

Virginia's Five Year State Plan for Child and Family Services

2015-2019

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Commonwealth of Virginia

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Frequent Acronyms

AART	Adoption Assistance Review Team
APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
DBHDS	Virginia Department of Behavioral Health and Developmental Services
DTD	Division of Training and Development
CAPTA	Child Abuse Prevention and Treatment Act
CBCAP	Community-Based Child Abuse Prevention
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	Comprehensive Services Act for At Risk Youth and Families
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
FACES	Virginia's Foster, Adoptive, and Kinship Parent Association
FACT	Family and Children's Trust Fund
FAPT	Family Assessment and Planning Teams
FFY	Federal fiscal year
HPAC	Health Plan Advisory Committee
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 Comprehensive Services for At Risk Youth and Families
PAC	Permanency Advisory Committee
PIP	Program Improvement Plan
PRT	Permanency Roundtable
PSSF	Promoting Safe and Stable Families
QSR	Quality Service Review
RFP	Request for Proposals
SDM	Structured Decision Making
SEC	State Executive Council
SFY	State fiscal year
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services

I: Introduction, Administration, and Vision

The Virginia Child and Family Service Plan (CFSP) is the 5-year strategic plan required by the federal government for fiscal years 2015 through 2019. It provides the vision, outcomes and goals for strengthening Virginia's child welfare system. It strives to achieve a more comprehensive and effective service delivery system for children and families that is coordinated, integrated, family-focused and culturally relevant. It focuses on improving outcomes in four critical areas:

- Safety of children;
- Permanency for children;
- Well-being of children and their families; and
- The nature, scope, and adequacy of existing child and family and related social services.

The plan was developed by reviewing accomplishments and needs identified through implementing the 2010-2014 CFSP plan, information gathered from the Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP), and input from a broad range of stakeholders.

The plan includes:

- The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1);
- Services provided in the four areas under the Promoting Safe and Stable Families Program (Title IV-B, subpart 2):
 - Family Preservation;
 - Family Support;
 - Time-Limited Family Reunification; and
 - Adoption Promotion and Support Services;
- CFCIP and ETV;
- Monthly Caseworker Visit Funds;
- Adoption Incentive Funds; and
- Training activities in support of the CFSP goals and objectives, including training funded by Titles IV-B and IV-E;

The plan is organized in six sections:

- I. Introduction, Administration, and Vision;
- II. Description of continuum of child and family services;
- III. Additional reporting information;
- IV. Assessment of Performance;
- V. Primary strategies, goals and action steps;
- VI. Measures; and
- VII. Additional Plans associated with the CFPS

State Agency Administering the Program

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

- Virginia Department of Social Services;
- Virginia League of Social Services Executives which represents the 120 local departments of social services; and

- Virginia Community Action Partnership, an association of community action programs across the state.

VDSS Mission

The mission of the Virginia Social Services System is: People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.

VDSS Vision

Its vision is a Commonwealth in which individuals and families have access to adequate, affordable, high-quality human/social services that enable them to be the best they can.

Organizational structure

VDSS at the state level includes:

- The State Board of Social Services consisting of members appointed by the Governor. It 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
 - Human Resources
 - Information Systems
 - Legislative Affairs
 - Operations
- VDSS program areas include:
 - Benefits Programs
 - Child Care and Early Childhood Development
 - Child Support Enforcement
 - Enterprise Delivery Systems
 - Family Services
 - Licensing

There are five regional offices overseeing and supporting community and local organizations, including child welfare services; 22 District Offices for the Division of Child Support Enforcement; and eight Field Offices for the Division of Licensing Programs.

Division of Family Services

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

- Child protective services (child abuse and neglect);
- Permanency (adoption, foster care, independent living, and interstate/inter-country placement of children);
- Quality assurance and accountability (CQI, Title IV-E review, AART review);
- Prevention (prevention services and safe and stable family services);and
- Legislation, Regulations, and Guidance

Child welfare programs are state-supervised and locally-administered by 120 LDSS. The VDSS and DFS organizational charts are attached to this plan.

Collaborations

Because of the local administration of child welfare services, the biggest collaborators with the state are the local departments of social services (LDSS). VDSS, through the Children's Services System Transformation, began the process of strengthening supports to local departments in 2007. Those supports include clear guidance, opportunity for training, and timely response and technical assistance. VDSS partners with the Virginia League of Social Service Executives which is made up of representatives from LDSS and was formed to foster collegial relationships among its members and collaboration among agencies and governments in the formulation, implementation, and advocacy of legislation and policies which promote the public welfare.

In addition to collaborations with local departments, there are many existing stakeholder groups that meet regularly and provide feedback. One of the main stakeholder groups is the Child Welfare Advisory Committee (CWAC). This committee has representatives from LDSS, other state agencies that serve the child welfare population, representatives from private child placing agencies and non-profit organizations, resource families, and the Court Improvement Program (CIP). It was formed as the original stakeholder group for the first round of the CFSR but has continued as the main advisory group to the division director for Family Services. The CWAC has reviewed the goals and provided feedback that is incorporated into this five year plan.

There are several advisory groups that also provide feedback to child welfare programs. The Permanency Advisory Committee (PAC) has had regular meetings since 2009 with a variety of stakeholders from around the Commonwealth. The purpose of the PAC is to advise the permanency programs in DFS on improving permanency and well-being for children and families across the Commonwealth and to serve as a mechanism for stakeholder input in to VDSS activities. In addition PAC is charged with assisting VDSS align policies and guidance to promote a seamless best practice continuum, improve coordination and integration and provide consistency across the various LDSS' in the Commonwealth.

Effective July 1, 2012, the Governor's Advisory Board on Child Abuse and Neglect merged with the Family and Children's Trust Fund (FACT). FACT also provides grant funding to the state and local programs that provide prevention and family support services in the Commonwealth. FACT's mission focuses on intergenerational violence including child abuse, domestic violence and elder abuse. A standing committee of the FACT Board has been established to serve as a Citizen Review Panel.

VDSS also partners with the Office of Comprehensive Services (OCS), the Department of Education (DOE), the Department of Medical Assistance Services (DMAS), and the Court Improvement Program (CIP). Work with OCS includes clarification of guidance on use of funds, creation of Systems of Care and Intensive Care Coordination. Collaboration with DOE has focused on revision of joint guidance and tools to ensure educational stability and educational outcomes for school-aged children and youth in foster care. VDSS and DMAS have worked together to ensure a smooth roll out of a transition of foster and adoption assistance children to managed care organizations (MCO). VDSS works with CIP through several projects. VDSS was accepted for the Three Branch Institute grant and is partnering with CIP for that effort. In addition, CIP has partnered with DFS to support trainings connected to the CFSR PIP.

FACES of Virginia Families: Foster, Adoption, and Kinship Association is supported by a multi-year contract with VDSS to "provide a supportive membership association as a partner to the Virginia Department of Social Services' effort to improve the delivery of foster, adoptive, and kinship care services to children living in resource family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home." FACES also provides an educational newsletter to a mailing list of more than 1,150 interested members as well as conducting four educational webinars on "Webinar Wednesdays" that cover a broad range of topics including dealing with difficult child-rearing situations and Medicaid to 26. In addition to webinars, last year FACES hosted 38 bi-weekly internet chats for resource parents.

These stakeholder groups, including LDSS, receive or have access to data related to child welfare outcomes. Information about the CFSP, the CFSR, and PIPs have been shared on a regular basis through meetings and requests for input.

II. Description of continuum of child and family services

This section describes the continuum of child and family services in Virginia. It includes child safety services, permanency services, child well-being services, prevention services, and quality assurance.

A. Child Safety Services

Child Protective Services (CPS) Program

Children Served. The number of CPS complaints has remained relatively stable over the past 10 years with approximately 32,000 to 36,000 reports annually involving approximately 48,000 to 53,000 children. In 2013, there were 33,861 completed reports of suspected child abuse and neglect involving 51,349 children. There were 6,205 children in founded reports and 36,293 children in the Family Assessment Track. In SFY 2012 -2013, three children died as a result of abuse and neglect.

CPS is a program operated by VDSS focused on protecting children by preventing abuse and neglect and by intervening in families where abuse or neglect may be occurring. Services are designed to:

- Protect a child and his/her siblings;
- Prevent further abuse or neglect;
- Preserve family life, where possible, by enhancing parental capacity of adequate child care;
- Provide substitute care when the family of origin cannot be preserved.

CPS in Virginia is a specialized service designed to assist those families who are unable to safely provide for the care of their children. CPS, by definition, is child-centered, family-focused, and limited to caretaker situations. The delivery of CPS is based upon the belief that the primary responsibility for the care of children rests with their parents. Parents are presumed to be competent to raise, protect, advocate, and obtain services for their children, until or unless they have demonstrated otherwise.

Activities for child protection take place on the state and local levels. At the state level, the CPS Unit is divided into central and regional offices. Roles of the central office include:

- Developing regulations, policies, procedures and guidelines;
- Implementing statewide public awareness programs;
- Explaining programs and policies to mandated reporters and the general public;
- Coordinating and delivering training;
- Funding special grant programs; and
- Maintaining and disseminating data obtained from an automated information system.

In addition to its administrative responsibilities, the CPS Unit offers two direct services: operating a statewide 24-hour Child Abuse and Neglect Hotline; and maintaining a Central Registry of victims and caretakers involved in child abuse and neglect.

Regional office staff provides technical assistance, case consultation, training, and monitoring to the 120 LDSS. LDSS staff are responsible for responding to reports of suspected child abuse and neglect and for providing services in coordination with community agencies in an effort to provide for the safety of children within their own homes. Services can be provided through either an Investigation or a Family Assessment Response.

The Investigation focuses on the situation that led to a valid abuse or neglect complaint involving a serious safety issue for the child. A disposition of founded or unfounded is made, and, if the disposition

is founded, the name(s) of the caretaker(s) responsible for the founded abuse or neglect is entered in the state's Central Registry.

The Family Assessment Response is for valid CPS reports when there is no immediate concern for child safety and no legal requirement to investigate. LDSS work with the family to conduct an assessment of service needs and offer services to families, when needed, to reduce the risk of abuse or neglect. No disposition is made and no names are entered into the Central Registry.

Under Virginia law, an abused or neglected child is one under the age of 18 whose parents or other person responsible for his care cause or threaten to cause a non-accidental physical or mental injury, create a high risk of death, disfigurement or impairment of bodily or mental functions, fail to provide the care, guidance and protection the child requires for healthy growth and development, abandon the child, or commit or allow to be committed any act of sexual exploitation or any sexual act on a child.

Child Prevention and Treatment Services

Local departments of social services provide and/or arrange for services to families. These services include, but are not limited to, individual and/or family counseling; crisis intervention; case management; parenting skills training; homemaker services; respite day care; and/or family supervision provided through home visits by the CPS worker. The nature and extent of services provided to families depends upon the needs of the family and the availability of services within the community.

Prevention services include activities that promote certain behaviors as well as stop actions or behaviors from occurring. Child abuse and neglect prevention activities in Virginia include the following recognized approaches:

- Public awareness activities such as public service announcements, information kits and brochures that promote healthy parenting practices and child safety;
- Skills-based curricula for children that help them learn about and develop safety and protection skills;
- Parent education programs and parent support groups that help caregivers develop positive discipline techniques, learn age appropriate child development skills and gain access to needed services and support;
- Home visitation programs that provide support and parenting skill development;
- Respite crisis care programs that provide a break for caregivers in stressful situations; and
- Family resource centers that provide formal and informal support and information.

Healthy Families: The Virginia General Assembly appropriates funding for the Healthy Families program. These funds are currently awarded for SFY 2014 to 32 local Healthy Families sites serving 74 communities in Virginia to provide home visiting services to new parents who are at-risk of child maltreatment. Funding for Healthy Families Programs had been reduced since 2010 to the SFY 2013 level of \$3,235,501; however, the SFY 2014 funding amount was increased by \$550,000 to \$3,785,501. Contracts will be renewed and re-negotiated for SFY 2015 when the appropriation amount is determined. The Healthy Families' goals include: improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. The statewide organization, Prevent Child Abuse Virginia (PCAV), also receives funding through the Healthy Families Initiative to provide technical assistance, quality assurance, training and evaluation for the Healthy Families sites.

Due to the closing of six programs since SFY 2011, partially due to the reduction in Healthy Families funds, twelve localities of the state have lost these services. These areas include Halifax County in the

Piedmont area, Accomack and Northampton Counties on the Eastern Shore, Portsmouth and Norfolk in Tidewater, and Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward in the Central Region. Additional areas of Virginia also have gaps in coverage especially the Western Region where few Healthy Families programs have been established.

Child Abuse and Neglect Prevention Grants: 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. 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 are funded. This section addresses two Request for Proposals (RFP) for Child Abuse and Neglect Prevention funds.

For State Fiscal Year 2013 (July 1, 2012 - June 30, 2013), all 17 of the CBCAP grants awarded in SFY 2012 were renewed, for a total of \$810,257 from federal CBCAP funds. All eleven Virginia Family Violence Prevention Program (VFPVPP) Child Abuse Prevention grants were also renewed totaling \$500,000 in state funds. This was the third year for these grants which were originally awarded for SFY 2011, renewed for SFY 2012 and SFY 2013.

For State Fiscal Year 2014 (July 1, 2013 – June 30, 2014), the Virginia Department of Social Services issued a RFP #FAM-13-030 on February 13, 2013 to distribute a total of \$1,250,000 in federal and state funds. Funding included: \$150,000 in federal CAPTA funds, \$600,000 in federal Community-Based Child Abuse Prevention (CBCAP) funds (CBCAP funded projects provide a 25% cash match in non-federal funds) and \$500,000 in state funds from the Virginia Family Violence Prevention Program (VFPVPP) Child Abuse Prevention Program. A total of 37 eligible proposals requesting over one million were received by the April 4, 2013 deadline. Proposals were reviewed by an 11 member multi-disciplinary committee composed of VDSS staff and collaborative partners including the Virginia Department of Health, the Virginia Department of Behavioral Health & Developmental Services and local departments of social services. Twenty-three contracts were awarded representing the following geographic areas:

- **Piedmont** - four programs serving: The counties of Albemarle, Amherst, Appomattox, Bedford, Campbell, and Nelson and the cities of Charlottesville and Lynchburg.
- **Central** - two programs serving: The counties of Charles City, Chesterfield, Fluvanna, Goochland, Hanover, Henrico, New Kent, and Powhatan; and the cities of Colonial Heights, Hopewell, Petersburg, and Richmond.
- **Northern** - six programs serving: The counties of Arlington, Clarke, Greene, Fairfax Frederick, Loudoun, Louisa, Page, Prince William, and Warren; and the cities of Manassas, Manassas Park, Winchester Alexandria, and Falls Church.
- **Eastern** - six programs serving: The counties of Gloucester, York, James City, Prince George; and the cities of Newport News, Norfolk, Portsmouth, Virginia Beach, Williamsburg, Chesapeake, and Hampton.
- **Western** - three programs serving: The counties of Floyd, Giles, Montgomery, Pulaski, and Washington; and the city of Radford.
- **Statewide** - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

Victims of Crime Act Services (VOCA): VDSS administers the child abuse victim portion of these funds through an interagency agreement with the Department of Criminal Justice Services. The source of these funds is fines levied for conviction of federal crimes and varies from year to year. The goal of the program is to provide direct services to victims of child abuse and neglect. Funds must be used for direct services to victims of child abuse and neglect or to adults who were sexually abused as children. The intention of the VOCA grant program is to support and enhance the crime victim services provided by community agencies. Current funded programs offer direct services that include shelter programs for children, Court Appointed Special Advocate programs, counseling/therapy services, sexual assault programs, and court advocacy. Programs provide collaborative efforts of multiple agencies and are located across Virginia, including rural areas where services are limited.

Forty contracts were renewed for the 2013 – 2014 fiscal year in the amount of \$1,892,820. Currently there are 39 contracts, one contract was terminated. The funded programs provide expedited direct treatment services to child victims of abuse in the following geographic areas.

- **Piedmont** – areas served: The counties of Pittsylvania, Augusta, Alleghany, Bedford, Campbell, Amherst, Nelson, Appomattox, Rockbridge, Halifax, Albemarle, Louisa, Fluvanna, Roanoke, Greene, Buckingham, Madison, and Orange; and the cities of Staunton, Waynesboro, Lexington, Buena Vista, Danville, Covington, Lynchburg, and Charlottesville. (Total 26)
- **Central** – areas served: The counties of Chesterfield, Hanover, and Henrico; and the cities of Colonial Heights, Hopewell, Richmond, and Petersburg. (Total 7)
- **Northern** – areas served: the counties of Prince William, Spotsylvania, Stafford, Caroline, Arlington, Warren, Loudoun, King George, Fairfax and Rockingham; and the cities of Fredericksburg, Harrisonburg, Alexandria. (Total 13)
- **Eastern** – areas served: the counties of Prince George, York, James City, and the cities of Suffolk, Norfolk, Williamsburg, Newport News, Hampton, Virginia Beach, Chesapeake, Portsmouth, and Franklin. (Total 12)
- **Western** – areas served: the counties of Lee, Scott, Montgomery, Pulaski, Buchanan, Wythe, Floyd, Giles, Bland, Wise, Tazewell, and Washington; and the cities of Norton, Bristol, and Radford. (Total 15)

Child Advocacy Centers: There are fifteen Child Advocacy Centers (CAC) located in Virginia whose purpose is to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. CACs provide comprehensive services to victims of child abuse and neglect throughout investigation, intervention, treatment and prosecution of reported incidents. The CAC model is a child-friendly, community-oriented and facility-based program in which professionals from core disciplines discuss and recommend appropriate comprehensive services. CAC services include forensic interviews of child victims, case review and recommendation for services from a multidisciplinary team, victim advocacy and support for the victim and non-offending parent, medical assessment, mental health services and legal expertise. CACs are incorporated, private, non-profit organizations or government-based agencies, or components of such organizations or agencies.

Fourteen contracts were awarded state-funded CAC grants in FY 2014 representing the following geographic areas:

- **Piedmont** – four programs serving the counties of Albemarle, Franklin, Roanoke, Augusta; and the cities of Roanoke, Salem, Staunton and Waynesboro.
- **Central** – one program serving the counties of Chesterfield, Hanover, Henrico, Louisa, Powhatan, Prince George; and the cities of Richmond, Colonial Heights, Hopewell, and Petersburg.

- **Northern** – six programs serving the counties of Arlington, Fairfax, Rockingham, and Loudoun; and the cities of Harrisonburg, Winchester, and Alexandria.
- **Eastern** – one program serving the cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, and Virginia Beach.
- **Western** – two programs serving the counties of Lee, Montgomery, Pulaski, Washington and Scott; and the cities of Radford, Norton, and Bristol.

Assessment of Strengths and Gaps in Services

Strengths: The most recent Child and Family Services Review (CFSR) conducted in 2009 identified areas of high performance including the absence of maltreatment within six month time period, children receiving services to meet their physical and mental health needs and addressing children's mental and behavioral health concerns.

Specifically, the CFSR final report indicated that services to families to protect children in the home and prevent removal or reentry into foster care were rated as a strength when reviewers determined the following:

- Although no services were provided when the child was removed from the home, the removal was necessary to ensure the safety of the child.
- Services were provided to the family to ensure the safety of the child and prevent removal.

There are numerous strengths of the services that have been identified and provided throughout Virginia. The Quality Service Review (QSR) Annual Report for reviews conducted July 2012 through June 2013 included the following strengths:

- Practice at the local department level is strong in almost all child and family status indicators;
- Children are safe in their home, school and community;
- When needed, local departments take measures to ensure child safety;
- Children are in stable home and school settings;
- Children are in good living arrangements in both parental and substitute caretaker homes;
- Children are healthy, with fair emotional well-being; and
- Children perform well in school according to their age and ability.

Additional practice performance indicators identified as strengths include the following:

- Children and substitute caretakers are engaged and have an active role and voice in service planning;
- There are both formal and informal assessments and adequate understandings of children and caretakers; and
- There is a good and substantial array of support and services available to children and families.

The National Resource Center for In Home Services provided technical assistance in 2012 by reviewing and analyzing results of CPS on-going case reviews conducted by VDSS staff. Their feedback indicated strengths in case planning such as:

- Case plans are in the record;
- Case plans address risk;
- Goals are feasible;
- Family participation; and
- Services identified and provided, including concrete needs

Gaps or opportunities: The CFSR conducted in 2009 identified gaps in services or areas needing improvement. In regard to children being safely maintained in their homes, the CFSR found that children remaining in their homes continued to be at risk either because services were not provided, or the services that were provided did not target key safety concerns. There was also a concern that initial and on-going safety and risk assessments were lacking. There were similar concerns noted in the CFSR conducted in 2003. The 2009 and 2003 CFSR identified concerns with engaging families. The reviews indicated that agencies did not make concerted efforts to involve children, mothers and fathers in service planning.

Additional concerns were raised in the 2009 and 2003 CFSR reviews regarding service array and resource development. While the review did determine there was an appropriate array of key services to meet the needs of children and families, it indicated that they were not always available in rural areas of the state. Transportation was seen as a barrier to accessing services in both urban and rural areas. Scarcity of services results in waiting lists for services such as mental health and substance abuse. And lastly, the CFSR identified insufficient resources to ensure that the unique needs of children and families can be met, particularly for non-English speaking families.

The National Resource Center for In Home Services also identified transportation for access to services as a significant barrier in Virginia in their analysis of a CPS on-going case review conducted in 2012. The Quality Service Review (QSR) Annual Report for reviews conducted July 2012 through June 2013 identified the following opportunities to improve practice in family services:

- A need to engage parents and caretakers throughout the service planning process;
- Strengthen the formation and functioning of the family team; and
- Effective planning for safe case closure.

Service Coordination and Collaboration

In Virginia, 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. The following is a description of the major collaborations involving Child Protective Services:

Family and Children's Trust Fund, Child Protective Services Committee: Effective July 1, 2012, the Governor's Advisory Board on Child Abuse and Neglect merged with the Family and Children's Trust Fund (FACT). FACT also provides grant funding to the state and local programs that provide prevention and family support services in the Commonwealth. FACT's mission focuses on intergenerational violence including child abuse, domestic violence and elder abuse. A standing committee of the FACT Board has been established to serve as a Citizen Review Panel. FACT has been and will continue to be a partner with VDSS and others such as Prevent Child Abuse Virginia (PCAV) on child abuse prevention initiatives including the statewide child abuse prevention conference.

Child Abuse Prevention Play: VDSS annually contracts with VA Repertory Theatre for the production and delivery of 160 performances of the child sexual abuse prevention play "Hugs and Kisses" for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, Prevent Child Abuse Virginia (PCAV) and VDSS. PCAV receives funding from a VA Repertory Theatre subcontract and from VDSS for coordination with local social services and schools and continued evaluation of the program. VDSS and PCAV staff provides training on child sexual abuse to each touring cast. Approximately 50,000 K-5 elementary school children see the performances each year. Forty localities received performances in SFY 2013. Thirty localities received performances in SFY 2014 and will be part of localities served in the current year contract period.

State Child Fatality Review Team: The State Child Fatality Review Team is an interdisciplinary team that reviews and analyzes sudden, violent or unnatural deaths of children so that strategies can be recommended to reduce the number of preventable child deaths in Virginia. The Team has completed its review of children who have died from unsafe sleep practices and the final report was issued in March 2014. The Team will begin to focus on children who have died from poisoning. The Child Protective Services Program Manager serves as a permanent member of the Team. The Team also serves as one of the Citizen Review Panels.

Home Visiting Consortium: The Virginia Home Visiting Consortium operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts and to increase the efficiency and effectiveness of home visiting services. Established in 2006, the Consortium is coordinated by the Virginia Department of Health (VDH). Members of the Consortium include representatives of home visiting programs funded through the Departments of Social Services; Health; Medical Assistance Services; Behavioral Health and Developmental Services; Education and non-profit partners. The Consortium sponsors a home visiting website and training through a VDH contract with James Madison University. The Consortium also addresses issues such as data collection, centralized intake, and professional development. VDH administers the federal Maternal, Infant and Early Childhood Home Visiting federal grants and the Home Visiting Consortium provides input and support to the grant. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and the Head Start Collaboration Grant.

The Virginia Statewide Parent Education Coalition (VSPEC): VSPEC consists of state and community stakeholders and service providers working together to identify gaps in parent education and to strengthen existing services. VSPEC was convened as part of the Virginia Early Childhood Comprehensive Systems initiative sponsored through the VDH as a result of a Maternal and Child Health Bureau grant. The work of this group is linked to the Virginia Early Childhood Initiative. The VSPEC is working to identify components of best practices in parenting education and to improve the availability and quality of parent education programs in Virginia. VDSS participates on VSPEC and provides sub-grant funding to Prevent Child Abuse Virginia to assist with facilitation of VSPEC.

Children's Justice Act/Court Appointed Special Advocate (CJA/CASA) Advisory Committee: The CJA/CASA Advisory Committee oversees the CJA and CASA programs and makes recommendations to the Criminal Justice Services Board. The Committee is composed of 15 members appointed by the Board and is focused on improving the investigation and prosecution of child abuse and neglect. The CJA/CASA Advisory Committee serves as one of the Citizen Review Panels. The CJA/CASA Advisory Committee has developed a three-year plan that includes developing model protocols for MD Teams.

Child Abuse Prevention Month/Conference: The Child Abuse Prevention Month packet is developed collaboratively with PCAV. Approximately 2,000 packets were printed and distributed for April 2014. The packet is posted on the VDSS public web site at: <http://www.dss.virginia.gov/family/prevention.cgi> and on the PCAV web site at: <http://pcav.org/2014/03/prevention-month-packet-materials-available-for-download> for wider distribution.

A Child Abuse Prevention Conference is held annually in April to recognize child Abuse Prevention Month. The conference traditionally involves over 400 participants. Registration fees, CBCAP, CAPTA, and a grant from The Family and Children's Trust Fund helped to support this conference.

Virginia Department of Education (DOE): VDSS has a Memorandum of Understanding (MOU) with the DOE regarding the mandatory reporting and investigation of child abuse and neglect complaints involving school personnel as the reporters and alleged abusers. The MOU is currently being updated and

revised and a model protocol for use by local departments of social services and local school divisions is also being updated. Once updated, these agreements will be presented to the Boards of Social Services and Education respectively.

Virginia Commonwealth University Partnership for People With Disabilities: The Child Abuse and Neglect Collaborative involving VDSS, DOE, VCU, and the Department of Criminal Justice Services has been operating for over ten years focusing on children with disabilities and their risk of being abused or neglected. The training has taken a number of different forms and is currently being delivered as a web-based training available statewide.

Child Protective Services Advisory Committee: This committee is composed of local CPS supervisors and workers from across the State. The group meets quarterly and provides input into the CAPTA Plan, legislative proposals, regulatory review, policy and guidance and overall program direction.

