly Prevention meeting for many statewide preventionists from domestic and sexual violence programs. In person meetings were canceled in 2021 as local agencies were re-thinking their prevention strategies.

In 2022 VDSS became the primary administrator of a new Special Fund called the Sexual and Domestic Violence Prevention Fund, which dedicates state funding to support local primary prevention initiatives. OFV collaborated with The Virginia Department of Health and the state domestic violence coalition to develop a plan on the distribution of the Fund. Awards will be made in SFY2023.

### ***Underserved Population Learning Collaborative***

The OFV, in partnership with DCJS and the Virginia Sexual and Domestic Violence Action Alliance conducted the Underserved Populations Learning Collaborative (UPLC) over a four year period, ending June 2022. The UPLC was open to all domestic and sexual violence (DV/SV) agencies in Virginia. **(Prevention Strategy 2.3)** The mission of the UPLC was to support local domestic and sexual violence programs to become strong allies to underserved populations and to promote access to culturally responsive comprehensive services. During the second and final cohort, which lasted from July 2020 to June 2022, 20 teams, including a small number of state agencies (including VDSS). The local agency teams included Executive Director or Program Director as well as supervisors and advocacy staff. The VDSS team was made up of four representatives from DFS who worked together for 24-months to address different facets of state agency opportunities, including improvements to addressing the needs of underserved populations through the Request for Applications process to distribute grant funding.

The three overarching goals for the UPLC which included:

- Reflection on Internal and External Barriers;
- Organizational Transformation; and
- Engaging Underserved Communities/Strategy Building.

### ***UPLC Workgroup***

The workgroup developed by the UPLC continued to meet regularly in FY 2022 to guide the UPLC process including designing the content for statewide and regional UPLC learning sessions, to review learning session feedback and discuss the work of the 20 agency teams. The pandemic continued to shape many changes in how the UPLC was conducted. All gatherings and networking for cohort 2 were conducted virtually, and the emotional capacity of the team was notably affected by the competing demands of the pandemic.

### ***Virginia Underserved Populations Advisory Committee***

The Virginia Underserved Populations Advisory Committee (VUPAC) is made up of representatives of culturally specific Community-Based Organizations (CBOs), local domestic violence programs, state partners and National Network to End Domestic Violence staff. The VUPAC was originally designed to give input on the development of the Underserved Population Request for Applications (which funded six culturally and population-specific CBOs to provide DV services to their clients), as well as to advise in the planning and development of the UPLC. The VUPAC is a resource for the Virginia Advisory Committee on Sexual and Domestic Violence and many state agencies by providing perspective and insights from traditionally underserved communities. Due to staff turnover, this committee was inactive in FY 22, but will resume in the future.

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

VDSS has a strong partnership with the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) to improve services statewide to survivors of domestic violence and their children. State and Local Partners meetings are held quarterly with state and local attendees identifying and discussing barriers to service, statewide trends, and improved service provision. Action Alliance staff and VDSS connect bi-monthly to discuss specific program needs and to brainstorm how to meet these needs through site visits, conference calls, and staff training. VDSS also participates in VSTOP meetings where state funders and stakeholders discuss funding priorities and service improvement in domestic violence programming. VDSS also leads the Domestic Violence Action Team, a statewide multi-disciplinary team that developed a web-based “Promising Practices Guide” (PPG) to provide specific information and tips



on how to provide trauma-informed services. The PPG is now available to subgrantees and the general public on the VDSS website. In SFY2022, VDSS continued to provide funding to the Action Alliance for the provision of training and technical assistance to local domestic violence agencies, and for the collection of statewide data on services provided. VDSS was named as the administering agency of the Sexual and Domestic Violence Prevention Fund, a special fund established by the General Assembly. In SFY2023 VDSS distributed \$2.25 million to 14 local agencies for their sexual and domestic violence primary prevention initiatives. **(Prevention Strategy 3.2)**

In a separate solicitation, VDSS combined Family Violence Prevention and Services grant with other state appropriated funds, distributing \$10,171,870 for the provision of domestic violence services and intervention in SFY 2022. Including fourteen agencies that provide primary prevention activities in addition to comprehensive domestic violence services. **(Prevention Strategy 3.3)**

All RFAs for family violence prevention and services include a requirement that applicants show an understanding of trauma informed services and explain how they will be incorporated in the provision of all services. **(Prevention Strategy 3.5)**

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

The Screening for Experiences and Strengths (SEAS) is a brief screening tool for identifying trauma and victimization in children, youth, and transitioning young adults. This evidence-informed tool was developed by VDSS as part of the national Linking Systems of Care State Demonstration Project (now referred to as Virginia HEALS) and was piloted and evaluated with service providers across systems over the course of more than three years. It is offered in three age versions (0-6, 7-12, 13-21) and is available, along with supporting e-Learning courses, to LDSS workers and service providers from other systems and sectors) across the Commonwealth.

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

Virginia HEALS (Helping Everyone Access Linked Systems) is a cross-systems initiative to prevent and mitigate childhood victimization and trauma by providing 1) training on trauma-informed practice-level strategies that promote healing; 2) technical assistance and support to service providers in the community; and 3) policy guidance around trauma-informed care and resilience-building. It began in 2015 as a federally funded demonstration project which ended in March 2021. Virginia HEALS was sustained with state support during the 2021 General Assembly. State support allows for project staff to continue providing training and technical support to agencies/organizations and communities to implement Virginia's Trauma-Informed Model of Service Delivery and supporting toolkit and e-Learning courses. **(Prevention Strategy 5.3)**. In March 2022, the Virginia Heals team moved from DFS to the Policy and Administration team within VDSS.

With the creation of the new office (Office of Trauma and Resilience Policy) within the Policy and Administration portfolio, the office has moved away from individual training unless it is at a regional statewide level and directed the bulk of training requests towards the e-learning courses. The office has expanded their scope beyond Virginia Heals with building out internal workforce and supporting trauma-informed policy across the agency.

### ***Family First Prevention Services Act Transition Grants***

VDSS has continued to utilize Transition Act funds to support the ongoing implementation of Family First. VDSS has contracted with CEP-Va in two primary areas: capacity building and fidelity monitoring. Through the capacity building contract, CEP-Va is using Transition Act funds to train and maintain community-based providers to deliver EBPs. CEP-Va is also working with VDSS to monitor fidelity to the model of the EBPs which title IV-E funding is being used for. VDSS will continue to utilize the funds in accordance with the guidelines set forth by the Children's Bureau to assist in the implementation of Family First.

### ***Healthy Families and Home Visiting***

The Virginia General Assembly again appropriated \$9,035,501 in level TANF block grant funding for programs that provide Healthy Families early childhood, voluntary home visiting services in Virginia. VDSS continues to provide grants to the 30 Healthy Families accredited sites in Virginia, and funds Families Forward Virginia's Healthy Families program providing technical assistance and monitoring for compliance with the national Healthy Families America model standards. Due to level funding, expansion of this home visiting model is limited.

The Virginia General Assembly continues to appropriate \$600,000 in level TANF block grant funding for support of 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. EIV and the Alliance are currently working on detailing the strategic plan. See EIV's 2022 Annual Report to the General Assembly: <https://rga.lis.virginia.gov/Published/2022/RD351>

### ***In-Home Services***

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 to children and families in Virginia through the provision of In-Home Services for children who are at high or very high risk of recurrent child maltreatment and entry into foster care.

In April 2021, the Prevention Services Program within VDSS launched an aligned In-Home Services Program which targets resources and services that prevent foster care placements and help children remain safely in their homes. This framework for consistent practice, focuses largely on case opening behaviors, decision-making and assessment guided by the "Suite of Tools" (Structured Decision Making (SDM) safety and risk assessments, the completion of the Child and Adolescent Needs and Strengths (CANS), and a Candidacy Determination to guide service planning), and case practice that promotes how to better engage and serve children and families (Prevention Strategy 1.2). 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. Specifically, 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.

Combining efforts with the Protection Program, the Protection and Prevention Advisory Committee continues to provide feedback on Virginia's implementation of Family First (Prevention Strategy 2.2). Through Family First, VDSS has begun and continues to increase the use of the Prevention and In-Home Services Program to ensure that all LDSS have the resources needed to provide prevention services for children and families to reduce the likelihood of foster care entry. The implementation of Family First provides title IV-E funding for specific evidence-based services to support families who have been identified as high/very high risk for maltreatment or removal from the home. The evidence-based services include: Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent Child Interaction Therapy (PCIT).

VDSS is working towards increasing title IV-E eligible services and has partnered with the Center for Evidence-based Partnerships in Virginia (CEPVa) to assist in expanding service eligibility and availability. CEPVa conducted a Needs Assessment and Gaps Analysis (NAGA) and prepared a report that highlighted which areas of the state need evidence-based services and what the service needs are for Virginia's families. Based on the findings in the NAGA report, Virginia is adding the following evidence-based services to Virginia's approved federal Title IV-E Prevention Services Plan: Brief Strategic Family Therapy (BSFT), Family Check Up, Homebuilders, High Fidelity Wraparound, and Motivational Interviewing (MI). A Request for Applications (RFA) was issued to allow Virginia service providers to apply for training funding to increase the availability of evidence-based services across the state. MI will be implemented among LDSS In-Home Services staff. Studies have shown that MI may help to support workforce capacity by providing staff with skills to increase job satisfaction which may reduce burnout and turnover. For further reference, the Title IV-E Prevention Services Plan (Appendix K) comprehensively addresses key tertiary prevention services activities within the In-Home Services Program.

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

Solidifying and enhancing tertiary prevention practice, will allow VDSS to continue to partner and focus on earlier (primary and secondary) prevention activities to ensure a well-resourced prevention continuum (Prevention Strategy 3.1). In-Home Services also ensures that when children temporarily or permanently reside with relatives or fictive-kin caregivers, services are provided to ensure the safety and permanency of those living arrangements (Prevention Strategy 1.2). 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. 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. 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 caregivers 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 (Prevention Strategy 1.2).

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)

Thus, continued efforts include developing uniform practice guidance to support alternative living arrangements with relatives or fictive-kin caregivers as needed. VDSS will continue to focus on the use of data to drive decisions, support recommendations, and conduct thorough root-cause analysis in this area of practice. Detailed living arrangement and services data will offer insight into the circumstances leading to the use of alternative living arrangements and the types of services and supports provided during the arrangement. This data will also enable VDSS to further explore whether disparities exist in alternative living arrangements statewide and how the practice impacts the well-being of children and families over time. VDSS will also continue to collaborate with the Virginia League of Social Services Executives (VLSSE) who has established a workgroup to discuss and consider potential recommendations in this area.

Building on successes from Virginia's PIP implementation, continuing efforts will be supported by foundational CQI processes to improve service delivery, ensure effective use of resources, and achieve targeted and desired outcomes. VDSS planning efforts will continue to align with the overall movement in Virginia toward evidence-based practice and programming, while assessing the feasibility of implementing additional services that are approved for title IV-E funding on the Title IV-E Prevention Services Clearinghouse and the identified needs in Virginia. Protection and Prevention Programs, CQI Team, and Regional Practice Consultants will also collaborate and identify opportunities to monitor performance and compliance. The following data highlights (first available calendar year) offer an overview of the population served and related indicators of practice-oriented areas of focus in In-Home Services cases.

#### In-Home Outcomes

- During 2022, LDSS served children and families in 5,751 In-Home (In-Home/Dual) Services cases. These children received services and supports with the goal of preventing the occurrence or reoccurrence of child maltreatment and preventing entry into foster care.
  - In 2022, 42% of all High/Very High-Risk referrals were opened to an In-Home Services case.
- During 2022, an average of 1,806 children were determined to be reasonable candidates. A reasonable candidate is determined when a service worker assesses that the child is at risk of foster care placement if services are not provided.
- In 2022, an average of 11 children based on quarterly data reporting were determined to be candidates for foster care. A candidate for foster care is a child identified in an In-Home Services service plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services or programs identified in Virginia's approved federal title IV-E Prevention Services Plan that are necessary to prevent the entry of the child into foster care are provided.

- In 2022, initial service plans were completed in 72% of In-Home Services cases opened (the compliance standard is 90%). Current service plan reviews were completed in 79% of open and active In-Home Services cases.
- In 2022, the In-Home Services client population was represented as follows:
  - 64.9% - White
  - 23.8% - Black/African American
  - 4.27% - Multi-Race
  - 10.6% - Hispanic (any race)
  - <2% - AIAN, Asian, Multi-Race and NHPI make up All Other Races, as each accounted for of the client population individually
  - Race was unknown in 5.7% of children and ethnicity was unknown 6.35% of children

### In-Home Kinship Practice

- In 2022, 1,841 (28%) Children in In-Home Services are identified as residing in an Alternate Living Arrangement (ALA). ALA refers to a family-led arrangement (engagement and decision-making) for the short-term care of their child by relatives or fictive kin, facilitated by DSS (providing services/supports) to prevent the need for formal foster care.
  - ALA client population was represented as follows:
    - Hispanic – 107 clients, 6% of total client population
    - White – 1,215 clients, 66% of total client population
    - Black – 403 clients, 22% of total client population
    - Unknown – 69 clients, 4% of total population
    - Multi-Race – 144 clients, 8% of total population
    - American Indian Alaska Native – 1 client, less than 1% of population
    - Native Hawaiian – 6 clients, less than 1% of population
    - Asian – 3 clients, less than 1% of population.
- In 2022, In-Home Services cases with children identified as residing in an ALA were open on an average of 244 days / 8 months. In-Home Services cases with children not residing in an ALA were open on an average of 233 days / 7 months.
- In 2022, 49 In-Home Services cases with children identified as residing in an ALA had a case outcome of entry into foster care. Sixty-five of In-Home Services cases with children not residing in an ALA had a case outcome of entry into foster care.

### ***Kinship Navigator Programs***

In addition to the prevention services and evidence-based services previously referenced, VDSS offers Kinship Navigator services throughout the state (**Prevention Strategy 1.5**). VDSS received a grant from the Children’s Bureau for \$1,043,627 for use from October 1, 2018-September 30, 2022. VDSS received \$281,066 in 2022 and \$342,111 in 2023. With the grant, VDSS developed five regionally located Kinship Navigator programs involving 35 localities (28% of the state) and partnered with 2-1-1 VIRGINIA to provide a dedicated, toll-free number specifically for kinship families to receive 24-hour information and referral services across the state. The programs are diversified and were created to meet the needs of their particular communities; however, all of the programs provide information, referral, outreach, and advocacy. Many of the programs use creative strategies, such as strategically placed electronic kiosks, to assist families with applying for benefits. Programs engage school systems and the faith-based community to reach kinship families and form regional public-private consortiums, including kinship caregivers and youth, to assess the needs of kinship families in their communities. VDSS is providing technical assistance to each program on a quarterly basis by hosting conference calls that allow programs

to communicate with one another and problem solve, as well as talk on an ad hoc basis in between conference calls.

All LDSS provide benefit and support services to families. The following LDSS and surrounding localities offer Kinship Navigator programs:

1. Arlington Department of Social Services (Partnering with Alexandria, Fairfax, Prince William, and Loudoun Departments of Social Services);
2. Bedford Department of Social Services (Partnering with Amherst, Appomattox, Campbell, Lynchburg, and Nelson Departments of Social Services);
3. Dickenson Department of Social Services (Partnering with Buchanan, Russell, Tazewell, Lee, Wise, Scott, and Norton Departments of Social Services);
4. James City County Department of Social Services (Partnering with Williamsburg and York-Poquoson Department of Social Services);
5. Smyth Department of Social Services (partnering with Wythe, Bland, Bristol, Carroll, Galax, Giles, Grayson, Montgomery, Pulaski, Radford and Washington Departments of Social Services)

In 2022, 509 youth and 393 kinship caregivers received services. For children and youth, the programs also served 393 ages 0-12 and 113 ages 13-17. Caregivers served 246 in ages 18-60+, with serving 105 in the 60+ range. Grandparents and aunts represent the majority of caregivers, at 230 and 64 respectively. Kinship families received information and referral services, including information about local, state, and federal benefits, mental health services, medical services, and advocacy, including face-to-face assistance in applying for benefits (1,194 individuals). Kinship families also received services through the provision of outreach, training and/or supportive activities, including case management, support groups, and social support activities (1,012 individuals).

The chart below shows how many youth and kinship caregivers were served from October 1, 2021 through September 30, 2022.

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

Locality	Youth Served	Kinship Caregivers Served
Arlington	85	57
Bedford	186	133
Dickenson	192	164
James City County	9	10
Smyth	37	29
<b>Total</b>	<b>509</b>	<b>393</b>

The federal Kinship Navigator funds also support a partnership with 2-1-1 Virginia which provides a dedicated, toll-free number specifically for kinship families to receive 24-hour information and referral services across the state. Between October 1, 2021 and September 30, 2022, 2-1-1- Virginia provided 118 referrals to the 6 kinship navigator programs. Between October 2021 and September 2022, 48 calls have been received on the dedicated kinship toll-free number and 82 referrals from the general 2-1-1 line have

been made to the kinship navigator programs. VDSS provides oversight and support for these programs. The programs provide quarterly reports to highlight the accomplishments in their communities.

**Arlington County** offers services to kinship caregivers having trouble finding assistance for their unique needs and who may need help navigating the county's service system. They seek to connect kinship families and form a network of kinship caregivers who can support each other and their changing families. In addition, Arlington assists kinship families who need a connection to services, such as childcare, education, health care, and financial help, and are seeking support from professionals or peers. Arlington also provides seminars, trainings, and workshops focused on kinship families' needs, as well as support groups for these families. The Kinship Navigator Program is assessing kinship care engagement throughout the jurisdictions. The assessment will assess best practices in communication and information sharing with those kinship families currently in the child welfare system as well as those kinship families in the community who are not connected to the child welfare system and are seeking general information on kinship care service options.

Arlington continues to operate from a Kin First focus prioritizing relatives as a diversion for entering foster care. Arlington County continues to strategically plan and make policies around the Kinship Navigator program/positions to incorporate more community outreach, awareness, and support for kinship families. Arlington County has continued partnering with A Second Chance Inc. with the program consisting of two Kinship positions: the Kinship Navigation and Outreach Coordinator (KNOC) and the Kinship Development Specialist (KDS). Both navigators have continued to have distinct roles with servicing the program but provide support to each other in some capacity. Arlington finalized their MOU which is designed to ensure that each jurisdiction in the Northern Virginia Region are working collaboratively to offer like-minded, kinship focused care. Arlington County emphasizes equitable access to reduce racial disparities and accountability through data collection/analysis.

**Bedford County** provides Kinship Resource Family Training regionally three times yearly. It is a five-week course based on established evidence-based curriculums (Pride, Traditions of Caring, and Foster Parent College) but with a focus on the unique needs and concerns of kinship families. The training will result in the kinship families' certification as resource parents, providing that they meet the other requirements for licensure. The training opens to kin who intend to foster, relative custodians, as well as diversionary families. Childcare will be provided by volunteers from Bedford. Transportation assistance in the form of gas cards will be provided to support families who are traveling to the training from outside the hosting locality, as needed. A support group will be facilitated by Bedford to provide ongoing support and encouragement to the families participating in the Kinship Resource Family training. Any family who is caring for a relative's child or fictive kin is invited to attend. The Kinship Navigator will employ a part-time Regional Kinship Navigator who will work with kinship families to ensure that they relate to the resources available to them, including benefits (TANF, SNAP, Medicaid) and services (including a variety of counseling and respite options, educational support, legal support, mental health support, etc.)

Bedford has continued to identify and engage kinship families within and outside of the scope of local DSS agencies, working to serve families referred from DSS as well as kinship families identified in the communities who are not connected to DSS. This engagement has included facilitating connections with resources available to families (benefits, services, education opportunities, and similar), offering support groups, and providing a family advocate to be available for support. Bedford KinNav staff met personally with 5 of the 6 DSS Directors relative to the grant (LyHs, Campbell Co, Bedford Co, Appomattox Co, and Amherst Co). They pursued cultivation of relationships with all DSS localities throughout the year, presenting virtually and in person to teams upon request or invitation. Throughout the year, they engaged the six DSS agencies to promote growth of their utilization of KinNav services, reporting to the directors

of the localities on program progress, and purposeful marketing of Bedford training opportunities for kinship caregivers. In the second half of the fiscal year, they met with increased cadence with Marnie Allen with VDSS to discuss/plan purposeful engagement of KinNav services for kinship caregivers throughout the region. Bedford has continued to be available to serve the Roanoke area as well, though it goes beyond the requirements of the grant.

Throughout the year, Bedford has continued to identify and engage kinship families throughout the six counties, including families without an active (or prior) case with a local DSS. Marketing efforts beyond DSS have included community partners, schools, faith-based organizations, and healthcare providers. Overall, client engagement has included facilitating connections with resources available to them (benefits, services, education opportunities, and similar), offering support groups, hosting caregiver training opportunities, and providing a family advocate to be available for support. Services have consistently been provided in a timely manner to new clients, with regular contact (at the pace desired by the client) continuing with existing clients to determine if (and what kind of) KinNav services are still required to help the families thrive.

**Dickenson County** offers services to kinship caregivers who are caring for minor children in one of the above communities. They provide information about and referral to federal, and state benefits such as TANF, SNAP, WIC, heating and cooling assistance, legal aid, community resources, information about local school systems enrollment, health care providers including mental health counselors, medical and dental services. Dickenson provides one on one and group education tailored to the needs of the individual family to enhance family functioning and prevent foster care placement. They provide community educational sessions specific to kinship caregivers and their unique issues. The program has a support group, the Kinship Café which meets monthly and addresses the needs of the group through topics and by providing support through other caregivers. Dickenson assists families in navigating the court system, school system, or health care systems as indicated by accompanying them if requested and provide advocacy in applying for assistance in areas not covered by other departments. For those that require intensive assistance, they provide targeted case management to keep the family stabilized within the community.

The Kinship Navigator program maintains a presence in the community through a Facebook page and website [navigatekinship.com](http://navigatekinship.com) as well as providing a presence at local community events and through newsletters and flyers that promote the service. In addition, they regularly place articles in local newspapers about the program as well as radio spots when we host or participate in local events.

Dickenson County partnered with Communities in Schools and have referred many of our families to their services since they are now back to school. They were able over the summer and in early fall to give packets of information to all the schools we had not reached before and saw referrals start to trickle in from there. Dickenson was well received in the different communities but getting referrals from the DSS agencies and working with them to obtain needed resources for their kinship families still remains delicate. As they move more into the community and provide brochures and information in various places as well as signs in all eight localities, they have seen more community referrals as the marketing strategies increase post covid. They continue to have a presence on local prevention coalitions and regional groups that support kinship families. In addition to coordination with community partners, Dickenson County continues to provide information to families through their monthly newsletters which includes information about local events and activities as well as information on parenting, trauma-based services, and other resources such as housing assistance.



**James City County** provides information, referral, education, and advocacy for kinship families. This will include linking families to needed resources including legal assistance, mental health services, healthcare, education, and support groups. The Kinship Navigator program maintained communication with caregivers through emails, newsletters, and current resource referrals over the past year. In addition to serving families directly, other activities also include providing monthly newsletters, hosting Regional Kinship Council meetings, and working to strengthen relationships with community partners in each of the localities the program serves. James City County is working towards connecting with two new community partners a month.

**Smyth County** provides guidance, information, referrals, and face-to-face case management services tailored to each family's unique circumstances. They collaborate and coordinate with local community partners to include Legal Aid, public schools, health department, private counseling services, faith-based entities, non-profits, court, community services boards, parent education programs, and child-abuse prevention coalitions. In addition, they also link kinship caregivers to a wide array of services and support to ensure stability and safety within the home and establish a network of support for kinship caregivers and youth.

The Kinship Navigator program continued to receive new referrals during this reporting period. The navigator was able to provide direct support to families. Services included referrals to public benefits programs and other community programs. Families received assistance applying for public benefits including SNAP and TANF relative maintenance. Kinship caregivers received Traditions of Caring training/education to help support them in providing care for children who have experienced trauma. The program has continued to see regular participation in peer led support groups which meet monthly. They also continued to provide outreach to participating localities and to community partner agencies.

VDSS provides technical assistance to all programs, requires quarterly statistical and narrative reports. Additional funding will support the further development of these programs, work towards consistent application throughout the programs, build infrastructure, and enhance services for kinship families. VDSS regularly monitors the Title IV-E Prevention Services Clearinghouse for approved kinship navigator programs and will work to align programs in FY23.

## Protection

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

- Protect children and their siblings;
- Prevent future abuse or neglect;
- Enhance parental capacity to provide adequate care; and
- Provide substitute care when the family of origin cannot remedy the safety concerns.

CPS will respond to valid child abuse or neglect reports by conducting a family assessment response or an investigation response, also known as differential response. The goals of both responses are to: assess child safety, strengthen and support families, and to prevent future child maltreatment. The track decisions are guided by state statute and local policy.

In SFY 2022, there were 52,894 children reported as possible victims of child abuse or neglect in 35,917 completed reports of suspected child abuse or neglect. Of those children, 4,911 were involved in founded investigations, 8,179 were involved in unfounded investigations, and 39,804 in family assessments (differential response). In SFY 2022, family assessments accounted for nearly 75% of all CPS reports accepted by LDSS, and 43 children died as a result of abuse or neglect. There were 31 children involved in 28 Human Trafficking Assessments which are required when a report alleges a child is a victim of human trafficking, sex or labor, and does not meet the validity criteria for an investigation or family assessment.