Continuous Quality Improvement

CQI in CPS involves being able to identify, gather, describe and analyze data on strengths and gaps in services. This information is then used to inform policy and practice. CPS utilizes several processes for this purpose.

SafeMeasures® (SM) Reports: SM is instrumental in providing valuable data to VDSS and LDSS. There are currently no specific reports that identify services being offered to the client or family however, there are reports which gather the following basic data:

- The number of cases open and case type (Prevention, CPS On-going, etc.)
- Length of time open
- Compliance with requirement for one face to face contact during a month
- Completion of initial service plan within 30 days of case opening
- Service plan revisions every 90 days
- The number of Family Partnership Meetings and purpose for the meeting

CPS Policy Advisory Committee: The Child Protective Services Policy Advisory Committee advises the CPS program on policies and guidance to improve CPS delivery in Virginia in a comprehensive way to ensure safety, permanency and well-being for children served by the child welfare system. This committee meets quarterly and members include LDSS and VDSS staff primarily from the CPS program.

Regional Child Fatality Review: The review of child deaths reported to CPS is accomplished by a multi-agency, multi-disciplinary process that routinely and systematically examines circumstances surrounding reported deaths of children. The purpose of the review is to enable VDSS, LDSS and local community agencies to identify important issues related to child protection and to take appropriate action to improve the collective efforts to prevent child fatalities. Virginia's child fatality review teams utilize the National Maternal Child Health (MCH) Center for Child Death Review data tool to collect comprehensive information and document the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and /or taken by the review team. Child death data is collected and analyzed on an annual basis and reported to community stakeholders, the State Board of Social Services, LDSS and the general public.

B. Permanency Services

VDSS' permanency efforts are implemented through the Promoting Safe and Stable Families Program, the Foster Care Services, Independent Living, and Adoptions Programs. Each area is described below.

1. Promoting Safe and Stable Families (PSSF)

PSSF services reflect the Virginia Children's Services Practice Model concept that "Children are best served when we provide their families with the supports necessary to safely raise them. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based."

PSSF services may be provided through local public or private agencies, individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home. The program funding is flexible and a local planning body determines what community services on behalf of the children and families in their respective communities will be funded or reimbursed for services.

The PSSF Program provides services to children who are at risk of out-of-home placement or who are in Foster Care. Services include:

- **Family preservation:** These services are designed to help families alleviate crises that might lead to out-of-home placements for children because of abuse, neglect, or parental inability to care for them. They help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.
- **Family support:** These services are voluntary, preventive activities to help families nurture their children. They are often provided by community-based organizations. These services are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources and supportive networks which assist parents with child-rearing. Family support activities include respite care for parents and caregivers, early development screening of children to identify their needs, tutoring health education for youth, and a range of center-based activities.
- **Time-limited family reunification:** These services and activities are provided to children who have been removed from home and placed in a foster home or a child care institution and to their parents or primary caregivers. The goal is to facilitate reunifications safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that children entered foster care. Services may include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; behavioral health services; assistance to address domestic violence; temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services.
- **Adoption promotion and support:** These services and activities are designed to encourage adoptions from the foster care system that promote the best interests of children. Activities may include pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

The following services are offered under each of the program service types depending on the needs of the family:

Service Array	
Adoption Promotion/Support Services	Juvenile Delinquency/Violence Prevention Services
Assessment	Leadership and Social Skills Training

Service Array	
Case Management	Mentoring
Community Education and Information	Nutrition Related Services
Counseling and treatment: Individual	Other (identify)
Counseling: Therapy Groups	Parent-Family Resource Center
Day Care Assistance	Parenting Education
Developmental/Child Enrichment Day Care	Programs for Fathers (Fatherhood)
Domestic Violence Prevention	Parenting Skills Training
Early Intervention (Developmental Assessments and/or Interventions)	Respite Care
Educational/ School Related Services	Self Help Groups (Anger Control, SA, DV)
Financial Management Services	Substance Abuse Services
Health Related Education & Awareness	Socialization and Recreation
Housing or Other Material Assistance	Teen Pregnancy Prevention
Information and Referral	Transportation
Intensive In-Home Services	

Children and Families Served. The following table shows the number of children and families that received services by service type in SFY2014:

Children and Families Served by Service Type SFY 2014 84 Agencies reporting June 2013 to February 2014 (9 months)		
Service Type	Total Children	Total Families
Preservation	4,737	3,152
Support	6,590	4,743
Reunification	969	561
Adoption (1)	11	9
Total	12,307	8,465
\$1.3M 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.		

Many children and families receiving PSSF funds are assessed by the Comprehensive Services Act for At-Risk Youth and Families (CSA) Family Assessment and Planning Team (FAPT). These teams facilitate family participation, assess the strengths and needs of children and their families, and develop individual family services plans.

Funding process: Title IV-B Subpart 2 funds for this program are allocated to communities for control and expenditure. The CSA Community Policy and Management Teams (CPMT) are designated as the local planning bodies for PSSF funds. This role is consistent with their statutory responsibilities to manage community collaborative efforts for at-risk youth and families, conduct community-wide service planning, and maximize the use of state and community resources.

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

Communities are required, under their community assessment and planning process, to establish and document linkages among services, programs, agencies, organizations, parents and advocacy groups in order to identify and prioritize service needs. For SFY 2014, of the 120 local departments of social services (LDSS), 114 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 114 LDSS served 127 localities.

Program Monitoring & Outputs: The PSSF state office staff conducts training to assure local program staff knowledge in the following key areas: service planning and delivery; outcome measurement; data management; and budget development. Ongoing monitoring through review of quarterly reports and targeted on-site technical assistance as necessary is conducted to ensure the appropriate use of funds.

Quarterly and year-end reports are required of each locality to determine how well the localities meet the objectives. The reports include numbers of:

- Families receiving prevention services, and how many of their children enter foster care;
- Families whose children are in foster care 15 months or less who receive reunification services;
- Children who are placed with relatives other than the natural parents;
- Children for whom a new a new founded disposition of abuse or neglect was determined; and
- Families served by ethnicity.

2. Foster Care Services

Children served. On January 1, 2014, there were 4,993 children in foster care. This represents a slight decrease in the overall number of children in care at the same point in time last year (5,104).

Virginia continues to support an increase in our reliance on foster family homes. On January 1, 2013 there were 3,218 foster care children (64.4%) in foster homes. On January 1, 2014, the percentage of children in foster home placements, 64.4% (3213 children) remained the same. The percentage of children placed in relative homes decreased slightly from 5.79% to 5.0%.

After several years of declining congregate care populations and reducing the percentage of clients in congregate care by about 50% from FFY 2005 to FFY 2011, Virginia experienced a small increase (a about 9%) in the number of clients in congregate care for FFY 2012. The percentage of foster care children in congregate care has held steady since that time. On January 1, 2013, there were 758 foster care children (14.9%) in congregate care placements. On January 1, 2014, there were 742 foster care children (14.9%) in congregate care placements.

The percent of clients discharged to permanency during calendar year 2013 increased slightly from 74.8% in calendar year 2012 to 76.2% in calendar year 2013. Virginia engaged in a major adoption initiative, Virginia Adopts, beginning in May 2013. The results of the push to match children in foster care with adoptive parents during 2013, is expected to be reflected in the permanency rate for calendar year 2014.

Foster Care Unit: The objective of Foster Care Services is to provide the programmatic and fiscal guidance and technical assistance to LDSS to enable them to provide safe, appropriate, 24-hour, substitute care for children who are under their jurisdiction and to increase their ability to find family homes and develop or maintain positive adult connections for all children in care.

Foster care in Virginia is required by state 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.

VDSS continues to implement best practices to support local efforts to improve services to children and families involved in the foster care system. VDSS provides program training and technical support to each of its 120 LDSS through its regional support network of five permanency consultants. These consultants provide LDSS quality reviews, conduct technical assistance on foster care and adoption policy and procedures, and are available for on-site technical assistance as required. VDSS home office staff also provides program support for the implementation of Independent Living Services and family support, stabilization and preservation services through regional training efforts and technical assistance to all localities.

In three regions, Permanency Roundtables are being used to focus on the barriers to achieving permanency for a select group of older children in care one agency at a time. All three regional consultants: CPS, Permanency and Resource Family; participate in the roundtable and brain storm with the local department staff around ways to move cases forward. This activity is often an opportunity for the Permanency consultants to encourage family engagement and relative involvement. Over the next year, Permanency Roundtables are expected to be implemented in all five regions with the support of Casey Family Programs.

Budget language effective July 1, 2014 moves Virginia towards implementation of the extension of foster care to youth up to age 21 and adoption assistance for certain youth up to age 21. In the first year, funds are appropriated to contract with a private entity with expertise in government systems, finance, and child welfare services to develop a plan for implementing this provision of the Fostering Connections Act. The plan is to be contained in a report to the Governor, Chairmen of the General Assembly’s money committees, the Secretary of Health and Human Resources and the Director of the Department of Planning and Budget. The report is due October 15, 2014 and must contain needed code and regulatory changes, drafts of any amendments to the Title IV-E plan, fiscal impacts and impacts on families and children. The second budget year funds will become available to begin expansion in accordance with the plan submitted to the Governor and General Assembly in October 2014.

Foster Care Collaborations

Foster care services cut across other programs and child-serving agencies, including foster care Prevention, Adoption, OCS, DBHDS, DJJ, DOE and VDH. Virginia is actively working with other

internal Divisions and State agencies to improve service delivery to children and families involved in foster care. Other collaborations include:

Permanency Advisory Committee (PAC): PAC has had regular meetings since 2009 with a variety of stakeholders from around the Commonwealth. The purpose of the PAC is to advise the permanency programs in DFS on improving permanency and well-being for children and families across the Commonwealth and to serve as a mechanism for stakeholder input in to VDSS activities. In addition PAC is charged with assisting VDSS to align policies and guidance to promote a seamless best practice continuum, improve coordination and integration and provide consistency across the LDSS' in the Commonwealth. With this goal in mind, in 2013 the PAC membership was realigned and additional recruitment of members was initiated to utilize local departments of social service representatives reflecting various regions, department size and job duties. Consultants from private stakeholder groups continue to be kept informed of PAC's work and are engaged as-needed.

In FFY 2014, PAC was instrumental in providing input towards the development of the new service plans screens for the automated data system OASIS. Virginia's foster care service plan format does not yet include some of the required IV-E elements. VDSS is currently engaged in a process to bring the foster care screens into alignment and to facilitate service planning across program areas by incorporating similar format and structure for CPS, Prevention and Foster Care service plans. The Foster Care service plan will be incorporated into the court report to be submitted for Foster Care court reviews; the report will pull a variety of items in addition to the service plan so that it will also meet the requirements of the J&DR court. The PAC contributed to both initial ideas re: functionality and also re: content and organization of required elements. PAC members also provided input into revision of the Permanency Regulation which is currently under review. PAC members are actively involved in the ongoing revisions to various screens in OASIS including but not limited to assessment, service plan, funding, placement and disability.

Office of Comprehensive Services for At Risk Youth and Families (OCS): Areas of collaboration include clarifying guidance related to what CSA funds can be used for when Title IV-E funds are not allowable. SFY 2014 has seen a continuation of work by OCS in the area of establishing Systems of Care (SOC) across Virginia to improve services available to children in foster care. Intensive Care Coordinators (ICC) have been trained and are serving families and children with the highest risk of placement out of the home in many communities across Virginia. The ICC used an evidence-based model of family engagement and service coordination to facilitate the development of highly individualized "wrap-around" plans designed to reduce the child's problematic behaviors, increase support to the child and family, and strengthen parental capacity. The effectiveness of the ICC in Virginia is currently being assessed.

In addition, the SOC grant collaboration (OCS, VDSS, and DBHDS) funded training for 80 clinicians in the metro Richmond and metro Roanoke areas on Trauma Focused Cognitive Behavioral Therapy (TF-CBT.) TF-CBT is an evidence-based model which has been found to be particularly effective in work with survivors of trauma. One of the barriers to promoting trauma-informed child welfare practice in Virginia has been the lack of clinicians with trauma treatment certification. The SOC grant collaboration is now facilitating training for the staff of two LDSS in the metro Richmond area around trauma-informed child welfare. These LDSS have committed to working collaboratively with their community partners to develop a trauma-informed community which will ensure that appropriate assessment and interventions are provided for children and parents served by all partner agencies. VDSS considers this work a pilot and successes and lessons learned will inform future efforts to develop a trauma-informed child welfare system statewide.

Court Improvement Program (CIP): VDSS continues to work in partnership with the CIP in Virginia to insure that IVE requirements are adequately documented in court proceedings. This year the CIP has undertaken a major effort initiated by VDSS to align the Virginia foster care hearing timeline with federal requirements. These changes will be enacted on July 1, 2014 and collaborative efforts to support communities with implementation strategies will continue. CIP staff are involved in the on-going efforts of the VDSS Child Welfare Advisory Committee, and participate in a VDSS workgroup to improve foster care diversion practices as well as collaborating with VDSS around the full implementation of concurrent planning in foster care cases. VDSS and CIP are working together to facilitate a data exchange between the court record system and OASIS which will permit the uploading of court findings and hearing outcomes directly into OASIS.

Department of Education (DOE): DOE and VDSS work together to address issues which contribute to educational instability among children in foster care. In FY 2014, VDSS and DOE facilitated regional trainings and trained over 140 representatives from DSS and the school division. These interactive trainings concentrated on the revised joint guidance and tools that were developed in 2012 to ensure educational stability and educational outcomes for school-aged children and youth in foster care. VDSS conducted regional IL trainings that included educational stability for foster youth as a primary subject matter. Approximately 150 LDSS staff members were trained on educational stability. VDSS educational specialist facilitated a workshop on educational stability at an annual conference sponsored by DOE. DOE also facilitated educational trainings for their staff.

Department of Medical Assistance Services (DMAS): In FFY 14, managed care for all children in foster care and for all children who receive adoption assistance will be fully implemented. Additionally, DMAS brought on Magellan to provide managed care for behavioral health services. Magellan began managing community behavioral health services in December 2013. As of April, 2014, 64% of children in foster care (2,890) were enrolled in Medicaid Managed Care. Phased implementation will continue until June 2014. Medicaid managed care permits improved access to health care providers, coordination of health care services, case management, targeted services for chronic conditions, and access to a 24-hour nurse advice line. Resource parents will receive information directly from DMAS regarding these benefits so that they are fully informed and able to facilitate access to medical services for children placed in their homes. VDSS and DMAS have worked together to insure implementation goes smoothly. In the future, VDSS will work with DMAS towards tying Medicaid reimbursement rates to evidence-based interventions for behavioral health and/or trauma certified providers.

Health Plan Advisory Committee (HPAC): HPAC advises and makes recommendations to VDSS and DMAS to provide vision, coordination, and oversight of health care services for children in foster care. HPAC is addressing health screening, assessments, and treatment of children in foster care, including treatment of trauma due to maltreatment and removal from home. Health is broadly defined as developmental, health, dental, mental health, and substance abuse services. HPAC is also working to ensure continuity of health care services, to provide oversight of prescription and psychotropic medications and to update and appropriately share child health information with caregivers and health care providers. HPAC is co-chaired by VDSS and DMAS. Members include foster families; state and local social service agencies; other child serving agencies; health care providers including pediatricians, child and adolescent psychiatrists, pharmacists, dentist, social workers, nurses, health educators, managed care organizations, trauma experts; and advocacy groups.

Assessment of Strengths and Gaps in Services

Strengths: Over the last five years, the number of children in foster care in Virginia was significantly reduced. The change in practice towards partnering with families to develop alternatives to foster care, and the increased reliance on local foster homes rather than congregate care have contributed to this outcome through reducing the number of children entering foster care and also through ensuring that

children are able to exit foster care to permanency more quickly. Foster care practice has continued to progress in the area of family engagement. Family partnership meetings were implemented statewide and provide a valuable mechanism for partnering with parents and extended family around decision-making. Permanency for older youth has been a particular area of focus: the foster care of independent living was eliminated in order to ensure that agencies actively pursued permanent families for older children in care in every case. Transitional meetings are being used to engage extended family and additional resources prior to the youth turning 18 or 21.

Practice improvements were also seen in a number of other areas. For example, foster care visits are routinely exceeding the target monthly standard of 90% completion. Additionally, work has begun towards the integration of assessment and service planning in the statewide automated child welfare data system.

Gaps: Virginia's Comprehensive Services Act (CSA) funding structure, is intended to support child-centered, family-driven, individualized service plans through which the family's community can make decisions about how to appropriately provide services. This structure has tremendous potential to permit the community to effectively and creatively reduce risk of harm and strengthen families. However, the complexity created by decisions being made on the local level by community policy and management teams and varying levels of cooperation within the teams creates challenges to consistency across the state. The child welfare funding mechanisms in Virginia continue to struggle to find the balance between insuring responsible, cost-effective spending and allowing for flexibility and creativity in the development of truly family driven service planning.

This funding structure was also a factor in Virginia's decision not to implement custody assistance. Because state funded cases are restricted to the decision-making process of the locality of residence, there was no way to make state funded custody assistance payments portable.

Finally, the automated child welfare data system (OASIS) in Virginia is outdated, no longer meeting the needs of the field, and very challenging to modify given its aged software. In order to institutionalize practice improvements, it is necessary that every aspect of the infrastructure support improvements. The OASIS database continues to be challenging to the implementation of practice changes throughout the state.

Continuous Quality Improvement

Virginia continues to be a strong supporter of managing by data and has worked to expand its capabilities and use of data across the state through the use of SafeMeasures®, dashboards, and other methods. SafeMeasures® reports permit tracking of percent of required caseworker visits completed, use of relative (kinship) foster home placements, use of congregate care placements, and compliance with guidance around use of Family Partnership meetings. These reports permit the regional consultants in identifying and intervening when potential problems are noted. In addition, there is an increasing amount of data available to evaluate timeliness to permanency. A variety of practice strategies will be implemented next year to improve permanency outcomes; data will be utilized to assess progress in this area.

Finally, the revisions to the foster care service plan in OASIS will permit the collection and analysis of a range of well-being and educational measures which are not currently accessible on a statewide basis. These data will be used to identify unmet needs of the foster care population and to measure the success of interventions over time.

3. Independent Living Program

Children served. According to FFY 2013 data entered in OASIS by the local departments of social services (LDSS), a total of 1,849 youth ages 14 and over, received independent living services.

Service Description

Chafee Foster Care Independence Program (CFCIP) also known as the Independent Living Program (ILP) is a component of Virginia's foster care program. While the goals and services of the program apply to older youth in care, these services are integrated throughout the Child and Family Services Manual to reinforce the need for all children and youth to learn independent living (IL) skills as their age and capability permits. IL services include a broad range of activities, education, training, and services. These services are provided to each youth, age 14 or over, in foster care regardless of the youth's permanency goal or living arrangement. While the provision of such services is mandated by law, assisting youth in developing the permanent connections and skills necessary for long-term success is the most important consideration in utilizing the CFCIP/ILP funding.

VDSS staff are responsible for developing policies, procedures and new programs as necessary to increase statewide services to older youth in accordance with the CFCIP and the Education and Training Vouchers (ETV) Program. The state uses objective criteria to determine eligibility for benefits and services under these programs, and ensuring fair and equitable treatment of benefits. VDSS has developed a chapter in the Child and Family Services Manual, entitled, *Serving Older Youth* which provides guidance to the local workers in working with youth in and transitioning out of care.

VDSS allocates its CFCIP/ILP funds into two primary spending categories: basic allocations to LDSS and private contractor. VDSS determines basic allocations to each LDSS based on their percentage of the statewide population of foster care youth, 13 years old and over, for the previous 12 month period. Currently, 111 of Virginia's 120 LDSS actively participate in providing services to older youth. The eight LDSS not participating do not have age appropriate youth or they opt to use other funding sources to provide services to youth. Approximately 90% of Virginia's Chafee grant is spent on the following services to prepare youth for self-sufficiency: education; vocational training; daily living skills/aid; counseling; outreach services; and, other services and assistance related to building competencies that strengthen individual skills, promote leadership skills and foster successful independent living. VDSS does not have a trust fund for foster care youth.

LDSS are primarily responsible for providing IL services to eligible youth ages 14-21. They continue to work closely with the local CSA teams that are responsible for overseeing the planning of, and approving state funds for, additional services for youth not covered by the CFCIP/ILP 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. Virginia Code indicates that youth are no longer in foster care when they reach the age of majority; however youth over the age of 18 who have been in foster care can voluntarily agree to receive IL services until age 21. This population continues to receive services available to youth in foster care and continue to have Medicaid coverage as long as they meet eligibility requirements. The majority of LDSS collaborate with community-based organizations and agencies to provide support and services to youth (i.e., local health departments, workforce investment boards (WIB), VA Cooperative Extension offices).

VDSS provides training and technical assistance to LDSS to use up to 30% of their basic allocation for room and board for young people who left foster care at age 18 but have not turned 21, or who have moved directly from foster care to IL programs. In Virginia, room and board includes security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter, and rent payments if youth are at risk of being evicted. Affordable housing continues to be a need for this vulnerable population. In addition, funding and services are available for youth between ages 18 and 21 who

discontinued receiving IL services and then requested the resumption of IL services within 60 days. Legislation was recently passed stating youth who were in foster care immediately before being committed to Department of Juvenile Justice (DJJ) and who turn 18 while in the custody of DJJ shall be provided the opportunity to opt back in for IL services within 60 days of his/her release.

In July 2009, VDSS awarded a contract to UMFS to provide IL services statewide to youth in and transitioning out of foster care. This was the first time VDSS outsourced IL services. UMFS' program, entitled Project LIFE's (Living Independently, Focusing on Empowerment) goal is to coordinate and enhance the provision of IL services to youth statewide. The partnership with UMFS has allowed VDSS to serve a greater number of older youth by establishing regionally-based IL Consultants (five plus a project manager) help localities meet the goals of CFCIP/ILP, 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. VDSS has partnered with Project LIFE, the National Resource Center for Youth Services (NRCYS) and the National Resource Center on Permanency and Family Connections (NRCRFC) to assist older youth and LDSS staff in providing for an integrated approach to youth permanency and preparation for adulthood. Project LIFE in collaboration with VDSS is in the process of conducting a statewide assessment regarding services provided to LDSS and youth. Once this information is compiled, VDSS will assess the data for strengths and gaps in the state's array of services for youth in transition to adulthood. The current contract with UMFS will end June 30, 2014. VDSS plans to issue a new RFP for independent living services taking into consideration the statewide assessment.

National Youth in Transition Database (NYTD)

Virginia implemented the federal NYTD on October 1, 2010 as required by the federal government. For Virginia, a total of 3,008 youth were reported to NYTD for FFY11- FFY13 receiving independent living services. LDSS workers documented IL services provided to youth age 14 and older in OASIS. A total of 14 types of services were reported in the areas of: employment, education, independence preparation, interpersonal development/health, and financial assistance. NYTD IL services were required to be part of a planned program of service to youth that meets their assessed needs for permanency and development of life skills. Service planning involved multiple parties (i.e. mentors, foster parents, birth parents, relatives, and other individuals) as identified by the youth and as appropriate in the development of the service plan. Although, Virginia currently has no federally recognized tribe, Virginia is working with IT staff to ensure OASIS is able to collect and report to NYTD information on a youth's membership in or eligibility for membership in a federally recognized tribe. The Children's Bureau identified this as an "action needed" in Virginia's *National Youth in Transition Database Site Visit Report* issued September 2013.

In collaboration with ILP state staff, VDSS Office of Research developed a research brief, *Who Receives Independent Living Services in Virginia? Federal Fiscal Year 2012 (2-25-13)* which reported the results of Virginia's NYTD independent living data collection effort for federal fiscal year (FFY) 2012. During this time period, a total of 1,961 youth were eligible to receive independent living services and nearly all (99%) received at least one service. The analysis summarized the results of the initial IL services data collection for foster youth in Virginia between October 1, 2011 and September 30, 2012 and describes the receipt of services by age category, VDSS region, and LDSS. The data include the NYTD IL service data for FFY 2011 (initial data collection year) and 2012 and compared the two years. These records were linked with the Adoption and Foster Care Analysis and Reporting System (AFCARS) data files for the same time period to provide additional demographic as well as placement and permanency goal information. Information was provided on youth by age group: 14 to 15 years, 16 to 17 years, and 18 years and older as well as VDSS region. Key findings documented in the report included:

Nearly all (99%) of eligible youth received at least one independent living service in FFY 2012. A majority (69%) of youth received some type of independence preparation service, and over half (56%)

received services in the area of interpersonal development and health. In terms of specific areas of services, youth were most likely to receive academic support and budget/financial management training and least likely to receive room and board financial assistance and post-secondary academic support. Between FFY 2011 and 2012, provision of services improved substantially for Western region youth. Ninety-four percent (94%) of eligible Western youth received at least one IL service in FFY 2012 – up from 53 percent in FFY 2011.

Youth age 18 and over comprise over half (58%) of the IL-eligible population – up from 44 percent in the previous year. Possible reasons for this shift include statewide efforts to provide continued services for youth after age 18, improvements in developing more permanent placements for older youth, and limited job opportunities for workers with low levels of education. The changing demographics of foster youth in Virginia require a thorough examination of currently provided services to improve the provision of post-secondary education and employment services.

Service intensity varied by age, region, and agency size. Youth in the youngest age group were least likely to receive intensive help (6 or more services) than youth age 16 or older. About half of the youngest group (49%) received only one or two IL services over the course of the year. In contrast, approximately 60 percent of youth ages 16 and older received three or more IL services during the year. Two-thirds (67%) of youth in the Central region received moderate (3 to 5) or intensive services as compared to just over half (57%) in the other regions. Youth from mid-sized agencies (Level 2) had the highest service intensity. About two-thirds (65%) of youth from Level 2 agencies received at least three IL services and one-third (34%) of those youth received six or more services¹.

ILP staff will continue to collaborate with VDSS Office of Research and Planning, and other internal and external partners to analyze the NYTD data and provide research briefs to share with youth, LDSS, and other stakeholders.

On June 26-27, 2013, the Children's Bureau (CB) with the Administration for Children and Families (ACF) in collaboration with Virginia conducted a site visit. The purpose of the CB site visits is to begin documenting how states are collecting and managing NYTD data in order to assess multiple states capacity for reporting accurate data consistent with the requirements specified in the NYTD regulation. Also, the CB uses site visits as a method to test strategies that might later prove effective in evaluating data collection and reporting through a formal NYTD Assessment Review. In September 2013, CB provided Virginia with a written report which documented their observations of the site visit. CB noted two areas which hold potential as “promising practices” in support of high quality collection and reporting of NYTD data:

- Collecting contact information that can be used to later located youth prior to the youth's exit from foster care; and
- Using SafeMeasures® as an administrative data tool to track the delivery of youth services reported in real time.