Over the last year, there has been a 19% increase in the number of completed reports accepted by LDSS but only a slight (1%) increase in the number of child victims, the increase in completed reports is likely due to the ending of the COVID-19 pandemic. Founded dispositions continue to decrease by 6%. The number of completed family assessments increased 21%. Child deaths decreased 4% from last year.

The Protection Program has continued to focus on the key measures of timeliness of first contact with victim and referral time open. During 2022, the timeliness of first contact with victim has been decreasing with the highest rate 91.6% in February and the lowest rate 87.3% in December. The monthly average in 2022 was 89%. Additionally, the rate of referral time open fluctuated throughout the course of 2022, the highest rate of timely referral closure was 49.2% in August and the lowest 33% was in April. The monthly average in 2022 was 39.9%. Referral time open rates were consistently higher in 2022 than in 2021.

The Practice Model focus on family engagement is necessary for successful child protection services to be implemented, particularly as the initial contact with the family. **Protection Strategy 1 and 2** are focused on this area of improvement. More information about these strategies can be found on pages 45-51 of the CAPTA plan.

The child protective services hotline is also a key priority for VDSS. As outlined in strategic plan **Protection Strategy 4**, there are multiple areas of focus for the hotline. These include technological supports, training, and overall enhancement of the quality of the hotline, as well as timeliness of responses. **Protection Strategic Plan Strategy 4** is focused on supporting the hotline. Information related to the hotline can be found on pages 36-41 of the CAPTA plan.

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

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

## Populations at Greatest Risk of Maltreatment

VDSS continues to work to advance policies, programs and practices to enhance the safety and well-being of our youngest and most vulnerable child population involved in the public child welfare system - the population of children zero to four. This is also the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment.

Over the past five years, approximately 80% of the founded cases of child maltreatment related to fatalities were of children less than four years of age and approximately 55% were children under the age of one. This is consistent with national data that finds young children to be the most vulnerable. Due to the trends in data, VDSS continues to identify children under the age of three continue to be the population at the greatest risk of maltreatment and the one most likely to die as a result of maltreatment. Young children are the most vulnerable for many reasons, including their dependency, small size, and inability to defend themselves. Therefore, VDSS continues to focus on this population. During SFY 2022, LDSS investigated the deaths of 164 children; and 54 children were found to have died as a result of abuse or neglect. Virginia's percentage for child fatalities involving children younger than three years of age during SFY 2022, was 79%, which is higher than the percentage throughout the country. Nationally, 66.2% of all child fatalities in FFY 2021 were children younger than three years of age.

Additionally, in SFY 2022, there were 27 near-fatalities reported and investigated by LDSS for possible abuse or neglect. Eleven of the 27 children were under the age of one, ten were between 13 months old and 3 years old, and the remaining six children ranged in age from four to 14 years old. In SFY 2022, there were 101 (66%) child fatality reports and investigations with an unfounded disposition. Of the 101 unfounded reports, 76 of the reports (75%) involved a child less than one year of age and 61 of the reports (60%) were sleep related. This means the actual surface the child slept on, with whom the child was sleeping, or how the child was sleeping. This includes children who suffocated or accidentally asphyxiated due to their sleep environment.

Furthermore, data trends over the last three years are beginning to indicate a connection between being born as a substance-exposed infant and a subsequent child maltreatment death. The data suggests a substance-exposed infant has a 8-12% likelihood of being a victim in a subsequent child maltreatment death.

Therefore, VDSS has focused on substance-exposed infants (SEI) and safe sleep practices for Virginia's youngest children.

## Substance-Exposed Infants

In SFY 22, Virginia experienced a 17% decrease in the number of reported SEI which could be attributed to increased training by public and private agencies on the legal definition of a SEI, which was revised to require a medical impact on the child as a result of in utero substance exposure.

Year	2015	2016	2017	2018	2019	2020	2021	2022
<b>Number of SEI Reported</b>	1099	1334	1543	1957	1577	1294	1320	1094

During 2022, local departments closed on average 68 valid reports involving a SEI a month, completing a total of 816 valid SEI reports. Of the 816 valid reports, 78% of the mothers had positive drug test results and 69% of the infants had positive drug test results. A Plan of Safe Care was completed and documented in 28% of the completed valid SEI reports and 57% of the children and families were identified as needing services.

VDSS continues collaboration across systems to improve the response to and services for substance-exposed infants. VDSS is a participant in a large workgroup with the purpose of developing, coordinating, and implementing a plan of services for substance-exposed infants in Virginia. The workgroup has diverse representation of key public and private stakeholders and has identified five

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

The Children's Justice Act (CJA) hired a third-party vendor to create a child death investigation protocol for law enforcement. VDSS was an active stakeholder in this process and provided insight and feedback into the protocol; it includes sections regarding SEI as well as child asphyxia, suffocation and sudden unexplained infant death. The protocol has been included in VDSS's upcoming training on Child Death Investigations for the child welfare workforce. The protocol was made available as a job aid to all local departments of social services March 2023.

The Department of Criminal Justice Services has also developed a train-the-trainer model that is being implemented across the state related to this protocol. Ten cohorts have been trained on how to instruct community partners on the importance of collaboration during child death investigations and use of the protocol by CPS and law enforcement. These cohorts will lead eight trainings across the state in 2023 with training locations in Abingdon, Winchester, Martinsville, Virginia Beach, Fredericksburg, Roanoke, Charlottesville, and Richmond.

## Safe Sleep Campaign

The statewide child fatality review team has provided valuable information and assisted in developing recommendations for Virginia to address child deaths involving children who die as the result of unsafe sleep environments. In addition to the work with the state-wide child-fatality review team, VDSS (in partnership with Virginia's Children's Cabinet) received a briefing from the alliance regarding the Commission "To Eliminate Abuse and Neglect Fatalities" and used this information to inform policies and practices. VDSS was selected to participate in the 2017 Three Branch Institute, sponsored by the National Governor's Association, to address the recommendations from the Commission to Eliminate Abuse and Neglect Fatalities. Most significantly, VDSS started the first statewide safe-sleep campaign in August 2017. The safe-sleep campaign was part of Virginia's Three Branch efforts to address the fact that 65% to 70% of both founded and unfounded CPS child fatality investigations are due to unsafe sleep practices in the familial home.

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

VDSS collaborated with its public affairs department and developed a Safe Sleep 365 video ad and advertorial. The video was played in 92 doctors' offices and four hospitals throughout the commonwealth, and the advertorial was featured in four parent and family magazines. They have also been distributed to the Regional Practice Consultants as resources for their teams. The advertorial remains available on the Safe Sleep 365 microsite and along with the safe-sleep video ad that was placed on the FUSION page. Since January 2019, the Safe Sleep 365 microsite has had over 14,993 views. VDSS has worked with the regions to distribute the advertorial and rack card; the Western Region bought a billboard that displayed safe sleep information. The rack card is a publication developed by VDSS as part of VDSS' safe-sleep toolkit. This printed publication provides pertinent information regarding safe-sleep practices for parents and caregivers. VDSS continues to receive inquiries and positive feedback on the rack cards and advertorial, which were also placed on the FUSION page.

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

The Piedmont Region developed a Public Service Announcement about safe sleep practices as a result of a recommendation by the Piedmont Child Fatality Review Team and in collaboration with the Assistant Chief Medical Examiner in that region.

VDSS is collaborating with its public affairs department to develop an infographic on safe sleep practices that can be shared by child welfare staff with families who have children in the home under the age of 2 to support the expansion of safe sleep education to families with children under the age of two now required in CPS Guidance. The infographic will be placed on the FUSION page and the public website. CPS Guidance and the Virginia Administrative Code specifically address children under the age of 4. The Virginia Administrative Code (22VAC40-705-80-A1) and Section 3.8.8 of CPS Guidance require the LDSS respond to valid reports of abuse or neglect for a child under the age of 2 within 24-hours upon receipt of the report. Additionally, Sections 4.5.19 and 4.6.35.10 require FSS refer children under the age of three for early prevention services provided by local Intake Toddler Connection of Virginia programs, as required by CAPTA. Lastly, Sections 4.5.6.7.1 and 4.6.11.1 require FSS assess the sleep environment and sleep practices with all families who have infants less than two (2) years of age. VDSS's efforts will continue, as the population of young children at greatest risk of maltreatment, remains a top priority for VDSS (**Protection Strategy 2**).

## Preventing Sex Trafficking and Strengthening Families Act (HR4980)

VDSS continues to identify, track, and serve victims of child trafficking as another population at the greatest risk of maltreatment. VDSS has developed an online training course on the identification of children and youth who are at risk of being victims of child trafficking or at risk of being victimized. This training is available in the public domain.

Since 2011, 207 victims of sex trafficking have been identified in Virginia's automated data system. In 2022, 28 children and youth involved with the child welfare system were identified as victims of sex trafficking. The victims identified were predominantly female (96%), White (62%), and in their adolescence (92%). This was a 24% decrease in the number of victims identified in 2021. Based on the most recent recorded case type, 35% were involved in foster care, 23% were involved with a human trafficking assessment, 4% were involved with In-Home Services, and 38% did not have a case type reported, which may indicate these youth were still involved in a CPS investigation or family assessment.

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

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

In 2022, LDSS completed 15 human trafficking assessments involving 14 children and youth (one child/youth had two human trafficking assessments completed). The children and youth involved in the human trafficking assessments were predominately female (86%), and in their adolescence (64%). Additionally, in 2022, LDSS conducted 14 CPS investigations on allegations involving the trafficking of a child. This is a 100% increase in the number of investigations since 2021. The outcomes of the 2022 investigations were three founded, level 1, one founded, level 3, five unfounded, and five dispositions were still pending.

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

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

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

Another critical component of preventing child trafficking and strengthening families includes addressing requirements for when a youth runs away from foster care, eliminating non-permanency foster care goals, and establishing the reasonable and prudent parent standards. Foster care guidance was revised in 2015, 2017, and 2022 to support LDSS around expectations and requirements when a youth runs away from foster care. Foster care job aids have been updated to include reminders and prompts regarding those expectations and requirements. Foster Care Policy was updated in 2022 to clarify that the LDSS must document youth's missing status in VDSS' case management system immediately, but no later than 24 hours from notification that they are missing. The documentation must include the notification to law enforcement to NCMEC. VDSS also updated the child welfare information system in 2022 to add a specific field for the notification to NCMEC. VDSS developed online training to educate LDSS FSS; private-provider group home, residential, and therapeutic foster home staff; LDSS foster parents; private-provider foster parents; and other community partner agency staff on child trafficking and appropriate services that can be offered to children and youth who have been victimized, as well as those who are at risk of victimization. VDSS has also developed training and resources to support LDSS in implementing normalcy for youth in foster care. Work towards improving youth's experiences in foster care through continuing efforts to ensure full implementation of normalcy will continue. SPEAKOUT, Virginia's Youth Advisory Board, will continue to be key partners in this effort.

## Efforts to Track and Prevent Child Maltreatment Deaths

VDSS currently uses data from child deaths investigated by LDSS and determined to be founded when reporting the number of child maltreatment-related deaths to the National Child Abuse and Neglect Data System (NCANDS). This data comes from information reported and documented into the child welfare

information system by LDSS workers. The reported death must first meet the criteria to be determined valid.

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

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

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

VDSS is continuing to explore the extent to which the numbers of child deaths reported and investigated by other sources agree, considering various roles and tasks. The Code of Virginia, §63.2-1503 D requires that LDSS, upon receipt of a complaint regarding the death of a child, report immediately to the attorney for the commonwealth and the local law enforcement agency and make all records available to them. The Code of Virginia, §63.2-1503 E requires that when abuse or neglect is suspected in any case involving the death of a child, the LDSS report the case immediately to the regional medical examiner and the local law enforcement agency. All cases that are investigated by the OCME are made available to the Office of Vital Records.

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

	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Child-death investigations	124	118	143	139	170	164
Founded disposition	46	40	47	34	55	43
Unfounded disposition	69	71	80	88	93	93

As of March 2, 2023, there were 164 child-death investigations. There were 43 deaths found to be the result of abuse or neglect and 93 deaths were unfounded. There were 28 pending investigations. There was a slight decrease (4%) in the total number of child-death investigations. In SFY 2022, there were 93 (56%) child fatality reports and investigations with an unfounded disposition. Of the 93 unfounded

reports: Sixty-seven (72%) involved a child less than one year of age. Fifty-four of the 93 reports (58%) were sleep-related.

VDSS staff continue to discuss how to reduce child maltreatment deaths. Strategies identified include: training (improve thoroughness for staff so they in turn can better educate families); better partnerships and collaboration with community stakeholders and providers (understanding the services they provide and the unique knowledge they have of the families they work with); improved screening of families (so they can receive the tools that will maximize their opportunities for success) ; and providing services to families when there is a high or very high risk following a CPS family assessment or investigation.

- Training - VDSS developed a two-day in-person training course on investigating child maltreatment deaths. The new course *CWS2041: Child Fatality Investigations* includes the following topics: investigation process—goals, roles, preparation, and requirements; collaborating with Law Enforcement, the Commonwealth’s Attorney, and other Multidisciplinary Team (MDT) members; understanding child fatality causes and SAFE sleep practices; interviewing involved parties; assessing and planning for the safety of siblings and other involved children; evidence collection, including crime scene observation and obtaining medical records; working with Regional Consultants; completing the Preliminary Child Fatality/Near Fatality form and the National Case Reporting Tool; understanding the role of and working with the Medical Examiner; understanding Child Fatality Review Teams and preparing for participation; professional self-care and resources for support and resilience. This course will be mandated training for Child Protective Services workers and supervisors who conduct and supervise child death investigations.
- Partnerships and Collaboration—VDSS continues to work with the State Child Fatality Review Team, Children’s Justice Act, Department of Education (childcare licensing), National Center for Fatality Review and Prevention, Office of the Chief Medical Examiner, Office of the Children’s Ombudsman, and the Family and Children’s Trust Fund to build and expand existing partnerships and increase collaboration around the prevention of child deaths. VDSS joined the National Partnership for Child Safety. The National Partnership for Child Safety is exploring ways they can assist VDSS in the prevention of child maltreatment deaths. VDSS engaged with the National Partnership for Child Safety in process mapping to improve internal VDSS child fatality staffing process and joined their new infant sleep workgroup which is focused on classification decisions and upstream approaches to unsafe sleep death investigations.
- Technical Assistance—VDSS has created an internal staffing protocol to staff high risk child maltreatment deaths. High risk child maltreatment deaths are deaths with significant child welfare history, a current open child welfare case, involve an employee of a LDSS, have been in the media, and deaths that are required by the Code of Virginia to be reported to the Office of the Children’s Ombudsman. The internal staffing protocol includes a review of the circumstances of the child death, review of prior child welfare history, identification of practice strengths and areas needing improvement for the LDSS, technical assistance to be provided by Regional Practice Consultants, and ongoing monitoring. State and Regional Leadership attend the staffings. The internal staffings are also used to identify clarifications or enhancements that may be needed to Program guidance.
- Peer-to-Peer Outreach—VDSS has been working with several other states to learn about their efforts to prevent child maltreatment deaths. VDSS has been in contact with: Arizona, Florida, Montana, New York, Oregon, and Washington. VDSS plans to utilize this information to make enhancements to their existing child death prevention efforts.

VDSS also engages in a plethora of activities with public and private stakeholders regarding child maltreatment death prevention. Regional Child Fatality Review Teams (CFRT) convene to examine deaths that local departments of social services (LDSS) investigated. CFRT focus on identifying risk factors, trends and patterns, developing recommendations and creating action plans. In SFY 2022, the



regional recommendations were again focused on the topic of safe sleep. It was recommended to enhance public awareness campaigns related to safe sleep practices while continuing to target under reached populations such as the recovery community, fathers, grandparents, older siblings, and non-familial caretakers, improve local and state partnerships with community resources to promote safe sleep messaging to ensure families are receiving safe sleep education prior to child welfare involvement, and to provide more educational materials in multiple languages.

VDSS utilizes the regional recommendations to help gauge prevention efforts at the state level. VDSS also consults with stakeholders and community partners to decide on topics to focus campaigns/initiatives around. Legislative directives can also drive campaign/initiative focus.

As a result, VDSS recently developed two public awareness infographics on [water safety](#) and [gun safety](#). The infographics have been distributed to LDSS, key stakeholders, and posted on the public VDSS website. VDSS, with input from the Parent Council, will continue to identify strategies to promote their distribution with the general public. Additionally, VDSS recently partnered with Healthy Families to poll the families they are working with about co-sleeping practices and will be using the information gathered from the survey to enhance safe sleep awareness with their clients. Furthermore, VDSS collaborated with Virginia Department of Education who distributed both infographics and safe sleep information in their newsletters for child care providers across the Commonwealth. VDSS will continue to utilize these themes to guide the work with local agencies and communities.

To further support the work of child maltreatment death prevention, VDSS added two new staff positions a Child Fatality Reviewer and Child Fatality Prevention Initiative Coordinator. The Child Fatality Reviewer position was designed to promote efficiency and accountability in program operations and service delivery. This position reviews child fatality referrals to promote early and efficient notification of child deaths, facilitating timely investigations, provision of services, and identification of systems gaps. This position conducts reviews from a broad, multidisciplinary perspective, identifying findings and making recommendations. The Child Fatality Prevention Initiative Coordinator supports the Protection Program by planning, developing and implementing strategies to prevent child fatalities and enhance child welfare practices. This position works with VDSS programs, stakeholders and community partners in implementing initiatives relating to the prevention of child fatalities. This position reviews, coordinates and monitors recommendations of the prevention of child fatalities.

The Virginia Department of Social Services (VDSS), in partnership with numerous state agencies and organizations throughout the Commonwealth, developed the Virginia Plan to Prevent Child Abuse and Neglect (Prevention Plan) in response to the 2020 Appropriations Act directive to create a comprehensive, coordinated plan to prevent child abuse and neglect. The goal of the Prevention Plan is that “All families, youth and children in the Commonwealth are safe, healthy, and nurtured, and have equitable access to resources and opportunities to thrive in their communities.” To access the plan, click [here](#). A summary of the plan can be found on the Legislative Information System website under published documents. Click [here](#) for more information.

The Family First Prevention Services Plan was created by six child and family-serving agencies (DBHDS, DMAS, VDSS, OCS, VDH, and DJJ) who united in a common vision to provide holistic support to the children and families of Virginia. To learn more, click [here](#).

## Services for Children under the Age of Five

On July 1, 2017, Virginia implemented a 24-hour response time to a valid CPS complaint for children under the age of two. While Virginia has had response times spelled out through regulations in the past, this was the first time Virginia has mandated a response time for any children. In fact, this mandated response time initially started out for children up to age one but was expanded to cover more of the most vulnerable populations. For SFY 2022, 37.1% of all victims of founded CPS reports involved children under the age of five. Specifically, 18.2% of all victims were children less than 2 years of age and 18.9 % of all victims were children aged 2 to 4 years.

On December 31, 2022, there were 1,171 children under the age of five in foster care. The number of children in this age range in foster care has remained relatively stable over the last five years, ranging between 1,325 in 2019 and 1,157 in 2021. Of the children under the age of five in care in 2022, 46% were female and 54% percent were male.

Most of the children (58%) were White. Twenty-six percent were Black or African American and 13% were multiracial. For these children, 82 (7%) were in pre-adoptive homes and adoption non-finalized placements and 41 (4%) were placed with parents on trial home visits. This represents a slight increase in placement in permanent homes for this age-group. The remaining 1,048 were in placements that were not permanent, although 115 (15%) of all children under the age of five were placed in kinship or fictive kinship foster homes, which continues the increase in fictive kinship and kinship homes observed over the last two years.

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

- Children with the goal of adoption and where termination of parental rights (TPR) has been ordered are identified as available for adoption through the Adoption Through Collaborative Partnerships (ATCP) adoption project;
- Family engagement and FPM are used to involve relatives in taking care of these children. When possible, these children are placed with relatives. Effective July 1, 2019, Virginia Code requires relative searches to be conducted at removal, annually, and at every placement change;
- For children with the goal of reunification, visits with parents are to be scheduled weekly, if not more often. Effective July 1, 2019, Virginia Code requires caseworkers to meet face-to-face with the parents and/or prior custodian every other month and at every decision point to help move the case towards permanency;
- Concurrent planning practices and placement with a resource family (i.e., an approved foster family that will support both reunification and adoption); and,
- Placement or visitation with siblings.

All of these services respond to the need to keep the family together as much as possible, to build on the attachment needs of the young child to the parent (when reunification is likely), and to identify and place the child in a relative and/or adoptive home (or make the home an adoptive home) as quickly as possible when reunification has been ruled out. Foster care guidance was updated in July 2020 in Section 9: Achieving Permanency Goal Adoption that LDSS service workers should not wait until the TPR order is final to begin adoption recruitment. The intent of concurrent planning is to place children in prospective permanent homes as early as possible, to prevent delays in finalizing permanency. The guidance update also reemphasized determining paternity early to ensure that paternal relatives are explored early in the case, as well as, exploring adoptive home recruitment. An additional update in the July 2020 guidance release was the requirement that if return home is not the goal for the child, the LDSS must provide information to the child's parent regarding the voluntary relinquishment of parental rights.

Children in foster care under the age of five are more likely to have parental substance use as a condition of removal than children over the age of five. The July 2019 foster care guidance release included a new subsection on supporting visitation with parents struggling with substance use, including encouraging regular visitation and that a positive drug screen should not be the sole basis for suspending a visit. The July 2020 foster care guidance release included a directive to consider whether reunification can be achieved with supports outside of the foster care system. Rather than extending trial home visits, LDSS should explore whether the child's custody can be safely transferred to their family with prevention services, including court ordered prevention services, in place. The July 2021 guidance release included information on title IV-E allowable placements for children who are placed with a parent in certain licensed residential family-based treatment facilities for substance use disorder for up to 12 months, as well as using best practice language when discussing substance use disorders.

Throughout the COVID-19 pandemic VDSS has taken steps to ensure that foster care cases continue to move forward so that permanency would not be delayed. VDSS collaborated with CIP to understand the court's response to the pandemic and ensure that foster care cases continued to be prioritized. Additionally, VDSS provided guidance to LDSS around visitation and trial home visits. For a child who had extended unsupervised visitation with a parent, agencies were encouraged to consider whether reverting to virtual visitation would be detrimental to both the child/family and the progress towards permanency and to consider moving toward a trial home visit sooner than originally anticipated. If a case was ready to move towards a trial home visit, the LDSS worked towards supporting that transition in a way that protected the child, while also supporting their path to permanency. Additionally, VDSS updated guidance effective July 2021, to require that during a trial home visit at least one worker visit per month must occur in the family's home and with all household members to better address any challenges to permanency and mitigate safety risks.

The guidance section 3.9.1 - Pregnant and parenting youth in foster care (added in 2020): was revised effective July 2021 to include that pregnant/parenting youth in foster care are eligible for title IV-E prevention services. Already included in this section were best practices for working with pregnant/parenting youth in foster care and their children, including services, requirements for their foster care and prevention plans, and information regarding minor children of youth in foster care. For all pregnant or parenting youth in foster care, their foster care plan must include (§ 16.1-281) a list of the services and programs to be provided to or on behalf of the child to ensure parental readiness or capability, and a description of the foster care prevention strategy for any child born to the child in foster care.

In 2021, the State Funded Kinship Subsidy program was established (added to guidance in February 2022) in order to facilitate placement and ensure permanency with relatives who are ineligible for KinGAP. This program includes children under the age of 5 and assists in achieving more timely permanency with relatives who may otherwise be denied as a placement option. Relatives who obtain custody of a child through the State Funded Kinship Subsidy Program have access to services through the Family Assessment and Planning Team. They may also be eligible for title IV-E Prevention services or other services that can be a part of an in-home services case.

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

Additionally, DMAS is tracking this group specifically to ensure that screening for developmental delays and other health or behavioral needs are addressed as soon as possible. Individualized services for children in this age group are determined at the local level through the FAPT, which is aware of local services provided through the schools, community service boards, and private providers.

In addition to the services previously noted, VDSS continues to direct that developmentally appropriate services are provided to this age group. These services include, but are not limited to:

- Medicaid's Early Intervention Program;
- Early, periodic screening, diagnosis, and treatment (EPSDT);
- Infant and Toddler Early Intervention Program (Child Protective Services guidance outlines under what circumstances CPS requires the referral); and
- Head Start and Early Head Start.

## Permanency

### Foster Care

Foster care in Virginia is required by Virginia law (§ 63.2-905) to provide a “full range of casework, treatment, and community-based services for a planned period of time to a child who is abused, neglected, or in need of services.” All children in foster care are placed through a judicial commitment or a voluntary placement agreement with a LDSS or a licensed child-placing agency. Foster care services are provided to each child and family to either prevent foster care placement or once placed in foster care, to facilitate a timely exit to a permanent home. The LDSS have either legal or physical custody of children in foster care and are responsible for providing direct services to these children and their families.

In 2016, VDSS implemented Fostering Futures, the extension of foster care to age 21. In 2022, 55% of eligible youth are participating in Fostering Futures. This is a slight decrease from 2021 (56%) and 2020 (58%). In 2018, VDSS implemented kinship guardianship assistance in Virginia. There were 33 youth who discharged with KinGAP in 2022 which is a 22% increase since 2020 when 27 youth discharged from KinGAP. VDSS supported this increase in utilization through the revisions to guidance in July 2021 removing the requirement for approval of KinGAP arrangements for youth under the age of 14 by the Regional Permanency Practice Consultant as well as additions to guidance that clarified steps to determine that adoption is not an appropriate goal for the child or family. VDSS will continue to increase utilization of KinGAP and kinship permanency placements in 2023.

In 2021, VDSS published regulations for a February 2022 implementation of a new kinship permanency assistance option, State-Funded Kinship Subsidy. This program provides an assistance program for youth and families ineligible for KinGAP but who are eligible to have custody of the child transferred to the kinship provider. There were eight youth who discharged with State Funded Kinship Subsidy in 2022. VDSS continues to promote KinGAP and the State Funded Kinship Subsidy by offering educational opportunities regarding the differences between the two programs and how each can be utilized to reduce barriers to placing children with family. In 2022, VDSS promoted concurrent planning practices through the CQI Communities of Practice.

On December 31, 2022, there were 4,194 children between the ages of birth and 17 years old in foster care. This is an increase in the overall number of children in care at the same point in time last year (4,069). An additional 657 youth between the ages of 18 and 21 were also being served. This is a slight decrease to this population group from last year (684). The youth ages 18 through 21 are receiving foster care services through Fostering Futures, Virginia's extension of foster care program.

VDSS continues to support increased use of family-based placements for children in foster care. On December 31, 2022, there were 3,316 children in foster care under the age of 18 (79%) in foster homes with 2,819 (67%) of these placed in non-relative foster homes. An additional 306 youth (7%) were placed in pre-adoptive homes. The percentage of children placed in relative (kinship) foster homes has remained consistent at 12% for 2021 and 2022. VDSS continues to emphasize placing children with kin and Kin First culture with the addition of “fictive kin” to the code-based definition of kinship care on July 1, 2020, and clarifications on the foster home approval process for placement with kin immediately. Of children in foster care under the age of 18, 14% (573) were in congregate care placements, which is an increase in the percentage for 2021 (12%). On December 31, 2022, 79% (657) of youth over the age of 18 in foster care were in independent living placements.

Virginia’s permanency rate for calendar year 2022 was 78%, which is a slight decrease from the permanency rate of 81% for 2021 after having increased from 80% in 2020. Virginia continues to have a high percentage of youth aging out of foster care without permanency, and the CFSR results show that achieving permanency for children in foster care continues to be an area needing focus.

In response to concerns about Virginia’s lack of progress towards improving permanency outcomes for children in the foster care system, which were also identified in the 2018 Joint Legislative Audit and Review Committee (JLARC) report, “Improving Virginia’s Foster Care System,” the 2019 General Assembly and Governor of Virginia passed, funded, and enacted a Foster Care Omnibus Bill (SB 1339) which addressed most of the recommendations of the JLARC report. Regarding the well-being and safety of children in foster care, the legislation requires VDSS to establish a Director of Foster Care Health and Safety (**Permanency Strategy 5.1**). This position is responsible for identifying LDSS that fail to provide foster care services in a manner that complies with applicable laws and regulations and that ensure the well-being, health, and safety of all children in foster care. Among other responsibilities, the Director will ensure that LDSS remedy any failures in practice (e.g., conducting monthly caseworker visits, the provision of physical, mental, and behavioral health screenings and services to children, and oversight of psychotropic medication use, etc.) and track health outcomes for children in care. VDSS recruited for the Director of Health and Safety with a requirement to be a licensed physician for over one year with few applicants until the state instituted the hiring freeze due to the pandemic. Since the freeze has been lifted, VDSS has prioritized filling positions that became vacant during the freeze. The position is currently being evaluated to post with revised criteria so that VDSS will be able to recruit more effectively for that position. VDSS recognizes the need for medical and psychiatric consultation especially for children in foster care who have complex high acuity needs. A PRN or PT position is being developed to make the role more appealing to a licensed medical professional.

Additionally, the foster care omnibus bill established two additional Regional Practice Consultant positions in each office (for a total of 15), permitting VDSS to significantly increase the level of technical assistance support and ongoing review of case work at the LDSS level. Since July 2019, VDSS has focused on restructuring the current positions and hiring to fill vacancies, with the goal of having three Permanency Practice Consultants and a Family Recruitment Practice Consultant in each region. Since the lifting of the hiring freeze, all five regional offices have been fully staffed with three Permanency Practice Consultants and one Resource Family Practice consultant in each region. The Permanency Practice Consultants have been tasked with providing ongoing reviews of all placements of children in congregate care, to ensure that such placements are medically necessary and to support the movement of these children to family-based placements as soon as possible. (**Permanency Strategy 3.6**) Additional tasks include monitoring utilization of the psychotropic medication oversight protocol and providing oversight for the provision of physical, mental, and behavioral health screening and services. The consultants maintain a list of the psychotropic medication consenters for each local agency to ensure protocols are being followed. Additionally, the consultants will review all cases where children have been in care for 24 months or longer and cases where youth are at risk of aging out of foster care and assist LDSS to find

permanent homes for these children while also building capacity to improve permanency outcomes in the future.

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

This additional capacity at the regional level has permitted VDSS to support LDSS through regular, intentional provision of technical assistance towards implementing best practices and improving outcomes for children in foster care. It is also anticipated that this targeted attention, in combination with the use of COMPASS[Mobile, will result in more accurate and timely data becoming available. Finally, code change within the foster care omnibus bill empowers the VDSS Commissioner to intervene and VDSS staff to provide casework services for children in the custody of an LDSS, should that become necessary to ensure those children's well-being and safety. In 2022, this authority was exercised with one specific case in a local agency. A petition to intervene was filed by the attorney general's office and VDSS and the regional office have been directing the casework on this case since that time.

The Regional Practice Consultants routinely provide technical assistance on foster care policy and procedures and are available for virtual and on-site technical assistance as required. VDSS home office staff also provides program support for the implementation of older youth Chafee services and family support, stabilization and preservation services through regional training efforts, maintenance of current guidance, and technical assistance on foster care to all localities. More information about these activities is provided in the Chafee section of this APSR.

### *Youth with High Acuity Needs*

Beginning in 2021, VDSS has been addressing an increased number of youth with high acuity needs that have been without placements. A poll of LDSS showed that between February and July 2021, there were 163 children that were displaced for at least one night, many of them for more than one night. This resulted in these youth spending the night in the offices of LDSS or in hotel rooms with LDSS providing 24-hour supervision. Oftentimes, LDSS had made upwards of 100 referrals for placement only to have the youth denied by them all.

This trend has continued in 2022. Most of the displaced youth have been in foster care for extended periods of time. Many are legally free for adoption but have no adoptive home prospects. Most have experienced significant placements instability prior to become displaced. In addition to collaborating with other state departments to address the issue, VDSS developed a process by which VDSS, in partnership with the regional office, is providing technical assistance to agencies for each of these cases. As these cases arise, VDSS is notified, and a case staffing to include state level partner agencies is scheduled. This enables VDSS to gain information about the case and provide suggestions for moving forward including considering/re-considering family and fictive kin. VDSS continues to emphasize kin placement as children come into foster care so that youth have safety and stability in placements early on in order to alleviate the problem of children developing high acuity needs while in foster care. These staffings

continued throughout 2022. There was a total of 77 youth who were displaced 102 times for a total of 582 days during 2022.

In April 2022, Governor Glenn Youngkin created the Safe and Sound Taskforce to resolve issues related to high acuity youth not having placements available to meet their needs. The task force brought together leadership from public, private, and non-profit agencies across the state to look at system's issues that contribute to this problem. There is additional information about the taskforce in the section of this APSR that focuses on collaborations. Additionally, funding was made available to VDSS through the task force to support a number of strategies intended to reduce the displacement of youth in foster care. Using this funding, in 2022 VDSS developed several pilot programs including a professional foster parent model and a 'crisis-level' additional daily supervision payment to foster parent which were implemented at the beginning of 2023. VDSS has continued to offer more intense support to agencies as they identify youth that are at risk of being without a placement. Utilizing Safe and Sound Taskforce funding, VDSS has hired three contractors who are available to provide placement support to agencies by making referrals for placements, following up on referrals, enhancing family engagement practices, facilitating family partnership meetings, and sometimes making referrals for services to support placements. Additionally, the Assistance Director and Foster Care Program Manager have made themselves available in the evenings and weekends to support agencies in problem solving situations which may result in assigning a placement support specialist to begin working on placements in the evenings and weekends. Finally,

### ***Congregate Care Reviews***

VDSS has developed an ongoing review process for children and youth placed in congregate care in order to continue to assess medical necessity, support the movement of these children to family-based placements as soon as possible, and reduce the use of congregate care placements across the state. VDSS will continue this process in order to identify the children for whom congregate care is not appropriate and support timely discharge. Priority is placed on providing opportunities for children to connect with relatives and fictive kin and to identify those relatives and fictive kin who may serve as a placement for these children. Each case is reviewed within three months of the child being placed in congregate care to ensure that discharge planning begins immediately. Following the initial review, the regional permanency consultants support the efforts to move children out of congregate care and into family-based settings through monthly follow up with agencies. As trends are identified within each region, regional permanency consultants and resource family consultants provide assistance to LDSS in developing capacity to place children into family-based care more often and to transition children from congregate care placements more quickly

In CY2022, the regional permanency consultants performed reviews of 333 children/youth who were placed in congregate care facilities. The reviews involve partnering with the worker/supervisor at the LDSS to discuss that case and develop action steps to overcome barriers to the child stepping down as quickly as possible. The permanency consultants followed up with the LDSS on a monthly basis to track the progress of the action steps that were developed and continue to do so until the youth is discharged to a family based placement. Of the 333 youth that were reviewed, the majority were white (61%) followed by 29% black/AA and 8% that were multiracial. Most of the youth placed in CY2022 were age 13 and older (83%). During the first quarter of 2023 the permanency consultants began tracking whether or not the youth had someone, besides their worker, visiting with them on a monthly basis. Of the 111 reviewed during that quarter, 80 (72%) of them indicated that the youth had someone visiting with them while 31(28%) did not. This provides an opportunity to focus on the youth who are without any permanent

connections and are most likely to remain in congregate care for an extended period of time and/or eventually age out of foster care.

## **Diligent Family Recruitment**

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

Updated and revised guidance also aligned the process of approving relative and non-relative foster parents and further clarified the use of waivers to allow for timely placement with relatives upon entering foster care. Under revised guidance, LDSS may utilize temporary waivers for a period of six months to allow for the completion of pre-service training, mutual family assessment along with physical and tuberculosis screening or assessment of relative caregivers. A physical home environment safety checklist was also developed to aid local departments in evaluating safety of the home environment and to determine where permanent waivers of non-safety standards may be utilized to ensure that children are placed with relatives. Regional resource family consultants have supported LDSS implementation of guidance changes to meet needs of individual LDSS.

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

During the 2022 Virginia General Assembly Session companion bills, House Bill 716 and Senate Bill 307 were introduced and passed into law, establishing a relative notification, denial, and appeal process in cases where relatives are seeking approval as foster parents. Effective July 1, 2022, local departments are required to inform relatives in writing of the process related to seeking approval as a kinship foster parent. Local departments are also required to notify relatives in writing when they are denied approval as kinship foster parents, which in turn allows relatives to appeal the decisions of local departments to the office of Appeals and Fair Hearings if they are denied approval. To support LDSS in adapting to this law, VDSS developed a Kinship Foster Parent Approval Letter to be provided to identified relatives and fictive kin within 15 calendar days of a relative or fictive kin expressing the desire to become an approved kinship foster parent. To support a solution-focused assessment of relatives being considered for approval as foster parents, with the input from LDSS, the Permanency Assessment Tool (PAT) was developed. LDSS are required to use the tool to engage prospective kinship foster parents and facilitate an understanding of the role they will play in supporting reunification and permanency, to outline the requirements of the approval process, and to identify supports (natural and paid) necessary to make placement possible. The PAT is intended to allow LDSS to recognize strengths that prospective kinship foster parents possess and to develop plans related to those strengths to remove barriers to immediately placing children with relatives when they are identified. LDSS are required to complete the PAT whenever relatives are considered for approval and are required to maintain a copy of the completed PAT in the child's foster care record.



When LDSS determine that a relative is not eligible for approval or placement with the relative is not in the best interest of the child, they must utilize the Relative Notification of Denial and Appeal letter to inform the relative of their decision. LDSS are required to send the letter by mail within 10 business days of the decision to deny approval and details as to the reasons for the denial must be indicated in the letter. The letter also notifies relatives of their right to appeal the decisions of LDSS and requires that they notify the Office of Appeals and Fair Hearings in writing by US mail or email of their intent to appeal. within 30 calendar days of the postmarked date indicated on the Notification of Denial and Right to Appeal letter. Upon notification of relative's intent to appeal the decision of an LDSS, the Office of Appeals and Fair Hearings must conduct a hearing and render a decision within 90 calendar days. If the decision of the LDSS is overturned, a more thorough assessment must be conducted to allow for placement with the relative.

During 2021, VDSS began reorganizing foster and adoptive family recruitment campaigns to distinguish the role of foster parents in supporting reunification and the family connections of children in foster care. For May 2022, to celebrate foster care month, Virginia highlighted the importance of foster families through "Supporting Relative and Kin Connections – Keeping Families Strong," campaign. During the month of May, eblasts highlighted the role of Virginia's foster parents in making reunification possible and a webinar was organized that featured stories highlighting foster parents supporting biological parents' journey to reunification. A webinar featuring Virginia's Kids Belong Executive Director and her team shared how they partner with LDSS to change the story for children in foster care through trauma-informed community engagement to ensure that all of Virginia's children achieve permanency. A second webinar provided a better understanding of the benefits and challenges of birth and foster families working together to explore strategies to ensure that these relationships are successful. In preparation for May 2022, Virginia's public webpage, [dss.virginia.gov/fosterVA](https://dss.virginia.gov/fosterVA), received additional updates to align with Virginia's Kin First culture and offer new stories of fostering successes. A description of kinship care is prominently featured along with a description of the role of foster parents in supporting children's relationships with their families to make reunification possible.

Virginia's Kids Belong "I Belong Project" (IBP) is a joint initiative with the diligent recruitment and adoption programs. IBP, in collaboration with Regional Resource Family and Permanency Practice Consultants, coordinated child specific video and picture events targeting children for whom TPR had been achieved and were currently placed in congregate care. There were six IBP shoots that took place throughout the state near congregate care facilities where the children were placed. Regional Practice Consultants worked with LDSS to identify the children eligible for video shoots and supported efforts to coordinate transportation to and from the locations of the shoots. As a result, 55 children in need of adoptive families participated, resulting in 834 family inquiries during 2022. There has been a 201% increase in inquiries from 2021 to 2022.

## Adoption

LDSS also provide direct adoption services to children in their custody with the permanency goal of adoption. The VDSS adoption unit is responsible for developing adoption policy and guidance and managing the adoption resource exchange, special initiatives, adoption finalizations, and the adoption disclosure processes. Virginia's special initiatives are designed and implemented to assist LDSS to ensure that children achieve permanency through adoption.

The following charts show Virginia's adoption activities and funding for SFY 2022

Adoption Activity SFY 2022	Funding Source	Allocation and Services
-------------------------------	----------------	-------------------------

Adoption Support	SSBG	\$245,368 post-adoption legal services (SSBG funds)
Adoption Recruitment	SSBG and adoption incentive funds (NGF)	\$386,962 Recruitment
Adoption Services	Title IV-B, subpart 2 and General Funds	\$1,810,276.79 (Title IV-B, 2 = \$1,357,707.59 and General Fund = \$373,917.87)
Adoption Subsidy Payments	Title IV-E and General Funds	\$133,555,554.03 (\$75,058,221.36 IV-E and \$58,497,332.67 general funds)
Adoption Assistance	General Funds and SSBG	\$17,051,426.30 state adoption
VA Adopt Campaign	General Funds	\$1,500,000 adoption services
Reinvesting Adoption Savings	General Funds	\$7,517,668 adoption services of which \$3,078,595 is allocated to IT portfolio to support the development of CCWIS

The adoption program utilizes a variety of resources to assist the LDSS to achieve permanency via adoptions. The appropriation of state funding for the adoption negotiators, stakeholder partnerships, increased use of resources, such as the mutual family assessment contract staff to assist with the completion of home studies, reformed practice and contributed to the increased number of youths in foster care with finalized adoptions over the last several years. VDSS finalized 908 adoptions in the state fiscal year 2022, up from 845 adoptions finalized in SFY 2021.

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

### **Adoption Resource Exchange of Virginia (AREVA) and Adoption Recruitment**

In November 2022, VDSS assisted with the identification of youth who were featured in “30 Kids in 30 Days-A Hand to Hold,” in partnership with Jewish Family Services and Connecting Hearts of Virginia. The “30 Days of Hope” 2022 campaign was featured in the metropolitan Richmond viewing area through CBS Channel 6 and in the Piedmont and Western viewing area through WSLs Channel 10. The “30 Days of Hope” campaign, featured 35 children in November and 4 more in December. Each campaign featured children available for adoption daily and information was shared about fostering-to-adopt. Throughout the month of November 2022, over 600 inquiries were received.

Family inquiry tracking through AdoptUsKids was implemented in August 2021, to determine how LDSS were responding to families with approved home studies who expressed an interest in children featured who are legally free for adoption. Responses included the child no longer wished to be adopted, the child was placed with a prospective adoptive family, and the case was placed on hold due to reviewing home studies for the child. VDSS sends a comprehensive inquiry list to the LDSS twice per month. VDSS follows up with the LDSS within 15 days of receipt of the inquiries. There is not a data source which tracks or monitors how or if the LDSS are utilizing the inquiries received from this tracking system. VDSS is working collaboratively to expand promotional efforts for youth awaiting adoption and plans to develop and provide resources to increase LDSS response when inquiries are received from the public.

As of November 2022, Virginia will no longer display photos of children on AdoptUsKids. In an effort to limit the digital footprint of children in foster care, Virginia has elected to only provide photos to inquiring families at the time of initial inquiries.

From January 1, 2022, through December 31, 2022, there were a total of 2,499 inquiries from child and youth registrations between AdoptUSKids and AREVA. Inquiries are tracked at initial inquiry and at 15-30- and 90-day intervals after the initial inquiry.

As of December 2022, there were 1,564 children and youth in foster care with the goal of adoption. Of those, 1,192 were legally free for adoption. Of those, 698 children and youth in foster care did not have an identified prospective adoptive placement. Approximately 272 had an identified adoptive placement and 163 children and youth in foster care were in the process of being adopted. At this time there are 192 children who are photo-listed on AdoptUSKids. There are 253 cases active for recruitment, 148 cases on hold, and 293 cases in deferment.

### **International Adoption**

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

Virginia provides support and services to families of children adopted from other countries in a way that is consistent with services provided to all children and families. The Department of Behavioral Health and Developmental Services and Community Services Boards are examples of agencies that offer these services. Virginia also makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect through use of Family Assessment and Planning Teams (FAPT). In addition, when children adopted from other countries come into the custody of the local department of social services, the child and family are provided protective and treatment services to return the child home safely.

In SFY 2022, there were a total of 75 international adoptions finalized. As with families adopting from the child welfare system, families with children adopted from other countries have equal access to post-adoption services. Services are funded using adoption savings funds, supplemented with additional financial support provided by Virginia. A family that adopts a child from another country is not eligible for Adoption Assistance unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, Virginia's Code of Virginia, and the Virginia Administrative Code.

In SFY 2022, 17 children adopted from another country entered foster care, a 50% increase over SFY 2021. The child's behavioral needs and family considerations were all listed as reasons for dissolution. The agencies involved and countries of origin were unattainable. Forty-eight children, adopted internationally, received post-adoption supportive services during SFY 2022. VDSS recognizes that there is a marked increase in dissolution from previous fiscal years. VDSS plans to continue assessing international dissolutions to determine if there is an upward trend and if so, to do a root cause analysis determining the reason for the increase.

VDSS will continue to track international adoptions over the next five years to identify additional resources to provide supportive services to children adopted from other countries. VDSS continues to

work on updating the public-facing website with informative language regarding post-adoption services for families who adopt children internationally.

VDSS receives information about the number of out-of-county adoptions served by post-adoption supports. Collecting and reporting out-of-county adoptive families served by each regional consortium is a requirement for the Post Adoption Consortia Services, RFP #FAM-20-082 lead agencies (United Methodist Family Services, DePaul Community Resources, Center for Adoption Support & Education). The services provided are designed to help families build on the strength and abilities to stabilize and prevent adoption dissolutions.

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

VDSS conducted the sixth title IV-E adoption savings calculations and case reviews in 2022. As a result of this project, approximately \$7,517,668 million was calculated as adoption savings in 2022. VDSS spent more than \$3 million in 2022 on services to assist LDSS as well as support and sustain adoptive placements for youth and children adopted from foster care. More than \$1 million was allocated to the Mutual Family Assessment (MFA) consultant and specialist positions. These positions assist the LDSS in completing mutual family assessments for prospective foster and adoptive families, which are required for a foster care or adoptive placement. In 2022, the MFA specialists received more than 296 referrals from across Virginia and completed approximately 195 mutual family assessment home studies. Additional funding was allocated to support contracts with community partners to provide post adoption services and maintenance of COMPASS mobile.

At least 30% of the savings will be spent on post-adoption services, as required by P.L. 113-183 modified section 473(a) (8) of the act, effective October 1, 2014. Adoption savings monies will be used in the same manner for 2023, by providing services to support, sustain and achieve timely permanency for adoptive placements via foster care adoptions, such as supporting LDSS with the assistance of MFA staff, post adoption contracts, preservation of adoption records, and allocation of funding to support and expand COMPASS mobile.

VDSS utilizes title IV-B, subpart 2 funds and the Virginia Department of Social Services (VDSS) to fund requests for proposals to provide a statewide system of post-adoption services.

During FFY22, VDSS had a large increase in the number of applicable children to receive IV-E adoption subsidy payments. The total number increased to 1,669 from the previous fiscal year of 1,163. The required amount of spending in FFY22 increased to \$17.9 million from \$11.9 million and our underspending amount increased from \$5.5 million to \$12.3 million. The underspending amount increase posed some challenges. Prior to FFY22, VDSS did not receive enough general fund appropriation to meet the required yearly spending amount and the unused adoption savings increased greatly. VDSS also encountered some delays in the procurement process and delays in implementing new services and programs that would directly spend down the unused funds.

To assist with spending down the unused adoption savings, VDSS received more general fund appropriation to spend towards adoption savings, children at risk for entering foster care and added new programs focused on post adoption/post guardianship. The estimated timetable for spending down the unused adoption savings will span over the next three federal fiscal years (FFY24, FFY25, and FFY26).

## **Other Adoption Services**

In addition to adoption services for children in foster care, VDSS preserves and maintains over 180,000 adoption records that date back to 1942. VDSS provides services to persons 18 years of age and older to obtain information from closed adoption records (adoption disclosure). VDSS also provides adoption services for children who are not in the custody of LDSS, as well as other court-ordered services, such as custody investigations and visitation.

## **Adoption and Legal Guardianship Incentive Payments**

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

Based on data from 2022 Q4 of the title IV-E penetration report, there was an average of 8,754 children served per month through adoption assistance. The total allocation for title IV-E adoption assistance was \$133,555,554.03. There were 908 adopted children who received services through Virginia state adoption assistance. The total allocation for state adoption assistance was \$17,051,426.30.

## **Adoption Incentive Funds**

In federal fiscal year 2021, VDSS received approximately \$736,000 in adoption incentive awards funding. The reward period is October 1, 2020, through September 30, 2024. In federal fiscal year 2022, VDSS received approximately \$888,500 in adoption incentive awards funding. This speaks to the increase in the number of adoptions and the specific categories of children in foster care as indicated in the award criteria. In 2022, LDSS had the opportunity to apply for adoption incentive funds through proposal submissions. Approximately 60 agencies of the 120 local agencies, applied and were awarded funds in excess of \$255,000. Local agencies utilized the funds to provide adoption trainings for post-adoption services, purchased adoption and trauma training materials for adoptive families, held recruitment initiatives for prospective foster-to-adopt families, and celebrated adoptions during adoption month in November. As of December 2022, the state has approximately \$1,624,500 incentive funds to spend. There were no challenges or significant changes in making these funds available to LDSS during the 2022 fiscal year; however, some LDSS did not request or fully utilize these funds. Virginia plans to utilize any future adoption and legal-guardianship incentive funds in 2023-2024 to support adoption promotional services, a contract with Chapin Hall for data analysis, and foster care and adoption activities to support children and families statewide.

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

Governor Glenn Youngkin signed and issued a proclamation in support of November 2022 as Adoption Awareness Month. VDSS hosted two virtual Adoption Month Webinars, "Strengthening Post Adoption Services and Supports" on November 15, 2022, and "Highlighting Diverse Families: The Importance of LGBTQIA2S+ Representation for Youth" on November 29, 2022. VDSS's 2022 theme was "Strengthening Post Adoption Services and Supports". The matching titled webinar was a collaborate effort between VDSS and community partners, such as Child Trends, Center for Adoption Support and Education (C.A.S.E.), DePaul Community Resources, and United Methodist Family Services. The

webinar was designed for LDSS and community partners that connect with adoptive families throughout the Commonwealth.

In December of 2022, VDSS held its first annual permanency conference. The First Annual Permanency Conference: “The Journey to Permanency” was a free, in-person conference for LDSS staff. The conference kicked off with an evening reception on December 7, 2022, and continued December 8, 2022, with a full day of workshops. The workshops covered various topics relevant to child welfare professionals including Adoption Assistance, Domestic Violence, ICPC, The Youth Welfare Approach, DEI, LGBTQ+, Reunification, Kinship, and Concurrent Planning.