The federal team also identified six specific observations where “action is needed” to ensure that Virginia is accurately collecting and reporting information on NYTD data elements. Most of these items were related to mapping in OASIS. Additionally, there were areas where “action is recommended” by the CB to improve NYTD data quality or improve the state's overall effort to implement, analyze and use data.

Fostering Connections to Success and Increasing Adoptions Act (FCA)

¹ Source: Who Receives Independent Living Services in Virginia? Federal Fiscal Year 2012 by Beth Jones

In accordance with options in the FCA of 2008, Virginia continues to develop or refine guidance addressing youth engagement, educational stability and attendance, health, transitioning planning for young adults aging out and how VDSS and LDSS will support youth who are adopted after attaining 16 years of age. The FCA also promotes increased permanency and improved outcomes for children in the foster care system. During FY 2012, the Virginia Senate Committee on Rehabilitation and Social Services requested that VDSS conduct a fiscal analysis to assess the impact of extending Title IV-E assistance to youth ages 18 to 21 in the Commonwealth. VDSS contracted with The Finance Project to produce a report on the costs. The 2013 General Assembly session passed legislation (Senate Joint Resolution No. 282) requesting VDSS to develop and present options for implementing the extension of foster care maintenance and adoption assistance payments for individuals up to 21 years of age. VDSS submitted a report of its findings and recommendation to the Governor and General Assembly in November 2013. Proposed legislation for extend foster care to 21 failed in the 2014 General Assembly Session however there was language in the Governor's proposed budget to begin the process. As this plan is being prepared the legislature is still deliberating the budget.

Virginia has made a shift in practice and philosophy to include a strong focus on the need for older youth in care to have permanent connections to responsible adults as well as improved skills to manage adulthood in a successful manner. As a result, VDSS in collaboration with key stakeholders on the federal, state and local levels have been diligently working to:

- Ensure that every foster youth has a permanent, life-long connection to a responsible, caring adult upon leaving the foster care system, and
- Prepare every youth for self-sufficiency by providing an individualized plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning and other related services to ensure lifelong success.

VDSS realizes that training and technical assistance is needed in assisting workers in achieving permanency and lifelong connections for youth. For the past two years, Virginia has been receiving technical assistance from the National Resource Center on Permanency and Family Connections (NRCPPFC) in developing an integrated approach to youth permanency and preparation for adulthood. NRCPPFC, in collaboration with key stakeholders including LDSS and youth, identified three promising strategies to assist in achieving permanency for older youth in and transitioning out of foster care in Virginia. NRCPPFC provided VDSS information, support and practical applications on the following strategies: Family Finding, Permanency Roundtables (PRT), and Engagement of Youth Voice.

As a result of the partnership with NRCPPFC, VDSS also piloted five regional trainings entitled "Unpacking the NO of Permanency for Older Adolescents" which was designed to increase youth permanency. The training addressed the importance of permanency using an adapted training developed by NRCPPFC. This training included the following:

- An overview of National and Virginia data on older youth in foster care;
- Major policy changes in foster care;
- Definition of permanency;
- Concept of permanency for youth; and
- Strategies on how to change an initial "no" to permanency to "yes."

Since the workers' evaluations and feedback on this pilot were so positive, VDSS in collaboration with NRCPPFC plans to develop an "Unpacking the NO of Permanency for Older Adolescents" curriculum for ongoing training. VDSS also collaborated with CIP to offer segments of this training to judges, GAL and CASA.

As required by FCA, VDSS collaborated with Project LIFE, with input from youth and local workers, developed templates with instructions for the transitional living plan (youth ages 14 to 17) and the 90-day transition plan (ages 18 and over). During FY 2014, Virginia moved to Performance-based Contracting (PBC) with UMFS Project LIFE with the main focus on providing training and technical assistance to LDSS on IL assessments and transitional living plans on foster youth. As a result, Project LIFE was instrumental in assisting LDSS to increase the percentage of current IL needs assessments from approximately 32 percent (%)² to approximately 50%³. There was also an increase in transitional living plans (TLP) being conducted on youth. For example, SafeMeasures® indicated in June 2013 that 44.5% of youth had current TLP; however in February 2014 that number had increased to 53.2%. VDSS and Project LIFE will continue to work with LDSS to increase their understanding of the importance of conducting and utilizing the IL needs assessment and TLP in preparing youth for adulthood and achieving permanency. VDSS provided the leadership necessary for Project LIFE in working on the following goals:

- Strengthen the capacity of LDSS to more effectively support youth in conducting life skills assessments and transition plans in preparing youth to make successful transitions to adulthood;
- Promote youth's meaningful engagement in case planning and in advocating for themselves; and
- Increase the capacity of public and private service providers to engage in IL best practices with older youth in foster care.

In an effort to get youth's input on the five-year plan, the VDSS family services staff met with foster youth during the March 2013 Statewide Youth Conference to review with the youth their "Top 10 List for Success" that they believe are important for themselves and others in foster care. Over the next five years, VDSS and other key stakeholders will work with youth to address these topics concerning youth voice, strengths-based perspective, family visitations, permanency, social life, driving privileges, support with transitioning from foster care, emotional support, medication and access to financial resources as well as incorporate as much as possible in practice the youth's permanency tips developed for child welfare workers.

The federal Child and Family Services Improvement and Innovation Act (CFSIIA) of 2011 and § 63.2-905.2 of the Code of Virginia require that annual credit checks be conducted on all youth age 16 and older in foster care. Virginia, a state-supervised and locally-administered child welfare system, has faced barriers in developing a systematic approach with the three national credit reporting agencies (CRA) (Equifax, TransUnion, Experian) for conducting the credit checks on each youth. However, Virginia has made some headway in negotiating with each CRA on their service agreement and is in the process of signing two of the three agreements. VDSS will continue to work collaboratively with stakeholders in developing an effective and efficient approach in conducting credit checks on older foster care youth.

Education and Training Vouchers (ETV) Program

The ETV Program provides federal and state funding to help youth receive post-secondary education, training, and services necessary to obtain employment by covering the expenses associated with college or vocational training programs. Vouchers are available of up to \$5,000 (based on availability of funds) per year, per eligible youth for post-secondary education and training. VDSS continues to use the allotted federal ETV funds to service eligible youth across the state. Youth must have a high school diploma or GED to participate in the ETV program. Virginia administers its own ETV Program through the state IL staff. Although the ETV Program is integrated into the overall purpose and framework of the CFCIP/ILP, the program has a separate budget authorization and appropriation from the general program. VDSS allocated ETV funds to the LDSS that are primarily responsible for serving the youth. All localities are

² (Source: NYTD data snapshot for Virginia FY 2011)

³ (Source: NYTD data snapshot for Virginia FY 2013)

eligible to participate in the ETV Program. However, some localities do not participate due to not having eligible foster care youth.

Each year, the LDSS must complete an ETV Application and submit the number of eligible youth on the application to VDSS. Eligible youth are those who will be/are attending post-secondary education institutions or vocational training programs for the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, giving a basic amount per youth. The funding is then allocated to the LDSS in accordance with the number of eligible youth they serve. LDSS applying for ETV funds must agree to the following special requirements:

- Reimbursements for expenses will not exceed the cost of the annual education or training program tuition and related expenses or \$5,000 (whichever is less) per eligible youth per fiscal year;
- The LDSS will track and report on use of ETV funds separately from the Basic ILP allocation.
- The LDSS will use ETV funds to supplement and not supplant any other state or local funds previously expended for the same general purposes; and
- The LDSS will administer these funds in any amount on the behalf of any eligible youth as long as it does not exceed \$5,000 per youth per fiscal year, or the amount awarded to any student does not exceed the “cost of attendance” (whichever is less).

Youth in foster care with the guidance of their IL coordinators create a transition plan which is a program requirement. Youth are then able to access ETV funds based on the ETV student application, educational needs and availability of funding. Youth who were adopted from foster care after the age of 16 are also eligible for ETV funds. Youth are made aware of program services and eligibility guidelines through social workers, IL coordinators, life skills training and educational workshops, Project LIFE, and marketing efforts of the VDSS Permanency Program staff. Due to the state’s significant outreach efforts in partnership with LDSS, Project LIFE and public and private partners (i.e., Great Expectations) there has been an increase in the number of eligible youth participating in the program each year. VDSS will continue to monitor ETV Quarterly Reports submitted by LDSS to ensure unduplicated number of ETV’s awarded each year and compliance with the program requirements.

Service Coordination

VDSS allocates its CFCIP funds into two primary spending categories: basic allocations to LDSS and UMFS Project LIFE, private contractor. In addition to coordinating the state’s ETV program, VDSS is involved in several educational initiatives such as supporting the Community College Tuition Grant for foster care youth, the Great Expectations Program, and the Fostering Connections to Success Education workgroup. These core initiatives help to strengthen the state’s postsecondary education assistance program and promote academic achievement and educational stability. A collaborative strategy which includes VDSS, LDSS, Project LIFE, the DOE, and local school divisions, families and children can help improve youth educational outcomes. VDSS serves on various education committees which help to educate other professionals about the ETV program and eligibility requirements for foster youth that are served at community colleges and disabled youth attending college. As a result, professionals, foster parents and other stakeholders can assist youth in preparing for higher education earlier so they can succeed throughout their educational journey. The ETV program has been strengthened by FCA because it helps VDSS to facilitate discussions with LDSS about educational decisions that can potentially impact youth attending post-secondary institutions.

VDSS coordinated with DMAS to implement provisions of the Affordable Care Act (ACA). Effective January 1, 2014, foster care youth who had an open case in state and were receiving Virginia Medicaid at the age of 18, became eligible for Medicaid up to age 26. Virginia’s efforts to enroll former foster youth include mailing out letters, utilizing social media (intra-agency and public websites), and developing

broadcasts for eligibility workers and LDSS staff. Also, VDSS is collaborating with key stakeholders (i.e., Project LIFE, Great Expectations) to develop strategies to reach eligible former foster care youth for Medicaid. Currently, Virginia is not extending coverage to eligible young adults who were in foster care in another state and relocated to Virginia.

In Virginia, there are limited housing options and support for at-risk youth. The Interagency Partnership to End Youth Homelessness (IPEYH) was recently formed to address the needs of youth who are at extreme risk of becoming homeless. This committee is chaired by VDSS' Deputy Commissioner for Programs. Other representatives serving on this committee include: VDSS foster care staff, Virginia Coalition to End Homeless, Department of Housing and Community Development, Voices for Virginia's Children, Virginia Poverty Law Center, Department of Behavioral Health and Development Services, CSA (Comprehensive Services Act), Project HOPE, CASA, DMAS, and Department of Criminal Justice Services. Currently, IPEYH is in the process of identifying goal(s) and strategies for the partnership to focus on and determining what data is being collected by agencies regarding youth and their housing situations.

Virginia will continue to increase services to youth by coordination and collaborations among the different local and state agencies, organizations, and private providers.

Independent Living Collaborations:

Project LIFE: Project LIFE is a private/public partnership with the VDSS. The goal of Project LIFE is to support permanency for older youth in care through the coordination and enhancement of independent living services by collaborating with local departments of social service, private providers and community stakeholders. (www.vaprojectlife.org).

Community College Tuition Grant: The Tuition Grant pays for tuition and fees at the Virginia Community Colleges for foster care youth or special needs adoptees that have graduated from high school or obtained their GED and meet eligibility requirements.

Great Expectations: Great Expectations helps Virginia's foster youth gain access to a community college education and transition successfully from the foster care system to living independently. The program helps young people who establish and maintain personal connections and the community support they need to live productive and fulfilling lives. (Website: <http://greatexpectations.vccs.edu/>) This initiative of the Virginia Foundation for Community College Education is in partnership with:

- VDSS and LDSS;
- Workforce Investment Boards; and
- One-stop centers, community colleges, alternative education providers, other public agencies, school to career partnerships, and employers.

National Resource Center for Youth Development (NRCYD): VDSS continues to collaborate with the NRCYD for training and technical assistance (e.g., Adult and Youth Partnership).

National Resource Center for Permanency and Family Connections (NRCPFC): VDSS receives training and technical assistance from NRCPFC on youth permanency. NRCPFC has assisted the state in developing and implementing an integrated approach to permanency and preparation for adulthood.

Virginia Workforce Investment Act Youth Services Programs: Local programs and career centers provide transitional services related to employment for Virginia's most vulnerable youth.

Virginia's Intercommunity Transition Council (VITC): VITC is an interagency initiative that ensures effective coordination of transition services for youth and young adults with disabilities in an effort to increase the accessibility, availability and quality of transition for these young people. Among other activities, VITC encourages a seamless movement from school to post-secondary services for all youth regardless of the nature of the disability. VITC members include: DOE; Virginia Department for Aging and Rehabilitative Services, DBHDS; Virginia Community College System; Virginia Department of Correctional Education; State Council of Higher Education for Virginia; VDSS; Virginia Department for the Blind and Vision Impaired; Virginia Department of Juvenile Justice; Centers for Independent Living; Social Security Administration; Virginia Board for People with Disabilities; VDH; Woodrow Wilson Rehabilitation Center; and Workforce Development Centers.

Foster Care Alumni of America (FCAA): The mission of FCAA is to connect the alumni community of youth who are in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care. Virginia's chapter had a successful "family reunion" for alumni, families and friends. The Chapter is involved in outreach and recruitment efforts.

Interagency Partnership to End Youth Homelessness (IPEYH): Representatives from various state and local agencies collaborating to address the needs of youth who are at extreme risk of becoming homeless.

Continuous Quality Improvement

NTYD IL services are required to be part of a planned program of service to youth that meets their assessed needs for permanency and development of life skills. Local department workers documented independent living services provided to youth age 14 and older in OASIS. Virginia's goals are to: collect and manage NYTD data for reporting accurate data consistent with the requirements specified in the NYTD regulation; and to utilize strategies that prove effective in evaluating data collection and reporting. In coordination with youth, LDSS, and internal and external partners, VDSS will continue to improve collecting and reporting processes, analyze the data, look at trends, and make changes to guidance and policy to improve services statewide for youth in and transitioning out of foster care. ILP staff will focus on improving the process for providing feedback to stakeholders and decision-makers on NYTD data.

Virginia is taking the initiative to use NYTD data to improve services and performance outcomes. For example, in reviewing NYTD data for FFY 2011, VDSS realized many of the LDSS were not completing IL assessments and Transitional Living Plans on youth and/or not entering them in OASIS. VDSS and Project LIFE worked with LDSS to increase their understanding of the importance of conducting and utilizing the IL needs assessment and TLP in preparing youth for adulthood and achieving permanency. VDSS also had these documents placed in SafeMeasures® (pulled from OASIS) so LDSS and VDSS could review this data regularly. By providing T/TA to LDSS, there was an increase in the percentage of IL needs assessments and TLP being conducted on youth in FFY 13. ILP staff are currently exploring putting NYTD data (i.e. IL services, surveys) in SafeMeasures® for local workers to use as a tool for their caseloads.

Project LIFE in collaboration with VDSS is in the process of conducting a statewide assessment regarding services provided to LDSS and youth. Once this information is compiled, VDSS will assess the data for strengths and gaps in the state's array of services for youth in and transitioning out of foster care. VDSS plans to use this data to analyzing strengths as well as issues that need to be resolved in providing services for older youth.

ILP staff members have met with the state Quality Manager, CQI Unit to determine how the current QSR protocol for the state may apply to youth who are age 14 and over in foster care. This protocol is designed for use in an in-depth case-based quality review process focused on child welfare practices involving CPS

on-going and Permanency cases. In reviewing the QSR instrument there is a focus measure entitled Pathway to Independence which applies to older youth and looks for outcomes beyond formal independent living services. Program staff will collaborate with this unit on identifying documents (i.e., IL needs assessments and transition plan) and indicators to consider when conducting case reviews in the field on this population. Although NYTD is a system for collecting information on IL services and outcome measures, the QSR instrument will be beneficial in looking at the quality of services, training and support offered to these young people in achieving permanency and preparation for adulthood.

ILP Improvement Efforts

For 2015 to 2019, VDSS' goal is to increase the full array of IL services and resources to youth through implementing strategies to promote permanency and self-sufficiency. Virginia will continue to increase services to youth by enhancing and increasing linkages, coordination and collaborations among the different local and state agencies, organizations, and private providers. Such linkages will allow for effective and efficient planning around use of funds, development of shared policies across child-serving agencies; and increased knowledge across systems regarding available services. Specifically, VDSS will: 1) issue a new RFP which will focus on engaging youth and developing youth networks and NYTD; 2) collaborate with VDSS Office of Research and Planning and other internal and external partners to analyze the NYTD data, provide research briefs and strategies to improve services to youth; 3) develop and implement a work plan to address the issues and concerns outlined by the Children's Bureau in Virginia's National Youth in Transition Database Site Visit Report issued September 2013, in order to collect and report accurate NYTD data; 4) engage and involve youth in service planning, committees, workgroups, policy and legislation that impact them; and 5) provide T/TA to LDSS on permanency, Family Finding, PRT, youth engagement and other promising practices and resources that promote permanency and self-sufficiency.

Training

For FY 2015 through 2019, ILP plans to offer training on the following topics:

- ILP federal and state requirements, guidance and IL services;
- IL assessment and transition plans;
- NYTD;
- Education and Training Vouchers Program requirements;
- Educational Provision for youth in care;
- OASIS documentation for IL services;
- Permanency/ "Unpacking the NO to Permanency for Older Adolescents";
- Youth Engagement/Involvement; and
- Credit Checks

In addition, VDSS will continue to offer T/TA and support around three strategies (i.e., Family Finding, Permanency Roundtables, and engagement of youth voice) to build the capacity of LDSS to achieve permanency for youth.

4. Adoption Program

LDSS 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 in order to assist LDSS to ensure that children achieve permanency through adoption.

The following chart shows Virginia's adoption initiatives and the funding for these initiatives in SFY 2013.

Adoption Activity SFY 2013	Funding Source	Allocation & Services
Adoption Support	SSBG State General Funds	\$1,125,099 Post Adoption Legal System
One Church, One Child	SSBG State General Funds Adoption Incentive Funds for Grant Year 2012	\$231,519 Recruitment (includes \$30,000 Adoption Incentive Funds for SFY 2013)
Adoption Services	Title IV-B, Subpart 2 and State General Funds	\$1,940,667 Adoption Services Performance Based Contracts for Finalized Adoptions
Adoption Assistance	Title IV-E and State General Funds	\$68,742,273 - Title IV-E \$39,588,006 - State

Adoption Initiatives

Adoption Assistance Program: Virginia's adoption assistance program provides subsidies on behalf of children who are either eligible for Title IV-E or state-supported assistance. These payments include monthly maintenance payments that cover room and board, daily supervision, clothing, personal care and recreation, and a monthly allowance. Virginia may also provide non-recurring and special service payments for eligible children with special needs. In addition, Medicaid may be provided to assist in meeting a child's medical needs.

Number of Children Served during SFY 2013:

- A total of 6,781 children per month received Adoption Assistance.
- 5,263 children received Title IV-E Adoption Assistance.
- Total allocation for Title IV-E Adoption Assistance was \$68,742,273.
- 1,518 children received State Adoption Assistance.
- Total allocation for State Adoption Assistance was \$39,588,006.
- The local departments of social services provided for a total of 741 adoptions in federal fiscal year 2013.

Virginia Adopts Initiative VDSS will continue to promote the initiative led by the prior administration that originated as part of Foster Care Month in May 2013. The state will continue to focus on raising awareness of the foster care adoption process. The goal is to achieve timely permanency via adoption by matching adoptive families with children from the foster care system. LDSS are responsible for providing monthly updates of adoption matches and adoption finalizations over the course of the year. As a result of the initiative VDSS has contracted with 13 partner agencies to assist in the finalization of adoptions through the Adoption Through Collaborative Partnerships. Through this collaboration, Virginia

Adopts - Campaign for 1,000, 586 finalized adoptions resulted from the 1,041 adoption matches made in 2013. This included 448 adoptions finalized on or before December 31st, and 138 adoptions finalized in 2014 (through March 28). Two other contracts were awarded, one for general recruitment and one for Extreme Recruitment to identify relatives for Virginia's longest waiting youth.

Adoption Family Preservation Services Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services (AFP) system. The AFP serves families who have adopted domestically and may also include families that have adopted internationally. The AFP provides post legal adoption services to address presenting issues and concerns for the adoptive family. The system became functional in June 2000. During the first funding period, which ran from June 2000 through September 2001, 950 children and 500 families were served. During SFY 2002, 250 children and 158 families received services. The program has not grown financially since its inception. The chart below shows the organization structure of the AFP system and a table in the report section on Service Array provides additional information on the services provided.

CHART OF ADOPTION PRESERVATION SERVICES

AFP Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served – April 2014

Families with International Adoptions:

- No disruptions/dissolutions

Five-year profile		One-year profile	
Families with international adoptions served since 3/1/09		Families with international adoptions served since 3/1/13	
Total families: 107 (unduplicated counts)		Total families: 68 (unduplicated counts)	
Total children: 121		Total children: 75	
Breakout of all cases closed:		Breakout of all cases closed	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	0	Disruption/Dissolution	0
Child out of home (no dissolution)	6	Child out of home (no dissolution)	4
Family moved	3	Family moved	1
No longer need services	31	No longer need services	16
No contact for 60 days	25	No contact for 60 days	11
	65		31

All Families Served:

- In past 4 years (since 3/09), 12 disruptions/dissolutions.
- In past 1 year (since 3/13), 2 disruptions.

Five-year profile	One-year profile
All families served since 3/1/09	All families served since 3/1/13
Total served: 569 (unduplicated count)	Total served: 302 (unduplicated count)
<ul style="list-style-type: none"> ▪ Total 12 families whose cases were closed due to dissolution/disruption 	<ul style="list-style-type: none"> ▪ Total 2 families whose cases were closed due to dissolution/disruption
- 9 Foster Parent Adoptions	- 2 Foster Parent Adoptions
- 3 Matched	

Five-year profile		One-year profile	
Breakout of all cases closed:		Breakout of all cases closed	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	12	Disruption/Dissolution	2
Child out of home (no dissolution)	45	Child out of home (no dissolution)	9
Family moved	19	Family moved	4
No longer need services	166	No longer need services	58
No contact for 60 days	107	No contact for 60 days	37
	349		110

Adoption Resource Exchange of Virginia (AREVA) VDSS administers AREVA, providing statewide recruitment efforts for children in foster care who are legally free for adoption. AREVA maintains an Internet website featuring photographs and narrative descriptions of waiting children at http://www.dss.virginia.gov/family/ap/children_for_adoption.html. AREVA supports efforts of AdoptUSKids on a national level and works with LDSS to have Heart Galleries in each of the five regions of the Commonwealth. Heart Galleries have been very effective in recruiting families for waiting children. More information about the Heart Galleries is available at: http://www.dss.virginia.gov/family/ap/heart_galleries/index.cgi.

AREVA works collaboratively with LDSS during November of each year to promote Adoption Day Celebrations on the third Saturday and other adoption celebratory events throughout the month. The Virginia General Assembly passed House Joint Resolution 41 which recognized November 2008, and each succeeding year thereafter, as Adoption Awareness Month. The Governor signs a proclamation annually declaring November Adoption Awareness Month.

Number of People Served. As of SFY 2013, 1,049 children and 181 families are registered with AREVA.

Adoption Incentive Funds: In SFY 2012, VDSS received Adoption Incentive Awards in the amount of \$952,000. During 2013 VDSS used these funds to support faith-based adoptive parent recruitment events, adoption services contractors “Adoption Through Collaborative Partnerships” to be re-issued in 2014, the Virginia Adopts Initiative for adoption recruitment services which focuses on the 100 Longest Waiting Youth, adoption post-legal services, and adoption disclosures activities. Expenditures also include adoption training for staff and families, cost for background checks for home assessments, and travel for meetings with prospective families.

In SFY 2013 VDSS received additional Adoption Incentive awards in the amount of \$248,000. These funds will continue to support current post adoption legal services through the Adoption Family Preservation contract.

Other Services: In addition to adoption services for children in foster care, VDSS provides services to persons 18 years of age and older to obtain information from closed adoption records. 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.

Assessment of Strengths and Gaps in Services

The Adoption Program utilizes a variety of resources to assist the LDSS to achieve permanency via adoptions. Adoptions through Collaborative Partnerships, Virginia Adopts Initiative, and the various stakeholder partnerships between VDSS, contractors and LDSS increased the use of resources, reformed practice and increased the number of foster care youth in finalized adoptions over the past five years.

The Adoption program is receiving technical assistance from the National Resource Center to enhance recruitment for foster and adoptive families using market segmentation. This will improve the use of recruitment across the five different geographic regions across the state. In addition the program is requesting technical support to enhance adoption photo-listings for eligible youth.

Additional areas that need growth and development to monitor gaps in services include implementation of quality reviews for adoption cases, management by data support and guidance revision to sustain changes in practice inclusive of adoption services, adoption reports and post adoption. VDSS plans to develop a Continuous Quality Improvement model that can be used by VDSS and LDSS. Incorporating a CQI model will support the mission of the division by enhancing the quality of services and improve expected outcomes for children and families.

VDSS needs to identify a data system to support the monitoring of open and post adoption cases. CFSR reports that Virginia is not meeting the goal of permanency through timely adoptions. The current information system, OASIS, does not currently have all the necessary data elements to assist in data management. The current database program, SafeMeasures®, is not inclusive of data from cases that are restricted. Also, another project is the need to modernize case management of closed adoption records along with ICPC records. The adoption records are currently kept on microfiche and retrieved by a microfiche reader.

Continuous Quality Improvement

CQI in the Adoption Program involves being able to identify, gather, describe and analyze data on strengths and gaps in services for the purpose of achieving permanency for children and better outcomes for Virginia families. This information is then used to inform policy and practice. Adoption utilizes several processes for this purpose. VDSS recognizes the need to expand and strengthen this area in the Adoption Program.

SafeMeasures®: SafeMeasures® is instrumental in providing valuable data to VDSS and LDSS. While there are limited reports available in SafeMeasures® due to confidentiality restrictions for post adoptions, there are some reports that help provide for analysis. There are currently no specific reports that identify timeliness of adoption directly related to availability of AREVA. Adoption reports used are:

- Termination of parental rights status
- Adoption Goal Change

Permanency Advisory Committee: The purpose of the Permanency Advisory Committee (PAC) is to advise the permanency programs in the Division of Family Services (DFS) in the Virginia Department of Social Services on improving permanency and well-being for children and families across the Commonwealth. PAC strives to achieve a more comprehensive and effective service delivery system for children and families that is family-focused and culturally relevant. It helps align policies, guidance and practice to promote a seamless continuum, improve coordination and integration, and provide consistency across child welfare programs, collaborating with Prevention, Child Protective Services and Resource Families when needed.

Court Improvement Program (CIP) Adoption Workgroup: CIP reviewed Virginia Code requirements for processing and finalizing adoptions and collected documentation. This information was used to begin the development of a technical assistance document identifying best practices for improving finalization of adoptions

Adoption Collaborations

AdoptUSKids: Virginia collaborates with the national adoption network to provide national photo listings of waiting children in Virginia.

Adoption Development Outreach Planning Team (ADOPT): ADOPT is a voluntary child-advocacy group of individuals from public and private child welfare agencies, adoptive parents, therapists, attorneys and others interested in promoting its purpose. ADOPT is committed to promoting and assuring the rights of children in Virginia to permanent homes through advocacy, education, legislative activities, and examination of practice issues.

Adoption Exchange Association: This national non-profit organization is committed to the adoption of waiting children. It is the lead agency in the AdoptUSKids network which is funded by a Federal grant through the Children's Bureau, to recruit adoptive families for children waiting in foster care across the United States. It is also the membership organization for Adoption Exchanges, of which VDSS is a member.

American Academy of Adoption Attorneys: This organization is a not-for-profit national association of attorney, judges, and law professors who practice and have otherwise distinguished themselves in the field of adoption law. It has collaborated with the VDSS by participating on various committees regarding adoption and providing input for proposed legislation regarding adoption and custody issues.

The Center for Adoption Support and Education (C.A.S.E): This private, non-profit is an adoptive family support center. Its programs focus on helping children from a variety of foster care and adoptive backgrounds to receive understanding and support which will enable them to grow into successful, productive adults. C.A.S.E. defines post-adoption services as ongoing, comprehensive support services that include education, counseling, family forums, and advocacy which address clearly identified developmental issues and social-emotional challenges frequently shared by adoptees and their families. Post adoption services involve preventive measures to ensure the preservation of adoptive families.

Change Who Waits: This is a faith-based movement led by a local pastor in collaboration with Virginia One Church, One Child. The group leads rallies for foster care and adoption recruitment. Change Who Waits is based on a model of recruitment used in Colorado and other states. The pastor works with faith-based adoption agencies and selected churches to raise awareness about the children in foster care waiting for adoptive families.

Court Improvement Plan (CIP): This program focuses upon improving the ability of the court system to manage and resolve cases of child abuse, neglect, foster care and adoption. Additional responsibilities include support for all levels of courts in complying with state and federal laws and policies governing permanency planning for dependent children and their families who are before the courts.

FACES: This non-profit is a membership organization for foster, adoptive and kinship families and others who support the benefit of children, youth and families across Virginia. FACES stands for Family Advocacy, Collaboration, Empowerment and Support.

Fathers Support & Engagement Initiative (FSEI): This workgroup helps develop the Fathers Support & Engagement Plan. The plan includes policies to serve both parents as a family unit and strategies to increase noncustodial parents' financial and emotional involvement with their children. FSEI also helps identify and promote the current fatherhood programs and services in the VDSS regions.

Local Government Attorneys' Association (LGA) Children Dependency Committee: The LGA is an association of local government attorneys. It collaborates with the VDSS Adoption Programs by providing feedback on proposed legislation and state policy issues. Attorneys also serve on legislative study committees and other steering committees. VDSS provides resources to LGA to train on child welfare activities.

National Resource Center for Adoption: This center provides assistance to states and other federally funded child welfare agencies in building their capacity to ensure the safety, well being, and permanency of abused and neglected children through adoption and post legal adoption services program planning, policy development and practice.

Tidewater Inter-Agency (TIA): This group of public and private licensed child-placing agencies formed to discuss and advocate for improved adoption services and practice. VDSS collaborates with TIA to improve adoption practice and receive input in developing guidance regarding adoption.

Virginia Association of Licensed Child-Placing Agencies: This association of licensed child-placing agencies promotes policies, programs and procedures throughout the Commonwealth of Virginia.

Virginia One Church, One Child Program: This program is part of Virginia's campaign to recruit families to adopt waiting African-American children. The VDSS is a primary funder of the program.

Virginia Poverty Law Center Virginia Poverty Law Center (VPLC): This not-for-profit organization concentrates in the areas of law that affect low-income families and children. The VPLC provides input on proposed legislation, participates on committees concerning adoption issues, and assists with legal training for attorneys who work for children in foster care.

Voices For Virginia's Children: This statewide, privately funded, non-partisan awareness and advocacy organization builds support for practical public policies to improve the lives of children.

Virginia Department of Education (DOE): DOE assists individuals who have been adopted meet their educational needs and coordinates services and assistance for individuals who have adoption assistance agreements.

Virginia Department of Health (VDH): VDH provides access to health care programs and providers and maintains record of birth certificates and acknowledgement of paternity. It assists individuals who were adopted or seeking to establish paternity.

Department of Medical Assistance Service (DMAS): DMAS provides a system of cost-effective health care services to qualified individuals and families. It provides medical services through Medicaid providers for adopted children with adoption assistance agreements that require medical or rehabilitative needs or who qualified for Title IV-E.

Office of Comprehensive Services for At Risk Youth and Families (OCS): OCS administers the Comprehensive Services Act (CSA) which provides child-centered, family-focused, cost-effective, and community-based services to high-risk youth and their families. The VDSS collaborates with OCS to coordinate and provide services for children with adoption assistance agreements.

5. Resource Family Development

In 2008, VDSS created the Resource Family Unit (RFU) that is responsible for recruitment, development and support activities for foster, adoptive and kinship caregivers, referred to as “resource families” in the Commonwealth. A program manager, a policy specialist, and five regional consultants comprise this unit. The overarching goal of the unit is to increase the quantity and quality of resource parents to be viable placement options for children in foster care. In late 2009, regulations were implemented mandating pre- and in-service training as well as implementing dual approval for family assessments (home studies).

The Resource Family Consultants provide technical assistance to local departments regarding their home approval process and recruitment strategies. In several of the regions there are quarterly meetings held to focus specifically on resource family practice. Through these meetings, the Resource Family Consultants provide technical assistance and training in the areas of targeted and child specific recruitment, the development of strategic recruitment plans and development of recruitment presentations. In other regions, this work is done at the Quarterly Supervisors’ meetings, along with updates and technical assistance related to Permanency and CPS practices. The Resource Family consultants also meet one-on-one with new local department staff as requested in order to assure that the department continues to comply with policy standards.

Within recruitment, there are two key themes: using a data-driven approach to target what kinds of families are needed based on the needs of the children in foster care, and using accurate messaging about foster care as a family support service for birth families. Regarding adoption, recruitment efforts include a sharp focus on older youth, children with special needs, and sibling sets. In all cases, the emphasis is on maintaining children’s family and community connections in order to:

- Increase the likelihood that children are kept within their communities without having to change schools or leave their faith community;
- Make better matches between children and their caregivers, to preserve their significant relationships, cultural and racial heritage, and family traditions;
- Decrease separation and loss issues inherent in foster care by focusing on those individuals already known to the child/family rather than defaulting to “stranger” foster care;
- Strengthen a network of the communities from which our children are most often removed by investing in building strong resource families there; and
- Promote longer-term stability and safety for children by ensuring that their supports, services, care providers, and other important adults can be maintained both during placement and after reunification.

See also the *Foster and Adoptive Parent Diligent Recruitment Plan* (final attachment to this plan) for more information about the Resource Family Program’s activities regarding recruitment.

In addition to recruitment efforts, the Resource Family Program manages Virginia’s Respite Program for foster parents. The state makes \$280,000 available to fund respite service, although the full amount is seldom used. The decrease in the number of children in foster care in Virginia has substantially reduced the need for respite services. Additionally, respite is understood to be a challenging experience, especially for those children who have the most fragile attachment skills. The Resource Family consultants ensure that LDSS are using respite services appropriately.

Through consultation from the Annie E. Casey Foundation, the Resource Family Consultants received training in this area of family search and engagement. In an effort to increase the number of kinship

providers, the Resource Family Consultants continue to offer two levels of training around Diligent Search and Family Engagement on as-needed basis. In addition, the Consultants provide technical assistance to local departments regarding the use of Accurint, the internet search system used to locate relatives and permanent connections for youth.

The Resource Family unit is continuing to contract and work closely with the Consortium for Resource, Adoptive and Foster Family Training (CRAFFT) Coordinators to ensure the resource family training needs within the region are met. Last year, they began team-training the CWS 3103 Mutual Family Assessment course with the regional CRAFFT coordinators. The revised training covers both policy considerations and best practices regarding the mutual family assessment process.

Resource Family Collaborations

Consortium for Resource, Adoptive and Foster Family Training: CRAFFT has been addressing development and support issues for resource families for nearly nine years. It is a collaborative venture between VDSS and Norfolk State University, Virginia Commonwealth University and Radford University. Two staff are housed by each university. CRAFFT Coordinators provide direct pre-service training to families (conducted in coordination with LDSS), as well as provide some support to LDSS to build their own training and support capacity. They also offer *Tradition of Caring*, the kinship PRIDE pre-service training. For example, the Resource Family consultants are now team teaching the Mutual Family Assessment course, which addresses both standards and clinical issues in assessing prospective resource parents. Additionally, CRAFFT Coordinators provide a wide range of in-service training to families on topics responsive to local needs and issues. VDSS is currently facilitating the development of a CRAFFT website which will host regional resource parent training calendars (CRAFFT and LDSS events) and resource materials for resource parents. Initially resources will be publications and website links, but the goal is to eventually have video and webinar-based training available. A portion of the site will be for staff only access and will allow LDSS resource family trainers access to training materials.

FACES: FACES of Virginia Families: Foster, Adoption, and Kinship Association is supported with a multi-year contract with VDSS to “provide a supportive membership association as a partner to the Virginia Department of Social Services’ effort to improve the delivery of foster, adoptive, and kinship care services to children living in resource family homes as a result of abuse, neglect, abandonment, or parental limitations in providing a safe and nurturing home.” FACES activities are based on contractual goals including maintaining a “Warm Line” for support of current and potential foster, adoptive and kinship care providers. FACES also holds events for resource families which are intended to provide networking and supportive connections between resource parents and the children placed with them. Last summer, FACES hosted three “family camps” for resource parents and their children, two of which were in FY 2014. These camps were three-day events, held in three different parts of the state and served approximately 222 foster, adoptive or kinship parents and their children (by birth, adoption, or through foster care.) Training was offered to the parents while children were engaged in fun, esteem-building activities. Overall the events functioned as opportunities for resource parents and children to benefit from peer support and to make connections which may prove sustaining in the future.

FACES provides an educational newsletter to a mailing list of more than 1,150 interested members as well as conducting four educational webinars on “Webinar Wednesdays” that cover a broad range of topics to include dealing with difficult child-rearing situations and Medicaid to 26. In addition to webinars, FACES hosts bi-weekly internet chats for resource parents. FACES is a member of the National Association of foster parents and each year sends some members to the NFPA annual conference. FACES is hoping to host next year’s annual conference in Virginia.

VDSS would like to see FACES develop more of a regional and community level presence. There are other organizations, including faith-based groups, that actively support foster parents in several communities statewide. As FACES become better able to recruit and sustain volunteer members and connect more fully with regional and local resource family staff, it is anticipated that more resource parents will receive the benefit of peer support, information sharing, and access to concrete assistance.

This year, VDSS plans to initiate opportunities to gather stakeholder input regarding the role and activities of a foster parent association. VDSS will be organizing focus group for resource families as well as LDSS to solicit feedback regarding FACES and suggestions to determine if the current objectives of the FACES contract are meeting the needs of resource families. FACES is currently operating a consignment shop in Ashland, Virginia to develop a means of becoming self-supporting in the future.

Assessment of Strengths and Gaps in Services

Strengths

The Resource Family program has contributed significantly to efforts to improve practice in working with relatives statewide. They have provided technical assistance and promoted the use of Accurant to identify and locate potential relative resources for children at risk of or entering foster care. VDSS has purchased a statewide license to provide Traditions of Caring, a pre-service curriculum for relative caregivers, as well as PRIDE for prospective resource parents. Additionally, the resource family consultants have been instrumental in helping LDSS to recruit, develop and retain local foster parents who are able to take sibling groups and teenagers, resulting in a decrease in reliance on congregate care placements. In addition to supporting the LDSS to develop and implement their targeted and child-specific recruitment plans, the resource family consultants train LDSS staff and routinely review resource family records to assist LDSS with approval standards compliance issues. This work has led to increased expertise and quality in the resource family approval process at the LDSS level. Finally, the resource family consultants participate in direct recruitment and public awareness activities as well as working closely with adoption contractors and LDSS to facilitate timely referrals and movement towards adoption completion for children in foster care needing adoptive homes.

Gaps

Despite an increased focus and a variety of efforts to increase the use of kinship resource family homes in Virginia, the percentage of children placed in relative foster homes has not substantially increased. Major obstacles in regard to the use of relative foster homes include: staff and community biases against “paying” relatives to care for their relative children; lack of LDSS staff and capacity of LDSS staff to adequately assess and support relatives who are approved through the emergency approval process and have children placed in their home prior to receiving any training; and, the lack of a permanency option beyond adoption for these children to readily exit foster care. Additionally, the lack of accurate resource family data in OASIS continues to be very problematic.

Continuous Quality Improvement

The Resource Family consultants review monthly data reports that provide information regarding family-based placements and kinship placements during department visits and when assistance is requested. Active foster care reports are utilized to help LDSS develop targeted recruitment plans. The Consultants develop targeted strategies to assist the agencies that are below the national practice standards.

The Resource Family data in OASIS contains many errors: LDSS often do not close families who are no longer taking children; resource family addresses and phone numbers may not be current; approval status is not updated appropriately, etc. As a result, VDSS cannot definitively say how many resource families there are in the state. No standardized contact information is available for each resource family and it is

not possible to evaluate any demographic information. Nor is it possible to determine how many families were approved through the emergency approval process. It will be necessary to address these issues to improve recruitment planning in the future. Data clean-up in OASIS of resource family information will be a major undertaking this year.

C. Additional Units with the Division of Family Services

1. Interstate Compact for the Placement of Children (ICPC)

Children placed out of the state need to be assured of the same protections and services that would be provided if they had remained in their home state. They must also be assured of a return to their original jurisdictions should placements prove not to be in their best interests or should the need for out-of-state services cease.

Both the great variety of circumstances which makes interstate placements of children necessary and the types of protections needed, offer compelling reasons for a mechanism which regulates those placements thus ensuring the safety of children as they move across state lines. An interstate compact is one such mechanism. Virginia has codified the compact and abides by the associated regulations.

Children Served. As of May 1, 2014, Virginia has 2,366 open ICPC cases and 2,732 open Interstate Compact on Adoption and Medical Assistance (ICAMA) cases.

Types of Placements Covered. The Compact applies to four types of situations in which children may be sent to other states:

- Placement preliminary to an adoption;
- Placements into foster care, including foster homes, group homes, residential treatment facilities, and institutions;
- Placement with parents and relatives when a parent or relative is not making the placement; and
- Placement of adjudicated delinquents in institutions in other states.

The compact does not include placements made in medical and mental facilities, in boarding schools, or in any institution primarily educational in character. It also does not include placements made by a parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or the child's non-agency guardian when leaving the child with any such relative in the receiving state.

Safeguards Offered by the Compact. In order to safeguard both the child and the parties involved in the child's placement, the Interstate Compact:

- Provides the sending agency the opportunity to obtain home studies, licensing verification, or an evaluation of the proposed placement.
- Allows the prospective receiving state to obtain information sufficient to ensure that the placement is not contrary to the interests of the child and that its applicable laws and policies have been followed before it approves the placement.
- Guarantees the child legal and financial protection by fixing these responsibilities with the sending agency or individual.
- Ensures that the sending agency or individual does not lose jurisdiction over the child once the child moves to the receiving state.
- Provides the sending agency the opportunity to obtain supervision and regular reports on the child's adjustment and progress in placement.

These basic safeguards are routinely available when the child, the person, or responsible agency and the placement are in a single state or jurisdiction. When the placement involves two states or jurisdictions, however, these safeguards are available only through the Compact.

The Sending Agency's Responsibilities: While the child remains in the out-of-state placement, the sending agency must retain legal and financial responsibility for the child. This means that the sending agency has both the authority and the responsibility to determine all matters in relation to the custody, supervision, care, treatment, and disposition of the child, just as the sending agency would have if the child had remained in the home state.

The sending agency's responsibility for the child continues until the interstate placement is legally terminated. Legal termination of an interstate placement may only occur when the child is returned to the home state, the child is legally adopted, the child reaches the age of majority or becomes self-supporting, or for other reasons with the prior concurrence of the receiving state Compact Administrator. The sending agency must notify the receiving state's Compact Administrator of any change in the child's status. Changes of status may include a termination of the interstate placement, a change in the placement of the child in the receiving state, or the completion of an approved transfer of legal custody.

1. Virginia/Tennessee Border Agreement – Non-custodial Children

The Virginia/Tennessee Border Agreement was implemented on February 1, 2010. The following Virginia agencies and courts are a part of the agreement: the counties of Buchanan, Dickenson, Russell, Tazewell, Smyth, Washington; and the cities of Bristol, Lee, Norton, Scott and Wise. Also included are the Juvenile and Domestic Relations Court judges from Virginia Judicial Court Districts 28, 29 and 30. These courts cover the 11 local agencies that are covered under this agreement.

The purpose that was developed for the agreement is as follows: If during a child protective services investigation or family assessment, a Tennessee Department of Children's Services or Virginia Local Department of Social Services case manager assesses a child to be at risk of imminent harm, he/she shall take actions necessary to ensure the safety of the child. The case manager will consider the feasibility and practicality of a temporary family-based placement of the non-custodial child with a relative or person whom the child has a significant relationship with ("kin") who resides in the other state.

Since the beginning of the implementation, each state has tracked the numbers of children who were impacted by the Agreement and if the proposed placements were approved or denied. From May 1, 2013 to May 1, 2014 there were four cases that used the Border Agreement. There were two cases in Virginia and two cases in Tennessee. The placement resources in the Virginia cases were approved but the placement resources in the Tennessee cases were denied and those children were taken into foster care.

Virginia will monitor the effectiveness of the Border Agreement and determine whether or not it is a viable tool for the localities in Southwestern Virginia. There is a plan to review quarterly statistics to ensure a thorough investigation was completed and documentation was submitted for each case. Virginia will monitor timeliness of home study documents going to the sending state in order to comply with the Federal Safe and Timely Regulations. Virginia will continue to monitor the foster care and adoption home study requests that are coming into the state to ensure all home studies are sent to the sending states within the 60 day time limit.

Consideration had been given to developing an alternative case management system for ICPC. Currently, ARRIS is the system used to manage cases. ARRIS is not part of OASIS and requires separate maintenance and development. The decision has been made to include ICPC/ICAMA in a new, inclusive, case management system.

2. Prevention Services

The Division of Family Services established the Prevention Unit in 2009 to accomplish the following:

- a. Give clarity to the definition of prevention that provides the framework for a common language to use across the continuum of child welfare services;
- b. Promote prevention services as a core program within the VDSS system;
- c. Develop the capacity of our local departments to recognize, promote, and support prevention services;
- d. Build a repertoire of prevention strategies and best practice guidelines that can be used by localities in their delivery of prevention services;
- e. Create a presence for prevention services in the DSS database so that services can be recorded and outcomes measured; and
- f. Coordinate and collaborate with community partners to maximize prevention efforts.

The initial focus of the Prevention Unit's efforts was Early Prevention, that is, those prevention services provided prior to, or in the absence of, a current valid child protective services (CPS) referral. Results of the 2011 Prevention Survey indicated that 94% of responding Virginia localities offered prevention services to families prior to CPS involvement.

A statewide Prevention Committee was formed with the task of developing a program that would reflect what localities are already doing, to develop guidance based on current best practice models and to make changes in OASIS to capture prevention data. Over time the committee expanded to 44 local, regional and state staff and community partners. Regional meetings with local supervisors and community partners were held across the state to solicit input for guidance and other Early Prevention initiatives. Staff also made presentations at regional local director's meetings.

Additionally, a literature review of best practice models was conducted and other states that have initiated Early Prevention services using evidence informed models were contacted. Based on the information gathered, the committee developed a strength-based trauma-informed family-engagement approach that uses the protective factors as a framework. This approach combines the following evidence informed models:

Trauma-Informed Practice: A trauma-informed child and family service system is one in which all involved parties recognize and respond to the impact of traumatic stress on children, caregivers and service providers who have contact with the system. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge and skills into their organizational cultures, practices and policies. They act in collaboration with all those who are involved with the child, using the best available evidence, to facilitate and support recovery and resiliency of the child and family.

Strength-Based Family Engagement: Family engagement is a cornerstone of practice in Virginia. It requires a shift from the belief that LDSS staff alone know best what is best for children and families, towards a practice that allows the family to fully participate in decision-making. The most effective approach to helping families protect their children and meet their needs is to focus on families' strengths rather than their deficits, and to engage them at every step on the child welfare process.

Protective and Risk Factors: Protective and Risk Factors were developed as a result of research that found that five factors most influence abuse and neglect: 1. parental resilience, 2. social connections, 3. knowledge of parenting and child development, 4. concrete support in times of need, and 5. social emotional competence of children. If these factors are addressed in assessment, planning and service delivery, we are more likely to facilitate changes in families that enhance child well-being, keep children safe and stabilize families.

While the work done and guidance developed regarding the provision of Early Prevention services, particularly through community collaborations, is invaluable, the focus on early prevention precluded a focus on the provision of foster care prevention services. The population of older youth entering foster care through delinquency, truancy or runaway, and relief of custody court actions are least likely to achieve permanency. The development of model prevention programs to prevent these youth from entering care need to be developed. The goals of the Prevention Program over the next few years will largely focus on Foster Care Prevention rather than Early Prevention. Work has begun already supporting the shift in focus. The Early Prevention Committee has been re-established as the Prevention Advisory Committee. A protocol for collecting client case counts for reasonable candidacy has been developed and a major training initiative is underway to improve quality of documentation and accurate reporting. The final section of Prevention guidance, which presents a process for building the capacity of LDSS to provide Early Prevention through organizational development and collaboration, will ultimately be published as one section in a revised Prevention Manual which will address both early prevention and foster care prevention services. Funding needs are being explored including how to realign current funding sources and identify additional funding sources. Additional staff training needs are being identified.

Prevention Collaborations

The Prevention Advisory Committee: A newly formed Prevention Advisory Committee co-chaired by a state and local staff member had its first meeting in March 2014. It is anticipated that the advisory Committee will be comprised of many of the same members as the Prevention (implementation) Committee including state staff, community partners, and representatives from local departments. The Advisory Committee will meet bi-monthly to provide input to VDSS around guidance and practice issues which arise and contribute to the “re-branding” of the Prevention program.

Early Prevention sub-committee: There are many LDSS who are providing Early Prevention services which are funded through community or local government initiatives. These early prevention programs provide an opportunity to conduct program evaluation and to develop meaningful budget proposals. The LDSS staff engaged in early prevention activities have expressed interest in continuing to work with VDSS to promote early prevention interventions and advocate for the investment of funds. It is anticipated that the Early Prevention sub-committee will be comprised of state staff, community partners, and representatives from local departments. The community partners invited to participate will include: Virginia Sexual and Domestic Violence Action Alliance, Quinn Rivers Agency for Community Action, Healthy Families, Prevent Child Abuse Virginia, Virginia Cooperative Extension, and Child Care Aware of Virginia.

Trauma-Informed Community Network: Trauma-Informed Community Network (TICN) is a diverse group of professionals in the Greater Richmond area who are dedicated to supporting and advocating for continuous trauma-informed care for all children and families within the child welfare system in the city of Richmond and surrounding counties. The TICN initiated in the fall of 2012 and is comprised of trauma-informed experts from different non-profit, for-profit and government agencies.

TICN professionals have utilized online materials provided by the National Child Traumatic Stress Network on enhancing a Trauma-Informed Child Welfare System. The TICN has provided resources, education, and consultation to a variety of child welfare, juvenile justice, and mental health stakeholders to promote the utilization of strengths-based trauma-informed best practices in their work with children and families.

The TICN will provide the following through projects with LDSS:

- Facilitate the TICN and incorporation of new LDSS members;
- Conduct an organizational assessment: assist with implementation of the Trauma System Readiness Tool (TSRT), facilitate focus groups, and analyze TSRT and focus group data and develop a narrative report utilizing guidelines from Chadwick Rudy Center;
- Develop a training series that follows the NCTSN Child Welfare Trauma Toolkit;
- Facilitate review of the subcommittee's TICN Project goals (e.g., development of trauma screening tool, trauma certification of mental health providers, referral directory for trauma-informed practitioners, trauma-informed family assessment and home study protocol, and outcome measurement tool);
- Conduct monthly case consultation;
- Develop a model to be used by other LDSS in Virginia to become a Trauma-Informed Organization; and
- Provide information and training to community partners on trauma-informed care.

Assessment of Strengths and Gaps

Strengths

The first two sections of Prevention guidance were published in September 2012, presenting an overview of early prevention and why it is important, introducing the best practice models for administration, supervision and practice, describing how those models are applied from intake to closure with families, introducing a protocol for foster care diversion and providing a full range of resources for information and training. The Early Prevention Program was launched on SPARK and the VDSS Website in December 2012. Training on the best practice models were conducted at the following conferences: Child Abuse and Neglect Conference, Family Engagement Conference, Statewide CASA, North American Council on Adoptable Children National Conference and Virginia Association of Social Workers. Early Prevention Screens in OASIS were developed and implemented and training was conducted in the use of these screens in February and March 2013. A third section of guidance, focused on strategies for developing community collaborations for early prevention was written and is ready for publication.

Gaps

The Prevention Program is currently staffed by one policy specialist and a Program Manager. There is no funding available to fund activities towards supporting the development of LDSS Prevention units or activities. Although the commitment to support best practice prevention interventions at the local level continues, VDSS has had to re-evaluate priorities for the Prevention Program over the last year. No new funding for LDSS staff positions to provide Early Prevention services has been identified. Further, funding for intervention services for this population has become less available. The third chapter of guidance has not been published as concerns developed about being unable to respond to LDSS requests that the state fund early prevention positions. Because VDSS is unable to provide additional fiscal support to LDSS to assist them to provide the services described in the Prevention guidance, it began to appear unreasonable to continue to promote such practices.

Limitations of the state-wide child welfare data collection system (OASIS) make it impossible at this time to pull client level information about Reasonable Candidacy. In order to comply with federal reporting requirements the Prevention Unit has undertaken a major effort to development manual case counts each month. It is anticipated that OASIS will be updated to address this issue in the spring of 2015.