## **Adoption Contracts**

As of 2022, there is DEI language in all DFS contracts. The contract language in all contracts, listed as "informational purposes" is:

*Diversity, Equity & Inclusion Statement: VDSS is a diverse, multi-racial and multicultural organization. Our commitment to fully embrace diversity, equity and inclusion is central to our mission, embedded in our core values and critical to the well-being of our staff and the communities we serve. As human service professionals, our success rests in our ability to cultivate inclusive environments, promote equitable outcomes, and demonstrate leadership through service. We all must choose to be informed, self-reflective and proactive in our advocacy. This includes constant evaluation of structures, norms and policies that perpetuate discrimination, racism, disparities, and exclusion. This also includes fully embedding our commitment to diversity, equity, and inclusion into specific and actionable practices throughout our entire social services system.*

## **Regional Post Adoption Consortia Services**

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

DFS updated the public facing microsite web page to list the post adoption services available from a consortium and includes a search feature by zip code or town/city for adoptive families to locate local post adoption service providers in their specific communities. In previous years, the consortia reported lackluster referrals from LDSS due to staff transitions. Also, the type of referrals made were crisis related and came too late to prevent a disruption or dissolution. Based on feedback from consortia members, DFS increased funding to each consortium to support a full-time outreach worker to continuously promote and educate LDSS staff and adoptive families on post adoption services available in their region and how to access services.

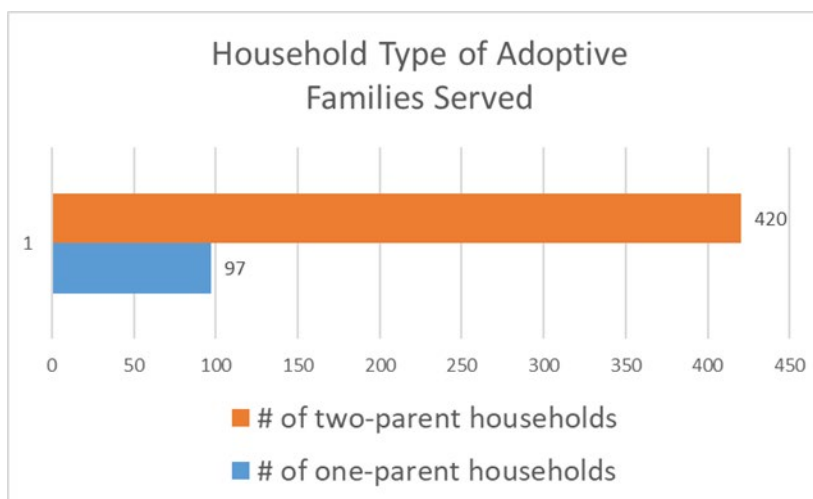
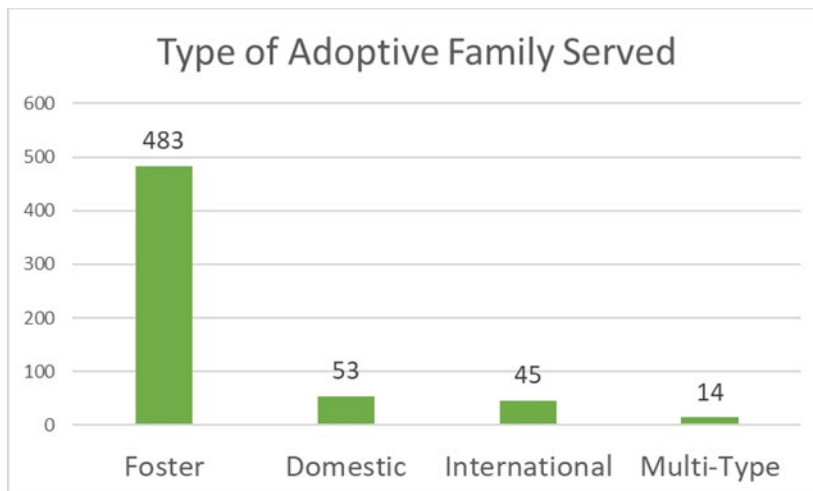
In 2022, VDSS and Child Trends began collaborating to evaluate the post-adoption consortium model. Child Trends will analyze data related to all adopted youth who re-entered foster care as a result of adoption dissolutions and make recommendations regarding VDSS’ current post-adoption consortium

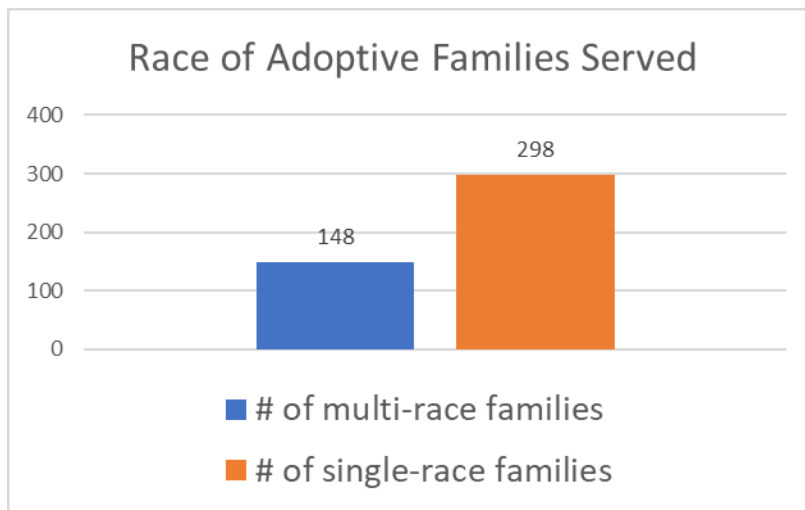
service array. A detailed annual report has been requested from the Office of Research and Planning to provide the data.

During SFY 2022, a total of \$2,575,293 was allocated to regional post adoption consortia services. Ninety-eight percent of funds were expended in the reporting period. Adoptive family activities reported by the regional lead agencies are as follows:

- Total number of adoptive families served was 618.
- The majority of families served received case management services.
- A total of 17,549 case management service units were provided to families.
- 121 individuals representing LDSS, CSBs, Juvenile Justice Systems, schools, post adoption service providers, health care providers, adoptive family organizations, and the faith community served as active members of consortia in the planning and delivery of priority services in their respective regions.

Demographics of adoptive families served:





- 61.2% of families were Non-Hispanic or Latino, 10% were Multiethnic, and 2.6% were Hispanic or Latino

Funds expended:

- Average Cost Per Service Unit was \$62.00.
- 85.83% of total funds were spent on direct services to families.
- 2.9% of total funds were spent on Quality Management

Outcomes:

195 Families Received Comprehensive Case Management Services in SFY 2022	
a. # of unduplicated families who experienced adoption threats to permanency resulting in legal instability BEFORE referral for comprehensive post adoption case management.	12
b. # of unduplicated families who experienced adoption threats to permanency resulting in legal instability AFTER six months of receiving comprehensive post adoption case management.	11
c. # of unduplicated families who experienced adoption threats to permanency resulting in residential instability BEFORE referral for comprehensive post adoption case management.	21
d. # of unduplicated families who experienced adoption threats to permanency resulting in residential instability AFTER six months of receiving comprehensive post adoption case management.	26



There were seven known adoption dissolutions of families that received comprehensive post adoption case management services (3.6% of the total number of families served in 2022).

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

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

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

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

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

In SFY 2022, Children's Home Society, Commonwealth Catholic Charities, C2Adopt, DePaul Community Resources, Extra Special Parents, and United Methodist Family Services provided services throughout the state. Seventy-six LDSS received assistance from ATCP providers to finalize adoptions in 2022.

A total of \$1,500,000 of state and federal funds were allocated for ATCP activities from July 1, 2022 – June 30, 2023. Ninety-four percent of these funds were spent. Subrecipient outcomes for SFY 2022 included the following:

- 543 children were served, exceeding yearly projection by 46%
- Subrecipients finalized adoptions for 276 children and youth, exceeding yearly goal by 10%.
- 51% of children served were adopted.
- Average cost per adoption (payment to Subrecipients) was \$5,525.
- Overall average cost per child served under the ATCP contract was \$2,605.
- Average number of months between ATCP referral and adoption was 7 months.
- ATCP program is on track to meet RFA three-year goal of 600 finalized adoptions (currently at 88% towards goal).

### **Post-Adoption Consultant**

In SFY 2022, DFS entered into a partnership with Child Trends, Inc to assist DFS in the design and implementation of an evaluation plan to understand if, and in what ways, the consortium model of providing post adoption supports and services to families may influence outcomes for children and families. The evaluation design would span a continuum: from needs assessment (in order to understand

the current context and where gaps exist), through process/implementation studies (to understand how the model is being implemented), and to outcome/impact studies (to understand how the model influences/causes observed outcomes). Adoption Program state and regional staff, LDSS, and community partners are collaborating with Child Trends on the following:

1. Augment VDSS' approach to the post adoption Statement of Needs to ensure that contractors are demonstrating efficacy and intent of RFP #FAM-20-082.
2. Conduct a needs assessment in order to understand the current context and where gaps exist, including determining the root cause(s) of adoption dissolutions in Virginia and how pre and post adoption services provided by LDSS, and community contractors attempt to keep adoptive families together.
3. Determine effectiveness of post adoption priority services and supports delivered that make a difference, are offered by qualified adoption competency professionals so DFS can state with confidence that adoption savings funds are well-spent by supporting these endeavors. These services shall be designed to help families build upon their strengths to stabilize and to prevent adoption dissolutions (after legal finalization).
4. Evaluate regional consortia quality management plans and determine effectiveness of quality assurance, quality control, and quality improvement activities included in their plans and provide recommendations to improve quality of post adoption services and supports to VDSS, contractors, and regional consortia.
5. Research, design, recommend and provide technical assistance and training on best practice post adoption case management standards to strengthen families at every point of contact and take a holistic approach that looks beyond clients as individuals and focuses on strengthening the family unit.
6. Assess current client-level data collection tools used by contractors and provide technical assistance that leads to more streamlined data collection and ability to analyze data more efficiently to measure impact of service delivery, services provided, and program outcomes.
7. Determine that all consortia post adoption service providers in the VDSS five regions incorporate into their services evidence-based and evidence-informed trauma-informed practices and post adoption competencies that acknowledge and respond to the effect of trauma. Such services build on respect for the traumatized individual and allow time for the individual to build trust. Also determine that parents and caregivers receive ongoing training, information, and education about the impact of trauma on their child, opportunities to learn about practice trauma-informed parenting strategies, and information and support related to their own experiences with intergenerational and/or secondary traumatic stress. Provide technical assistance and/or training to consortia post adoption service providers to ensure services are delivered in a trauma-informed manner.
8. Develop communication strategies to promote diversity, equity, and inclusion among consortium leadership and in service delivery. Provide technical assistance and/or training to each regional consortia, contractors, and subcontractors to help them cultivate inclusive environments, promote equitable outcomes, and demonstrate leadership through service.
9. Provide technical assistance and/or training on effective and successful sustainability planning to each regional consortium (Northern, Eastern, Central, Piedmont, and Western).

Child Trends received VDSS Internal Review Board approval for each phase of the evaluation project. The study will conclude in December 2023 and findings will be shared with DFS staff and community partners when each stage of the evaluation is completed.

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

In 2022, VDSS again partnered with three organizations to perform child-focused, targeted, and general kinship, foster and adoptive family recruitment in four VDSS geographic regions, Eastern, Central, Piedmont and Northern under RFP #FAM-20-093. Jewish Family Services, Connecting Hearts, served the Central region, Extra Special Parents provided recruitment services in the Piedmont region, and Virginia One Church, One Child operated in the Eastern and Northern regions. The goal of the partnership is to recruit and sustain resource families who are willing to collaborate in the Commonwealth's effort to achieving timely permanency for youth in foster care.

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

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

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

A total of \$326,433.00 was allocated to family recruitment activities in SFY 2022. The following client activity was reported by contractors for the period of July 1, 2022 – June 30, 2023:

Measure	# Of Families
Unduplicated families referred to a LDSS or LCPA orientation	339
Unduplicated families referred and who attended a LDSS or LCPA orientation	86
Unduplicated families referred to pre-service PRIDE training	197

Unduplicated families referred and who attended pre-service PRIDE trainings	47
Potential foster/adoptive parents that attended 3 or more PRIDE pre-service training sessions	50
Potential foster/adoptive parents that completed PRIDE pre-service training	45
Unduplicated foster care families that were matched to child/youth (with TPR) residing in congregate care in search of a LDSS or LCPA approved adoptive home placement	117
Targeted recruitment efforts to recruit families in communities where family-based homes are needed and with specific backgrounds that match the backgrounds and needs of children awaiting homes	225

The current RFP will expire on June 30, 2023. In early SFY 2023, the Permanency Unit agreed to implement a new recruitment model that focuses on relative and fictive kin search and engagement services for youth residing in congregate care or placed in non-relative home-based care. This decision was made in response to a Virginia data analysis from 2016-2020 of children who entered foster care and were first placed with a relative spent four fewer months in foster care when compared to children who were not placed with a relative upon entering care. Within this group 96% of children exited foster care to permanency through reunification, custody transfer to a relative or adoption by a relative. DFS issued a Request for Proposal (RFP #FAM-23-019) to solicit experienced service providers equipped to work with LDSS to discover relatives and fictive kin and facilitate connections with children in foster care in order to facilitate placement in each of the five geographic regions of the Commonwealth (Eastern, Central, Northern, Western and Piedmont). The new model will be implemented in July 2023.

### **Adoption-Share, Inc.**

In April of 2022, Adoption-Share and Virginia's Department of Social Services (VDSS) entered into a contract aimed at leveraging technology to create a more modernized, efficient process for recruiting, engaging, and selecting families to meet the needs of children and families involved in foster care. To achieve this vision, Adoption-Share and VDSS began implementing the Faster Families Highway for Recruitment, a web-based tool designed for:

- Increasing the pool of locally approved foster families across the Commonwealth of Virginia.
- Providing a more streamlined process of intentional recruitment.

More information regarding the goals, activities, and data related to Faster Families Highway is included on pages 173-177 in Item 35.

## **Monthly Casework Visit Formula Grants and Standards for Caseworker Visits**

LDSS workers have been able to increase visitation, despite receiving very few additional resources, and have been consistently meeting the compliance expectation that 95% of children in foster care are visited face to face each month, as established in October 2014.

For the reporting period of October 1, 2021, to September 30, 2022, the face-to-face monthly visit rate was 98.16% and the in-residence visit rate was 84.61%. Virginia has met the federal standard for both monthly face-to-face contact and visits occurring in the child's placement for each AFCARS reporting period since October 2014.

Steps taken to address compliance include:

- Continued communication with the LDSS around the need to comply with both visitation expectations and timely and appropriate documentation. Regional Permanency Practice Consultants continue to reach out to provide technical assistance, especially to those LDSS whose compliance rate appears problematic.
- Provision of transcription services. Transcription services reduce the administrative burden associated with worker visits and ensure that documentation is quickly available in OASIS.
- Implementation of a mobility solution. VDSS made a mobility application (COMPASS|Mobile) available to the field beginning October 2019 and was fully implemented across the state by January 2020. This allows workers to access OASIS from the field. This functionality, in combination with transcription services, assists LDSS in completing documentation within the appropriate time frames. Additionally, COMPASS|Mobile utilizes reminders to help support timely completion of documentation requirements
- Continued publication of a monthly visit report as part of the critical outcomes report available to all LDSS staff through SafeMeasures.® The report provides monthly updates on worker visits and allows users to drill down to the worker level to identify where improvements in visits need to be made to reach and surpass the federal requirement. Additionally, a filter can be applied to identify when the narrative section of a worker visit has not been completed adequately. These reports facilitate supervisory oversight and intervention at the LDSS level, as well as identifying when technical assistance from the regional office may be beneficial.
- Continued focus on Kin First culture and placing children in their home communities. When children in care are placed locally, travel time for workers is decreased. Virginia will continue to focus on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic impact on children coming into foster care by using local, family-based placements, for many reasons, including making it easier to visit with children regularly (**Prevention Strategy 3**).
- Availability of an appropriate virtual platform. VDSS purchased doxy.me, temporarily, for workers to access through COMPASS|Mobile to enable them to complete "face to face" visits virtually as allowable during the COVID-19 pandemic when it was deemed unsafe to do in-person visits.

Federal title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation, especially for children placed in residential placements out of state. Some LDSS have used the funds to purchase laptops or tablets to assist with timely documentation of visits.

Steps taken to address the quality of worker visits:

- Foster care guidance emphasizes that worker visits be well-planned and focused on issues pertinent and meaningful to case planning. The focus of caseworker visits should be on the child's well-being, safety, and progress towards permanency. Documentation of the visits should address how the contact was meaningful and include information specific to the child's well-being, safety, and efforts to achieve permanency. Guidance was updated in fall 2018 to emphasize the requirement that services workers must spend time alone with the child during the monthly visit. This provides the opportunity for the worker to more adequately assess the child's

safety, for the child to privately share any concerns, and for the child to provide input into their permanency plan.

- LDSS have been provided with a job aid that identifies the elements of quality worker visits. The monthly worker visit checklist supports the worker in conducting well-planned visits focusing on well-being, safety, and permanency. The job aid includes reminders of worker's responsibilities and sample questions to ask the child and caregiver, targeted towards assessing well-being, safety, and permanency. It also provides a template for documenting a quality worker visit. This job aid can be easily accessed immediately prior to each visit through COMPASS|Mobile.
- The contact screens in COMPASS|Mobile provide prompts for the service worker when completing their case notes to ensure that service workers are addressing well-being, safety, and permanency in documentation.
- In addition to new-worker training, VDSS has developed and delivered additional training for supervisors and LDSS leadership, to emphasize elements of quality visits.
- Federal title IV-B funds are also used to pay for training to help staff understand the importance of having meaningful and purposeful visits with children in care, help staff gain skills in planning, preparing, engaging in, and conducting appropriate visits, and to provide small performance rewards to workers who successfully meet program expectations.
- In October 2019, VDSS implemented a new training for FSS and supervisors regarding case documentation. The training emphasizes the essential components of effective documentation and the development of writing skills to enhance their ability to document casework activity, including quality contacts. This case documentation training was incorporated into the mandatory training requirements for new foster care workers in July 2019.
- VDSS created job aids to support virtual visits and uploaded them to COMPASS|Mobile to ensure quality virtual visits. The document provided extensive guidelines that included how to prepare for virtual visits ahead of time, tips on how to engage families and children during virtual calls and tools that local workers could utilize for general assessments to ensure the safety, permanency and well-being of youth and families.

Periodically, and especially during agency visits, Regional Permanency Practice Consultants review the LDSS' performance reports in SafeMeasures® with supervisors and directors. This is an opportunity to provide agencies with information and technical assistance regarding monthly worker visits, in addition to ensuring that documentation is meaningful and addresses the well-being, safety, and permanency of the child.

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

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

VDSS is responsible for developing policies, procedures, and new programs as necessary to improve services to older youth throughout Virginia, in accordance with the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) Program. Annually, VDSS provides the Chafee and Education and Training Voucher (ETV) funding package, describing the purpose and eligibility requirements of each program to Virginia's 120 LDSS. Chafee and ETV funds are allocated to all LDSS with eligible youth, based on a completed and approved plan and budget. VDSS provides programmatic oversight to LDSS' Chafee and ETV programs through quarterly reports, LASER reports, and sub-

recipient monitoring. In addition, VDSS offers training, technical assistance, resources, and tools to improve LDSS' performance in the delivery of services to eligible youth.

### **Description of Program Design and Delivery**

The Chafee Program is a component of the VDSS foster care and the Fostering Futures (Virginia's extended foster care) programs and supports all youth who experience foster care at age 14 or older to age 23. The program provides critical resources to support youth in participating in age appropriate, normative activities while in foster care and as they transition out of care. The purpose of this program is to provide flexible funding for the following:

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

Virginia's LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for youth who are in foster care, based on needs, local demographics, and available resources. These agencies are expected to coordinate services with local private agencies, providers, and community organizations engaged in activities relevant to the needs of older youth in foster care. Independent living (IL) services are provided to each eligible youth, age 14 or older, in foster care, regardless of the youth's permanency goal or living arrangement. Eligible American Indian or Alaska Native youth also receive these services. VDSS' guidance reinforces the need for all children and youth to learn life skills and engage in age or developmentally appropriate IL activities. IL services are designed to help youth expected to remain in foster care until age 18, former foster care recipients between 18 and 23 years of age, and youth who were adopted or entered the Kinship Guardianship Assistance Program (KinGAP) after age 16 from foster care, to make the transition to self-sufficiency. Services include education, career exploration, vocational training, job placement and retention, training in daily living skills, budgeting and financial management skills, substance use prevention, and preventative health activities. The state establishes objective criteria to determine eligibility for benefits and services under these programs, ensuring fair and equitable treatment.

The Fostering Futures program provides the much-needed support and assistance for youth who turn 18 in foster care, as they transition into adulthood. By providing maintenance payments and foster care services to participants, the program provides a safety net for young people to promote a safer transition to independence and reduce the risk of youth and young adults becoming homeless and victims of human trafficking. The Fostering Futures program is also available to youth who turned 18 while committed to the Department of Juvenile Justice and who were committed directly from foster care. As of December 2022, there were 822 young adults (18-21 year olds) that were in foster care through Fostering Futures.

### **Serving Youth Across Virginia**

VDSS ensures that the Chafee Program continues to serve all political subdivisions in the state, based on assessed needs. The program focuses on collaborating and coordinating IL services with other federal, state, and community based agencies and providers to prepare youth to manage adult living successfully. **(Permanency Strategy 5.2)** All 120 LDSS with eligible youth receive Chafee allocations and are

responsible for providing IL services to youth. In addition, Project LIFE (a public/private partnership) provides services to youth and support LDSS professionals in all five regions (i.e., Central, Eastern, Piedmont, Northern, and Western) of Virginia and localities.

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

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

### **Serving Youth of Various Ages and Stages of Achieving Independence**

Virginia continues to support youth of various ages and stages who experience foster care at age 14 or older in their transition to adulthood, through the provision of transitional services and opportunities to achieve meaningful, permanent connections with a caring adult. LDSS engage youth in age- or developmentally appropriate activities, positive youth development opportunities, and experiential learning that is similar to what their peers in intact families' experience. Educational support and services (e.g., financial, housing, counseling, etc.) are available to recipients formerly in foster care between 18 and 23 years of age, and to those who exit foster care for adoption or KinGAP after attaining age 16, to complement their own efforts to achieve self-sufficiency. In accordance with the provisions of Family First Act, VDSS extended the eligibility of the Education and Training Voucher (ETV) program to youth up to their 26th birthday, while placing the five-year limit requirement on their total length of time to receive a voucher.

A formalized life skills assessment and transition plan are required annually for each youth aged 14 and over. The Casey Life Skills Assessment is the preferred tool for Virginia. Virginia's Chafee transition plan is available in the mobile application. VDSS wants to ensure that young people participating in the Chafee program are directly involved in designing their own activities to prepare them for adulthood and accept personal responsibility for their part. Realizing the importance of youth voice, engagement and empowerment, VDSS has embraced the Youth Welfare Approach where workers shift their focus from a child welfare system to a youth focused system by implementing practices to engage and support youth.

In addition, in completing the transition plan, the worker and the youth have an opportunity to discuss the importance of designating someone to make healthcare treatment decisions on their behalf, if the youth become unable to participate in such decisions. VDSS, in collaboration with internal and external partners, works to ensure youth have permanent, lifelong connections to responsible, caring adults after leaving the foster care system, and that youth are prepared for self-sufficiency by developing a transition plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning, and other related services. Thus, VDSS and LDSS support young people by promoting legal and relational permanency and providing individualized services to promote physical and mental health and well-being.

### **Determining Eligibility for Benefits and Services**

Annually, VDSS allocates its Chafee funds in two primary spending categories: the Chafee allocations to



LDSS and the funding of a contract for the provision of IL services currently provided by a private non-profit agency (Project LIFE). VDSS determines allocations to each LDSS based on their percentage of the statewide population of youth in foster care, 13 years old and over, for the previous 12-month period. Approximately 90% of Virginia's Chafee grant is spent on services to assist youth in building competencies that strengthen individual skills, promote leadership skills, and foster successful independence. VDSS also ensures that youth in foster care can participate in school and community activities that are a normal part of transition to adulthood. These services are paid for by Chafee funds or provided by VDSS, LDSS, and/or Project LIFE.

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

1. All youth in foster care (including Fostering Futures) ages 14 and over;
2. All youth who aged out of foster care at 18 years of age or older, but have not yet attained **23 years of age**, and continue to receive services through the LDSS;
3. All young adults who aged out of foster care on their 18<sup>th</sup> birthday, but have not yet attained **23 years of age**, and no longer receive any services from the LDSS may receive limited assistance based on availability of Chafee Program funds; and
4. Youth who turned 18 while committed to the Department of Juvenile Justice and who were committed directly from foster care.
5. Youth who had been in foster care between the ages of 14 and 21 and left for some reason other than aging out, KinGAP, or adoption, may receive limited assistance based on availability of Chafee Program funds. (added during 2022)

VDSS is actively working to build a culture that is inclusive, equitable and respectful of all children and youth. President Biden signed Executive Order 13985, "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government," which defined the term "equity" as the consistent and systematic fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have been denied such treatment. One such population is lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) youth in foster care.

During 2022, VDSS posted a Broadcast to celebrate National Coming Out Day. VDSS understands the importance of this day and appreciates the courage it takes for youth in foster care to share their true selves and come out as LGBTQ+. The Broadcast served as a reminder of the affirming care in which all children, youth, and families who interact with the child welfare system deserve. VDSS encourages LDSS to familiarize themselves with Section 17 of the Foster Care Chapter of the Child and Family Services Manual, which provides guidance to LDSS for working with youth who identify as LGBTQ+ to ensure that all the right supports and services be provided to these young people. VDSS also provided a presentation during one of the monthly Knowledge Break sessions for state staff on how to support these young people in and formerly in foster care.