Serious concerns about the wide-spread practice of diversion; the use of a temporary alternative caregiver as an alternative to removal and entry into foster care, began to surface from a variety of sources. This practice is addressed in Prevention guidance but the state has provided little direction to the LDSS

regarding their obligation (or not) to monitor these arrangements, to provide services to birth and or alternative caregivers, and children in diversion arrangements, and to ensure that meaningful permanency plans for these children are developed. The state has initiated a TA request to work on the development of diversion guidance and has prioritized this work for the Prevention Unit this year.

Finally, while the work done and guidance developed in regard to the provision of Early Prevention services particularly through community collaborations is invaluable, the focus on early prevention precluded a focus on the provision of foster care prevention services. The population of older youth entering foster care through delinquency, truancy or runaway, and relief of custody court actions have the worst permanency outcomes for children exiting foster care. The development of model prevention programs to prevent these youth from unnecessarily entering care needs to be developed.

Continuous Quality Improvement

When the initial Prevention guidance was published, it included new case categories for use in OASIS. These case categories were intended to facilitate data collection around the types of case and kinds of work the LDSS were doing in the area of prevention. However, LDSS users report that there are too many categories and the distinctions between them are not clear. Over the next year, case type issues will need to be resolved. Additionally, it is critical that the state begin to collect data which will permit evaluation of diversion practices. Although it is known that many LDSS are using relative placement options as a means of diverting children from foster care, the impact of this intervention on the well-being and permanency outcomes for children who are diverted is not known. Finally, a current effort is underway to develop a manual count of reasonable candidate clients. It is anticipated that the OASIS system will be revised to permit this data to be extracted from the system by the spring of 2015. This will then permit ready analysis of LDSS prevention efforts and outcomes for children receiving prevention services.

3. Quality Assurance and Accountability Unit (QAA)

In July 2013, DFS re-evaluated the program reporting processes with a goal to improve internal and external coordination of information and statistics. The Outcome Based Reporting and Analysis Unit (OBRA) created in 2008 was re-assigned to the Office of Research and Planning (ORP) which oversees statistical reporting, research and information technology for DFS. A new unit, QAA, was created and includes management of four sub-reporting teams. These teams include Title IV-E Foster Care, Title IV-E Adoption Assistance, Continuous Quality Improvement (CQI) including QSR and Sub-recipient Monitoring (SRM). The QAA Unit has a staff of 31 including a program manager, an evaluation manager, a supervisor, an evaluation and monitoring Coordinator, 19 full-time program consultants, six part-time consultants, a contract accountant and an administrative staff. Each team has distinct responsibilities which frequently intersect with each other.

Title IV-E Foster Care: The Title IV-E Foster Care team is responsible for oversight, monitoring, guidance and training for both state and local agencies' staff for compliance and accurate financial reporting for all IV-E foster care clients.

Title IV-E Adoption Assistance: Title IV-E Adoption Assistance team is responsible for reviewing and validating all adoption assistance agreements completed by the local agencies. The adoption case review process validates that allowable cost are correctly documented and the appropriate funding streams are used.

Both teams also monitor and review the data integrity of the OASIS reporting. These teams also work closely with the VDSS Foster Care and Adoption Program Managers to ensure coordinated communication and application of compliance rules and regulations.

Continuous Quality Improvement: The CQI unit works closely with state and ldss staff to assess the quality of child welfare practice utilizing the QSR protocol which operationalizes the Virginia Children's Services Practice Model. The protocol tool guides professional appraisal of the status of a focus child receiving services, status of the parent/caretaker, and adequacy of performance of key service system practices for the focus child and family. The QSR uses an in depth case review method and practice appraisal process to find out how children and their families are benefiting from services received and how well locally coordinated series are working for them. The QSR guides next step actions in development of System Improvement Plans (SIP) after each QSR in which opportunities for improvement are identified through an examination of root causes and strategies for addressing the issues. SIPs are developed by first identifying the nature of the issues including practice, policy, work process, resources, training, or any combination of issues. Then the process or system that needs improvement is identified and action plans are developed with specific objectives, strategies, implementation plans, milestones, and timelines.

Sub-recipient Monitoring: The SRM team provides the administrative oversight with the purpose of monitoring and ensuring that VDSS awards are used in accordance with federal and state laws and regulations, and for the purpose for which they were intended. Sub-recipients include LDSS; local and state government agencies (e.g. counties, health departments, school systems/boards of education); non-profit agencies; for-profit agencies; and colleges and universities. The oversights included collecting, collating and reporting of schedules and the results of field and desk reviews. The team also reviews Auditor of Public Accounts (APA) findings related to all DFS programs including CPS, Foster Care, and Adoption.

D. Child and Family Well Being Services

1. Services to Address Children's Educational Needs

The Permanency Program staff continued its collaborative partnership with DOE staff. In FY 2014, VDSS and DOE facilitated regional trainings together and trained over 140 representatives from DSS and the school division. These interactive trainings concentrated on the revised joint guidance and tools that were developed in 2012 to ensure educational stability and educational outcomes for school-aged children and youth in foster care.

VDSS conducted regional IL trainings that included educational stability for foster youth as a primary subject matter. Approximately 150 DSS staff members were trained on educational stability. VDSS educational specialist facilitated a workshop on educational stability at an annual conference sponsored by DOE. DOE also facilitated educational trainings for their staff.

Virginia has worked extensively with the Great Expectations program to improve educational outcomes for foster youth pursuing higher education. The Great Expectations program operates in 17 of the 23 Community Colleges in Virginia. This program helps youth to obtain an associates' degree, vocational training and certifications to increase their independence and the possibility of earning a sustainable family wage.

VDSS and DOE met several times on improving educational performance and outcomes of children in foster care through improved decision-making based on data. The components of a Memorandum of Understanding on appropriate data sharing have been identified. Specific data elements have been identified and DOE has implemented an initial data run test using mock data. However VDSS and DOE are working with their counsel on issues related to the obtaining of data at the state level. This effort is

complicated by Virginia’s social services’ system being locally administered. At this time work on determining how to accomplish the requirements of the Uninterrupted Scholars’ Act is still underway. This initiative was included as part of the *Commonwealth of Virginia’s Proposal for the Three Branch Institute on Ensuring Well-being for Children and Youth in Foster Care* to the National Governors Association Center for Best Practices in April 2013 and work in this area is currently underway.

2. Health Care Services

The Virginia Health Plan Advisory Committee (HPAC) advises and makes recommendations to the VDSS and the Virginia Department of Medical Assistance Services (DMAS) on improving health outcomes for children in foster care across the Commonwealth. The committee ensures that children receive appropriate services to meet their health needs, defined as developmental, medical, dental, mental health, and substance abuse needs. The committee provides ongoing oversight and coordination of health care services. It helps articulate the vision, determine effective strategies, make decisions, and follow through to ensure the health needs of children in the foster care system are met.

This section on health care services provides information on progress in and modifications to Virginia’s Health Care Oversight and Coordination Plan, including those resulting from the “Because Minds Matter Summit.” It also provides information on trainings provided to LDSS, community services boards (CSBs), CSA teams, judges, and providers on trauma, systems of care, mental health services, and psychotropic medications. Specific updates to Virginia’s Health Care Oversight and Coordination Plan are attached to this document.

Overview of Transition to Managed Care

DMAS is transitioning children who are in foster care or receiving adoption assistance and who are eligible for Medicaid to managed care. This report focuses solely on children in foster care. Managed care aims to improve the short and long-term well-being of children in foster care by facilitating continuity of care that is patient-centered and well coordinated. It is the major health care delivery model for Virginia’s children in Medicaid as evidenced by 90% of children enrolled in Virginia Medicaid are in managed care as of December 2013.

Managed Care	422,386	(90%)
Fee-for-Service	44,159	(10%)
Total	466,545	
Foster Care =	5,404	
Adoption Assistance =	7,484	

As of July 1, 2012, managed care is available statewide through six Medicaid Managed Care Organizations (MCOs), although not all six MCOs are available in every area.

In the DMAS contracts with the MCOs, children in foster care are included in the definition of Children with Special Health Care Needs (CSHCN). CSHCN are defined as children under age 21 who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition(s) and may need health and related services of a type or amount over and above those usually expected for the child’s age.

The benefits for children in foster care being enrolled in an MCO and having medical management services and member services include:

- Access to assistance with medical issues (case management);

- Care coordination by dedicated plan staff;
- Access to credentialed providers;
- 24-hour nurse advice line;
- MCO member ID card, handbook, and provider directory;
- Member outreach and health education materials;
- Toll-free member helpline;
- Access to free translation services/language telephone line; and
- Open communication between MCO and DSS to meet the needs of the child.

Some groups of children are excluded from the transition to managed care, including:

- Children who are hospitalized at the time of enrollment.
- Children placed in psychiatric residential care (Level C).
- Children in Medicaid waivers. If the waiver ends, the child will be enrolled in managed care – even if the waiver is reinstated later. At that point, services are split between DMAS and the MCO (waiver services through DMAS and acute care services through the MCO).

Enrolling children in managed care.

DMAS and LDSS updated the aid categories of the FC and AA children to ensure correct identification by January 2013. This enabled the LDSS to place these children in the correct aid category. Parents and service workers are able to communicate directly with the managed care plans and HelpLine staff and that the MCO mail is sent directly to the Resource Parents. Trainings were provided to foster care service workers to provide information about how the plans could be an additional resource for them in coordinating better health care for foster care children.

Timeline for 2013	Managed Care Regions					
	Tidewater		Central Virginia		Northern Virginia	
Enrollment per region as of 01/15/14	AA	FC	AA	FC	AA	FC
	1,594	947	1,703	1,024	1,305	841
MCO effective	Sept 1 st		Nov 1 st		Dec 1 st	

Timeline for 2013	Managed Care Regions							
	Charlottesville		Halifax Lynchburg		Roanoke / Alleghany		Southwest	
Enrollment per region as of 01/15/14	AA	FC	AA	FC	AA	FC	AA	FC
	743	684	420	432	949	747	707	644
MCO effective	March 1 st		April 1 st		May 1 st		June 1 st	

Three Branch Policy Institute: Virginia submitted a proposal for and was awarded participation in the Three Branch Policy Institute by the National Governors Association Center for Best Practices on May 16, 2013. The work includes monitoring psychotropic medications and managing by data. There are representatives from each of the three branches including: Executive Branch: VDSS Commissioner; Legislative Branch: Senators and Delegates of the Virginia General Assembly; and Judicial Branch: Judges and the director of the CIP. A steering committee meets periodically to work on activities related to implementation of the work plan. Committee members come from the OCS, VDSS, DMAS, DOE, DBHDS, and the Office on Youth, and CIP.

Two outcomes listed below were identified for the work of the Policy Institute (an additional outcome is to improve educational outcomes for school-aged children/youth in foster care).

Improve Health Outcomes for Children and Youth in Foster Care	
Goal	Measure
1) Increase children receiving primary health care services through health homes.	a. 100% of children have physical health exams within thirty days of entering foster care.
	b. 100% of children over age 3 have at least annual physical health exams and under age 3 have exams consistent with the EPSDT Periodicity Table, based on American Academy of Pediatrics and Bright Futures guidelines.
	c. 100% of children in foster care have electronic health records.
2) Increase children receiving dental health care services.	a. Increased percentage of children have dental exams within sixty days of entering foster care.
	b. Increased percentage have dental exams at age 3 years and 6 years.
	c. Increased percentage have dental exams every 6 months.

Improve Mental Health Outcomes for Children and Youth in Foster Care	
Goal	Measure
1) Increase children screened and assessed for mental health needs.	a. 100% of children screened for mental health needs and referred to qualified mental health providers for full assessments when indicated on screen, within 72 hours of entry into foster care.
	b. 100% of children referred from screening receive comprehensive mental health evaluation, within 30 days by qualified mental health provider.
	c. 100% of children assessed with CANS and referred to qualified mental health provider for full assessment when indicated, within 30 days entry into foster care
	d. 100% of children referred to qualified mental health provider after CANS administration received comprehensive mental health evaluation within 60 days entry into foster care.
	e. 100% of children have CANS reassessment based on needs of child and family and on intensity of services provided, and have comprehensive CANS assessment annually.
	f. 100% of children have comprehensive CANS assessment within 90 days prior to exiting foster care.
2) Increase access to appropriate mental	a. Increased percentage of children who have moderate or severe behavioral health/emotional needs indicated on CANS receive community mental health services.

health care services.	b. Increased percentage of Medicaid providers in communities with identified service gaps.
3) Improve appropriate use of psychotropic medication.	a. Increased percentage of children who receive pediatric medical exams within 30 days prior to starting psychotropic medications.
	b. Increased percentage of children who receive psychiatric diagnostic evaluations within 14 days prior to starting new psychotropic medications.
	c. Increased percentage of children with medication plans implemented.
	d. Decreased percentage of children under age 6 receiving atypical antipsychotic medications.
	e. Decreased percentage of children receiving multiple psychotropic medications.

To help assess changes following implementation of actions in the proposal, OCS provided baseline data on the behavioral and emotional needs of children, age five and older, who have open cases to foster care services and who had a CANS assessment in SFY 2012. These behavioral and emotional needs either: (i) are causing severe or dangerous problems, and require immediate and intensive action; (ii) are causing problems consistent with diagnosable disorder, and require action or intervention to address need; or (iii) represent significant history or possible need which is not interfering with functioning, and requires monitoring, watchful waiting, or preventive activities. This data will be tracked over time to assess results from actions taken to improve behavioral health outcomes, including improving the appropriate and effective use of psychotropic medications..

2012 baseline data for these 4,597 children ratings from the first CANS assessments shows the following needs:

- 70% had impulsivity/hyperactivity;
- 69% anxiety;
- 66% depression;
- 60% anger control;
- 59% oppositional;
- 48% adjustment to trauma;
- 46% conduct; and
- 12% psychosis.

Virginia's work plan to achieve these outcomes focuses on two strategies to improve the well-being of children in foster care (a third strategy addresses improving educational outcomes for these children).

Strategy I: Improve Health and Behavioral Health Outcomes.		
Goal 1: Manage by data.		
Actions	Products	Responsibility
1. Improve health and behavioral health outcomes of children in foster care through improved decision-making based on data.	a. Cost estimates on analyzing health, behavioral health, and psychotropic medications data from SAS, External Quality Review Organization, and other appropriate entities.	VDSS, OCS, DMAS
	b. Decisions on scope, organization, and funding to conduct analysis.	DMAS, VDSS, Core Team
	c. Final data elements.	HPAC, Home Team

	d. Baseline data analysis using VDSS, CSA, and Medicaid data.	Contracted organization
	e. Core outcome measures to be tracked.	Home Team
	f. Management reports to LDSS, CSA teams, CSBs.	VDSS, OCS, DBHDS
	g. Data elements in VDSS IT systems not captured.	VDSS
	h. Reports in VDSS SafeMeasures®.	VDSS
Goal 2: Coordinate health and behavioral health care for children in foster care.		
Actions	Products	Responsibility
1. Coordinate & integrate health & behavioral health care services.	a. Health homes for children in foster care.	VDSS, DMAS, MCOs, VCHI
	b. Electronic health records for children.	DMAS, VDSS

Strategy II: Improve Behavioral Health Outcomes for Children & Youth in Foster Care.		
Goal 1: Increase percentage of children screened and assessed for mental health needs.		
Actions	Products	Responsibility
1. Implement behavioral health screening tool for LDSS workers to use within 72 hours of child's entry into care to identify urgent needs and referral for evaluation, when indicated.	a. Tool.	HPAC
	b. Guidance disseminated.	VDSS
	c. Training provided.	VDSS, CIP
2. Implement CANS as mandatory assessment for all children in foster care.	a. Trauma domain revised	HPAC, OCS
	b. Guidance revised.	VDSS, OCS
	c. Training provided.	VDSS, OCS
Goal 2: Increase behavioral health services available for children in foster care.		
Actions	Products	Responsibility
1. Disseminate guidance and provide training on mental health screening and trauma-informed practice and interventions.	a. Guidance disseminated	VDSS, HPAC, DBHDS
	b. Training.	DBHDS, CIP
2. Increase availability of behavioral health services and treatments, trauma-informed and evidence-based, for children with behavioral health needs.		Core Team, CSA, DBHDS
Goal 3: Increase appropriate and effective use of psychotropic medications.		
Actions	Products	Responsibility
1. Monitor psychotropic medications by prescribers.	a. Comparison of policies/practices for fee for service & 6 MCOS to national best practices	DMAS, VDSS
	b. Strategies identified for monitoring psychotropic medications.	Core & Home Teams, HPAC
2. Increase availability of child and adolescent psychiatrists.	a. Current psychiatrists identified across systems.	DBHDS, CSBs DMAS
	b. Strategy developed and implemented to increase number in all geographic locations.	Core & Home Teams, DBHDS, HPAC

3. Increase knowledge of appropriate and effective use of psychotropic medications.	Training provided for prescribers, mental health clinicians, health care providers, child welfare staff, family members, caregivers, judges.	Core Team, OCS, DBHDS, CIP
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Schedule for initial and follow-up health screenings that meet reasonable standards medical practice.

The VDSS Permanency Regulation was approved and in effect in 2012, requiring that children in foster care receive:

- A medical evaluation within 72 hours of initial placement if conditions indicate necessary.
- Medical examination no later than 30 days after initial placement (was 60 days).

In addition to the medical requirement, children are required to have a dental examination within six month of entry into care. There is also a requirement for children to receive dental examinations every six month. Medical examinations are provided in accordance with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, whether or not the child has Medicaid coverage. These requirements are specified in the draft Foster Care Chapter of the VDSS Child and Family Services Manual.

Health Screening Tool: HPAC evaluated a health screening tool for LDSS service workers to use within 72 hours of child's entry into foster care to identify urgent health needs of child and to refer child for immediate and appropriate medical or behavioral health evaluation. The document summarizes known health information for the foster child and the child's birth family. The department's knowledge of the child after entering foster care is dependent upon information provided by the birth family, foster parents, the managed care case manager when applicable, and other health care professionals providing services to the child. The department may provide the information in narrative, chart, and/or list format. Any item not completed indicates the information is not known. The form shall be updated whenever there is new information to ensure information is current. The child's caregivers shall provide copies of this form or use information from this form to keep health care professionals updated as appropriate. The Child Health Information form is currently part of draft Foster Care guidance that should be published in 2014.

Functional Assessment: Virginia's CANS assessment is the mandatory uniform assessment instrument for all children age 0-18 and their families who receive services funded by the CSA (§ 2.2-5209 Code of Virginia). The local CSA teams use the CANS to help plan, make decisions, and manage services at both an individual and system of care level. It helps:

- Identify the strengths and needs of the child, youth, and family.
- Enhance communication among participants working with the child, youth, and family.
- Identify children and youth who require and are referred for in-depth assessments, including assessments for health and behavioral health needs. It also has a domain for assessing trauma.
- Guide and inform service planning with the child, youth, and family.
- Capture data to track progress on child and family outcomes.
- Identify service gaps and promote resource development.

Children receiving CSA services shall initially receive comprehensive CANS assessment, with reassessments determined based on the needs of the child and family and the intensity of services. A comprehensive assessment is required annually and when the child is discharged from CSA.

The mandated CANS assessment requirement includes Title IV-E children and non-Title IV-E children that receive CSA services. However, for Title IV-E children who do not receive funding for maintenance

or services from CSA, the CANS has not been required. The 2012 VDSS Permanency Regulation was revised to require that children in foster care receive an initial foster care assessment within time frames developed by VDSS but shall not exceed 30 calendar days after acceptance of the child in a foster care placement, utilizing assessment tools designated by VDSS. This requirement is specified in the Foster Care Chapter of the VDSS Child and Family Services Manual (Section 5.5). This requirement also allows the CANS to be mandated for all children in foster care. The VDSS Permanency Advisory Committee recommended at two meetings in the past that CANS be mandated for all children in foster care. VDSS is making decisions on incorporating the most appropriate assessment and service plan information into OASIS.

The HPAC Tools and Guidance (TAG) Work Group revised the trauma module of CANS. The Center for Child Trauma Assessment and Service Planning (CCTASP) at Northwestern University Medical School revised the trauma module of CANS with Dr. Lyons and NCTSN for Illinois. They also developed guidelines for using CANS from clinician, supervisor, team, and worker perspectives to do trauma-informed assessment, treatment planning and treatment, to make CANS relevant for the family and worker, to engage children and families, and guide services and treatments. TAG will use these tools and the *Use of the CANS in Relation to Complex Trauma: Adaptation and Application of the CANS within the National Child Traumatic Stress Network*. The Foster Care Chapter of the VDSS Child and Family Services Manual will be revised to incorporate the mandated CANS and to make it more relevant once this work is complete.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

Virginia continues to utilize family engagement, Family Partnership Meetings, the foster care service plan, FAPT, the Individualized Family Services Plan, and utilization management to inform decision-making, service planning, implementation, and monitoring of services identified during screenings and assessments. The LDSS service worker continues to play a central and essential role in managing services for the child or youth in foster care.

Information on a wraparound approach and intensive care coordination was added to Virginia's health plan and is included in the Foster Care Chapter of the VDSS Child and Family Services Manual. DBHDS, DMAS, and/or OCS provided trainings on these two approaches and implementing systems of care. Funding for Wraparound training, coaching, certification, and capacity building was provided through the PRTF Waiver at DMAS by the University of Maryland Institute for Innovation and Implementation. Staff from Community Services Boards, LDSS, local CSA teams, and juvenile justice attended these trainings. Funding additionally supported the training of 80 community-based clinicians to be certified in Trauma Focused Cognitive Behavioral Treatment in order to insure that there are clinician to whom the LDSS can refer children in need of trauma treatment. Two LDSS in the Richmond area are currently engaged in training their staff to use the trauma toolkit (NCTSN) towards piloting a community wide trauma-informed system of care.

How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

DMAS focused on MCO network development and expansion to assure access is better than what is currently available in the area the MCO sought to expand into. DMAS determines network adequacy based on specific utilization for the expansion area not later than 90 days prior to the planned implementation date.

The MCO shall be solely responsible for arranging for and administering covered services to enrolled members and must ensure that its delivery system provides available, accessible, and adequate numbers of facilities, locations, and personnel for the provision of covered services. In establishing and maintaining the network, the MCO shall consider all of the following:

- The anticipated Medicaid/FAMIS Plus enrollment;
- The expected utilization of services, taking into consideration the characteristics and health care needs of the anticipated Medicaid/FAMIS Plus population to be served;
- The numbers and types (in terms of training and experience, and specialization) of providers required to furnish the contracted services;
- The numbers of network providers not accepting new Medicaid/FAMIS Plus members;
- The geographic location of providers and members, considering distance, travel time, and the means of transportation ordinarily used by Medicaid/FAMIS Plus members; and
- Whether the location provides physical access for members with disabilities.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

A major difference in Virginia's health plan is that the MCO's will be responsible for ensuring continuity of health care services. The MCO contract with DMAS requires that the MCO shall have a primary care network that includes contracting with all area health departments, major hospitals, CSBs, Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC), the top 50% utilized primary care providers, OB/GYNs and pediatricians in both rural and urban areas.

The MCO's pediatric and adult primary care providers and specialists must be clinically qualified to provide or arrange for the provision of appropriate health care services. The MCO shall submit to DMAS prior to signing the initial contract, upon revision or on request referral guidelines that demonstrate the conditions under which the PCPs will make the arrangements for referrals to specialty care networks.

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.

HPAC continues to defer to larger efforts in Virginia to implement electronic medical records (EMRs) as described below, rather than create a separate electronic health record for children in foster care.

In the interim until the EMR for children in Medicaid is established, HPAC developed the Child Health Information Form for LDSS service workers to gather known health information on the child and the child's birth family from health care providers, caregivers, MCOs, and other entities in one place. The worker will then appropriately share this information with caregivers and health care providers.

This form is being included in the Foster Care Chapter of the VDSS Child and Family Services Manual.

Virginia is now able to identify children in foster care or children receiving adoption assistance in the Medicaid Management Information System (MMIS). This will allow the aggregate reporting of data by MCO region on children in foster care. All LDSS have been involved in completing data clean up of the MMIS and the VDSS Application Benefit Delivery Automation Project (ADAPT) computer systems. Two Aid Categories will now be used to identify youth in foster care and youth receiving adoption assistance. For children in foster care, the member screen has the child's physical address and city/county code and the case screen has the LDSS address and the city/county code.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

Virginia continues to use the service authorization requirement for any atypical antipsychotic prescribed for a child under the age of six in the fee-for-service population, including children in foster care, implemented by DMAS' Drug Utilization Review Board.

Activities and progress on psychotropic medications include:

- **HPAC's Psychotropic Medications Work Group** continues to meet. It is comprised of: child pediatricians; child and adolescent psychiatrists from a Community Service Board and the Virginia Commonwealth University (VCU); DMAS and VCU pharmacists; psychiatric nurses; mental health professionals; and other DMAS, DBHDS, VDSS, and LDSS staff.
- **HPAC identified national and other state best practices and standards** for monitoring appropriate and effective use of psychotropic medications at both child and systems levels.
- **Some of the most effective practices and strategies** nationally were identified, including:
 - Psychotropic Medication Advisory Committee;
 - Practice parameters as resource for physicians and clinicians;
 - Approved/preferred medications;
 - Prescribing guidelines (e.g., initial and maximum dosing, schedule, monitoring);
 - Tracking use of medications through key measures using Medicaid claims data;
 - Prior authorization process;
 - Utilization review process;
 - Annual reporting of outcomes using Medicaid claims data; and
 - Educational materials.
- **HPAC defined psychotropic medications** based on Texas parameters. The medications are the same as the ones identified in the GAO report, however subcategories have been identified consistent with the pharmaceutical literature. The VCU clinical pharmacist updated the charts used in Texas to reflect 2013 information.
- **HPAC identified target audiences:**
 - Front line workers (VDSS service worker, FAPT & CSB case managers, clinicians, managed care managers);
 - Caregivers/providers where child lives (foster care parents, treatment foster care and residential treatment providers, etc.);
 - Prescribers of psychotropic medications (child & adolescent psychiatrists, nurse practitioners, primary care providers in public and private sectors); and
 - Youth and birth parents.
- HPAC developed draft tool kit, including:
 - Protocol for effective prescribing of psychotropic medications for children and youth in foster care (adapted from information from the American Academy of Child & Adolescent Psychiatry, the ACYF-CB-IM-12-03 dated April 11, 2012; and the American Bar Association Center on Children and the Law).
 - Checklist for effective use of psychotropic medications.
 - Information on monitoring psychotropic medications at systems level.
 - Psychotropic medication management plan form.
- **VDSS is incorporating information from the protocol and materials** in the Foster Care Chapter of the VDSS Child and Family Services Manual consistent with the role of LDSS service worker.

DBHDS' *Comprehensive State Plan 2012-2018* includes the goal to enhance access to the full comprehensive array of child and adolescent behavioral health services as the goal and standard in every community. Objectives and implementation action steps include: (i) Increase the statewide availability of a consistent array of base child and adolescent mental health services; (ii) Implement a children's behavioral health workforce development initiative; and (iii) Establish quality management and quality assurance mechanisms to improve access and quality to behavioral health services for children and families.