Nationally, youth in foster care who identify as LGBTQ+ have reported significant discrimination related to their sexual orientation, gender identity, and gender expression. They may hide their sexual orientation or gender identity as an act of self-preservation. The Human Rights Campaign (HRC) reports that up to 30% of youth in foster care identify as LGBTQ+, as compared to approximately 11% of the general youth population. Additionally, these young people face increased risk of negative experiences, including being two times more likely to report being treated poorly while in care, experiencing a greater average number of placement disruptions, and being more likely than their non-LGBTQ+ peers to be placed in congregate care settings. Youth who identify as LGBTQ+ in general have a higher risk of suicide, but reportedly having even one affirming adult in their life reduces their risk by 40 percent. It is widely known how important permanent connections are to all youth in foster care, but this fact makes it that much more urgent that youth in who identify as LGBTQ+ have those affirming permanent connections. Youth who identify

as LGBTQ+ deserve to be treated with dignity and respect and must be placed in an affirming environment that will support their safety, permanency, and well-being. The Broadcast and Knowledge Break provided several resources on how to support these young people.

LDSS continue to work closely with the local CSA teams that are responsible for overseeing the planning of and for approving state funds for additional services for youth not covered by the Chafee funds. Together, LDSS and CSA teams share the primary responsibility for ensuring that youth in foster care are provided with the services needed to enhance their transition into adulthood.

The Family First Act revises the limitation on the use of funds for room and board by clarifying that not more than 30% of the Chafee allotment may be expended for room and board for youth who have aged out of foster care and have not turned 23 years of age. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, food, and rent payments including youth at risk of eviction. VDSS monitors expenditures by LDSS in the various IL service categories and has published this standard in the Chafee IL funding guidelines.

There are no restrictions on the provision of IL services to any eligible youth temporarily living out of the state, although these services may be purchased and provided by local providers, rather than by the LDSS or Project LIFE. Additionally, Virginia's Fostering Futures program does not require participants to live in Virginia to maintain eligibility.

In Virginia, there are many components under the umbrella of Virginia's Chafee Program including Credit Checks, Credit Freezes, NYTD, SPEAKOUT, Youth Exit Survey, and the Education and Training Voucher (ETV) Program. Below are the descriptions and updates on programs' activities, collaborations, new initiatives that occurred during the calendar year 2022, and plans for the upcoming year.

### **Credit Checks for Youth in Foster Care**

The Preventing Sex Trafficking and Strengthening Families Act of 2014 and § 63.2-905.2 of the Code of Virginia requires that free annual credit checks be conducted for all youth (age 14 to 17) in foster care. VDSS conducts these annual credit checks and works with LDSS to discover and resolve cases of identity theft, fraud, and/or misuse of personal information. VDSS has a dedicated staff person to assist in implementing the statewide credit check mandate. Once the credit reports are received from the credit reporting agencies (CRAs), which are Equifax, Experian, and TransUnion, VDSS provides youths' credit reports to the LDSS. The LDSS provides copies of the credit reports to the youth and retains additional copies on file. It is the LDSS' responsibility to assist in removing any erroneous or fraudulent information found in youth credit reports. LDSS have access to the credit check guidebook and sample letters of dispute forms developed by VDSS and found on the intranet, as well as additional technical assistance as needed. (**Permanency Strategy 4.7**)

In response to the COVID-19 public health emergency, VDSS implemented a digital transmittal system for sharing credit check results with LDSS. In 2022, VDSS continued this practice, transmitting youth credit reports to LDSS via secure electronic messaging. VDSS provides written guidance, training, and technical assistance to help LDSS identify and resolve problems detected in youths' credit records. From January through December 2022, VDSS conducted credit checks for a total of 1,205 youth in care. Credit record irregularities (e.g., erroneous personal information, potentially fraudulent credit activity) were detected for 7.6% of these youth ( $n = 91$ ). Protective items (e.g., fraud alerts, credit security freezes, minor child status notes) were found in the credit records of 19.4% of youth ( $n = 234$ ).

It is challenging for VDSS to track successful resolutions of the irregularities (e.g., financial activities and/or personal data errors) observed in youths' credit reports for various reasons. For example, following the initial detection of irregularities in their credit reports, some youth exit foster care before receiving an additional credit check, thus preventing the tracking of resolution statuses by VDSS. As well, the length of time required to successfully resolve detected irregularities may prevent detailed tracking of resolution outcomes by VDSS. LDSS staff turnover and/or staffing shortages may also complicate resolution tracking by VDSS. For these reasons, VDSS proposes the following measure: *"The percentage of cases with protective items (e.g., fraud alerts; credit freezes) in credit reports."* VDSS can show a steady increase, over the years, in the percentage of youth whose credit reports contain some kind of protective intervention, which may be attributed in part to the state's Credit Freeze requirement (outlined in the next subsection below) to help mitigate the risk of fraud victimization.

The table below displays monthly and annual total numbers of youth in foster care (age 14 to 17) who received a credit check during calendar year 2022. Monthly and annual figures exclude duplicates (i.e., youth who received more than one credit check during the calendar year). Protective items include credit security freeze notifications, fraud alerts, and minor child status notes in youth credit reports. Irregularities include credit inquiries, account items, public records, and personal data errors (e.g., mismatched name, birth date, Social Security number, and/or employment information listed in a youth's credit reports).

Annual Credit Checks for Foster Youth: January 1 – December 31, 2022			
Month	Number of youth	Protective items	Irregularities
January	85	10	5
February	99	15	7
March	97	24	8
April	105	25	7
May	101	21	8
June	101	11	8
July	102	18	9
August	108	25	9
September	106	19	10
October	96	16	9
November	102	23	2
December	103	27	9
<b>Total</b>	<b>1205</b>	<b>234</b>	<b>91</b>

In late 2022, VDSS was invited by the U.S. Department of Health & Human Services—Office of the Inspector General to participate in a national survey soliciting feedback regarding states' implementation of the federal credit check mandate. VDSS will submit responses to this survey in early 2023, detailing credit check policies, practices, and implementation challenges identified by VDSS and/or communicated by LDSS throughout Virginia.

### Credit Security Freezes for Children and Youth in Foster Care

Per the Code of Virginia ([§ 63.2-905.2](#)), LDSS are required to initiate credit security freezes for children (0 – 15 years of age) who reach their six-month anniversary in foster care. A credit security freeze blocks the information on an individual's credit report and can help prevent identity theft. VDSS continues to

monitor LDSS compliance with credit freeze requirements for all eligible children in care. To help workers navigate freeze policies and implement best practices, VDSS provides written guidance, training, and technical assistance. SafeMeasures includes the report “Credit Freeze Completed for Youth Under 16”.

In 2022, VDSS continued to send freeze task reminder emails to LDSS to promote compliance with the credit freeze mandate as needed on an agency-by-agency basis. VDSS continued to provide technical assistance and training to LDSS upon request. In collaboration with LDSS, VDSS created additional guidance resources to assist LDSS with generating and submitting credit freeze requests to the CRAs (i.e., Equifax, Experian, and TransUnion). VDSS also conducted informal interviews and focus groups to clarify best practices and challenges surrounding LDSS implementation of and compliance with the credit freeze mandate.

From January through December 2022, a total of 1,257 children and youth in foster care (ages 0 to 15) were eligible for credit freezes. The table below displays the number of freeze-eligible children and youth by calendar month.

Credit Freezes for Foster Children: January 1 – December 31, 2022	
Month	Num. eligible
January	73
February	119
March	81
April	85
May	91
June	90
July	92
August	141
September	118
October	116
November	118
December	133
<b>Total</b>	<b>1257</b>

In response to credit freeze-related challenges and concerns voiced by LDSS, in 2022 VDSS produced and disseminated an updated guidance tool to aid caregivers of children who have exited foster care with an active credit freeze. Children may exit care with an active freeze in their credit records for several reasons such as: 1) the LDSS with custody of the child may not have had sufficient advance notice of the child’s care exit date to execute a freeze removal; 2) CRAs’ responses to LDSS freeze removal requests are in some cases delayed; and 3) sometimes LDSS freeze requests are misinterpreted by the CRAs resulting in a delay in the freeze being removed. In 2023, VDSS will continue collaborative work with LDSS and CRAs to identify and remove barriers to implementation.

## Youth Exit Survey

The Youth Exit Survey offers a platform for prioritizing and lifting the voices of older youth with experience in Virginia's foster care system. (**Permanency Strategy 4.1**) In accordance with Virginia state law (H1451), VDSS administers the ongoing Youth Exit Survey to gather feedback from youth exiting the foster care system. Youth who leave care altogether, as well as youth who turn 18 and decide thereafter to remain in extended care (i.e., Fostering Futures), are eligible to take the survey. The Youth Exit Survey is not intended for younger individuals (i.e., youth < 18 years of age) who leave care at any time before their 18th birthday. The focus of this survey is to learn about the relationships, resources, activities, and overall experiences of youth who have been in foster care. Currently, this survey represents the only active statewide effort by VDSS to solicit feedback directly from older youth aging out of foster care in Virginia. As such, it is an important way to hear from youth about what is working and what can be improved in Virginia's foster care system.

VDSS provides monthly eligibility lists and individualized survey information flyers to LDSS partners for dissemination to eligible youth. Since March 2020, the Youth Exit Survey has been available only in electronic (i.e., online) form. Prior to the onset of the COVID-19 pandemic, VDSS maintained the necessary infrastructure to offer paper as well as electronic survey options for eligible youth. During COVID-19, VDSS discontinued the paper survey option. The online survey remains accessible.

A total of 441 youth was eligible to participate in the Youth Exit Survey during 2022. As of February 2023, VDSS has received responses from 57 of these youth, or roughly 13% of all youth in Virginia who were eligible to participate in 2022. From the survey's initial statewide launch in July 2019 through December 2022, a total of 1462 young people have been eligible to participate, and VDSS has received responses from 166 youth (or 11.4% of the total population eligible during this period).

To promote and administer the survey, VDSS provides written guidance, training, and technical assistance to LDSS. To incentivize participation, VDSS offers a gift card to all eligible youth who choose to participate in the survey. In 2022, VDSS increased the value of gift cards to \$20 for each participating youth. VDSS will continue to periodically revise the Youth Exit Survey instrument as needed, improve marketing, and update administration protocols in efforts to encourage participation in 2023.

In 2022, VDSS developed a Spanish language version of the Youth Exit Survey and made this version available to LDSS partners. As well, in 2022 VDSS shared a summary report of Youth Exit Survey results with LDSS colleagues and regional consultants. Aggregated exit survey response data were presented virtually during a Knowledge Break session for VDSS staff, and later shared with LDSS via email Broadcast. After these efforts there was a slight increase in the number of youths completing the Youth Exit Survey.

Also, a VDSS Family Services Trainer was interested in integrating direct quotes from the Youth Exit Survey for the local family services specialist training. In one course, two questions are posed to workers to ask a youth on their caseload: 1) What is one thing that would improve your foster care experience? 2) What is one thing your worker did that made a positive difference? In the same vein, the following are participants' responses from the Youth Exit Survey dataset regarding these topics/themes:

What is one thing that would improve your foster care experience?

- *“Better care for people in need of mental help. [Also,] a couple of times the foster care worker didn't know enough about my case, and as such put me in uncomfortable situations with the*

*conversations they engaged in with me. ([for example,] Having to constantly go over trauma that I had moved forward from.)”*

- *“We should create a system in keeping our youth close to home. We need to develop a way where youth are monitored more closely by the social worker and being checked-in on individually with no other people involved for privacy if anything may be happening. Youth should have access to their social workers in their [lives] to know who they are as a person and not on file.”*
- *“Kids need to be prepared prior to the beginning of [their] transition, kind of like a pre-training to the pre-training of independent living.”*
- *“I think IL workshops should be split into an older group and younger group because a lot of things the older kids knew, and younger kids didn't. A lot of them didn't make sense for me to go when I knew most of this stuff already.”*
- *“It was a fun and sad journey throughout my foster care experiences. But I encourage the youth that are younger to stay in foster care as long you can basically take what you can and learn from your mistakes and move on.”*
- *“I was placed in homes cities away from my siblings and friends for years where I couldn't even see the development of my younger siblings. I never felt stable, everything always felt temporary for my entire childhood and I never felt like I got a voice until I was basically an 18 year old adult. Foster parents never held a strong relationship or even helped me with life tasks for that matter. I even lived in a foster home where there was an alarm system in the kitchen so you couldn't eat outside meals.”*

What is one thing your worker did that made a positive difference?

- *“My social workers [were] always there for me when I needed and they never failed to check on me daily. Wonderful people!!”*
- *“[My foster parents and worker] stuck with me while I was hospitalized for 2 weeks and when I was sent away for 7 months they visited me as much as they were allowed.”*
- *“My social worker at [LDSS] is my hero! I wouldn't be where I'm at without her. She is basically my family at this point.”*
- *“I had a great foster care experience, so I don't have much to complain about. I earned a second family because of foster care. From what I have heard from other foster youth I think that some foster parents should not only be a foster parent because of the money but because they actually want to make a difference in the youth's life and want to help them succeed.”*

The Youth Exit Survey data provides a glimpse of young people's experiences with IL services and the foster care system. For 2023, VDSS will continue outreach efforts to get more youth participation in the Youth Exit Survey, to analyze the data, and strategize how participants' responses can be incorporated into guidance, training, and programming.

### **National Youth in Transition Database (NYTD)**

IL services are required to be part of a planned program of services to youth who meet assessed needs for permanency and development of life skills. LDSS workers document IL services provided to youth aged 14 and older in OASIS. VDSS' goals are to collect and manage NYTD data for reporting accurate data, consistent with the requirements specified in the federal NYTD regulation, and to utilize strategies that

prove effective in evaluating data collection and reporting. Virginia has NYTD reports in SafeMeasures® (data pulled from OASIS), which allows LDSS and VDSS the ability to review, monitor and track NYTD services and surveys regularly to improve services and performance outcomes. For 2022, VDSS, in collaboration with Project LIFE, provided training and technical assistance to LDSS to encourage eligible youth to participate in the NYTD survey and provide age and developmentally appropriate IL services to all eligible youth. In 2022, VDSS increased the amounts of the incentives for youth and young adults who participate in the NYTD survey: age 17- \$25.00; age 19- \$50.00; and age 21-\$100.00.

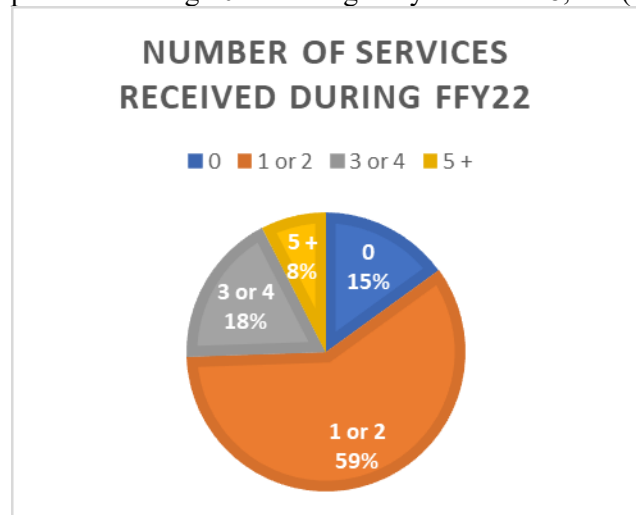
### ***Surveyed Follow Up Population***

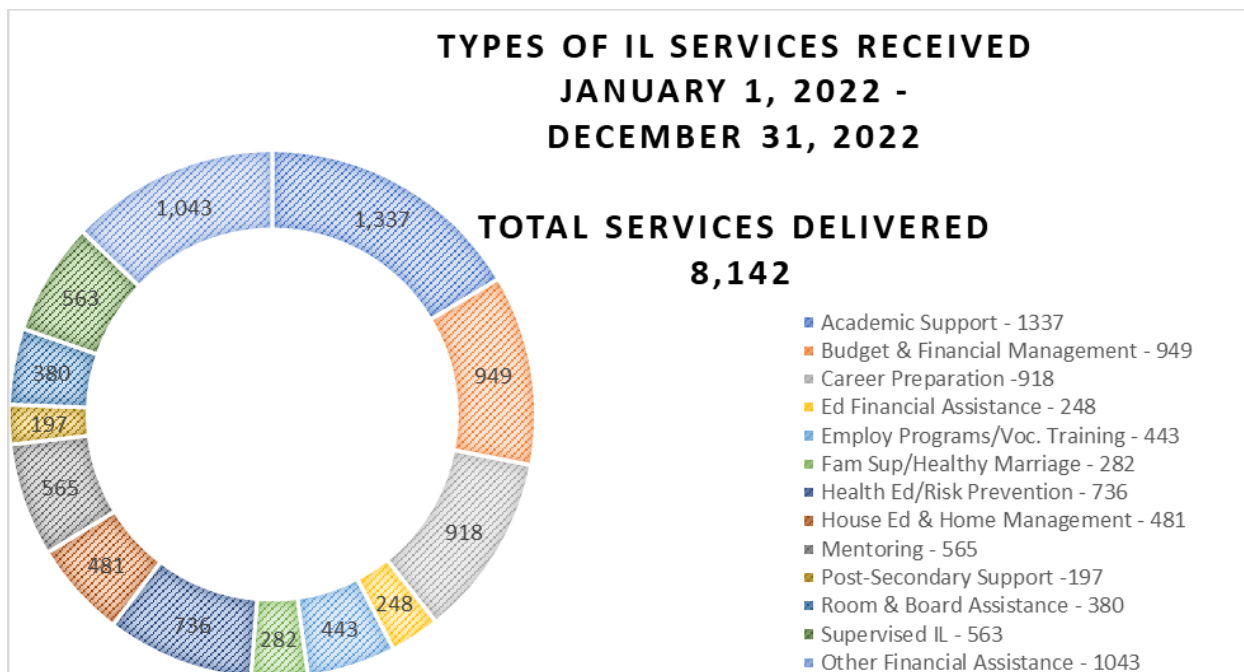
The LDSS administer the NYTD surveys to eligible youth and provide incentives to those who participate in the survey. (**Permanency strategy 4.2**). During NYTD reporting periods 2022A (October 1, 2021 - March 31, 2022) and 2022B (April 1, 2022 - September 30, 2022), LDSS administered the NYTD follow-up survey to eligible 19-year-olds. A total of 293 eligible youth needed to be surveyed, 250 surveys were completed.

Virginia exceeded the participation rate for surveying youth participating in Fostering Futures, Virginia's extension of foster care with a 97.9% completion rate and met the requirements for locating and surveying youth who are no longer receiving services from the LDSS with a 74.1% completion rate, which is above the 60% federal requirement. All Virginia 2022 data submissions to the ACF were in compliance with NYTD requirements. No penalties were assessed for the FFY 2022 reporting year.

### ***Served Population***

Virginia collected and reported data on all IL services provided to eligible youth 14 years of age and older. Based on the NYTD Data Summary Report of IL services, over 1,300 youth aged 14 and over were reported as receiving at least one IL service during FFY 2022. Total number of IL services paid for or provided during 2022 for eligible youth were 8,142 (see Table below):





VDSS shared the NYTD snapshots directly with IL coordinators from each LDSS and IL community providers and posted them on an intranet for VDSS and LDSS staff to view.

For 2023, VDSS will continue to improve collecting and reporting processes, analyze the data, look at trends, and make changes to guidance and policy to improve services statewide for youth in and transitioning out of foster care. VDSS will actively involve youth by engaging them in focus groups on how best to stay connected. Also, VDSS will share data with IL coordinators, LDSS, and stakeholders through broadcasts, presentations, and training. VDSS will focus on efforts to involve youth, IL coordinators, private providers, and other key stakeholders in developing an effective process to share NYTD data and use the data to improve service delivery and refine program goals with an intentional focus on evaluating equitable and inclusive IL services throughout Virginia.

### Medicaid

Youth in foster care who had an open case and were receiving Virginia Medicaid at the age of 18 are eligible for Medicaid up to age 26. VDSS continues to coordinate with DMAS and LDSS to implement provisions of the Affordable Care Act (ACA). All youth who turn 18 while in foster care are automatically evaluated for the Medicaid to 26 Category by the LDSS eligibility staff and switched over to that category to ensure continued Medicaid coverage whether the youth chooses to continue to receive foster care services or not. Eligible youth who move to Virginia from another state can receive the state's Medicaid.

In 2022, VDSS participated in the Transition Planning Action Group in partnership with DMAS and Managed Care Organization (MCO) providers. This group works on solutions to strengthen communication pathways between VDSS, DMAS, MCO providers, LDSS, foster care providers and youth in care to be able to provide client-centered services to Medicaid eligible youth in and formerly in care.



VDSS is informing LDSS IL coordinators and community IL programs youth formerly in foster care ability to access Medicaid when residing in another state. VDSS will continue to share this information directly with youth during transition planning, committee meetings, youth conferences and youth advisory board to increase youth awareness. (**Permanency Strategy 5.2**)

### **Education Stability**

VDSS continues to play a significant role in promoting the educational stability of children in foster care throughout Virginia, particularly in response to Every Student Succeeds Act (ESSA) provision pertaining to children and youth in foster care. (**Permanency Strategy 5.4**). VDSS and VDOE focus their efforts on improving the educational stability and attainment outcomes for children and youth in foster care. Collaborative efforts centered on providing statewide joint training and technical assistance to local school divisions and LDSS regarding school stability elements and procedures. Technical assistance is provided by VDSS and VDOE collaboratively to local school divisions and LDSS and addresses questions and issues regarding providing appropriate notification of a student receiving foster care services, conducting the joint best-interest determination process, immediate enrollment, coordinating transportation, addressing special education requirements, and other relevant components.

During 2022, VDSS and VDOE team members continued their virtual joint trainings. The educational stability training was separated in to two parts, general education and special education. Four training dates and times were offered to accommodate the schedules of school staff and LDSS workers. In 2023, VDSS and VDOE plans to add additional trainings throughout the year to accommodate the increase in staff changes. Each department maintains two primary points of contact for LDSS and schools to reach out to for consultation. VDSS and VDOE model the collaboration that LDSS and local schools need to make joint best interest determinations by looping each other into all conversations and providing joint, agreed upon answers to difficult questions. When situations have a funding aspect (e.g., transportation or private day), VDSS and VDOE brings OCS to the table to provide guidance on the use of CSA funds for the education of children and youth in foster care. In 2023, VDSS and VDOE team members will work on revising the joint guidance last updated in 2017.

VDSS also has membership on the State Special Education Advisory Committee (SSEAC), allowing for considerations of children with disabilities who are also in foster care to be brought to the table. VDSS participates in a foster care work group with VDOE. The foster care work group has a list of outcomes to improve education stability for youth in foster care. VDOE, with input from VDSS, has created a draft application query tool, Student Longitudinal Schedule and Course Record, which would allow VDSS and LDSS staff to be able to easily access student information.

For 2023, VDSS will continue to collaborate with VDOE to provide training and technical assistance to stakeholders and update the joint guidance in order to provide appropriate services and support to youth.

### **Collaboration with Other Private and Public Agencies**

VDSS works collaboratively with a number of public and private agencies to ensure that youth in foster care receive needed support as they work towards achieving independence.

**Central Region Independent Living Advocates for Youth (CRILAY)**- CRILAY is a joint meeting of public and private IL agencies and providers in the Central Virginia Region established to coordinate services and events created to provide a regional voice for youth in foster care for successful transitions

into adulthood. Youth with lived experiences in foster care participate in a membership role in this committee which provides VDSS the opportunity to hear directly from youth and gain feedback when needed.

**Youth Housing Stability Coalition-** a group of young people with lived experience, stakeholders, and organizations that have come together to take a system-level approach to respond to the issues that impact the housing stability of youth ages 14 to 24 in the greater Richmond region, building on their collective strengths and intentionally working to address gaps. Because youth who experienced foster care are at greater risk of experiencing housing instability, VDSS's participation adds a valuable foster care system perspective and informs the state of current resources and challenges.

**Foster Youth to Independence (FYI)-** the FYI voucher is specifically for foster youth leaving foster care services to provide up to five years of housing. Currently, there are three localities (Newport News, Portsmouth, and Chesapeake) in Virginia receiving the FYI vouchers for eligible youth. The FYI provides young people with a housing voucher to assist in the prevention of homelessness among young adults with foster care histories. VDSS has been in communication with these localities to provide FYI information, support, and Chafee funding, if needed. Other LDSS desire to use this valuable resource for eligible young adults but are facing challenges with the FYI process and the local public housing authorities (PHA).

In Virginia, the lack of affordable and accessible housing is a major concern for many youth transitioning out of foster care. Historically, a gap has existed in the engagement of the public and private sectors in the area of housing for youth transitioning out of foster care. A collaborative effort is needed to access the FYI vouchers for youth. The local departments of social services (LDSS) are reaching out to the local public housing authorities (PHA) for support with this resource. In addition, the Independent Living (IL) apartment programs voiced concerns during regional committee meetings in 2022 on youth facing barriers to accessing the FYI voucher based on the locality the youth in foster care verses the current locality the youth is residing. Youth and youth adults with lived foster care experience provided feedback during the regional committee meetings on the inconsistent struggles of accessing the FYI voucher throughout the state and the importance of resolving the matter to ensure more youth do not become unhoused. There is a need to raise awareness and provide education on how to implement FYI. As a result of youth, LDSS and IL living apartment programs expressing challenges with accessing the FYI vouchers, VDSS in collaboration with the National Center of Housing and Child Welfare will assist LDSS in addressing these issues in 2023. VDSS will work on bridging the gap between LDSS and local PHA by having open conversations about the barriers and next steps regarding FYI, connect with other housing resources, and work with youth and key stakeholders to seek opportunities for youth engagement and voice on housing needs. **(Permanency Strategy 5.2)**

**Housing Resource Line (HRL)** -was established in September 2020 to serve Richmond City, Henrico, Chesterfield, Hanover, Powhatan, Goochland, New Kent and Charles City Counties. HRL navigates resources ranging from rental options, financial assistance, repairs, legal aid, fair housing and more. The main objectives include: 1) point persons in the direction of resources they are eligible for to save time in their search; and 2) aid service providers in receiving inquiries only from those who meet their eligibility requirements. VDSS attends HRL's quarterly committee (composed of representatives from other housing programs and community partners) meetings. VDSS shared with the group information on Fostering Futures, Chafee Program, ETV Program, and Foster My Future's website.

### **Youth Voice and Engagement Activities**

Youth engagement is an effective way to ensure that the youth's voice and choice are incorporated in service planning, policy, committee work, and legislation. VDSS is striving for meaningful youth engagement where young people are key decision makers and making their voices part of the partnership

and decision-making. At the state level, VDSS engages and empowers youth with lived experience in foster care through SPEAKOUT, hiring opportunities, partnering with Project LIFE regarding youth-driven activities and events, and providing training and technical assistance to LDSS on the Youth Welfare Approach.

Another area where a gap exist in the engagement with public and private sectors is support for undocumented youth in foster care since this population is ineligible for Chafee funds. This funding is utilized to purchase IL services and activities to assist youth in preparing for adulthood. An undocumented young adult was overwhelmed trying to secure housing and navigate life as she prepared to transition out of foster care. She reached out to VDSS for guidance. For FY2023, VDSS will facilitate a workgroup to develop: 1) guidance for LDSS to work effectively with this population and 2) a resource directory for youth and professionals. This young woman with lived experience has agreed to serve on the workgroup.

## SPEAKOUT

**SPEAKOUT (Strong Positive Educated Advocates Keen On Understanding the Truth)**, Virginia's Youth Advisory Board, includes youth ages 15-26 who have experienced or are currently in the Virginia foster care system. Currently, the board meetings are virtual and occur monthly for one hour and thirty minutes and in-person at least twice a year. SPEAKOUT members make a difference in the way youth are served in the foster care system by providing feedback directly to the VDSS, LDSS, other state agencies, legislators, and community partners. Members provide thoughtful and invaluable insight that helps inform foster care policy and regulations, guidance, and practices. The benefits for members participating in SPEAKOUT are:

1. Help improve the Virginia foster care system for current and future youth in foster care
2. Develop advocacy and leadership skills
3. Receive compensation for participation

During the monthly meetings, VDSS provided state's updates, which allowed SPEAKOUT to decide what areas to work on in their strategic plan. During 2022, SPEAKOUT participated in the following events:

Event/Activities	Purpose	# SPEAKOUT Members Involved
1. eLearning Course for Youth Welfare Approach 2. VDSS Permanency Conference 3. Youth and Young Adult Focus Group	Youth Welfare Approach E-learning course. This approach explores how to effectively work with youth in foster care and engage them in their case planning.  SPEAKOUT member presented at VDSS Permanency Conference  SPEAKOUT members assisted with creating an eLearning course on the Youth welfare	4

	Approach and added the approach to their strategic plan.	
Thriving Families, Safer Children:	<p>SPEAKOUT member serves on the Thriving Families Committee and receives compensation for her work as a person with lived experience.</p> <p>Thriving Families, Safer Children- initiative that provides resources and support for jurisdictions, localities and communities that create, build, and collaborate with people who have lived experience, and others in the development of a Family Resource Center framework that focuses on advancing primary prevention initiatives.</p>	1
Adoption Advisors	SPEAKOUT members served on a VDSS Adoption Advisors Group. They helped develop an adoption survey and adoption interview questions for a survey	2
Responsible Parenting Project	SPEAKOUT members reviewed and provided feedback on a Responsible Parenting Curriculum (online modules).	3
VDSS National Recognition Month-Foster Care Month	SPEAKOUT member wrote an article for Foster Care Month	1
Meeting with IL Coordinators in Northern and Central Regions (recruitment events)	Members presented information on SPEAKOUT at the regional IL Coordinators' meetings to inform the group about the youth advisory board and recruit new members	2
Project LIFE Conferences	Members attended Project LIFE's spring and fall conferences to share information about SPEAKOUT and recruit new members	3

During 2022, Virginia began compensating youth with lived experience for their time serving on SPEAKOUT, committees, panels, etc. for VDSS. Currently, the youth receive \$25 an hour.

A SPEAKOUT member with lived experience in the child welfare system continues to serve the state-level, Thriving Families, Safer Children (TFSC) Core Planning Team. While there are strong partnerships at the state level, the TFSC, a multi-year initiative, recognized the benefit from targeted support and technical assistance to coordinate and mobilize these partners particularly at the local levels. It was critical to incorporating the voice of people with lived experience to serve in leadership roles. This young adult has been an active participant on the Team's monthly meetings, bringing her perspective to the TFSC work from the earliest stages of Virginia's priorities, relevant data points, planning, and goal setting. The youth will continue to participate as the team moves from planning to community-level implementation and will be compensated for her time for serving on this committee.

In January 2023, VDSS hired a new Youth Development Specialist/SPEAKOUT Liaison (full-time contractor) with lived experience in foster care. Below are her plans to connect with SPEAKOUT members and grow the board for the upcoming year.

### ***Reflections from a Professional with Lived Experience***

*As the new SPEAKOUT Liaison and a foster care alumnus, I understand the many struggles youth face in care. In order to retain and successfully recruit youth in FY 2023, I will be meeting monthly with each youth to ensure all needs are being met personally. Conducting monthly one on ones will allow me to be proactive verse reactive to any of the youths needs as well as promote healthier advocacy skills. Also, on a monthly basis, I will be seeking to recruit new members by speaking with local IL coordinators, attending informational sessions, and participating in different speaking opportunities, and various partnerships, like Project LIFE, IMPAC and Great Expectations.*

*One major thing I would like to focus on the upcoming year is establishing more of a social media presence and creating virtual/in person opportunities for youth. Creating these opportunities would create a more welcoming space for all youth as well as create more unity.*

### **Goals for 2023:**

- Recruit new SPEAKOUT members by having informational sessions, participate in speaking opportunities, get involved in Foster and Adoption Awareness Month activities, and utilize social media.
- Network with public and private organizations.
- Create virtual and in-person opportunities to recruit and retain SPEAKOUT Members
- Focus on self-care and support. Adults Supporters with lived experience can connect with and support the SPEAKOUT Members as they transition to adulthood.
- Participate in monthly partnership meetings (i.e., Project LIFE, local IL Coordinators, etc.).

### **Project LIFE**

The goal of Project LIFE is to coordinate and enhance the provision of IL and permanency services to youth statewide. VDSS and LDSS benefit from additional support from a contractor that provides IL services statewide and community partnerships. The partnership with United Methodist Family Services (UMFS) has helped VDSS and LDSS meet the goals of the Chafee Program, the federal requirements for the provision of opportunities to develop adult living skills, and the tenets of the Virginia practice model, which emphasizes children's rights to permanency. It is essential that VDSS has an integrated approach to achieving permanency while offering comprehensive preparation for adulthood for all children and youth. Project LIFE continues to prepare young people for advocacy opportunities, strengthen their natural supports and connection with stable adults. This contract emphasizes positive youth development and engagement for youth and provides training and technical assistance to LDSS staff.

VDSS's practices and philosophy include a strong focus on the need for older youth in care to achieve permanency and have permanent connections to responsible adults, as well as improved skills to manage adulthood in a successful manner. Project LIFE is an expert in positive youth development (PYD) and incorporates the principles in youth activities. The delivery of child welfare services in Virginia is directed by the children's services practice model, which describes how services are to be delivered to children, youth, and families, and supported by the practice profiles that demonstrate how core activities are to be set into action. Although all the practice model's principles are important, the following four principles are the core of VDSS' Chafee program:

1. We believe in youth-driven practice.
2. We believe all older youth need and deserve a permanent family.
3. We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.
4. We believe how we do our work is as important as the work we do.

VDSS contracts with UMFS, a private provider that delivers statewide services in all five regions of Virginia. Statewide coverage is important to ensure inclusion, equality and that all eligible youth have access to IL services. Also, it is vital that all LDSS have access to support in meeting the needs of youth in each of the state's regions. The contractor incorporates the core beliefs of the children's practice model into their program, and demonstrates sensitivity to cultural, socio-economic, and community influences. In addition, the staff have knowledge of the consequences of trauma, which affect the development and functioning of youth in and transitioning out of foster care and demonstrate awareness of the devastating impact that adverse childhood experiences can have on youth by altering their physical, emotional, cognitive, and social development. During 2022, Project LIFE continued to focus on positive youth development and engagement for youth, training, implementation of Youth Welfare Approach, and technical assistance for the LDSS.

Due to the COVID-19 pandemic, Project LIFE's programming was switched to a virtual platform using the Ring Central application. This change created some challenges for the Project LIFE in having to adjust the way the program provided events and services in all five regions. The program experienced a major decrease in youth participation. However, during FY2022, Project LIFE began operating under a hybrid model, combining virtual and in-person events and activities. An ongoing challenge continues to be a reduction in youth participation due to lack of interest in virtual events.

The tables below display the number of the youth who participated in the virtual events and the type of services provided during January 1, 2022-December 31, 2022.

January 2022 – June 2022 Numbers of Youth Served by Region

Region	Numbers of Youth Served
Central	87 (63.97%)
Eastern	29 (21.32%)
Northern	56 (41.18%)
Piedmont	7 (5.15%)
Western	46 (33.82%)
<b>Total</b>	<b>136 (Unduplicated Youth)</b>

Types of Services Provided for Youth

Services	January–March (Q3)	April–June (Q4)
----------	--------------------	-----------------

	Cumulative Totals of Youth Participation	Cumulative Totals of Youth Participation
Advocacy Opportunity	12	24
Advocacy Training	1	0
CLSA	0	0
Community Engagement	5	66
Daily Living	6	112
Education	0	31
Employment/Career Development	19	10
Financial Literacy	15	48
Good Credit	2	73
Housing/Home Life	1	43
Leadership Opportunity	3	14
Leadership Training	0	2
Permanency	3	0
Public Speaking Training	10	32
Real World	0	7
Self-Care	15	18
Statewide Conference	0	38
Transition Planning	1	0
Youth Adult Partnership (YAP)	0	42
<b>Total</b>	<b>105</b>	<b>567</b>

**July 2022 – December 2022 Numbers of Youth Served by Region**

Region	Numbers of Youth Served
Central	118 (63.78%)
Eastern	67 (36.22%)
Northern	66 (35.68%)
Piedmont	37 (20%)
Western	39 (21.08%)
<b>Total</b>	<b>185 (Unduplicated Youth)</b>

**Types of Services Provided**

Services	July–September (Q1)	October–December (Q2)
	Cumulative Totals of Youth Participation	Cumulative Totals of Youth Participation
Advocacy Opportunity	34	22
Advocacy Training	6	39
Casey Life Skills Assessment (CLSA)	0	1
Community Engagement	31	26

Daily Living	64	56
Education	2	3
Employment/Career Development	3	60
Financial Literacy	12	37
Good Credit	6	8
Housing/Home Life	3	2
Leadership Opportunity	1	16
Leadership Training	7	2
Permanency	0	34
Public Speaking Training	0	39
Week of LIFE	0	12
Relationship Building	18	59
Self-Care	9	35
Statewide Conference	0	36
Transition Planning	2	2
YAP	36	42
<b>Total</b>	<b>238</b>	<b>520</b>

Project LIFE provided a two day hybrid spring statewide youth conference on April 29 – 30, 2022, in the central region (Richmond, VA) with in-person participants and virtual participants for selected workshops using the Zoom application. Topics included Daily Living Skills/Home Life through Culinary Arts; Diving with a local mechanic on basic car maintenance; Credit Checks and accessing their credit reports; Advocacy; Youth Adult Partnerships. Project LIFE provided incentive-based raffles for youth engagement throughout the sessions and several youth engaging icebreakers and activities along with the IL life skills sessions.

Project LIFE held a weekend hybrid fall statewide youth conference November 11 – 13, 2022 in the piedmont region (Roanoke, VA) with in person and virtual participants for selected workshops using the Zoom application. Topics included Public Speaking; Advocacy: Career Preparation and Planning; Healthy Relationships; Financial Literacy; Youth Adult Partnerships; Self-Care; and Cooking. Again, during the fall conference, Project LIFE provided incentive-based raffles for youth engagement throughout the sessions, engaging icebreakers and activities.

VDSS participated regularly in the IL Coordinator Committee's meetings for all five regions hosted by Project LIFE. During these meetings, VDSS provides state's updates and addresses questions from the local IL Coordinators, private providers, and community partners. Project LIFE also provides a monthly newsletter announcing state, regional, and local updates, events and activities for youth, LDSS and private providers.

Some successes for Project LIFE in 2022 included an introduction to the Youth Welfare Approach trainings throughout the state by hosting regional IL Coordinator Committee's meetings and facilitating several virtual trainings for LDSS, private providers, and stakeholders. Two-hundred and seventy-four (274) people participated in these trainings from LDSS and private providers. VDSS and Project LIFE presented jointly at the Youth Welfare Approach Workshop during the First Annual Permanency Conference on December 8, 2022. A SPEAKOUT member co-facilitated the presentation.



For 2023, VDSS in collaboration with Project LIFE will continue to have monthly virtual check-ins with LDSS to provide state updates and a brief overview on NYTD, Chafee and ETV Programs, funding, other IL topics and new initiatives. Also, Project LIFE will continue to sponsor youth conferences and events and collaborate with VDSS and youth to introduce statewide the Youth Welfare Approach and plan conferences; continue to provide training, technical assistance, resources, and tools to support youth and LDSS in the delivery of services to eligible youth.

### Youth Welfare Approach

Research shows that youth who age out of foster care are at greater risk of facing negative outcomes including housing instability, unemployment, poorer health, lower education attainment, and criminal justice involvement. VDSS has embraced the Youth Welfare Approach (YWA) at state, regional and local levels to improve these outcomes (**Permanency Objective # 4**). For more information on this approach visit: <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide/> The YWA is a framework to help workers effectively engage youth in foster care so they can have the relationships, resources, and opportunities needed to support their well-being and success. VDSS desires all youth to be heard, involved in their service planning, and prepared for their future.

The YWA recommends shifting from a child-focused system that is reactive, case plan-driven, and protection focused to a youth-focused system that is proactive, youth-driven, developmentally framed, and normalcy oriented. Core components of this approach include:

1. Recognize the essential role of positive youth development and engagement;
2. Focus on social connections and support networks;
3. Rooted in knowledge of adolescent development and trauma-responsive care; and
4. Emphasize the importance of services and transition planning with youth in foster care.

In addition, the YWA highlights the “Good-Better-Best” Continuum that drives and evaluates practices to improve outcomes for youth. This concept illustrates how LDSS can move toward providing youth welfare-oriented services along a continuum, ranging from meeting minimum federal and other requirements (Good) to individualized and thorough provision that represents the optimal care for the young person (Best).

The YWA acknowledges that youth are the experts of their lives and should be trusted to make decisions about their future. This approach aligns with the VDSS Practice Profiles, Virginia CFSP Strategic Plan and Virginia Team Action Plan developed during the Activating Youth Engagement Summit in August 2020. Practice Profiles operationalize the Virginia Practice Model in measurable, observable, behaviors terms that provide a structure which describes how local workers do their work with children, youth, and families. The Practice Profiles cover 11 key skills across the child welfare continuum from child protective services to permanency. Although all the skills in the Practice Profiles can apply to working with youth, the key skills highlighted in the YWA are engaging, communicating, collaborating, planning, and advocating.

By collaborating with SPEAKOUT and Project LIFE and embracing the YWA, VDSS will continue to meet Permanency Objective #4. The chart below shows activities and events on the YWA during 2022:

#### Activities/Events

Continued Steering Committee	Composed of four state staff, four youth, five workers from LDSS, three private providers; monthly meetings held. The group work ended May 2022.
------------------------------	--

YWA Training	<p>Four YWA training sessions were held. Training was provided to VDSS, LDSS, and private provider staff. More than 150 staff participated in the training.</p> <p>The YWA workshop was presented at the VDSS Permanency Conference in December 2022. The workshop was presented by alumni of foster care and approximately 75 people attended.</p>
Consultation with the Training Department	Training Unit continues to incorporate components of the YWA in CWS 3061, a course that is required for new foster care workers
July-Youth Welfare Month	<p>Article written for e-Blast (internal newsletter) on YWA; presentation at Knowledge Break session for state staff on YWA and youth services.</p> <p>Broadcast on the LGBTQ+ population in foster care posted for VDSS and LDSS staff. Presentation on working with LGBTQ+ youth during a Knowledge Break session for VDSS staff.</p>
Focus Group	2 additional focus groups for youth and young adults were held on YWA
Presentations on YWA	Presentations to the state's Permanency Unit, the five regional IL Coordinators Committees (Central, Piedmont, Western, Eastern, Northern); one Regional Supervisor Meeting
Consultation with CRAFFT	Collaborating with CRAFFT program manager and coordinators to develop a YWA training for foster parents
eLearning Course	Collaborating with the Training Unit on an eLearning course, which is being developed for workers and private providers. The filming for the course was completed in 2022.
YWA Evaluation and Data	An evaluation and data component of the YWA are being explored

The YWA is incorporated in Project LIFE's contract to support youth engagement and positive youth development. For 2023, VDSS will continue to bring awareness of YWA and offer training for LDSS and private providers. VDSS will provide YWA training to Project LIFE staff who will offer training and technical assistance to LDSS to build capacity. VDSS and Project LIFE will involve youth in the training for LDSS and other stakeholders.

#### **Collaboration with Other Private and Public Agencies**

VDSS works collaboratively with several public and private agencies to ensure that youth in foster care receive needed support as they work towards achieving independence.

**Project LIFE:** Project LIFE is a program of United Methodist Family Services (UMFS) with and funded by VDSS. Project LIFE provides IL services statewide to youth in and transitioning out of foster care, as well as support to LDSS. UMFS is an independent 501(c) (3) corporation in the Commonwealth of Virginia and an equal opportunity agency. No one is denied care, assistance, or employment based on race, religion, national origin, color, disability, gender, veteran/military status, sexual orientation, ancestry, or marital status. Project LIFE's contract has been modified over the years to meet the needs of VDSS, youth, and stakeholders. Project LIFE supports permanency for older youth in care through the coordination and enhancement of IL services by collaborating with LDSS, private providers, and community stakeholders.

**Great Expectations Program:** Great Expectations helps Virginia's youth in foster care and foster care alumni/ae gain access to a community college education, supports their educational attainment and academic success, and assists with the transition from the foster care system to adulthood. The program helps young people to establish and maintain personal connections with a coach and receive the community support they need to live productive and fulfilling lives. This initiative of the Virginia Foundation for Community College Education is in partnership with VDSS and LDSS, workforce investment boards, one-stop centers, community colleges, alternative-education providers, other public agencies, school-to-career partnerships, and employers. (<http://greatexpectations.vccs.edu/>)

**Virginia Workforce Investment Act Youth Services Programs:** Local programs and career centers provide transitional services related to employment for Virginia's most vulnerable youth.

**Youth Housing Stability Coalition:** The coalition, composed of various LDSS, community partners, and youth, formed to build alliances and a common knowledge base among those serving youth experiencing homelessness and to end housing instability in the Richmond, Henrico, and Chesterfield communities.

**Job Corps:** Funded by Congress for the first time in 1964, it is presently the nation's largest career technical program. Youth in the Job Corps receive housing, medical treatment, and career planning to help them succeed in the program and earn a family-sustaining wage.

**Ready to Achieve Mentoring Program (RAMP):** is a pilot program through the Department for Aging and Rehabilitative Services (DARS) for students who are foster care and justice involved ages 14-21 who are eligible for DARS transition and education services. VDSS has participated in planning meetings as subject matter advisory regarding youth in foster care and designated LDSS points of contacts in each pilot region.

**Fostering Responsible Parents in Virginia:** In 2021, the Division of Child Support Enforcement (DCSE) was awarded the Charting a Course for Economic Mobility and Responsible Parenting Grant from the Federal Office of Child Support Enforcement, within the U.S. Department of Health and Human Services. DCSE has partnered with the Division of Family Services/Foster Care and the Department of Juvenile Justice on this project. The objectives are: 1) to adapt existing responsible parenting training materials to educate teens and young adults on the financial, legal, and emotional responsibilities of being a parent, and 2) take what is learned during the curriculum delivery portion of the project to create an online game (mobile friendly) with a "choose your own path in parenting" theme. DCSE will support the project and partner programs with digital marketing. This is a three-year grant ending June 2024. The first year permitted time for planning, signing Memorandum of Agreements (MOA) and finalizing contracts.

Activities during 2022 included:

Team planning meetings (virtual) held bi-weekly
---

Executed contract for the curriculum vendor
Curriculum vendor developed nine online modules (also translated in Spanish)
SPEAKOUT members, state youth advisory board, reviewed the online modules and provided valuable feedback
Monthly emails sent to Division Managers and the four LDSS Directors, whose agencies will participate in the project, with updates
Finalized contract with the evaluation partner (a state university)

For 2023, the Project Team will seek IRB approval regarding evaluation methodology and policies designed to keep the participants anonymous, continue to collaborate with partners, and request youth participate in the pretest/posttest and nine modules. Youth will be compensated for their participation.

**The Housing Resource Line (HRL):** is a centralized access point to help connect residents to programs and services that will help address their housing needs. HRL has a brief intake process guided by one of the HRL specialists, and the information that the residents provide will help determine which housing services they are eligible for and meet their needs. The purpose is to point callers in the right direction so that they can gain access to resources and services such as: financial assistance, financial education, homebuyer education, emergency assistance, foreclosure prevention, legal support, locating rental options, rehabs & repairs, and ramps. For more information, visit HRL’s website: <https://pharva.com/housing-hotline/>

## 2022 New Collaborations

**Paving the Way with Division X Technical Assistance:** The Children’s Bureau in partnership with ICF, Embrace Families and Treehouse collaborated to create Paving the Way to offer expertise to states and territorial child welfare agencies on creating a driver’s license program for teens in foster care. Paving the Way provided VDSS direct, individualized services including those related to outreach marketing, and financial administrative and program planning.

VDSS’ primary goal for partnering with Paving the Way was to develop and strengthen strategies that would remove barriers to youth obtaining learner’s permits and driver’s licenses. VDSS applied to Paving the Way for technical assistance and was approved. Virginia was one of fourteen states that received tailored services/in-depth assistance. The process was intense with regular meetings and a deep dive into Virginia’s foster care system. Paving the Way met with members of SPEAKOUT, and VDSS provided the Paving the Way team with a report from a focus group of youth attending a statewide youth conference and data from a survey administered to LDSS on barriers and challenges of obtaining learner’s permit and driver’s license.

Feedback from youth during the SPEAKOUT meeting, focus group, and LDSS was similar and included multiple barriers and challenges:

- the cost of car insurance
- variable foster parents' motivation
- youth motivation and a “wait until 18” culture
- problems obtaining legal documents
- lack of DMV cooperation
- lack of information regarding how to acquire a driver's license
- cost and availability of behind the wheel programs

- inability of youth in foster care to get into/attend the classroom portion of driver education programs
- cost of private driving classes
- lack of driver's education classes offered in public schools
- difficulty meeting 40-hour practice driving requirement
- youth being a noncitizen
- lack of opportunity for youth in residential placements/group homes/detention
- little access to a vehicle to use
- youth not able to focus on their driver's license due to academic difficulties
- placement changes (geographically)
- not enough information/resources/funds

Paving the Way compiled a detailed report providing recommendations on the following topics:

- Develop Partners
- Increase Awareness
- Marketing and Outreach
- Vehicle Access and Purchase
- Program Oversight and Execution
- Data Collection

For 2023, VDSS will establish a workgroup of various public and private partners to address the recommendations that will assist in developing a statewide youth driving program.

**iFoster Initiative:** The 2022 Virginia General Assembly session directed VDSS to implement the iFoster portal in Virginia to make available resource information specific to youth transitioning to adulthood (16-24 years old), to youth, caregivers, guardians, and child welfare organizations. IFoster has unique expertise and experience in creating and sustaining a nationwide online community, an on-line resource database, and a portal for use in storing important documents especially for low-income youth who face barriers to continued education and employment related to challenges in producing required documents. IFoster's portal is a virtual and free platform that is already available nationwide to young people in care, their caregivers, and agency staff who work with them. VDSS will develop a centralized, accessible, virtual database of Virginia specific information about resources and supports for current and former youth in foster care which will be made available through the iFoster app. Currently, VDSS is working on a Memorandum of Agreement with the iFoster organization and planning to launch iFoster services in 2023.

**Don't Go Alone Mentoring Program:** This is a new initiative in Northern Virginia, which serves youth ages 18-24 who have aged out of foster care or lack a healthy support system by matching them with a mentoring family who agrees to be a part of their life. VDSS provided information on the Chafee and ETV programs to support youth in this initiative.