III. Additional Reporting Information

A. Monthly caseworker visits

LDSS have improved their percentage of monthly worker visits in part an result of reducing the number of children in foster care. Instituting Family Partnership Meetings as a statewide initiative has also contributed to children's placement in their home community and decreased travel time for workers. Workers have been able to increase visitation despite receiving very few additional resources and are consistently meeting the compliance expectation that 90% of children in foster care are visited face to face each month. The expectation that more than 50% of these visits take place in the child's residence is also being consistently met. The quality of these visits has been an on-going emphasis as well and the Quality Services review team reviews worker contacts in their scheduled department visits.

Federal Title IV-B funds to support worker visits have been used to pay for the purchase of laptops computers as a time-saving measure, allowing for quicker documentation and downloading of the visit information in to OASIS; transcribers; and travel costs for increased visitation.

The state continues to publish 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 federal goals.

B. National Youth in Transition Database

Virginia implemented NYTD on October 1, 2010 as required by the federal government. During FY 2013, a total of 1,849 youth were eligible to receive independent living services. For FY 2014, local workers continued to document IL services provided to youth age 14 and older in OASIS. A total of 14 types of services were reported in the areas of: employment, education, independence preparation, interpersonal development/health, and financial assistance. According to the FY13 NYTD Data Snapshot for Virginia, 43% percent of this population received at least one service, 34% received 3 to 4 services, and 23% received 5 or more services.

During FY 2014, NYTD IL services were required to be part of a planned program of service to youth that meets their assessed needs for permanency and development of life skills. Formal service planning and review of the service plan by the juvenile and domestic relations court occurs at least annually. Service planning involved multiple parties (i.e. mentors, foster parents, birth parents, relatives, and other individuals) as identified by the youth and as appropriate in the development of the service plan. During this fiscal year, VDSS experienced an increased number of youth receiving IL assessments, academic support and career preparation.

On June 26-27, 2013, the Children's Bureau (CB) with the Administration for Children and Families (ACF) in collaboration with Virginia conducted a site visit. The purpose of the CB site visits is to begin

documenting how states are collecting and managing NYTD data in order to assess multiple states capacity for reporting accurate data consistent with the requirements specified in the NYTD regulation. Also, the CB uses site visits as a method to test strategies that might later prove effective in evaluating data collection and reporting through a formal NYTD Assessment Review.

The federal team that visited Virginia consisted of 12 members representing CB Central Office, CB Regional Office, CB's contractors and technical assistance providers and consultants. Prior to the visit, CB worked closely with VDSS staff to prepare for this event and the state team provided materials to CB on OASIS in regard to NYTD; procedures for collecting and reporting independent living (IL) services; and the process for locating and engaging youth to conduct NYTD surveys. In addition, the CB worked with the state team to identify stakeholders groups who were scheduled for in-person interviews during the site visit. The two-day site visit was informative and intense. VDSS viewed this site visit as an opportunity to enhance and improve their NYTD program.

In September 2013, CB provided Virginia with a written report which documented their observations of the site visit. CB noted two areas which hold potential as promising practices in support of high quality collection and reporting of NYTD data:

- Collecting contact information that can be used to later located youth prior to the youth's exit from foster care; and
- Using SafeMeasures® as an administrative data tool to track the delivery of youth services reported in real time.

The federal team also identified six specific observations where action is needed to ensure that Virginia is accurately collecting and reporting information on NYTD data elements. Most of these items were related to mapping in OASIS. Additionally, there were areas where action is recommended by the CB to improve NYTD data quality or improve the state's overall effort to implement, analyze and use data. Some of the concerns identified in the report were not a surprise for the state (i.e., OASIS mapping). VDSS is in the process of developing a work plan to address these issues and concerns outlined by CB in order to collect and report accurate NYTD data.

In addition, Virginia along with the five other states that participated in the past NYTD Site Visits was invited by the CB to attend the peer-to-peer NYTD Meeting held March 12-13, 2014 in Washington, D.C. The National Resource Center for Youth Development (NRCYD) facilitated this two-day event. The purpose of this meeting was to foster support in addressing the common implementation challenges observed across the state site visits. VDSS team consisted of the state IL coordinator, newly hired state IL program specialist, a local foster care/adoption supervisor, and a youth. As requested by CB, the team provided a brief presentation on Virginia's child welfare system, IL services, and NYTD program and data.

During FY 2014, many of VDSS original key players with NYTD resigned due to other employment opportunities including: the state NYTD project coordinator, research analyst who analyzed NYTD data and prepared beliefs, and two IT staff. This was a tremendous lost for the program, however Virginia is working hard to build its NYTD team and overcome some of the challenges with gathering accurate data and meeting compliance with federal requirements.

C. Timely home studies

The effort continues to reduce the home study time for requests coming into Virginia and for those going out of Virginia. Nationally the experience has been the same. While there has been a decrease in time for relative and parental placement studies, for those states like Virginia, who require foster care certification for all relatives except parents, the length of time has not decreased significantly.

**Placement Requests Into Virginia
April 1, 2013 to April 30, 2014**

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	203	2			
Relative	6				
Foster Home	604	3		1	
Adoptive	251	54		11	
Group Home	1				
Residential	237		5	57	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	1302	59	8	69	

Sex of Children	Male		Female		Unknown	
	737		593			
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	251	313	275	327	159	
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/ Pacific Islander	Unable to determine
	704	397	10	6	1	212
Hispanic	Yes	No	Unable to determine	Declined		
	101	935	294			
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision			0-30	31-60	61-90	Over 90
			194	43	27	105

Adoption Assistance Subsidy: 47

Total Number of Agreements Into Virginia Terminated

Adoption Finalized	255	Total: 1379
Age of Majority/Emancipation	59	
Legal custody returned to parents (concurrence)	32	
Legal custody to relative (concurrence)	34	
Treatment complete	77	
Sending state jurisdiction terminated (concurrence)	1	
Unilateral termination	10	
Child returned to sending state	233	
Child moved to another state	11	
Proposed placement request withdrawn	79	
Approved resource will not be used for	74	

placement		
Other	514	

Number of children returned to Virginia: 222

Placement Requests Out of Virginia

April 1, 2013 to April 30, 2014

Type of Placement	Public Agency	Private Agency	Court	Individual	None
Parent(s)	194		2		
Relative	18				
Foster Home	436	3	1		
Adoptive	25	53		19	
Group Home					
Residential	43	1	2	85	
Institutional Care (Article VI)					
Child Care Institution					
Other					
Total	706	57	7	101	

Sex of Children	Male		Female		Unknown	
	363		352			
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	112	174	139	187	99	1
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	393	200	11	1		110
Hispanic	Yes	No	Unable to determine			
	61	567	87			

# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30	31-60	61-90	Over 90
	54	14	14	49

Adoption Assistance Subsidy: 11

Total Number of Agreements Out of Virginia Terminated

Adoption Finalized	133	
Age of Majority/Emancipation	50	
Legal custody returned to parents (concurrence)	33	
Legal custody to relative (concurrence)	60	
Treatment complete	34	
Sending state jurisdiction terminated (concurrence)		
Unilateral termination	8	

Child returned to sending state	66	Total: 913
Child moved to another state	4	
Proposed placement request withdrawn	102	
Approved resource will not be used for placement	38	
Other	385	

Number of children returned to Sending state: 93

2. ICPC elements will be evaluated and recommendations made.

The report writing program continues to have problems. As previously stated, the ARRIS system is outdated and as such is not at the top of the priority list for enhancements. The Program Manager has identified and discussed the issues with the Information Technology Department and some issues that were identified have been resolved.

3. National information system.

In the spring of 2013, the AAICPC received a \$1,250,000 grant to pilot the implementation of real-time, on-line data exchange for States to share records and other information to support permanent placements of foster care children in homes across state lines.

After a meeting with the Virginia Department of Information Technology and General Services, it was decided that Virginia would not apply for the pilot project. Virginia's Information Technology resources are currently being used for the Benefits Programs modernization project and updating the child welfare system and therefore there could be no guarantee that the department would be able to dedicate the number of manpower and program hours that may be needed for the pilot.

D. Inter-country adoptions

The data and service information is from UMFS, the private contractor that manages the statewide Adoptive Family Preservation Program for Virginia's adopted families. This program is funded through the Title IV-B, Subpart II funds. Below is the report from the contractor according to the data and analysis by their subcontractor evaluator Policy Works Inc.

AFP Data Excerpt on Disruption/Dissolution of Families Served, Families with International Adoptions Compared with All Families Served – April 2014

Families with International Adoptions:

- No disruptions/dissolutions

Five-year profile		One-year profile	
Families with international adoptions served since 3/1/09		Families with international adoptions served since 3/1/13	
Total families: 107 (unduplicated counts)		Total families: 68 (unduplicated counts)	
Total children: 121		Total children: 75	
Breakout of all cases closed:		Breakout of all cases closed	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	0	Disruption/Dissolution	0
Child out of home (no	6	Child out of home (no	4

dissolution)		dissolution)	
Family moved	3	Family moved	1
No longer need services	31	No longer need services	16
No contact for 60 days	25	No contact for 60 days	11
	65		31

All Families Served:

- In past 4 years (since 3/09), 12 disruptions/dissolutions
- In past 1 year (since 3/13), 2 disruptions.

Five-year profile		One-year profile	
All families served since 3/1/09		All families served since 3/1/13	
Total served: 569 (unduplicated count)		Total served: 302 (unduplicated count)	
<ul style="list-style-type: none"> ▪ Total 12 families whose cases were closed due to dissolution/disruption 		<ul style="list-style-type: none"> ▪ Total 2 families whose cases were closed due to dissolution/disruption 	
- 9 Foster Parent Adoptions		- 2 Foster Parent Adoptions	
- 3 Matched			
Breakout of all cases closed:		Breakout of all cases closed	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	12	Disruption/Dissolution	2
Child out of home (no dissolution)	45	Child out of home (no dissolution)	9
Family moved	19	Family moved	4
No longer need services	166	No longer need services	58
No contact for 60 days	107	No contact for 60 days	37
	349		110

Virginia utilized Title IV-B, Subpart 2 funding to create an Adoptive Family Preservation Services (AFP) system. AFP began serving adoptive families in June 2000. Through United Methodist Family Services, the AFP serves families who have adopted domestically and may also serve families that have adopted internationally. The AFP provides post legal adoption services to address presenting issues and concerns of the adoptive family.

Shown in Table 1 below are the numbers of children and families served by the AFP Program from July 1 through December 31, 2013. Included in the table are countries of origin for children, and numbers and percentages of families served by AFP who adopted internationally:

Families Served in 2013-14			
July to Sept 2013		Oct to Dec 2013	
Country	# Children	Country	# Children
Russia	19	Russia	16
China	9	China	7
Kazakhstan	6	Kazakhstan	6
Guatemala	7	Ethiopia	5
Ukraine	5	Guatemala	4
Ethiopia	5	Ukraine	4
Bulgaria	2	Bulgaria	2

Families Served in 2013-14			
July to Sept 2013		Oct to Dec 2013	
Country	# Children	Country	# Children
Columbia	1	Korea	2
Ecuador	1	Antigua, Guatemala	1
India	1	Columbia	1
West Africa	1	Ecuador	1
Korea	2	Hungary	1
Malawi	1	Malawi	1
Philippines	1	Philippines	1
Uganda	1	Uganda	1
Hungary	1	West Africa	1
		Not reported	1
Children	63		55
Families	56		50
	24.90% of 253 families served		20.33% of 246 families served

Of the total 253 adoptive families served during the first quarter, 56 adopted internationally. During the second quarter, 50 families adopted 55 children internationally. These families represent 20.33% of total families served in this calendar year.

Table below represents information as report by VDSS ICPC

7/1/2012 – 9/30/2012		10/1/2012 – 12/30/2012		1/1/13 – 3/31/13		4/1/13 – 6/30/13	
Country	# Children	Country	# Children	Country	# Children	Country	# Children
Korea	5	China	1	Uganda	3	Uganda	1
Philippines	1	Bangladesh	1	China	1	Korea	1
Pakistan	1	Congo	1	Korea	3	Japan	1
China	3	Korea	2	Pakistan	1		
Morocco	1	Philippines	2				
Ethiopia	1	Hong Kong	1				
		Jamaica	1				
		Belize	1				

E. Licensing waivers

The Resource, Foster, and Adoptive Family Home Approval Standards became effective September 2, 2009. The regulations allow variances from a standard on a case-by-case basis and the variance must not jeopardize the safety and proper care of the child or violate federal or state laws or local ordinances.

Virginia state code as well as federal law limits variances to relative foster families. A LDSS is required to submit the request for a variance to the regional Resource Family Consultant for review and approval. Any long term variances granted must be reviewed on an annual basis by the Department. This year, the Resource Family Consultants have approved 91 variances for relative foster families. The vast majority of these (89) were to allow a longer period of time to meet the initial pre-service training requirements.

Two were to allow an exception to the sleeping arrangement rules in order to allow a child to be placed with a relative who did not have sufficient bedrooms at the time of placement.

F. Juvenile Justice Transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For FY 2013, 70 children left foster care due to a commitment to corrections.

Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance. When the child's commitment to corrections terminates, Virginia Code specifies that for youth under 18 who were previously in foster care, they are to be returned to foster care unless another arrangement has been made (e.g., return to the parent).

G. Collaboration with tribes

While Virginia does not have any federally recognized tribes and reservations, there are state recognized tribes and since 2011 the number has increased from eight to 11. Based on OASIS data, on December 31, 2013, there were 19 children in care identified as American Indian or Alaskan native.

In response to ACYF-CB-PI-13-05 Virginia revised its foster care guidance to meet the requirements to establish and maintain procedures to work in collaboration with a Tribe for the transfer of responsibility and care of a child of Indian heritage to a Tribe or Tribal IV-E agency. The draft guidance was included in the June 2014 report on Virginia's PIP for the IV-E plan and is being reported on in the final APSR for the 2009-2014 State Plan.

In addition to following all Indian Child Welfare Act (ICWA) requirements, we have updated our contacts to include the newly recognized tribes and will work to build our relationships and connections with the tribes. LDSS who have tribes in their service areas are familiar with and have relationships with many of the leaders of those tribes but relationships need to be strengthened statewide. Virginia foster care policy strongly encourages LDSS to contact the Virginia tribe and work with them to address the needs of these children. New Worker Foster Care Policy Training, provided on a regular basis in each region of the Commonwealth, reviews requirements as part of the curriculum. In addition, foster care and adoption consultants are available in each of the Commonwealth's regions to provide additional guidance to LDSS when and if a child of American Indian heritage enters foster care.

H. Child Maltreatment Deaths

Sources of Information

VDSs currently uses data from child deaths investigated by local departments of social services and determined to be founded when reporting the number of child maltreatment-related deaths to NCANDS. This data comes from information reported and documented into OASIS by local CPS workers in local departments of social services. 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.

In determining if the report is founded or unfounded, the evidence must meet the standard of preponderance of the evidence.

Use of information from the State's vital statistics department, child death review teams, law enforcement agencies and medical examiner's offices

In Virginia, the regional child death review teams are composed of a multidisciplinary group including CPS, law enforcement, the medical examiner, public health, the Commonwealth Attorney, etc.; however, the only cases being reviewed are those that were investigated by LDSS. The main reason that the State does not use information from the State's vital statistics department, law enforcement agencies and medical examiner's offices when reporting child maltreatment fatality data to NCANDS is because the persons who investigate these cases have very different roles, laws and policies governing these investigations. While the various investigators work together and clearly overlap, they do not duplicate each other's roles and tasks. The numbers will likely be different because the reporting entities have different tasks and responsibilities. VDSS is the only entity in Virginia charged by statute with determining whether or not a child was abused or neglected by a caretaker. The roles and tasks of the various entities are described below.

Virginia Department of Health, Office of the Chief Medical Examiner

- Reports all deaths that occurred in a Virginia jurisdiction, regardless of residence of the decedent. Does not typically investigate or report on deaths to Virginia residents occurring outside of Virginia.
- Investigates infant and child deaths that are sudden, unexpected, violent, traumatic, suspicious for sudden infant death syndrome, suddenly while in apparent good health, etc.
- Medico-legal death investigation to determine cause and manner of death, not whether or not child abuse or neglect occurred:
 - Cause of death: a medical diagnosis about the disease, abnormality, injury, or poison that set the lethal chain of events in motion.
 - Manner of death: depending on circumstances, could be homicide, suicide, natural, accident, or undetermined.
 - Homicide occurs when the injury reveals intent on the part of person who injured the decedent.
- Some injury patterns clearly linked to child abuse and neglect: in infants and toddlers, abusive or inflicted head trauma, blunt force trauma to abdomen, or failure to thrive directly related to caretaker neglect.
- Others injuries are accidental because the injury was not inflicted on the child in an intentional way; e.g., a child drowning in a bathtub or dying in a fire; a child unintentionally forgotten in an automobile. In these cases, the caretaker may be deemed neglectful by a department of social services, but it does not mean they intentionally inflicted the injuries on the dead child.
- **Task:** To determine how a person died and the intention behind the fatal injury if manner of death was unnatural.

Virginia Department of Health, Division of Health Statistics

Part of Vital Records system.

- Reports deaths occurring in Virginia and including Virginia residents and non-residents. Also reports on death events, which includes all deaths to Virginia residents where Virginia was notified of the death, regardless of where they died.
- Uses ICD-10 coding system, which is established and maintained by the World Health Organization. ICD-10 means *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. Although mostly overlapping with how the Office of the Chief

Medical Examiner signs a case out, this coding system is not exactly the same as the schema used by the Office of the Chief Medical Examiner.

- **Task:** To report deaths, but uses a national reporting and coding schema that differs from the other reporting entities.

Virginia Department of Social Service, Child Protective Services

- Cases are identified only when reported to the state hotline or a local department of social services as suspicious for child abuse or neglect.
- Complaint must be valid. (See above for validity criteria)
- Investigates the death to determine if abuse and/or neglect occurred and who abused and/or neglected the child.
- Makes a finding of either founded or unfounded using preponderance of the evidence as the standard of evidence.
- The only entity in Virginia legally charged with determining whether or not a child was abused or neglect by a caretaker.
- **Task:** To determine whether a child was abused or neglected.

Law Enforcement/Commonwealth's Attorney

- Law enforcement uses Code of Virginia framework to investigate whether or not a crime was committed: murder, manslaughter, felony child abuse, felony child neglect, etc. Works with our state prosecutors, called Commonwealth's Attorneys, to investigate, develop evidence, etc.
- Differences in how they might determine whether or not a crime occurred. E.g., a gunshot wound death where a person who killed another person when "playing" with a gun, pointing it at the decedent in play, pulling the trigger because they didn't think it was loaded, etc. would typically be called a homicide by the Office of the Chief Medical Examiner (because they person playing with the gun knew it was a lethal weapon and pointed it at another anyway) while a criminal investigation would result in an accidental death outcome; and the department of social services would likely consider it a founded case of neglect due to a lack of supervision. Likewise, if a child drowned in a swimming pool, social services might decide the child was neglected by inadequate supervision, but law enforcement could decide no crime was committed because there was no criminal intent.
- **Task:** To determine whether a crime was committed.

Expansion of sources of information

VDSS is exploring the extent to which the numbers of child deaths reported and investigated by other sources are in agreement taking into account our various roles and tasks. The Code of Virginia, §63.2-1503 D requires that departments of social services 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 available to them all records. 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 to the local law enforcement agency. All cases that are investigated by the Office of the Chief Medical Examiner are made available to the Office of Vital Records.

Assuming that there will likely be some discrepancies in cases of reported deaths, VDSS is working with the Office of the Chief Medical Examiner to determine the extent of agreement or overlap in reported cases of child fatalities for SFY 2014 involving children ages zero to four. This group of children is being targeted because these are the children who are at the greatest risk of child death due to their vulnerability. If the Department finds that cases are being missed, we will ascertain how, where, and why the numbers differ and develop a plan to gain greater consistency. We suspect that the areas of

discrepancy will be in cases determined to be homicides, accidents and in cases involving non-caretakers. Furthermore, we suspect that the types of deaths will involve abandoned infants and family annihilation.

In addition, the State Child Fatality Review Team and Virginia's regional child fatality review teams review child death cases by a multidisciplinary group including social services, law enforcement, and the medical examiner. These teams are also in a position to identify cases that may have been screened out by CPS or never reported.

I. Populations at Risk for Maltreatment

VDSS is working 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 83% 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. In addition, when the unfounded reports are filtered in, 46 (89%) of the 52 unfounded reports involved a child under the age of one in SFY 2011; 54(77%) of the 70 in SFY 2012; and 54 (82%) of the 66 in SFY 2013. In all three years, approximately 70% of those cases were related to sleep environments. This means the actual surface the child slept on, with whom the child was sleeping with, or how the child was sleeping.

The State Child Fatality Team spent more than three years reviewing infant deaths occurring when the infant was supposed to be sleeping, including deaths attributed to Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), and asphyxia; as well as undetermined deaths that were potentially related to the sleep environment. In 2009, the year the Team examined, 119 infants who died unexpectedly in a sleep environment, approximately one infant death every three days. After natural disease, sleep-related death is the leading cause of infant death in Virginia, a loss of life nearly ten times the number of infants who died as a result of abusive head trauma and almost thirty times the number of infants who died in motor vehicle collisions. The Team has released its most recent report, *Sleep-Related Infant Deaths in Virginia*. The full report, which is available at <http://www.vdh.virginia.gov/medExam/childfatality-reports.htm>

The Team concluded that 95% of these deaths were preventable and 90% were related to an unsafe sleep environment:

- More than 70% of the infants in this review were exposed to secondhand smoke. Half of the mothers smoked while pregnant with the infant who died.
- More than half of the infants who died were co-sleeping with at least one other person. Of those infants who were co-sleeping, almost a quarter had at least one co-sleeper who had used alcohol or drugs.
- One in five mothers used alcohol or drugs while pregnant with the infant who died.
- Consistent with national data findings, Black male infants four months of age and younger at most at risk of sleep-related death. Black infants died at a rate more than twice that of White infants. Male infants died at a rate more than 1.5 times that of female infants. Three out of four infants who died were four months of age or younger.

- Infants in Virginia's Western and Tidewater communities were at highest risk. Infants died in the Western region at a rate of 219.9 per 100,000 and in Tidewater, a rate of 155.2 per 100,000. These rates far surpass the state rate of 111.3 per 100,000.
- Fewer than half of the infants were placed on their backs for sleep. More than half were found on their stomachs.
- Ninety-eight percent of infants had been seen by a pediatrician since birth. Seventy-two percent had seen a pediatrician in the 30 days preceding their death.
- Three-quarters of the families in this review had a crib, bassinette or portable crib available. About one quarter of the infants were sleeping in one of these locations at the time of their death.
- At least one caregiver was impaired by alcohol or drugs in almost one quarter of the cases in this review.

Some of the recommendations from the study for this special population include:

- Include safe sleep information into existing child welfare policy when observing and assessing home environments;
- Integrating information about safe sleep with assessments and educational materials for SNAP and Medicaid recipients;
- Develop an on-line training module specifically for health care providers working with infants and young children about the importance of safe sleep environments and emphasizing assessment for abuse and neglect;
- Establish an interagency workgroup to look at the issue of substance exposed newborns and the lack of referrals to the community Services Boards;
- Develop specialized materials for CPS workers when investigating suspected abuse or neglect of very young children in terms of nutrition, safety, bonding, and failure to thrive; and
- Partner with the Virginia Department of Health in implementing a campaign about safe sleep environments.

For safety assessments Virginia applies the Structured Decision Making Safety Assessment instrument and the Family Risk Assessment instrument. These tools are mandated in both Family Assessment Response and Investigation Response. The Family Risk Assessment tool is a research-based tool developed by the Children's Research Center. Additionally, VDSS is in the early stages of exploring a change in the timeline for response when an infant is alleged to have been maltreated, regardless of which response track the family receives.

One of the primary services that are being provided is home visiting services. VDSS administers \$3,785,501 in funding for the Healthy Families Program. Healthy Families targets first-time parents and works with families until the child reaches the age of four. It is a program grounded in research and evidence-based practice with families and children designed to improve pregnancy outcomes and children health, promote positive parenting practices, promote child development, and prevent child abuse and neglect. Healthy Families Programs help parents provide a safe, supportive home environment, gain a better understanding of their child's development, access health care and other support services, use positive forms of discipline, and nurture the bond with their child, thereby reducing the risk factors linked to child maltreatment.

The Virginia Home Visiting Consortium operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts and to increase the efficiency and effectiveness of home visiting services. The Consortium is coordinated by VDH and members include representatives of home visiting programs funded through the Departments of Social Services; Health; Medical Assistance Services; Behavioral Health and Developmental Services; Education and non-profit partners. The

Consortium sponsors a home visiting website and training through a VDH contract with James Madison University. The Consortium also addresses issues such as data collection, centralized intake, and professional development. VDH administers the federal Maternal, Infant and Early Childhood Home Visiting federal grants and the Home Visiting Consortium provides input and support to MIECHV. VDSS administers funds appropriated by the General Assembly for Healthy Families programs and VDSS administers the Head Start Collaboration Grant. Increasing the quality of child care providers is another major initiative to enhance the safety and well-being of this most vulnerable population.

J. Services for Children under the Age of Five

As of January 1, 2014, there were 1,073 children ages five and under in placements which were not permanent; that is, they were not in a pre-adoptive placement waiting termination of parental rights or on trial home visits. Forty-six percent of these children are female and fifty-four percent are male. The majority of the children, fifty-four percent, are white. Thirty-one percent are black and twelve percent are mixed race.

Services for these youth include the following:

- For those with the goal of adoption and where TPR has been ordered, these children are identified as available for adoption through the ATCP adoption project.
- Family engagement and family partnership meetings are used to involve relatives in the caretaking of these children. When possible, these children are placed with relatives.
- For those children with the goal of reunification, visits with parents are to be scheduled weekly if not more often.
- Concurrent planning practices and placement with a resource family (i.e., a family that will take the child and support both reunification and adoption).
- Placement 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 their parent (when reunification is likely); and to identify and place the child in an adoptive home (or make the home an adoptive home) as quickly as possible once reunification has been ruled out.

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.