### **Division X of the Consolidated Appropriations Act**

The Consolidated Appropriations Act (Act) 2021, P.L. 116-260 (Division X of the Supporting Foster Youth and Families through the Pandemic Act (Division X) enacted into law on December 27, 2020, provided temporary flexibilities and financial assistance in response to the COVID-19 pandemic and public health emergency. Division X addressed the critical needs of youth and young adults who are or were formerly in foster care regardless of the current maximum age for foster care under the laws and policies. Virginia received \$3,968,295 in Chafee COVID funds and \$576,787 in ETV COVID funds. The programmatic flexibilities ended September 30, 2021, except for the increase of \$12,000 per youth in ETV funds. The additional Chafee COVID and ETV COVID funding including the \$12,000 increase

ended September 30, 2022. VDSS partnered with the LDSS, public and private providers to provide needed services to young people. Below is a summary of activities that occurred during Division X period (2021 and 2022).

### *Activities during 2021*

Due to the COVID-19 pandemic, there was a greater need for funds to support youth, specifically those in Fostering Futures or those who aged out of foster care. Youth who were or previously in foster care were disproportionately impacted by the pandemic compared with their cohort. The additional funds provided by the Division X were instrumental and significant in serving youth ages 18-27 years old. One of the paramount ways VDSS used these funds to support and aid youth was by offering a one-time payment of \$1,500 dollars. One hundred and seventy-three (173) youth received the direct assistance totaling \$259,900 in Chafee COVID funds. Eligibility for the cash payment was especially important to young people who had aged out of Virginia's foster care system and were not eligible for the Fostering Futures program.

VDSS worked to create and implement Virginia's Pandemic Relief Program as quickly and efficiently as possible so LDSS could easily distribute funds and provide services to eligible youth. VDSS partnered with youth and young adults, and local and state staff to expand programming and messaging to ensure all eligible young people were aware of and had access to the services and financial assistance available to them. Below are the activities that took place regarding the Pandemic Relief Program:

1. Created and posted several broadcasts regarding youth remaining in Fostering Futures and not aging out, re-entry into foster care; programmatic flexibilities, additional funding, and supports for older youth; guidance and instruction to LDSS on how to use and access additional Chafee and ETV funds for all eligible youth.
2. Held weekly meetings with two workgroups: Youth Messaging and LDSS Messaging (both workgroups included youth) about the Pandemic Relief Program.
3. Partnered with Think of Us to reach out to young people via a combination of text, social media, email, phone banking and a virtual town hall in partnership with the SPEAKOUT, state's Youth Advisory Board, to directly connect individuals with the newly available resources.
4. Developed and presented two webinars for LDSS that provided information on Division X programmatic flexibilities and additional funding.
5. Developed FAQs for LDSS regarding re-entry into foster care, programmatic flexibilities, and additional funding; created a COVID Funds Decision Tree.
6. Supported a Virtual Town Hall sponsored by SPEAKOUT regarding the Older Youth Provisions and COVID-19 eligible expenses.
7. Created flyers and messaging aimed towards youth who had previously aged out to let them know they may be available to re-enter foster care or may qualify for funds through the Chafee Program.
8. Created email listserv to private providers and community agencies about the Pandemic Relief Program.
9. Messaged to LDSS Directors, local supervisors, and IL coordinators regarding social media campaign.
10. Held meetings to elicit feedback from youth with lived experience on recommendations for spending the additional Chafee COVID funds and questions to ask on the Pandemic Relief Program online application.
11. Developed a Pandemic Relief Program online application for youth and young adults in and formerly in foster care.

12. Collaborated with VDSS Finance team to create new budget lines, manuals, and processes for VDSS to allocate the additional funds to LDSS.
13. Hired a dedicated worker for the Pandemic Relief Program.
14. Launched a public awareness campaign to directly connect youth and young adults with resources they were eligible for emergency expansion of Chafee fund.

Several strategies were implemented to engage youth and young adults in meaningful efforts. VDSS engaged with youth virtually and by texting on the state and local levels. VDSS collaborated with organizations such as Think of Us, Fostering Acadia, and Great Expectations to spread the word about the Pandemic Relief Program and used community organizations to engage youth. A total of 481 young people applied for services.

Other methods used to engage youth included sending out email reminders on a consistent basis to all LDSS encouraging IL coordinators and workers to inform any youth they knew about the Pandemic Relief Program. VDSS also shared posters and flyers on VDSS social media and websites such as the Fostering My Futures site: <https://www.dss.virginia.gov/fmf/> with pertinent information on these funds and resources. There was an intentional effort to create a safe and open environment during phone consultations for youth with lived experience applying for the COVID funds and services.

Many young people reported on their application that they experienced disruptions in their daily routine, food insecurity, unemployment, housing instability, and trauma, which had an impact on their mental health. One hundred and seven (107) applicants reported new or worsening mental health concerns during the pandemic. According to the U.S. Surgeon General Advisory report, <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>, vulnerable populations such as youth involved with the child welfare or juvenile justice systems, and homeless youth were most heavily affected by the COVID-19 pandemic. VDSS contacted the appropriate LDSS for each youth and informed them of the applicants' needs including mental health services. Other ways VDSS and LDSS supported youth and young adults included:

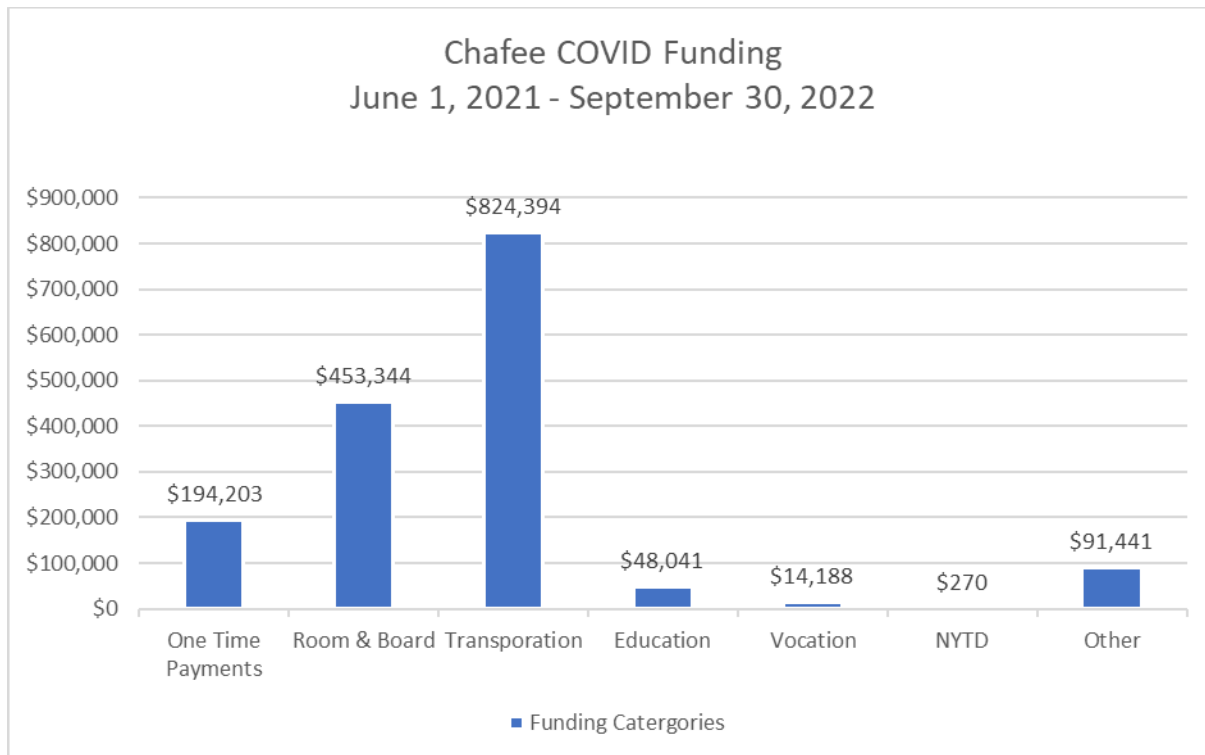
1. Continued awareness and training of the YWA to increase meaningful engagement with youth.
2. Used Chafee funds if Medicaid would not cover needed services for youth.
3. Partnered with the Department of Medical Assistance Services (DMAS) to ensure youth who leave foster care know how to access services through Medicaid.
4. Project LIFE sponsored bi-weekly "Talk It Out Thursdays". This was an open virtual platform for youth to stay connected with other youth, express concerns and ask questions. If a youth identified a need during these meeting Project LIFE staff was present to assist.
5. Listened to youth with lived experience regarding their concerns and needs.
6. Worked to reduce congregate care.
7. Shared "The Tip Sheet on Responding to Youth and Young Adults Mental Health Needs" developed by Division X Technical Assistance and resources and tool kits with LDSS.

### ***Activities during 2022***

During 2022, VDSS continued with many of the above activities and partnered with local and state staff to expand programming and support to ensure all eligible youth and young adults were aware of and had access to the services and financial assistance available to them through Division X. VDSS conducted monthly check-in for LDSS highlighting Chafee and ETV programs and COVID funding, provided technical assistance, and developed a guide for using Chafee COVID and ETV COVID funds for the

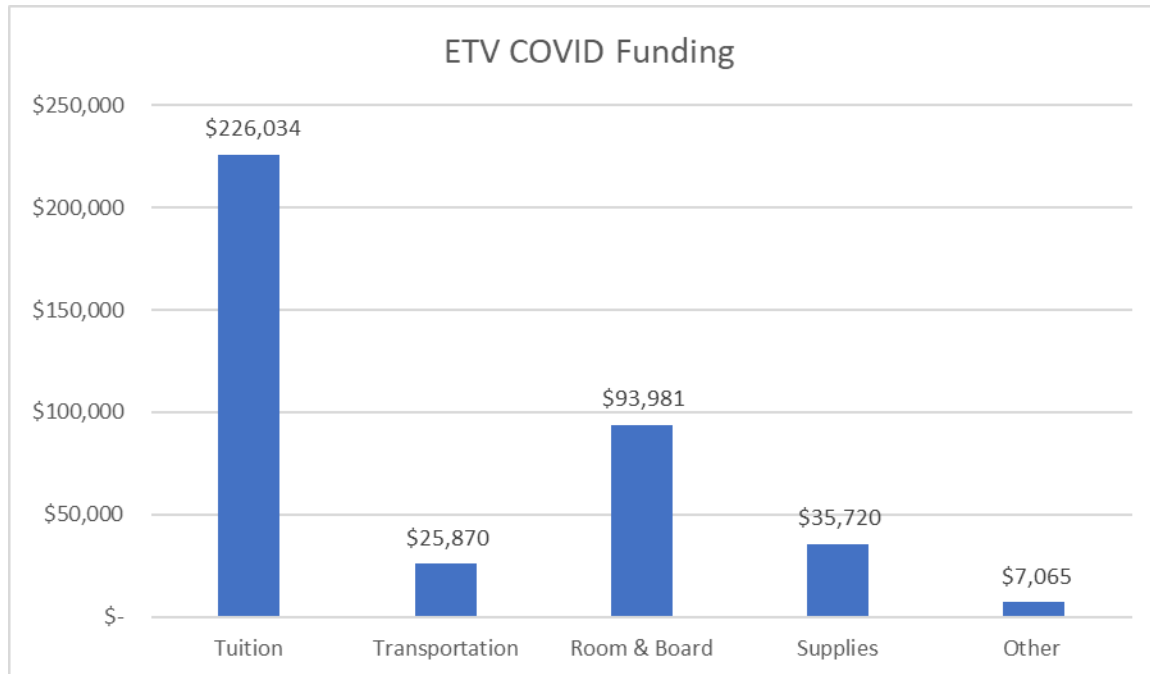
LDSS.

The information on the chart below is based on the partial quarterly reports received from 74 out of approximately 92 localities that received Chafee COVID funding during period June 1, 2021, to September 30, 2022. Approximately 750 youth were served statewide. Total expenditures equaled \$1,618,531, Transportation related expenses to included purchasing of cars, bikes, scooters, obtaining driver's license, behind the wheel training, etc.

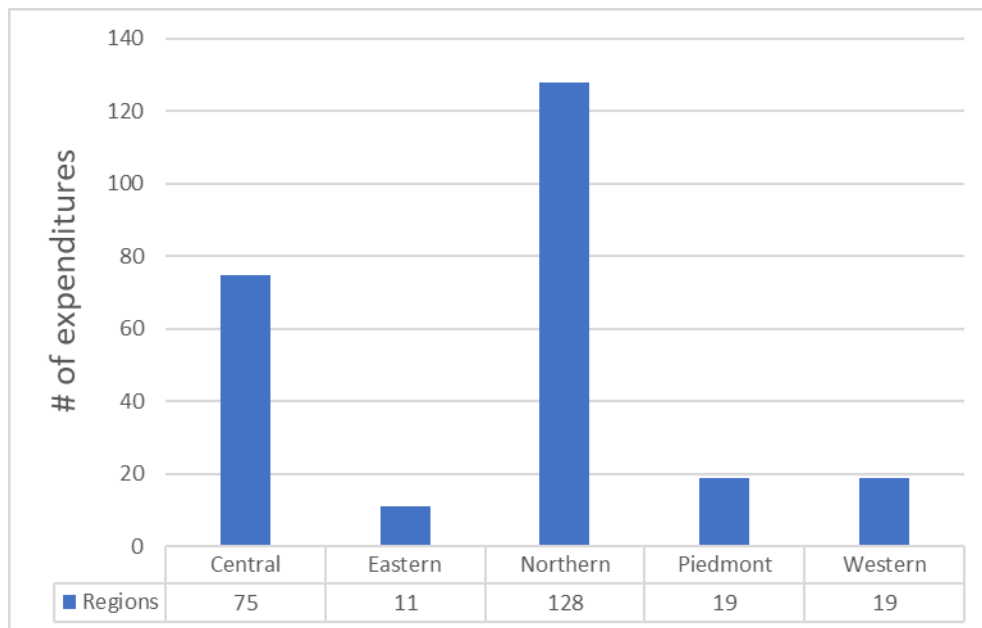


The information on the chart below is based on the partial quarterly reports received from 32 out of approximately 38 localities that received ETV COVID funding. Twenty-two youth were served throughout the state. According to the LASER report, a total of \$389,094 was expended during June 1, 2021- September 30, 2022.





The chart below shows the breakdown per region of the ETV COVID payments of educational related services.



In addition, VDSS took advantage of Division X provision that authorized states to use up to \$4,000 COVID funds to support current and former youths in foster care for driving and transportation assistance. In Virginia youth face many barriers and challenges to get driver's education, licensing, and access to good transportation vehicles and insurance. According to the Virginia Commission on Youth (VCOY)'s study conducted in 2018, of the eligible youth in foster care in Virginia who were able to

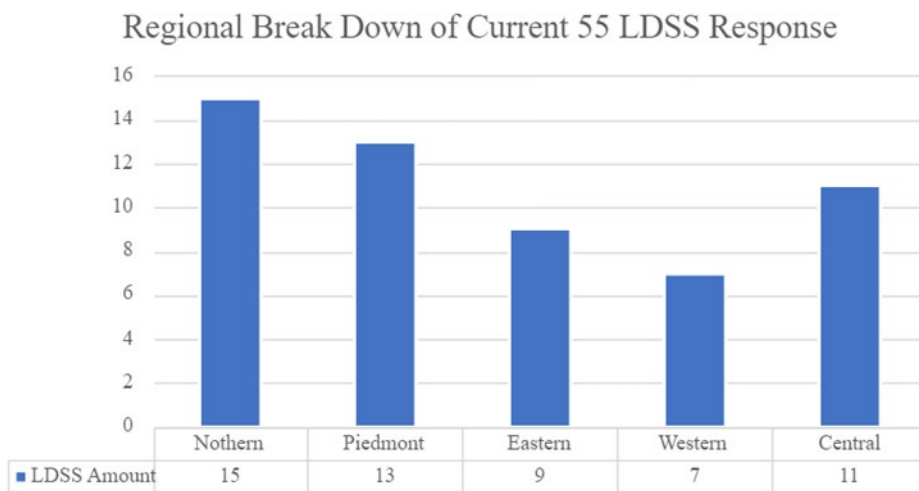
drive, only 5% of this population obtained their driver's license. The COVID funding provided the financial assistance and resources to support and empower youth with their varied transportation needs that otherwise could not be met.

VDSS implemented a successful six-month program, titled the Transportation Assistance Program (TAP) from February 2022-September 30, 22, for current and former foster youth ages 15 ½-23 years old to help them gain their learners permit, driver's license, and other vehicle needs/driving education. The ultimate goal was to create opportunities for youth and an intentional process for independence, normalcy and achieving a lifelong skill.

### Accomplishments of the TAP/Data & Demographics Collection

When TAP began in February 2022, 94 LDSS applied or requested funds. An estimated 1,190 youth applied for these funds and about \$1,800,000 was allocated from Chafee COVID funds. The Pre-TAP Survey revealed what barriers youth and workers experienced in their journey to getting driver's education and vehicle access. The data presented below is consolidated from the Post-TAP Survey and is a breakdown of how the funds were used by youth, and general demographics. It should be noted this data collection has not been completed.

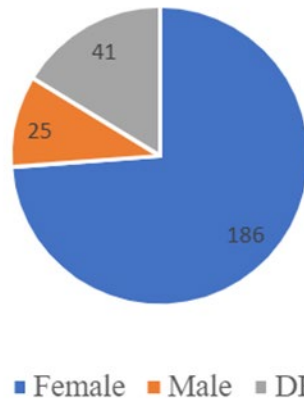
Fifty-five LDSS made TAP funds available to youth. They were located in all five regions.



### Characteristics/Demographics of Youth

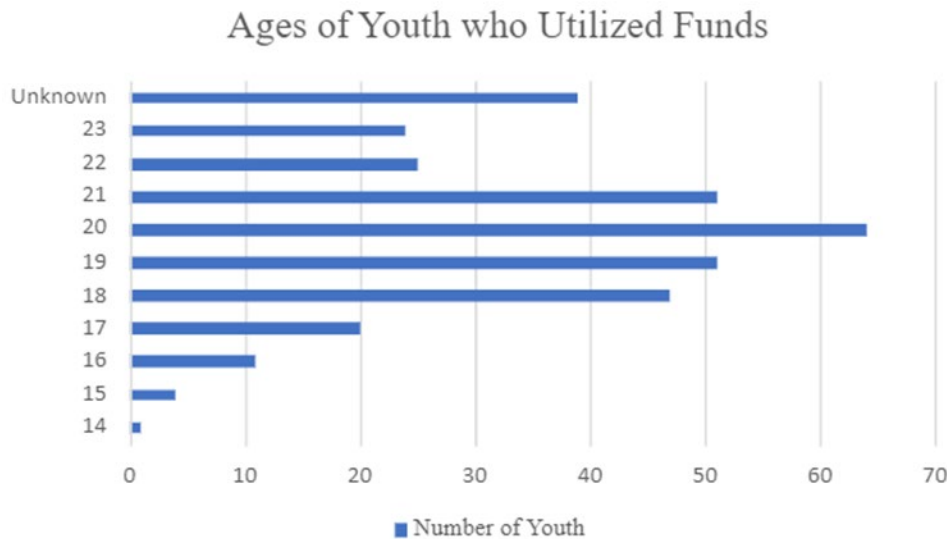
#### Gender identity

## Gender Break Down of Youth from 55 LDSS Who Utilized Funds



The majority of youth who utilized these funds identified as female. Forty-one youth were placed in category “Don’t Know” (DK) because their OASIS case was not able to be opened. Their gender identities will be searched manually via their LDSS later. It is important to note that there was no report of youth who may have identified as transgender or nonbinary.

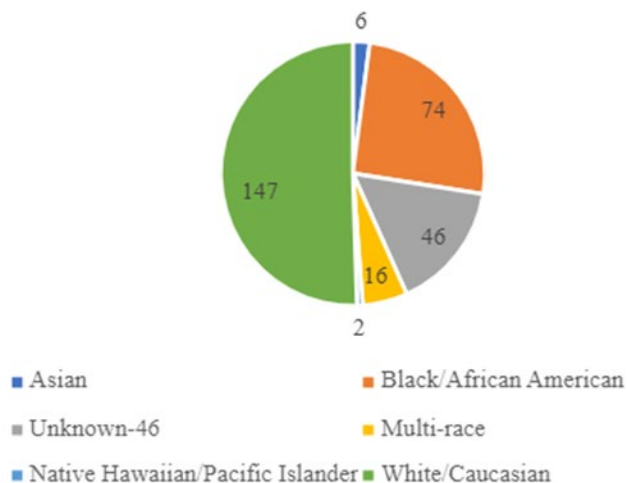
### Age ranges



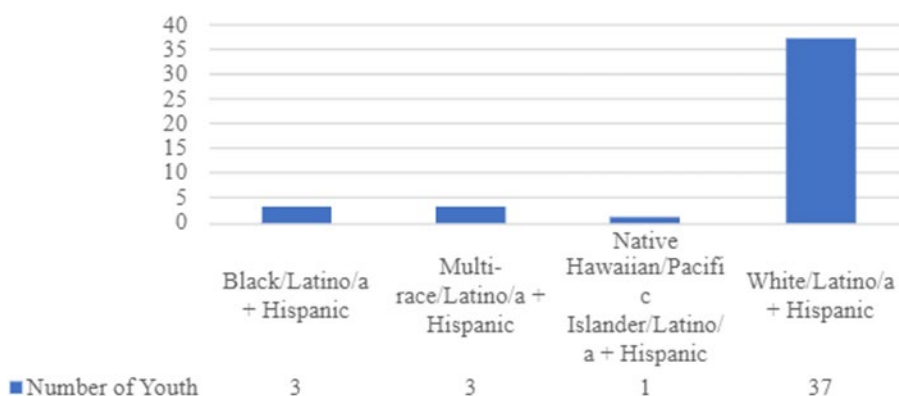
As depicted in the chart above, there was a wide variation in the age range of applicants. The average age was 19 years old, the median and mode age were 20 years old. The data displays that the majority use/request for these funds came from youth 18-21 years old. Youth aged 23 received transportation services during 2021 when programmatic flexibilities were in place. Like in other data sections, ages are missing (for 39 respondents) and they will be searched for and confirmed later.

### Race/Ethnicity Overview

## Youths Races and Ethnicities



## Youths who Identified/were identified on OASIS as also having Latino/a/Hispanic Races/Ethnicities



The most represented races among youth served are White/Caucasian, Black/African American, Unknown, Multi-racial, Asian and Native Hawaiian/Pacific Islander.

The Post-TAP Survey was sent out to all LDSS who utilized COVID funds. The data showed that the top four uses of COVID funds were: vehicle purchase, driver's education, vehicle repairs, auto insurance. The data will be useful as VDSS, in collaboration with public and private partners, works to develop a statewide youth driving assistance program in 2023. VDSS will use Paving the Way, the program created through funds and program capacity from the Division X, report and recommendation as the framework.

### Barriers and Challenges of the Pandemic Relief Program and Funding

Virginia received almost \$4 million in Chafee COVID funds to support youth and young adults. Although exceptional efforts were made to make the funding available to youth with the most need, there were a myriad of barriers and challenges to distributing the additional Chafee COVID and ETV COVID funds. These included:

1. While the bill was signed into law in late December 2020, it was several months before the Children's Bureau was able to issue guidance and for Virginia to receive the additional funds. This resulted in unrealistic time frames to get the Pandemic Relief program developed and implemented, and to collaborate with the LDSS to provide financial assistance and services to the youth (particularly those between the ages of 22-26) in a timely manner and before the deadline of September 30, 2021.
2. Limited staff and time to implement the Pandemic Relief program, which required developing financial manuals and program guidance, establishing work groups, new budget lines and processes, and determining the best methods and advertisement to reach youth, LDSS, and private and community partners about the pandemic relief assistance. The delay before the COVID funding became available prolonged hiring a dedicated worker to provide technical assistance to LDSS and securing a contractor for advertising the Pandemic Relief Program.
3. Lack of infrastructure needed to make the one-time cash payments directly to the youth and young adults from the state office. The funds had to be funneled through the LDSS, each of which have their own policies and procedures they needed to follow. This prolonged the length of time it took to get the funds to the youth and young adults.

In addition, LDSS confronted barriers and challenges in getting the additional funds to serve the youth. They included:

1. The Act allowed states to utilize IV-E funding for eligible youth to re-enter extended foster care (age 18-21.) For those youth not eligible for IV-E funding, the LDSS could use Chafee funding. Many continued to use the regular Chafee funding as they did not receive approval from city councils or board of supervisors to utilize the COVID funding until much later.
2. Due to limited staff (i.e., high turnover, retirement), the time to develop guidance for the LDSS and implement the Pandemic Relief program, the foster care workers had to reach out to other staff to help develop new budget lines and processes.
3. The Chafee and ETV programmatic flexibilities and additional COVID funding authorized by the Act was a major undertaking for the LDSS. Many lacked the infrastructure needed to make the one-time cash payments directly to the youth and young adults and spend the additional COVID funds.
4. VDSS developed and posted financial manuals, program guidance, and broadcasts for the LDSS outlining programmatic flexibilities and funding time frames of Division X. However, many workers misunderstood that while the programmatic flexibilities ended September 30, 2021, the additional Chafee COVID and ETV COVID funds were available until September 30, 2022. Many thought the flexibilities and funding ended September 30, 2021.
5. High turnover at the local level meant new hires were not fully aware of Chafee and ETV programs and how to spend the additional COVID funding.

Although there were challenges and barriers for VDSS and LDSS to implement the provisions of Division X, the programmatic flexibilities and additional COVID funding provided the services, resources and financial assistance to support the critical needs of this vulnerable population during the pandemic. As of December 2022, Virginia spent \$2,541,403 Chafee COVID funds and \$503,244 ETV COVID funds on eligible youth and young adults.

## **Education and Training Vouchers (ETV)**

The ETV program provides federal and state funding to help youth in and transitioning out of foster care receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Vouchers of up to \$5,000 are available per year, per eligible youth. VDSS administers the ETV program and LDSS process ETV student applications, disburse funds to educational vendors, and monitor the progress and needs of ETV students. VDSS responds to inquiries, provides training and/or technical assistance to LDSS, youth-serving agencies, alumni of foster care, and foster and adopting parents. Although the ETV program is integrated into the overall purpose and framework of the Chafee program, this program has a separate budget authorization and appropriation from the general program.

Vouchers are available to youth otherwise eligible for Chafee services under the state program who have attained 14 years of age. In accordance with Family First Act, Virginia extended ETV benefits up to age 26 to eligible youth, including those who left foster care through adoption or Kinship Guardianship Assistance Program (KinGAP) at age 16. Students may participate in the ETV program for a maximum of five years, whether or not the years are consecutive, as long as they are enrolled in a postsecondary education or training program and making satisfactory progress toward completion of that program.

Each year, the LDSS complete an ETV application and submit the number of eligible youths in their locality to VDSS. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs within the fiscal year. The number of eligible youths in Virginia is totaled and then divided into the available allocation, resulting in the base amount per youth. The funding is then allocated to the LDSS in accordance with the number of eligible youths they anticipate serving. All localities are eligible to participate in the ETV program. Methods used to ensure total amount of ETV does not exceed the total cost of attendance, and to avoid duplication of benefits, include workers utilizing the cost of attendance calculator when assisting the students in completing the ETV student application, along with determining and documenting all financial aid the youth receive.

During 2022, the ETV pilot program was put on hold due to the pandemic. The pilot program supports older youth in foster care and alumni who are accessing ETV and enrolled in post-secondary programs. The program is geared toward youth ages 18 to 23 who reside or attend college or vocational school in the Central region. A master's level social work intern at VDSS provides the support services for this program. The ETV pilot program will be suspended until VDSS Foster Care Program is assigned a MSW intern who can be a part of this special program. However, the new ETV Administrative Specialist will be available to assist youth as needed.

## Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Virginia

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2021-2022 School Year</u> (July 1, 2021 to June 30, 2022)	166	74
<b>2022-2023 School Year*</b> (July 1, 2022 to June 30, 2023)	170	70

Comments:

School Year 2021-2022 includes youth awarded ETVs and COVID ETVs. School Year 2022-2023 is an estimate.

Many youth in and formerly in foster care were severely impacted by the COVID-19 pandemic that presented barriers to successful academic pursuits for ETV students, which may explain the decrease in the number of vouchers awarded in 2022. VDSS saw an increase in youth who dropped out or lost eligibility due to not meeting the program's academic standards. Youth faced job and income losses, decreased social support, and increased mental health difficulties because of the pandemic. It is also probable that LDSS staff, burdened by the COVID-19 challenges, faced difficulty in providing their usual level of support and resources to eligible youth.

During 2022 VDSS contracted with an advertising agency to promote Foster My Future's website <https://dss.virginia.gov/fmf/> that provides information on services such as ETV, Chafee Transition Plan, and Medicaid for youth in and formerly in foster care. The advertising company ran a digital advertising campaign to support the VDSS in its efforts to promote Foster My Future and connect youth in foster care and their advocates (conduits) to VDSS programs. The campaign focused on two objectives: raise awareness of youth services and drive traffic to the Foster My Future website.

The campaign targeted two audiences: 1) youth who have been in foster care or will soon be transitioning out of foster care; 2) Conduits to youth in foster care, including foster parents, VDSS employees, teachers, and other mentors. Both audiences received messages about several support programs, including the Chafee Program Transition Plan, Education and Training Voucher (ETV), Medicaid, SNAP for College Students, SPEAKOUT, and Fostering Futures.

The five-week campaign successfully raised awareness, receiving more than 4.5million impressions and driving 12,280 visits to FosterMyFuture.com. Facebook and TikTok were the best-performing platforms. Facebook ads garnered the most impressions and drove the most traffic to the website. Visitors from Facebook also stayed on the site longer than did visitors from other platforms. TikTok was the most affordable platform.

Staff continued to distribute marketing material (i.e., ETV brochures and posters) that are targeted to a broader audience, including young adults who are not connected with an LDSS. Because of agency

collaboration, professionals, resource parents, and other stakeholders are better equipped to assist youth in educational attainment, a significant predictor of successful transitioning to adulthood.

During 2022, VDSS focused on providing technical assistance, education, and support to the LDSS. VDSS conducted monthly check-ins for LDSS to provide state updates and highlight Chafee, ETV and other related IL topics. It was also an opportunity for LDSS to ask VDSS questions. VDSS held separate meetings with specific LDSS that had not spent at least 50% of their COVID ETV funds to brainstorm ideas to spend funding, discussed obstacles, etc. In addition, VDSS developed a funding guide for Chafee, ETV and Chafee and ETV COVID funds. Local workers found this guide extremely helpful.

For 2023, VDSS plans to do more outreach, update and distribute an ETV Student Orientation PowerPoint (geared towards youth), and fill the ETV Administrative Specialist position with another young adult with lived experience, who utilizes ETV and participates in the Great Expectations Program. VDSS will continue strategic efforts to improve ETV program access and bring awareness about the ETV program to youth, LDSS supervisors, workers, and key stakeholders. For 2023, VDSS will develop a youth focus group to discuss barriers and solutions to access ETV services.

**Permanency Strategy 4.5** seeks to increase participation in the ETV program in Virginia. VDSS will continue to utilize various strategies to improve and foster young people's participation. In addition to coordinating Virginia's ETV program, VDSS continues to support its partnership with the Great Expectations program. This nonprofit organization is unique to Virginia and works directly with youth in foster care or foster care alumni attending community college. Great Expectations is primarily funded through donations and fundraising efforts. This core initiative helps to strengthen Virginia's postsecondary education assistance program and promote academic achievement and educational stability.

### **Great Expectations Program**

The Great Expectations (GE) Program, established 2008, helps youth who have experienced foster care gain access to higher education, workforce training, and employment opportunities. Great Expectations helps at-risk young people develop the skills they need to transition successfully from the foster care system to living independently. The program is available at the 23 community colleges so that foster youth across Virginia have access to one-on-one coaching and support services. Currently, there are 322 students enrolled in classes and enrolled in Great Expectations across the colleges. During 2022, 99 degrees, diplomas, certificates, and credentials were awarded to Great Expectations students. Since Great Expectations inception in 2008, over 1,612 degrees, diplomas, certificates, and credentials from the Virginia Community College System and other post-secondary institutions have been awarded to 933 students who have experienced foster care. VDSS participated in Great Expectations coaches' meetings to discuss issues and provide up to date information regarding ETV funding including the temporary ETV limit increase from \$5,000 to up to \$12,000 authorized by Division X.

In addition, youth and young adults may be eligible for the Community College Tuition Grant. This tuition grant pays for tuition and fees at the Virginia Community Colleges for youth formerly in foster care or special-needs adoptees, based on financial need, who have graduated from high school or obtained their GED and meet eligibility requirements.

During the 2022 Virginia General Assembly session, House Bill (HB) 30 included a budget amendment that allows youth receiving post-secondary education, with foster care experiences, to remain in the dorms while attending a Virginia public college or university during scheduled breaks in the academic year when no other housing alternatives can be secured. The amendment requires Virginia's institutions to provide access to housing for eligible students at no cost. VDSS posted a Broadcast providing this new



information about the HB 30 along with the institutional points of contact at Virginia four-year public institutions, which is on VDSS interagency website.

### **Reflections from a Young Professional with Lived Experience**

VDSS believes engaging youth and young adults with lived experience are crucial to ensure that child welfare is providing equitable services, support, and resources. In 2019, VDSS created an ETV Administrative Specialist position (part-time contractor) to work closely with youth participating in the Great Expectations Program and the coaches. It was important that the individual hired had lived experience in foster care, had utilized ETV services, and participating or participated in the Great Expectation Program. Below are reflections from young professionals hired in this position:

Former ETV Administrative Specialist (hired June 2019-resigned June 2022)

*I have been with VDSS for three years. I came into my position with lived experience in the foster care system. I relate and empathize with many of the hardships youth who have experienced foster care face. This drives my passion for advocacy and my interest in using my position as Education Training Voucher (ETV) Administrative Specialist to support other youth. While in this position I helped other young people navigate the ETV program, while utilizing the funds for my own post-secondary education. Actual experience using the funds is very helpful when supporting other youth who are trying to better themselves. The past three years in my position, I concurrently was enrolled full time in the Engineering Program at Virginia State University. I graduated Spring 2022 with my Bachelor of Science in Mechanical Engineering technology and was hired as project manager engineer with a company in Virginia.*

*This would have been a greater financial burden without receiving ETV funds towards my tuition expenses, especially during the pandemic! So many other youth share the same stories. Depending on an individual's eligibility, ETV could potentially cover all the remaining funds that grants don't cover or a sizeable portion of them. Regardless, it is a huge help. Over the years, I have been a part of many initiatives and campaigns with VDSS to spread the awareness of these funds. As a result, growing numbers of youth are receiving support in continuing their education after high school and are attaining the goals that they set forth for themselves.*

New ETV Administrative Specialist (hired January 2023)

*I am the new ETV Administrative Specialist. My duties involve educating others about ETV, as well as working with the Great Expectations Coaches at the community colleges. I have been in foster care for five years. I am currently living in a supervised independent living program, which I will age out of next year, on my 21<sup>st</sup> birthday. I am enrolled at Germanna Community College working on my General Education, but I hope to transfer to Virginia Commonwealth University (VCU) to pursue my bachelor's in psychology and then a master's in social work. I have experience using ETV funds. I bought a desk and chair and a new laptop because I do my classes online. I also purchased a vehicle with COVID funds. I am really excited to be able to use my experience to help other youth in need of funds related to furthering their education.*

### **Cooperation in National Evaluations**

In late 2022, VDSS was invited by the U.S. Department of Health & Human Services-Office of the Inspector General to participate in a national survey soliciting feedback regarding states' implementation of the federal credit check mandate. VDSS will submit responses to this survey in early 2023, detailing

credit check policies, practices, and implementation challenges identified by VDSS and/or communicated by LDSS throughout Virginia.

VDSS will continue to cooperate in any national evaluations of the effects of the programs in achieving the purpose of Chafee.

### **Chafee Trainings**

During 2022, VDSS was not able to provide the annual in-person regional training due to the pandemic. However, VDSS provided virtual and over the phone training to individual LDSS, as requested, for new workers and overall staff development.

DOE and VDSS will continue to provide planned joint educational stability training across Virginia and offer LDSS and school division-specific workshops on request. Collaborative training will be provided in other forums, for example, the annual CSA conference.

Information about training regarding youth development, normalcy for youth in foster care, and permanency for youth for LDSS staff, foster parents, adoptive parents, and staff of congregate care facilities is provided in Appendix E: Title IV-E Pass Through Training.

For 2023, VDSS plans to provide hybrid (virtual and in-person) Chafee and ETV training for LDSS and collaborate with LTD on the development of eLearning courses for LDSS on the Chafee program and requirements, NYTD, ETV, credit checks, and educational stability, which can be accessed at any time. Youth will be involved in the training by being provided with an opportunity to share their stories and highlight the benefits of Chafee and ETV services and the Youth Welfare Approach in assisting them in preparing for adulthood.

### ***Consultation with Tribes***

In Virginia, American Indian or Alaska Native children experiencing foster care are eligible for the same benefits and services under the Chafee program as other children in foster care. Information about the Chafee and ETV programs will continue to be shared as part of ongoing efforts to build relationships between VDSS and the tribes. VDSS and LDSS remain responsible for providing the child welfare services and protections for Tribal children that are under state jurisdiction. VDSS does not differentiate Indian children from non-Indian children with respect to the availability or provision of benefits or services. None of Virginia's Tribes requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program.

## **Consultation between Virginia and Tribes**

Virginia has 11 state and federally recognized tribes. None of the tribes in Virginia are designated as the title IV-E agency for their tribe and VDSS continues to be responsible for providing the child welfare services and protections for tribal children. VDSS has made concerted efforts to build relationships with members of the state and federally recognized tribes. A project manager is assigned to lead these collaborative efforts, allowing for ease of continuity of contact between VDSS and the tribes as well building trust between the tribes and government officials. In 2021, VDSS added another staff person to support the work of collaboration and ICWA compliance. This staff member, who currently works in the QAA unit as the IV-E In-home QAA Supervisor, has a personal tribal connection as their family members are members of a federally recognized tribe in Virginia. The staff person's extensive knowledge of Native American culture, Virginia's tribes, and child welfare programs will help elevate the continued collaboration between VDSS and Virginia's tribes.

Federally and State-Recognized Tribes	
Pamunkey Tribe*	Chickahominy Indian Tribe*
Eastern Chickahominy Indian Tribe*	Upper Mattaponi Indian Tribe*
Rappahannock Indian Tribe*	Monacan Indian Nation*
Nansemond Indian Nation*	Cheroenhaka (Nottoway) Tribe
Nottoway Tribe	Patowomeck Indian Tribe
Mattaponi Tribe	

\*Federally Recognized Tribes

Federally Recognized Tribes

<https://www.govinfo.gov/content/pkg/FR-2019-02-01/pdf/2019-00897.pdf>

Virginia State-Recognized Tribes

<https://www.commonwealth.virginia.gov/virginia-indians/state-recognized-tribes/>

VDSS continues to cultivate meaningful relationships with many of the 11 tribes, which has been a result of consistent and transparent communication through the use of the quarterly roundtable meetings (**Permanency Strategy 6**), one-on-one calls, emails, and in-person visits with tribal leaders. The roundtable meetings are an opportunity for tribes to share questions and concerns around child welfare matters as well as build and share their understanding of ICWA laws. Built into the roundtable meeting agendas are the opportunity for tribes to share any experiences and processes experienced either at the local or state level that could inform practices, including education and training needs. VDSS also shares the roundtable materials with all tribal representatives who are unable to attend the meetings in addition to posting the meeting materials publicly on the VDSS website.

VDSS routinely shares information with all 11 tribes via email to the tribal Chiefs, Assistant Chiefs, Tribal Administrators, and ICWA Representatives. Consultation with the tribes is primarily conducted via the quarterly roundtable meetings. The roundtables have had representation from both the state and the federally recognized tribes, with members attending as they are available. In 2022, the following tribes and representatives were present at the meetings.

**Cheroenhaka (Nottoway) Indian Tribe:** Chief Walt “Red Hawk” Brown

**Chickahominy Indian Tribe:** Chief Stephen Adkins, Lindsay Johnson, Susann Brown, Stacy Montgomery

**Chickahominy Indian Tribe Eastern Division:** Doris Austin and Kayla Locklear

**Mattaponi Indian Tribe:** Chief Mark Custalow

**Monacan Indian Nation:** Chief Kenneth Branham, Adrian Compton, and Sally Latimer

**Nansemond Indian Nation:** Chief Keith Anderson

**Nottoway Indian Tribe:** Chief Lynette Allston and Yvonne Epps-Giddings

**Upper Mattaponi Indian Tribe:** Reggie Tupponce, Morgan Dean, and Wilma Hicks

These meetings were utilized to share information and seek feedback on the APSR and other topics. For example, VDSS started the first roundtable of the year providing input on relevant data shared in the APSR to include the number of AIAN children in a founded investigation and in foster care. The number of new ICWA cases identified was also shared. VDSS asked for questions and feedback related to the data and proposed initiatives to improve the application of ICWA in all child welfare cases. Other topics in the roundtables included sharing information on the Introduction to ICWA eLearning training, the Thriving Families Safer Children grant opportunity, Families First and Evidence-Based Programs, the Faster Families Highway, the SNAP-Ed program, the foster parent recruitment video that originated from a previous roundtable discussion, and the activities and events to commemorate National Native

American Heritage Month. VDSS also invites partners from the Court Improvement Program, the Office of the Children's Ombudsman, and the Children's Bureau to attend the roundtable meetings. Recently, other state partners have reached out to the VDSS Tribal Liaison for assistance in making connections with Virginia's tribal leaders, which demonstrates how VDSS has remained consistent in establishing relationships with Virginia's tribes. Families Forward Virginia who is the lead agency for the Thriving Families Safer Children grant has been working closely with VDSS to share information about the Family Resource Center Demonstration Sites to include sharing information directly to the tribes about the community-based prevention initiative.

VDSS has strengthened its recruitment efforts of foster parents and used the roundtable to demonstrate cutting edge technology through the Faster Families Highway. The tribes were all given the opportunity to have their own "on ramp" on the Faster Families Highway, to keep track of all recruitment efforts made by the tribes. The technical assistance by AdoptionShare was offered, free of cost. At this time, none of the tribes have expressed interest in using the highway. This coming year, VDSS will work with AdoptionShare and Virginia's tribes on how to increase usage of the Highway as well as how to connect families who identify as Native American and/or members of Virginia's tribes with children in foster care or at risk of entering foster care who are also Native American and/or ICWA applies.

The CWSE Introduction to ICWA eLearning was launched in May 2022. The creation of this training would not have been possible without the consultation and collaboration with Virginia's tribes. Both state and federally recognized tribes were involved in its creation to include the Nottoway Indian Tribe and the Chickahominy Indian Tribe. Chief Stephen Adkins asked Cultural Heritage Partners, a law firm that represents six of the seven Virginia federally recognized tribes to contribute to the training. Chief Adkins also asked the Bureau of Indian Affairs to send a representative to help create the training. The ICWA eLearning is not yet a mandated course and since its launch, there have been 167 completions in the 2022 calendar year. This course provides a high-level overview of ICWA for all child welfare staff and includes relevant historical information that grounds the ICWA's origins. This course will now be communicated out to the field on a regular basis as well as data tracked for the number of completions each calendar year. This coming year, VDSS hopes to create a second eLearning module that covers engagement and leads to the identification of Native American heritage and citizen.

In October of 2022, Casey Family Programs provided their support to provide an all-day, in-person ICWA training specifically for Virginia's federally recognized tribes conducted by ICWA subject matter expert Jack Trope. All seven tribes had indicated they planned to attend, and five of the seven tribes ended up attending: Chickahominy, Chickahominy Eastern Division, Monacan, Pamunkey, and Upper Mattaponi. Cultural Heritage Partners was also invited and attended as well as representatives from the Court Improvement Program and VDSS regional practice consultants.

The Tribal Liaison and Tribal Coordinator with the assistance of the Local Training and Workforce Development team created several trivia videos with the assistance of some of the federally recognized tribal leaders to share more information around ICWA while also leading up to a celebration of National Native American Heritage Month and the November child welfare newsletter commemorating it. VDSS reached out to several tribal leaders who graciously offered to be recorded to create short trivia videos about Virginia's tribes and ICWA that were shared with child welfare staff via email and the monthly child welfare newsletter. The videos were modeled after the popular game show Jeopardy where a celebrity gives the question in the form of an answer. The tribes that participated included Monacan Indian Nation, Chickahominy Indian Tribe, and the Upper Mattaponi Indian Tribe. The Tribal Coordinator and the training unit's eLearning Supervisor went to the tribal centers to record the tribal leaders. The child welfare staff who answered the trivia correctly were randomly chosen to win a prize. VDSS recognizes that compared to other states, there are not as many ICWA applicable child welfare cases in Virginia. This is one reason why it is so important to keep ICWA and Virginia's tribes at the forefront of child welfare practice, so that it can be applied early on in a case and properly. Several

staff remarked about how they did not know about the 11 tribes in Virginia and appreciated the creative way to share information. Tribal partners from Upper Mattaponi Indian Nation and Monacan Indian Nation also contributed to the November issue of child welfare newsletter to promote ICWA and raise awareness of Virginia’s tribes.

This year, the VDSS Tribal Liaison was able to attend several pow wows to learn more about the culture of the tribes as well as to provide more opportunities to meet tribal leaders in-person. Those pow wows included the Cheroenhaka (Nottoway), the Upper Mattaponi, the Chickahominy Indian Tribe, and the Rappahannock Indian Tribe. The Tribal Liaison was able to meet Chief Anne Richardson of the Rappahannock Indian Tribe in person at the pow wow.

VDSS was privileged to receive an invitation and attend the first legislative reception that occurred in January 2023 that was hosted by Cultural Heritage Partners and included the tribal Chiefs and other leaders of the Chickahominy, Chickahominy Eastern Division, Monacan, Nansemond, Rappahannock, and Upper Mattaponi tribes. The Tribal Liaison was able to meet Chief Branham of Monacan Indian Nation and Chief Stewart of Chickahominy Eastern Division in-person at this event. In addition, in February 2023, VDSS was invited to the Chickahominy Eastern Division’s special ribbon cutting ceremony to mark the opening of their Preschool Administration Cultural Building in Providence Forge, VA, which the Tribal Coordinator was able to attend. This building was created out of needs identified during the COVID-19 pandemic. When schools shut down, the tribe opened their doors to their school-aged tribal citizens and non-Native neighbors, to create space for students to access reliable internet and allow parents to continue to work. The building includes a tribally owned child day center, administrative offices, and cultural classrooms. VDSS is hopeful that more opportunities will be presented again in the coming year to meet in-person and learn about the culture and communities within and around Virginia’s tribes. VDSS remains committed to taking any and every opportunity that leads to more in-person connections with the tribes, to include site visits, special events, and pow wows over the next year. VDSS will continue to use the roundtable for consultation and include the tribes in any development of future ICWA-related training.

In the coming year, VDSS will continue to promote the CWSE 5020 Introduction to ICWA eLearning as well as create a new learning module that includes skill-building for engaging tribal families and being culturally competent that includes skills that help to identify tribal heritage, connections and/or citizenship. VDSS will partner with Virginia’s Tribes to provide input into this new learning module. In addition, VDSS will reinforce the identification of ICWA eligibility by way of documenting in OASIS the “Indian Status” case contact in both CPS and Foster Care cases as that requirement is included in Guidance. See the data below for more information.

## DATA

### Children served by VDSS Child Welfare that identify as American Indian or Alaska Native Statewide Quarterly Average January – June 2022

	# of Children by CPS Report Type	% American Indian or Alaska Native Children
Referrals	30,349	0.23%
Accepted	13,350	0.23%
Family assessment	9,731	0.23%
Investigated	3,041	0.26%
Founded	1,144	0.35%

Source: VCWOR, CPS Reports, Child Demographics Quarterly Reports 1/1/2022 -6/30/2022 (note, as of 2/24/2023, this is the most current information available)

**Children in Foster Care that identify as American Indian or Alaskan Native**

<b>Statewide Jan.-Dec. 2022</b>	<b>Male</b>	<b>Female</b>
All children in foster care services*	3,682	3,440
# American Indian or Alaska Native Children	5	4
Age at current removal		
0-3 years	2	1
4-10 years	2	3
11-14 years	0	0
15-16 years	0	0
17-18 years	0	0
Over 18	1	0
<b>Diagnosed disability</b>		
Yes	2	0
No	3	0
Unknown	0	5
<b>Case plan goal</b>		
Adoption	3	4
Relative placement	0	0
Return home	0	0
Other	2	0
<b>Exits from care</b>		
Reunification	0	3
Adoption	3	0
Custody transfer to another agency	0	0
Custody transfer to other relative (without KinGAP)	1	0
Still in care	2	1

Source: OASIS Active Foster Care monthly reports, 2022, unduplicated children based on most current occurrence in monthly reports. Additional sources for diagnosed disability and reason for discharge: OASIA via ROASIS, system information.

\*Total child counts will be higher than what standard, point in time or subset, reporting provides (entries or exits during year, or in care on last day of year)

VDSS foster care guidance requires at least one “Indian Status” contact type documentation in OASIS. This contact type should be utilized when determining if a child in foster care is an Indian child by ICWA definition. This is one mechanism to determine if LDSS understand the importance of Native American

heritage identification, primarily for ICWA requirements but also as a way to identify other community and cultural connections.

**Occurrence of Indian Status Case Contact: Cases/Children Active During 2022 in Foster Care**

	<b>2022</b>	
	#	%
Active Cases During 2022	4,786	100%
Cases with Indian Status Contact	3,182	66%

Source: OASIS Active Foster Care monthly reports for 2022 and OASIS system data, via ROASIS for contact with purpose Indian Status. For 2021, the Cases with Indian Status Contact was 68%, so there was a 2% decrease in the documentation of “Indian Status” in Foster Care cases.

**Occurrence of Indian Status in I&I for CPS Family Assessments and Investigations (NEW Data Report)\***

\*Effective September 1, 2022, CPS Guidance was updated to require the selection of Indian Status in all valid Family Assessments or Investigations.

For September 1, 2022, through December 31, 2022, 11,386 Family Assessments and Investigations were closed. Of those, 490 (4%) had a documented Indian Status contact.

Source: OASIS, extract date 3/2/2023

**Demographics: Children served by In-Home Cases Identified as American Indian (NEW Data Report)**

Statewide Jan.-Dec. 2022	Male	Female
All Children in In-Home Case	6,891	6,828
# AIAN Children	8	10
<b>Age at Case Start</b>		
0-3 years	2	4
4-10 years	5	5
11-14 years	0	1
15-16 years	0	0
17-18 years	0	0
Over 18	1	0