K. Program Improvement Plan updates

Virginia is currently working on two Program Improvement Plans (PIP). The AFCARS PIP was initially submitted in August 2012 after having the AFCARS review in June 2010. Virginia is still waiting on official approval of that PIP but has already been working on the recommended changes that came from the review. There were many technical and mapping fixes that were immediately addressed to bring the AFCARS submission into compliance. A workgroup was created with representatives from VDSS and LDSS as well as representatives from the VDSS Division of Information Systems to address other areas that continue to need attention. Several suggestions have been implemented in OASIS including adding new values to pick lists; implementing the diagnosed disabilities screen and updating the foster care

funding screen. The workgroup will eventually work on creating a new adoption subsidy screen; however this has been delayed due to the creation of the new service plan screens and potential IV-E automation. An additional edit has been put into development that will help ensure there is a closer match between the foster care file and the adoption file for the AFCARS submissions. This edit should force a worker to properly discharge a child from foster care by reason of adoption. The edit is scheduled to be released with the 3.13 version of OASIS. Until official recognition of the PIP has occurred there will be no timeframe for completion however, Virginia continues to be proactive in making changes that will provide better data.

April 26, 2013, Virginia received notice that our Title IV-E plan had been approved and that the PIP received in December, 2012 was also approved. The Title IV-E PIP includes: updates to Virginia's automated service plan; revisions in State Code and DSS policy in timeframes and purposes of case reviews and permanency hearings; changes in Code to allow for fair hearings for covered individuals; revisions to licensing regulations to include regular reviews of the amounts paid for foster care maintenance and adoption assistance; and modifications to State police to comply with requests for child abuse and neglect registry checks received from another state.

Virginia has submitted three PIP updates with another quarterly report scheduled for April 2014. Progress has been made on this PIP including submission of a draft of the redesigned service plan, a new focus on Reasonable Candidacy including a refresher training for local workers, a change in the timing of court hearings from 75 days to 60 days, creation of guidance around fair hearings, and inclusion of background checks for all adults in the home in foster care guidance. There are a few significant remaining activities including implementing the new service plan screens in OASIS and ensuring judges are asking about best interest of a child when placed out of state.

IV Assessment of Performance

Statewide Assessment

In order to assess state performance on child and family outcomes and agency systemic factors, Virginia has examined its performance on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors. Using the most recent data profile, national standards, data related to systemic capacity, case record review data, and other relevant data, Virginia has been able to provide insight to performance on outcomes and systemic factors since the last round of the CFSR.

Child And Family Outcomes

Safety Outcomes 1 and 2

1. Children are first and foremost, protected from abuse and neglect;

Item 1: Timeliness of initiating investigations of reports of child maltreatment Responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child made, within the timeframes established by agency policies

Item 2: Repeat maltreatment Determine if any child in the family experienced repeat maltreatment within a 6-month period

For the last round of the CFSR, Virginia was not in substantial conformity with Safety Outcome 1. The outcome was substantially achieved in 53.3 % of the cases reviewed. However, the State met the national standards for the data indicators pertaining to the absence of maltreatment recurrence within six months and the absence of maltreatment of children in foster care by foster parents or facility staff. Item 1 was rated an area needing improvement in the last round of the CFSR with 60% being rated strength.

Item 2 was rated strength in the last round of the CFSR. SafeMeasures® includes the Critical Outcomes Scorecard. This report includes outcomes that are tracked monthly related to Transformation Outcomes, CFSR Outcomes, and Safety Outcomes. The CFSR Safety data element Absence of Recurrence of Maltreatment has been added to the Scorecard. As of April 23, 2014, Virginia has an absence of recurrence in 99.5% of cases. According to the most recent State Data Profile, Virginia has an absence recurrence in 96.9% of cases (FY2013ab for NCANDS data).

To address these items several strategies were implemented in the CFSR PIP. The first objective of Primary Strategy 2 was to “Improve local department staffs’ abilities to assess initial safety and risk.” Strategies to accomplish this goal included revising CPS guidance to include tools to improve response time to CPS reports, develop a policy on face-to-face contact with victims, and provide safety and risk assessment tools for more accurately and consistently assessing initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse. After the first round of the CFSR, Virginia piloted Structured Decision Making (SDM) in 30 agencies. After the second round, the Department made the commitment to implementing specific, research-based safety and risk assessment tools to achieve a uniform statewide process for assessing safety and risk. The use of standardized tools brings a greater degree of consistency, objectivity, and validity to child welfare decisions and helps CPS units focus their limited resources on cases at the highest level of future maltreatment. SDM processes and tools were incorporated into CPS guidance and trained statewide. Policy was developed on face-to-face contact with victims and included in guidance and regulation 22VAC40-705-80(B)(1). The child protective services worker shall conduct a face-to-face interview with and observation of the alleged victim child and siblings. All interviews with alleged victim children in a CPS investigation must be electronically recorded. Guidance indicates these interviews and observations should be conducted within the assigned response priority. Priority 1 contacts should be initiated within 24 hours, Priority 2 contacts should be initiated within 48 hours, and Priority 3 contacts should be initiated within five working days of receipt of a valid CPS report.

Several reports have been created and are available in SafeMeasures®. They include:

- Timeliness of First Completed Contact;
- Time to First Meaningful Contact (also quarterly); and
- Timeliness of First Attempted or Completed Contact with Victim (also quarterly).

Timeliness of First Completed Contact informs whether a contact was made and completed within the assigned response time. As of April 22, 2014, 80.1% of all referrals received in the month of February 2014 had the first completed contact made within the assigned response priority (Timeliness of First Completed Contact). Time to First Meaningful Contact shows how much total time (not working days) elapsed between the referral date and the first meaningful contact. First meaningful contacts provide pertinent information relevant to assessing the safety of the child and are typically a face-to-face contact. As of April 22, 2014, referrals received in the month of February 2014 indicate 82% of the cases had a first meaningful contact within 5 days and specifically broken down to contact made within:

- 24 hours for 36.7% of cases;
- 25-48 hours in 12.8% of cases;
- 49 – 72 hours in 7.2% of cases;
- 3 – 5 days in 14.3% of cases;

- 6 – 10 days in 9.4% of cases;
- 10+ days after referral in 5% of cases;
- Closed without contact in 1.6% of cases, and
- Contact was still pending in 11.7% of cases.

Timeliness of First Attempted or Completed Contact with Victim indicates whether the first attempted or completed contact made with the victim child was within the assigned response priority. As of April 22, 2014, 84% of all referrals received in February 2014 had timely contacts.

2. Children are safely maintained in their own homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

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 4: Risk assessment and safety management Determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Virginia was not in substantial conformity with Safety Outcome 2 during the last round of CFSR. The outcome was substantially achieved in 69.2% of the cases reviewed. Item 3 was rated an area needing improvement in the last round of the CFSR. Sixty-eight percent of cases were rated as strength. Those that were not rated strength either didn't provide services or services were provided but they did not target the key safety concern in the family. VDSS conducted case reviews for Item 3 with a negotiated improvement goal set at 82%. One hundred and seven cases were reviewed over the twelve-month period ending 12/31/11. Of those cases 95.3% were rated as strengths exceeding the 82% goal.

The annual QSR Report issued in October 2013 found that overall children were safe in their homes in 85% of the cases reviewed and safety was rated at 100% for children in substitute home, community settings, and in school setting. Common patterns found for cases that scored as strengths include children that had proper supervision by parents, foster parents, relative caretakers, and school personnel. Safety factors in place included following safety plans as well as having parents and caretakers who had protective abilities and appropriate skills necessary to ensure safety.

Item 4 was rated as an area needing improvement in the last round of the CFSR. Sixty-nine percent of cases were rated as strength. Those cases that were not rated as strength lacked initial and ongoing safety and/or risk assessments. VDSS conducted case reviews for this item with a negotiated improvement goal of 76.4%. Virginia reviewed 97 applicable cases during the six-month period ending 6/30/11. Of those cases 92.8% were rated as strengths.

These items were addressed in the CFSR PIP several ways. Primary Strategy 1 was to Engage Families across the Continuum of Child Welfare. The first objective under this strategy was to "Utilize family partnership meetings (FPM) as a way to involve families, youth, and significant others". Family partnership meetings reflect VDSS's commitment to having family members at the table, whenever possible, to participate in permanency planning for their child or relative. These meetings utilize a team approach to making decisions throughout the family's involvement with the local department. They involve the parents and their identified supports, relatives, the social worker, professionals working with the family and other relevant community partners. FPMs are facilitated by a trained individual who is not the case-carrying service worker for the child or family and the group as a team collaborates on decisions at the following points: determination of high or very high risk; prior to emergency removal; prior to change of placement; prior to change of goal; at the request of the parent (birth, foster, adoptive, legal

guardian), or family services worker. Foster Care and CPS guidance were revised to support family engagement philosophy and partnership meetings. VDSS has incorporated a Family Partnership Meeting Following High Risk Assessment report into SafeMeasures® to be able to track when localities are actually holding FPMs at that decision point. As of April 23, 2014, out of the 903 FPMs that took place during the month of March following an SDM risk assessment with a high or very high overall risk level High Risk Assessments, 2.1% of cases held an FPM within 30 days of the assessment and 3.3% held an FPM prior to the assessment.

In addition to utilizing FPMs as a way to involve families in service planning and provision, Item 3 was addressed in Primary Strategy 2: Improve Assessment and Service Planning. As discussed in Safety Outcome 1 above, Virginia has incorporated SDM tools in to guidance and everyday use. Those tools include: Intake Tool, Safety Assessment, and Risk Assessment. The use of these tools is intended to inform service planning. SafeMeasures® includes several reports on completion and timeliness of completion of these reports and assessments. While these reports do not review service planning, they are a way for localities to monitor the use of the tools.

SafeMeasures® reports:

SDM: Intake Tool Completion;

SDM: Time from Referral to Intake Tool Completion;

SDM: Safety Assessment Timeliness;

SDM: Safety Decision;

SDM: Initial Risk Level;

SDM: Risk Assessment Override; and

SDM: Risk Assessment Timeliness.

The second objective under this primary strategy is to “Improve local department staffs’ abilities to conduct service needs assessments and develop relevant service plans.” There are three strategies for meeting this objective. Strategy one sought to revise the CPS policy/guidance manual to provide tools to support on-going assessment, risk reassessment and services planning for children and families service needs. The SDM Family Strengths and Needs Assessment, Risk Reassessment and the Family Reunification tools were discussed with the CPS Advisory Committee as additional tools to incorporate. These tools have not yet been incorporated; however, they are part of a service request (SR) for the revision of service plan in OASIS. The second strategy was to select and implement specific tools to guide service workers in conducting child and family needs assessment and risk assessment prior to reunification and incorporate these tools in to foster care guidance. The draft version of foster care guidance includes a health assessment tool and guidance around trauma-informed practice. The final strategy requires the Department to develop requirements for a redesign of the service assessment and service planning screens in OASIS. These system updates will improve local department staff’s ability to develop service plans that are responsive to a comprehensive assessment of children’s, families’, and providers’ needs. Changes to the system were not possible during the two years of the PIP. Work is currently underway on this project.

Permanency Outcomes 1 and 2

1. Children have permanency and stability in their living situations;

Virginia was not in substantial conformity with Permanency Outcome 1 during the last round of CFSR. The outcome was substantially achieved in 35% of the cases reviewed. In addition to case review findings, Virginia did not meet the national standards for the data indicators pertaining to timeliness and permanency of reunification, timeliness of adoptions, and permanency for children in foster care for

extended time periods. However, the State met the national standard for the data indicator pertaining to placement stability.

Item 5: Foster care re-entries Assess whether children who entered foster care during the period under review were re-entering within 12 months of a prior foster care episode

Item 5 was rated as strength during the last round of the CFSR. SafeMeasures® has incorporated the Reentries within 12 month report. This report details all children who entered care during the selected month and looks at what percentage had been discharged to reunification less than 12 months before being removed again. It looks at children with reentry within 12 months and reentry after 12+ months. As of February 28, 2014, for the 160 children that came into care during that month, one child (.6%) had a reentry within 12 months and eight children (4.6%) had a reentry after 12+ months. The state goal for reentry within 12 months is 9.6%. According to the most recent state data profile (FY2013ab), Virginia's score for: Measure C1-4 "Re-entries to foster care in less than 12 months" is 7.3%.

Item 6: Stability of foster care placement Determine if 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 interest of the child and consistent with achieving the child's permanency goal(s)

Item 6 was rated as an area needing improvement in the last round of the CFSR with 82.5% of cases being rated strength. This item was addressed in the CFSR PIP in Primary Strategy 1 to Engage Families across the Continuum of Child Welfare under the first objective "Utilize family partnership meetings (FPM) as a way to involve families, youth, and significant others". One of the key decision points to hold an FPM is prior to a placement change. SafeMeasures® tracks FPMs held for Placement Change. As of February 28, 2014, out of the 516 placement changes, 86.6% of cases did not have a FPM recorded in OASIS. This report looks at FPMs held 30 day before or 30 day after placement change and FPMs held for another reason. In 6.6% of cases, the FPM was held 30 days before placement change. In 3.7% of cases, the FPM was held with 30 days after the placement change. There was an FPM held in 3.1% of cases that was not categorized as an FPM at the placement change decision point.

According to the most recent state data profile (FY2013ab), Virginia's state score for Permanency Composite 4: Placement Stability is 98.8. For Measure 1 "Two or fewer placement settings for children in care for less than 12 months", Virginia is at 85.4%. For Measure 2, "Two or fewer placement settings for children in care for 12 to 24 months", Virginia is at 66.1%. For Measure 3 "Two or fewer placement settings for children in care for 24+ months", Virginia is at 36.9%.

Between July 1, 2012 and June 30, 2013, VDSS conducted QSR case reviews on 67 cases; 26 of the cases were CPS ongoing and 41 were foster care cases. One of the indicators the QSR utilizes is Stability: the degree to which the child's daily living, learning, and work arrangements are stable and free from risk of disruption. The child's daily settings, routines, and relationships are consistent over recent times. Known risks are being managed to achieve stability and reduce the probability of future disruptions. (*Timeframe; past 12 months and next 6 months*) For stability in a child's home setting, 72% of the cases were rated as strengths. Practice patterns identified for these cases included children with no changes in school or placement within the past 12 months; children that had no future moves anticipated, except planned reunification, or planned step-down in their placement. Patterns in cases that were opportunities indicated that children with complex behavioral issues demonstrated by the child that caused multiple disruptions in placements.

Item 7: Permanency goal for child Determine whether appropriate permanency goals were established for the child in a timely manner

Item 7 was rated as an area needing improvement in the last round of the CFSR with 57.5% rated as strength. Those cases not in conformity were rated that way because of the following: goal was not appropriate based on needs of child; the goal was not established in a timely manner; or, TPR was not sought in a timely manner and reason why not was not documented. VDSS conducted case reviews on this item and submitted 78 cases 78.2% of which were rated strengths. However, the State did not follow the agreed upon distribution of cases between the three different levels of localities. VDSS ran the 78 cases originally submitted through its sampling process to drop cases in order to be in line with the agreed upon distribution by size of locality. This resulted in a total of 44 cases being pulled with 35 (79.5 %) rated as strengths which exceeded Virginia's renegotiated goal of 65%.

Item 8: Reunification, guardianship, or permanent placement with relatives Determine whether concerted efforts were made, or are being made, during the period under review, to achieve reunification, guardianship, or permanent placement with relatives in a timely manner

Item 8 was rated as an area needing improvement with the last round of the CFSR with 69% rated as strength. According to the most recent state data profile (FY2013ab), Virginia's state score for Permanency Composite 1: Timeliness and Permanency of Reunification is 108.1. Scores for Component A: Timeliness of Reunification are as follows: Measure 1 "Exits to reunification in less than 12 months": 56.2%; Measure 2: "Exits to reunification, median stay": Median 9.8 months; and Measure 3: "Entry cohort reunification in < 12 months": 26.5%.

SafeMeasures® contains several reports related to this item. The Time in Care: Reunification within 12 Months report is for clients with a goal of reunification who were in care at any time in the selected month to determine how long has the child been out of the home. The state goal is to reduce children's time in out-of-home care to less than 12 months for at least 75.2% of all clients in care. As of February 28, 2014, 74.7% of children were reunified within 12 months. The report, "Discharges to Permanency" looks at how the child's last foster care placement discharged. The state goal is to increase the number of children exiting care to permanency (adoption, reunification, or custody transfer to relative) to 86% of all discharges. As of February 28, 2014, 75.6% of children discharged to permanency. The next highest discharge reason is emancipation, which is at 20.1% of children leaving care. Another report, "Discharges to Permanency (24+ Months in Care)" looks at all children who had been in care for 24+ months on the first day of the 12 months ending with the selected month, how many were discharged to permanency. The state goal is to increase the number of children in care 24+ months exiting to permanency to 29.1% of all discharges. As of February 28, 2014, 19% of discharges of children in care 24+ months were to permanency.

The QSR utilizes the Permanency indicator. This indicator looks at the degree to which the confidence level of those involved (child, parents, caretakers, others) that the child is living with parents or caretakers who will sustain in this role until the child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood. According to the 2013 QSR annual report, Permanency is indicated as strength in 63% of cases reviewed. Practice strengths include: children residing in their birth home with plans to remain in the home; legal permanence achieved for children through adoption and/or relative custody; and all service providers working to achieve permanence for children. Common patterns identified for cases with opportunities regarding permanency include: placement uncertainty due to inability to determine the parent's ability to provide safety and protection for a child; cases with no progress with the current permanency plan or with a concurrent plan; and permanency plans that are unclear, not appropriate or unrealistic. In some cases, the review indicated a lack of communication between service providers resulting in working towards different permanency outcomes for the child and family.

Item 9: Adoption Determine whether, during the period under review, concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner

Item 9 was rated as an area needing improvement with the last round of the CFSR with 33% of cases rated as strength. Cases were not rated as strength when there was a delay in filing TPR, the TPR were caught in appeals, there were delays in home studies, or there was a lack of effort to finalize the adoption. According to the most recent state data profile (FY2013ab), Virginia's state scores for Permanency Composite 2: Timeliness of Adoptions is 114.9. For Component A: Timeliness of Adoptions of Children Discharged From Foster Care, Measures 1 "Exits to adoption in less than 24 months" is at 32.9% and Measure 2 "Exits to adoption, median length of stay: is at 29.1 months. For Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer, Measure 3 "Children in care 17+ months, adopted by the end of the year" is at 27.8% and Measure 4 "Children in care 17+ months achieving legal freedom within 6 months" is at 16.3%. For Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption, Measure 5 "Legally free children adopted in less than 12 months" is at 49.3%.

The "Time in Care (Adoptions within 24 Months)" report in SafeMeasures® is for all children with a goal of adoption who were in care at any time in the selected month and looks at how long has the child been in care. The state goal is to reduce the amount of time children are in out-of-home care to less than 24 months for at least 36.6% of all clients in care with a goal of adoption. As of February 28, 2014, 42.4% of children are adopted within 24 months. The TPR Status report displays the distribution of the different TPR statuses for all children with a goal of adoption that were in an open placement on the last day of the selected month. As for February 28th, 2014, there were 1,324 children with TPR. The TPR status report shows:

- TPR not filed 13.9%;
- TPR filed, not ordered 2.1%;
- TPR ordered with appeal 7%;
- TPR ordered, child not in adoptive placement 55.1%;
- TPR ordered, child in pre-adoptive placement 14.8%; and
- Parent missing from TPR 7.1%.

Item 10: Other planned permanent living arrangement determine if the child is adequately prepared to make the transition from foster care to independent living; the child, even though remaining in foster care, is in a permanent living arrangement with a foster parent or relative caregiver until they reach majority; the child is in a long-term care facility and will remain in that facility until transition to an adult care facility

Item 10 was rated an area needing improvement in the last round of the CFSR with 80% of cases rated as strength. Cases were not rated as strength if the child was not in a permanent placement and there was no formal agreement to provide a home for the child until the age of majority. VDSS conducted case reviews on this item and reviewed 35 applicable cases for Item 10 during the 6-month period ending 6/30/11. The negotiated improvement goal was set at 63.2%. Of those cases 77.1% were rated as strengths.

The QSR utilizes the indicator Pathways to Independence for youth 14 or older and in foster care. This indicator is the degree to which, according to age and ability, the youth is gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of departmental services. It also assesses whether the youth is developing long-term connections and informal supports that will support him/her into adulthood. According to the 2013 QSR annual report, There were 16 (24%) children, that were 14 and older, and 63% of these cases scored as strength for Pathways to Independence. In these cases, transitional living plans were completed for children including goals to learn daily living skills such as household chores,

budgeting, social skills, and job-skills training to obtain employment. Two children with developmental delays are obtaining skills to live independently and receive services from the Division of Rehabilitative Services and vocational training. There were three children who had the goal of Independent Living and were attending community college and two of these children are living in independent living placements. For cases that scored as an opportunity, case practice shows that transitional living plans are not completed or the plans include unrealistic goals and life expectations for the youth. Several children were 17 years old and were just beginning to address independent living issues with few plans and no connections with informal supports when they exit care.

Items 7 – 10 were addressed in the CFSR PIP in Primary Strategy 1: Engage Families Across the Continuum of Child Welfare Objective 1 is to Utilize Family Partnership meetings as a way to involve families, youth, and significant others. These meetings reflect VDSS's commitment to having family members at the table, whenever possible, to participate in permanency planning for their child or relative. The idea is that investment in the process will keep families involved and speed the process of finding permanence for children. These items were also addressed in Primary Strategy 4: Managing by Data and Quality Assurance Object 1: Increase use of data driven decision making in Virginia's child welfare system. As mentioned above, Virginia has implemented the use of SafeMeasures® as a tool for state staff and local workers to examine live data. SafeMeasures® is a response to long-standing LDSS requests for greater access to the data that they record in OASIS. Several SafeMeasures® reports are looking directly at trends and outcomes related to these CFSR measures and permanency. A unique response from VDSS concerning Managing by Data was to create TOP, or Translating Outcomes to Practice, to routinely examine data to determine both best practices and opportunities for improvement across program areas at the state level. The TOP meetings were intended to ensure DFS had an internal accountability processes. Members of TOP included the division director, program managers, other VDSS staff that could provide relevant information, representatives from CSA and CIP, and regional staff. TOP findings encouraged formulation of Process Improvement Teams (PIT) which examines internal (DFS) processes only. In other words, the purpose was to determine what VDSS can do internally to positively affect its child welfare outcomes. The TOP group met on a regular basis for half of the PIP time period but through change of leadership and workload issues, the group disbanded. There was one effort to revive the group, however, that was unsuccessful and there currently is no formalized group that is focused on addressing systemic issues with DFS. With the creation of the new Child Welfare Five Year Plan, program managers are beginning to focus on ways to include more data driven decision making and more continuous quality improvement.

Items 7 and 8 were addressed in the PIP through Objective 4: Implement Custody Assistance as a permanency option for children in foster care of Primary Strategy 1. A workgroup was formed to examine the issue and recommended implementing Custody Assistance (CA) as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out. It was determined by the DFS policy team in consultation with the Office of the Attorney General that legislation is not required, since CA is not a foster care goal or a new program. It is a way to assist (subsidize) the placement with a relative foster parent who qualifies to take custody of the foster child. The workgroup concluded that the CA option has the potential to achieve the following outcomes statewide: increase the number of children who exit foster care and enter permanent placement arrangements; decrease the number of children who age out of foster care without connections to a permanent family; protect children from subsequent abuse or neglect. The workgroup refocused their efforts and began drafting guidance that will include a definition of relative and clarify Virginia's application of permanency goals and certain payment issues. OASIS was updated to accurately capture all aspects of CA. DFS was prepared to work in conjunction with the VDSS research department on an evaluation plan and capturing baseline data. The decision was made not to implement CA in Virginia. A great deal of work went into preparing for the implementation of the program; so much so the PIP Objective was approved even though CA does not exist in Virginia.

Item 9 was addressed in the PIP through several Objectives of Primary Strategy 1. Objective 2 Increase timeliness and discharges to permanency focused on children with TPR and the goal of adoption. There are several strategies that fall under this objective. The first is a targeted approach to increasing adoptions across the state by utilizing existing adoption contracts. VDSS funds sixteen adoption contracts; thirteen were revised to improve both timeliness to adoption and the quality of the work that is done to move a child towards that adoption outcome. Those contracts were renegotiated effective July 1, 2010 and began targeting specific children. Each contract required contractors to increase the number of children and families served by 25% over the previous year. VDSS generated a list of children who have termination of parental rights on both parents, a goal of adoption, and are currently not placed in a finalized adoptive home. The list was categorized into two sub-sections. The first is children who have been in care less than 24 months and the second are children who have been in care more than 24 months. The list was been shared with local departments and the adoption contractors to ensure there wasn't duplication of efforts. This identification and monitoring of specific children for the local department and the contractors began a new process for VDSS. Contractors continued to provide recruitment, home studies, placement preparation, and post-placement services but the difference was more specific recruitment for children on the lists cited previously. VDSS provided training in late summer 2010 to contractors and LDSS.

The second strategy under this objective was to revise the quarterly reports contractors submit to VDSS. Contractor reports, in addition to providing summary information about all activities related to the contract, track specific children for which they are working to achieve a finalized adoption. The tracking showed how long and with what success each strategy was applied, allowing process outputs to be evaluated along with the final outcome. All contractors were given a goal for a number of finalized adoptions in addition to any other services they are providing. The initiative tracked the monthly status of the children and provided quarterly reports on the success of the initiative to all local agencies and VDSS. In addition, VDSS created a roles and responsibilities agreement form that is signed by both the LDSS that has custody of the child and the adoption contractor that is tasked with helping the child reach permanence. The end results of this contract revision have been that VDSS has much better data about the work being done to get children adopted across the state. Some of the contractors did increase the number of children that were adopted, however some did not.

The next objective: Collaborate with CIP to promote child welfare outcomes highlighted the partnership with the CIP. Virginia's CIP has been an active partner during the CFSR and PIP process and remain steadfast partners with VDSS. Another strategy was to utilize the adoption progress report in collaboration with CIP to increase the timeliness to adoption. The adoption progress report is filed by the local department with the courts until an adoption is finalized and should reflect any progress made. A workgroup reviewed the adoption progress report and made minor changes. The partnership with CIP was helpful in reinforcing the need for judges to critically examine these reports and hold local departments accountable for progress made.

In May 2012, the previous administration initiated the Virginia Adopts campaign. As part of that campaign, two contracts were awarded focused on recruitment activities. One RFP, addressing the targeted recruitment of adoptive families, was awarded to two agencies. These agencies will use Extreme Recruitment®, an evidence-based model to identify, recruit and match families for hard-to-place youth who are available for adoption. This model seeks to find permanency for youth using 12-20 weeks of intensive recruitment efforts and permanency preparation." Extreme Recruitment® aims to improve long term outcomes of youth in care by connecting the youth to supportive adults, accomplished in two ways: 1) reconnecting youth with safe and appropriate relatives/kin; and 2) matching youth with permanent resources for adoption or guardianship. The target population is Virginia's 100 "Longest Waiting Youth" followed by children who have been in care longer than 15 months and older than 10 years. The aim is to match 70% of the youth served with an identified permanency resource within the 20 week timeframe.

The second RFP was awarded to create a state-wide general recruitment campaign. This contract incorporates the use of Market Segmentation to target potential families using the training and technical assistance of the National Resource Center (NRC) on Diligent Recruitment. VDSS has purchased market segmentation software that will allow existing data on adoptive families to be utilized in identifying future families who are willing to adopt. Market segmentation is comparable to micro-targeting practices that businesses and campaigns use and enable DSS to develop a profile of families who are likely to adopt. In 2014, VDSS began its work with the NRC consultants in order to better utilize Market Segmentation to enhance recruitment of adoptive families in Virginia. NRC is also providing consultation regarding AREVA and updating current photo-listings.

2. The continuity of family relationships is preserved for children.

Virginia was not in substantial conformity with Permanency Outcome 2 during the last round of CFSR. The outcome was substantially achieved in 66.7% of the cases reviewed.

Item 11: Proximity of foster care placement Concerted efforts were made to ensure that the child's foster care placement was close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s)

Item 11 was rated strength during the last round of the CFSR. SafeMeasures® includes several reports examining the proximity of foster care placements. Those reports include: Active Foster Care: Removal/Foster Home Location (Placement Locality), Active Foster Care: Removal/Foster Home Zip Code (Zip Code), and Active Foster Care: Distance from Removal Home. The Placement Locality report determines if the child's foster care home is in the same locality as the removal home. As of February 28, 2014, 46.9% of children's removal and foster care homes are in the same locality. The Zip Code report determines if the child's foster home is in the same zip code as the removal home. As of February 28, 2014, 77.3% of children are currently in a different zip code than their removal home zip code. The Distance from Removal Home report determines how far from the removal home was the child placed. As of February 28, 2014, out of 4,765 children:

- 7.8% were placed within 2 miles of the removal home;
- 9.5% were placed within 2-5 miles of the removal home;
- 13.9% were placed within 5 to 10 miles of the removal home;
- 15.8% were placed within 10 to 20 miles of the removal home;
- 27.6% were placed more than 20 miles from the removal home; and
- 25.4% of cases were missing address information.

Item 12: Placement with siblings 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 12 was rated strength in the last round of the CFSR. While there is anecdotal information that LDSS workers make concerted efforts to place siblings together, there are currently no reports that capture that information. As part of the service plan redesign for OASIS, it is proposed that fields be added and required to determine if, in fact, siblings are placed together.

Item 13: Visiting with parents and siblings in foster care 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 13 was rated an area needing improvement in the last round of the CFSR with 55% rated strength. Those not rated strength were rated that way because visitation was not promoted with parents or siblings. This item was addressed in the CFSR PIP through Primary Strategy 1: Engage Families Across the Continuum of Child Welfare Objective 1 is to Utilize Family Partnership meetings as a way to involve

families, youth, and significant others. Additionally, reports were created to track case worker visits with children, parents, foster parents, sibling visits, and child and family visits. SafeMeasures® also tracks Monthly Client Visits with Family Members and Monthly Client Visits with Siblings. These summaries show whether at least one completed face-to-face visit between the child in foster care and an immediate family member occurred in the selected month. As of February 28, 2014, 32.1% of cases had a recorded visit with family members and 24.2% had a recorded visit with siblings.

Virginia's QSR looks at the indicator: Maintaining Connections: The degree to which interventions are creatively building and maintaining positive interactions and providing emotional support between the child and his/her parents, siblings, relatives, and other important people in the child's life, when the child and family members are temporarily away from each other. According to the 2013 annual report results indicate strengths for maintaining connections for mothers (53%), siblings (50%), fathers (42%), and others (56%) which include extended family including grandparents and relatives. In these cases, sibling groups were placed together and visits were occurring between children and parents. Children were able to maintain relationships with extended family through participation in community events, church and holiday gatherings and school related activities. In cases that were not rated strength, siblings were placed in separate homes and had little to no contact with their siblings, and there was minimal to no contact with parents or extended family. For cases with siblings placed separately 16% of the children were able to visit siblings at least monthly and in 25% of the cases sibling visits occurred less than monthly. Of the 34 applicable cases for visits with mothers 28% of children were able to visit at least monthly and for 22% of the children visits with mothers was less than monthly. Of the applicable cases with fathers 19% of the children visited their father at least monthly and an additional 19% of children visited less than monthly with their father. When children are living away from their parents and/or siblings, it is important to provide opportunities for frequent and appropriate contact with one another and with other important people in their life. When this occurs, it promotes the preservation of the family and successful reunification of the child and their parents and natural support.

Item 14: Preserving connections Concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends

Item 14 was rated an area needing improvement in the last round of the CFSR with 85% of cases rated strength. Those cases that were not rated strength didn't show effort to preserve connections with extended family or community. This item was addressed in the CFSR PIP through Primary Strategy 1: Engage Families Across the Continuum of Child Welfare Objective 1 is to Utilize Family Partnership meetings as a way to involve families, youth, and significant others.

Virginia's QSR looks at the indicator: Maintaining Connections: The degree to which interventions are creatively building and maintaining positive interactions and providing emotional support between the child and his/her parents, siblings, relatives, and other important people in the child's life, when the child and family members are temporarily away from each other. According to the 2013 annual report results indicate strengths for maintaining connections for mothers (53%), siblings (50%), fathers (42%), and others (56%) which include extended family including grandparents and relatives. In these cases, sibling groups were placed together and visits were occurring between children and parents. Children were able to maintain relationships with extended family through participation in community events, church and holiday gatherings and school related activities.

Item 15: Relative placement Concerted efforts were made to place the child with relatives when appropriate

Item 15 was rated an area needing improvement in the last round of the CFSR with 55% of case rated strength. The cases that were not rated as strengths did not show diligent search for the mother or father. This item was addressed in the CFSR PIP through Primary Strategy 1: Engage Families Across the

Continuum of Child Welfare Objective 1 is to Utilize Family Partnership meetings as a way to involve families, youth, and significant others. It was also addressed in the PIP with Primary Strategy 1, Objective 4 Implement Custody Assistance as a permanency option for children in foster care. Both of these Objectives have been discussed under other items. SafeMeasures® does track kinship care placements. This report shows the percentage of children who were in kinship care at any time during the selected month. The state goal is to increase the percentage of children in kinship care to 24% of all children in care. As of February 28, 2014, 6.1% of children were in a kinship care foster care placement.

Item 16: Relationship of child in care with parents 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 caregiver(s) from whom the child had been removed through activities other than just arranging for visitation

Item 16 was rated an area needing improvement in the last round of the CFSR with 56% of cases rated strength. The cases that were not rated as strengths did not show support for relationships with mothers or fathers. This item was addressed in the CFSR PIP through Primary Strategy 1: Engage Families Across the Continuum of Child Welfare Objective 1 is to Utilize Family Partnership meetings as a way to involve families, youth, and significant others.

Virginia's QSR looks at the indicator: Maintaining Connections: The degree to which interventions are creatively building and maintaining positive interactions and providing emotional support between the child and his/her parents, siblings, relatives, and other important people in the child's life, when the child and family members are temporarily away from each other. According to the 2013 annual report results indicate strengths for maintaining connections for mothers (53%), and fathers (42%). In cases that were not rated strength there was minimal to no contact with parents. Of the 34 applicable cases for visits with mothers 28% of children were able to visit at least monthly and for 22% of the children visits with mothers was less than monthly. Of the applicable cases with fathers 19% of the children visited their father at least monthly and an additional 19% of children visited less than monthly with their father.

Well-being Outcomes 1, 2 and 3

1. Families have enhanced capacity to provide for their children's needs

Virginia is not in substantial conformity with Well-Being Outcome 1. The outcome was determined to be substantially achieved in 43.1% of the cases reviewed. The outcome was substantially achieved in 52.5% of the 40 foster care cases and 28% of the 25 in-home services cases.

Item 17: Needs and services of child, parents, and foster parents The agency made concerted efforts to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services

Item 17 was rated an area needing improvement in the last round of the CFSR with 46% of cases rated strength. Those cases that were not rated strength did not adequately address the needs of the child, parents, or foster parents. This item was addressed in the CFSR PIP through Primary Strategy 1: Engage Families Across the Continuum of Child Welfare Objective 1 is to Utilize Family Partnership meetings as a way to involve families, youth, and significant others. SafeMeasures® tracks family partnership meetings at critical decision points, such as goal change. If localities are holding FPMs prior to goal changes, service needs can be addressed. There were 118 FPM held in the month of February 2014, and as of February 28, 2014 26.3% of those meetings took place more than 75 days prior to a goal change. An additional 7.6% held a FPM less than 30 days after goal change.

This item was also addressed in the CFSR PIP through Primary Strategy 2: Improve Assessment and Service Planning Objective 2: Improve local department staffs' abilities to conduct service needs

assessments and develop relevant service plans. CPS and Foster Care guidance were both updated. CPS guidance was updated to provide tools to support on-going assessment and risk reassessment. Additionally, the CPS regional specialists conducted a case review using a tool created in conjunction with the NRC for In-home Services. The tool determines if visitations, FPM, risk and safety assessments and reassessment were utilized for service planning. The tool also looks at if services were addressed and if not, why not. Foster care guidance was updated to include health and mental health assessments. Virginia is in progress with redesigning the service plan screens in OASIS. LDSS workers and VDSS staff partnered to plan how the new service plan should look and how it can be customized to each major program area (CPS, Prevention, FC). The new service plan will include assessments to basic service provision delivery. The new service plan will include tasks for any person in a case that may need services, including foster parents and pre-adoptive parents. Currently work has begun on creating the requirements for the changes with an estimated start time for development of summer 2014. This project will roll out in stages with part of the development in OASIS and part web based. It is hoped that there will be interfaces between systems that will auto-populate some of the fields. These interfaces will be some of the last stages of development to occur.

VDSS conducted case reviews on this item and reviewed 98 applicable cases for Item 17 during the 6-month period ending 6/30/11. The negotiated improvement goal was set at 67.6%. Of those cases 84.7% were rated as strengths.

The QSR looks at the Assessment and Understanding indicator. The indicator looks at the degree to which those involved with the child and family understand: (1) their strengths, needs, preferences and underlying issues; (2) what must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively; (3) has developed an understanding of what things must change in order for the child and family to achieve timely permanence, and improve the child/family's well-being and functioning; (4) the "big picture" situation and dynamic factors impacting the child and family sufficiently to guide intervention; (5) the outcomes desired by the child and family from their involvement with the system; and (6) the path and place by which permanency will be achieved for a child who is not living nor returning to the family of origin. Strengths for assessment and understanding can be noted for substitute caretakers (82%) and children (76%). Strengths in practice indicate that children received both formal and informal assessments and their underlying needs were fully understood by members of the team. Also children's assessments were continuously updated and the child's developmental needs were recognized and addressed in order to move the case forward. Foster parents were assessed in order to provide any necessary interventions or supports for them to meet the needs of the child. Some opportunities exist to strengthen practice through obtaining a clear comprehensive assessment of the child's underlying needs, including past trauma and current needs. Practice opportunities also exist around sharing appropriate information that was obtained from assessments among service providers involved in the case in order to address the child's behaviors.

Assessment and understanding for mothers and fathers is an area of opportunity and results indicate that for 42% of cases involving mothers and 32% of cases involving fathers were rated as strengths. The practice of these cases indicate that there have been some informal assessments of parents made through letters, telephone contacts and service provider information or home visits. For parents, there have been minimal to no formal assessments completed to understand parent's level of functioning, strengths, risks, and underlying needs requiring interventions or supports. Trauma-informed assessments were needed for some parents as well as the delivery of trauma-informed practice and services. Stronger assessment and understanding of needs of parents will lead to better interventions and services, thus affecting caretaker functioning and ultimately impacting outcomes such as permanency.

The QSR also utilizes the indicator Tracking & Adjustment: the degree to which the team routinely monitors the child's and family's status and progress, interventions, results and makes necessary

adjustments. Strategies and services are evaluated and modified to respond to changing needs of the child and family. Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child and family. Results from cases reviewed, indicate that in 70% of cases regular tracking of case status is strength and for the adjustment indicator, 58% have common patterns of strengths in practice. This includes maintaining situational awareness regarding changes of both the child and family, ongoing monitoring of services and then changing services and supports to meet the child and/or families' needs. Some opportunities to improve practice include case planning that did not change based on the recommendations of assessments or service providers; services that are not available or did not begin in a timely manner; and cases that were open for several years with minimal progress or where progress is hindered due to legal systemic issues. A strong team will monitor, track and adjust case progress or regression, thus affecting the adequacy of the interventions and ultimately impacting permanency and good outcomes.

Item 18: Child and family involvement in case planning 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 18 was rated an area needing improvement in the last round of the CFSR with 52% of cases rated strength. Those cases that were not rated strength did not show how the child, mother or fathers were involved in case planning. This item was addressed in the CFSR PIP through Primary Strategy 1: Engage Families Across the Continuum of Child Welfare Objective 1 is to Utilize Family Partnership meetings as a way to involve families, youth, and significant others. VDSS conducted case reviews on this item and reviewed 91 applicable cases for Item 18 during the six-month period ending 6/30/11. The negotiated improvement goal was set at 77.2%. Of those cases 78% were rated as strengths.

Virginia's QSR 2013 annual report looks at the indicator Engagement Efforts: The degree to which those working with the child and family (parents and other caretakers) are finding family members who can provide support and permanency for the child; developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family; focusing on the child's and family's strengths and needs; being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning; and offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts. Results for Engagement Efforts indicate strengths for 83% of children, 85% of substitute caretakers, 63% of mothers, 43% of fathers and 55% of others which includes grandparents and extended family. In these cases, consistent efforts were made to engage the child and the substitute caretaker through quality visits, meetings, court hearings, and telephone contact. Efforts were made by the department and members of the team to form a trust-based working relationship with the substitute caretakers and the child, focusing on the child's strengths and needs. Those working with the family kept the parents informed of their child's school and therapy activities, invited them to Family Partnership meetings and maintained some contact through telephone calls and letters.

The reviews indicated practice opportunities for improving the engagement of mothers and fathers. There are opportunities for family service workers and service providers to make concerted efforts to initially engage parents in the case and keep them involved in the case, including their participation in the creation of the service plan. In some cases, the attempts of engagement of the biological parents occurred only at court, and often there was little flexibility in the arrangement of meetings and services to accommodate the parent regarding their work schedule. Planning decisions were sometimes made on the past history of families without identifying their current needs and strengths.

Another indicator is Voice & Choice: The degree to which the child, parents, family members, and caretakers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child and family strengths and needs, goals, supports, and services. For voice and choice, 76% of children, 49% of mothers, and 28% of fathers were rated as strength. Patterns of practice strengths indicate that children were engaged as active participants in their case planning by attending meetings and were able to voice their opinions regarding their services and permanency planning. Some parents felt they were part of the team planning process and trusted those providing services to their child and family. Themes present in cases that scored as opportunities included children that were not participants in team meetings or were not involved in the planning and decision making process. In some cases, parents were either not contacted in order to participate in service planning or they had no voice in case planning because the case plan was developed without their input.

Item 19: Caseworker visits with child 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 and promote achievement of case goals

Item 19 was rated an area needing improvement in the last round of the CFSR with 66% of cases rated strength. Those cases that were not rated strength noted that worker visits were not frequent enough and visits were not focused on issues pertinent to case planning, service delivery or goal attainment. VDSS conducted case reviews on this item and reviewed 98 applicable cases for Item 19 during the six month period ending 6/30/11. The negotiated improvement goal was set at 75%. Of those cases 83.7% were rated as strengths. This item was addressed in the CFSR PIP through Primary Strategy 4: Managing by Data and Quality Assurance Objective 1: Increase use of data driven decision making in Virginia's child welfare system. Reports were developed to track Monthly Caseworker visits and foster care guidance was updated to include visitation expectations. SafeMeasures® tracks monthly worker visits and as of February 28, 2014, 92.6% of children in foster care had at least one face to face visit during the month.

Item 20: Caseworker visits with parents 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 20 was rated an area needing improvement in the last round of the CFSR with 38% of cases rated strength. Those cases that were not rated strength consistently showed lack of visitation with fathers; visits were not frequent enough; and visits were not focused on issues pertinent to case planning, service delivery or goal attainment. VDSS conducted case reviews on this item and reviewed 113 applicable cases for Item 20 during the nine month period ending 9/30/11. The negotiated improvement goal was set at 59.4%. Of those cases 63.7% were rated as strengths.

2. Children receive appropriate services to meet their educational needs

Virginia is not in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 83% of the cases. The outcome was substantially achieved in 92% of the 36 applicable foster care cases and 55% of the 11 applicable in-home services cases.

Item 21: Educational needs of the child concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis, and whether identified needs were appropriately addressed in case planning and case management activities

Item 21 was rated an area needing improvement in the last round of the CFSR with 83% of cases rated strength. Those cases that were not rated strengths didn't assess educational needs of children or did not address the needs that were assessed. This item was addressed in the CFSR PIP through Primary Strategy

2: Improve Assessment and Service Planning Objective 2: Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans. A description of changes and progress made toward this goal are listed under another item.

Virginia's QSR includes an indicator Learning & Development: The age of the child determines if this indicator is scored as "Early Learner" for under the age of 5, or as "Academic Status" for age 5 and older. The early learning indicator measures the degree to which the child's developmental status is commensurate with age and developmental capacities by assessing whether the child's developmental status in key domains is consistent with age and ability appropriate expectations. The academic status indicator assesses the degree to which the child (according to age and ability) is regularly attending school; placed in a grade level consistent with age or developmental level; actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent. For Learning and Development, 82% of the cases scored as strengths. Strengths for children five years and younger (30% of the sample) indicated that they are developmentally on target for speech, language, motor skills, and developmental milestones. Some of these children are in daycare and/or pre-kindergarten settings. For academic status of school age children, strength characteristics include, children meeting academic targets for their grade and receiving services and supports such as tutoring to meet grade requirements. In the sample, 22% of the children were receiving special education services and had an Individualized Education Plan (IEP) and they are progressing and meeting all expectations of their IEP according to their age and ability. There were three children in the sample that were attending community college. Common patterns for cases that are opportunities include: children that were behind a grade level due to multiple placements and children having difficulty staying on task and focusing in school. Also contributing to academic delays are children who are not attending school regularly. The need for accommodations for these academic delays and special needs had not been addressed in these cases.

3. Children receive adequate services to meet their physical and mental health needs.

Virginia is not in substantial conformity with Well-Being Outcome 3. The outcome was substantially achieved in 86.7% of the applicable cases. The outcome was substantially achieved in all 40 foster care cases and in 60% of the 20 applicable in-home services cases.

Item 22: Physical health of the child The agency addressed the physical health needs of the child, including dental health needs

Item 23: Mental/behavioral health of the child

Item 22 was rated strength in 94% of cases in the last round of the CFSR. Item 23 was rated an area needing improvement in the last round of the CFSR with 87% of cases rated strength. Those cases not rated strength did not have mental health assessments or services provided for assessed mental health needs. This item was addressed in the CFSR PIP through Primary Strategy 2: Improve Assessment and Service Planning Objective 2: Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans. A description of changes and progress made toward this goal are listed under another item.

Virginia's QSR has two indicators that look at physical health and emotional well being. The first is Physical Health: The degree to which the child is achieving and maintaining positive health status. If the child has a serious or chronic physical illness, the child is achieving his/her best attainable health status, given the disease diagnosis and prognosis. Attention to the physical health and medical needs of children is a strength in 96% of cases reviewed. Practice strengths indicated in these cases included current physical and dental exams for children as well as up-to-date immunizations. In most cases, the child's

growth and weight appear within age appropriate expectation. In some cases, the child, despite having complicated medical needs has good health status and their medical needs are being addressed and monitored. The Emotional Well-Being indicator looks at the degree to which consistent with age and ability the child is displaying an adequate pattern of attachment and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. Emotional Well-Being results indicate that 72% of the cases scored as strengths. In these cases, children demonstrate adequate emotional development consistent with their age and ability with no mental health issues or diagnosis of concern. Some children exhibit appropriate attachment, coping and adapting skills for their situation and some children are successfully addressing diagnoses with medication management and therapy. Examples of cases that scored as opportunities included children who cannot self-regulate emotions, exhibit temper tantrums, have emotional outbursts, and regressive behaviors. Children in some of these cases have not had an adequate assessment with appropriate service delivery to address their emotional and mental health needs.

Virginia submitted a proposal for and was awarded participation in the Three Branch Policy Institute by the National Governors Association Center for Best Practices. The work includes monitoring psychotropic medications, improving health and mental health outcomes for children in foster care and managing by data. There is draft foster care guidance waiting approval that requires and sets a schedule for medical and dental appointments for children in foster care.

Systemic Factors

Information System

Item 24: Statewide Information System Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Virginia's statewide information system, the Online Automated Services Information System (OASIS), is fully capable of determining the legal status, demographics, location, and goals for all children who are currently in or have been in foster care in Virginia. OASIS is the system of record for foster care cases, with supporting documents such as copies of birth certificates, social security cards, and court documents being stored in paper files. LDSS workers are trained to document the OASIS record in a step-by-step process that reflects their on-going work and captures data necessary for reporting. The application includes numerous ticklers, both automated and user generated, to assist workers, supervisors, and managers in case management. Automated requests for supervisor approvals, assignments, and searches are done utilizing OASIS. Through OASIS, children and families can be tracked statewide, regardless of locality, from the child protective services (CPS) point of entry into the child welfare system through the foster care system and completion of the adoption process, as appropriate.

Item 24 was rated an area needing improvement in the last round of reviews because concerns were identified during the CFSR about the accuracy of the data in OASIS at any given point in time, particularly data pertaining to children's placement locations. Since the last CFSR, Virginia has participated in an AFCARS review and has made several changes to timely entry of information into OASIS. There is now a requirement that all placement changes must be entered within 5 days instead of 30 as was previous practice.

Case Record Review System

Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

There is the requirement in the Code of Virginia, regulation and guidance that a written case plan be developed for the child, in foster care, and for the family, in child protective services. Foster Care and CPS guidance and related Code sections instruct representatives of the department to involve parents and children when appropriate in the development of the plan. For CPS, plans must be created within 30 days of opening a case. For Foster Care, a full service plan on all children must be completed within 60 days of custody/placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment or within 30 days of signing a temporary entrustment for a placement of 90 days or more.

Item 25 was rated as an area needing improvement in the last round of the review due to lack of parental involvement in case planning. Since the last review, Virginia began conducting QSRs across the state and it has been noted that the area of teaming and engagement have not been scored highly. Using this information VDSS staff created a presentation for child welfare supervisors on the use of Child and Family Team meetings, a meeting model which promotes continuous family engagement and teaming, has been conducted in all five regions of the state. The written description and supporting materials regarding family engagement, voice and choice and teaming have been made widely available to supervisors and staff across the state. The Training Unit provided a Subject Matter Expert (SME) training series on teaming in child welfare practice and incorporated the materials developed by the Family Engagement and QA Program managers. This training has been attended by workers and supervisors in all five regions and additional training sessions were added due to its popularity. This spring, the state-wide automated data system will be updated to add CFT as a type of contact in order to further support implementation.

In addition to these presentations, Virginia continues to encourage LDSS to conduct Family Partnership Meetings at critical decision points: high/very high risk assessment, removal, goal change, placement change, or at the request of family or social worker. There is still work to do in regards to full implementation. Many small localities continue to struggle to hold FPMs at all five decision points. This is primarily due to two issues. First, in smaller agencies where staff “wears multiple hats” there is a very real challenge to identify a neutral facilitator, that is, a staff person who doesn’t already have a relationship to the family. Additionally, it is not feasible to have a dedicated FPM facilitator, and therefore, when a meeting needs to be scheduled urgently, a trained facilitator or a neutral facilitator may simply not be available. The second issue is that in these smaller agencies, critical decision points arise very infrequently, which has the effect of limiting the experience and also confidence of staff and FPM facilitators in the process. Many LDSS staff report that the FPM process both works and permits them to do more meaningful work with their clients. The FPM practice appears to be fully integrated in many LDSS; and staff experience of success with the model insures that it will continue to be how business is done there. However, this experience has not been as common in very small LDSS, where FPMs are only required infrequently. To date, Family Partnership Meetings are required by VDSS, but not by law or regulation. In this state-supervised, locally-administered state, implementation has been driven by setting expectations, encouragement and support, rather than legislation or fear of consequences.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

The Code of Virginia 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) A formal review shall be held at least every six months. The types of reviews are Foster Care Review

Hearings, Permanency Planning Hearings, administrative panel reviews, and supervisory reviews. These review dates shall be entered into OASIS. Every LDSS shall ensure that, unless it interferes with the safety of the child, the child or youth is available for the judge or hearing authority to meet with and discuss the child or youth's proposed permanency plan. Item 27 was rated as a strength in the last review. Item 26 was rated as an area needing improvement State policy did not require the first periodic review of the child's status in foster care to occur within 6 months of the date of the child's adjudication or six months from the date at which the child had been in an out-of-home placement for 60 days, whichever comes first. Instead, State policy required that the initial periodic review must occur within six months from the time of the dispositional hearing, which must be held within 75 days of the child's entry into foster care. Although the timeframe established for the initial review did not meet the Federal 6-month requirement, after the initial review the State has been conducting periodic reviews at least once every six months by a court or an administrative review panel.

Legislation to bring Virginia's court timeframes into compliance with the requirements of sections 457 (5) and 475 (6) was submitted and passed the 2013 General Assembly. This legislation was in Code as of July 1, 2013; however the implementation date is set for July 1, 2014. Effective July 1, 2014, the timeline will change consistent with Virginia Code changes and requirements of federal law. Seventy-five days will become 60 for dispositional hearings after removal. Foster care plans shall be filed within 45 days instead of 60 days from removal. Foster care reviews will be held within four months instead of six months (§ 16.1-282) from the dispositional hearing. Petition for a permanency planning hearing will be filed 30 days prior to the scheduled court date for the hearing which will be held with 10 months of the dispositional hearing instead of 11 months (§ 16.1-282.1).

SafeMeasures® tracks AFCARS approved court hearing status through a report. As of February 28, 2014 out of 4,442 cases 96.1% had recorded an AFCARS approved hearing in OASIS. The Virginia CIP provided information from the Juvenile Case Management System (JCMS). The data provided was generated on April 17, 2014 for Federal Fiscal Year (FFY) 2013 (October 2012-September 2013). The Time to First Permanency Hearing report provides the average number of days between a case's disposition hearing date (i.e. Abuse or Neglect (AN), At-Risk of Abuse or Neglect (RI), Entrustment Agreement (ET), or Relief of Custody (CR) cases) or, if applicable, the child's foster care date (i.e. Status Offense (ST), Child in Need of Services (CS), Child in Need of Supervision (Truancy/Runaway) (TR), Delinquency Misdemeanor (DM), or Delinquency Felony (DF) cases) and the date of the hearing on the first permanency planning case.

Case Types	Timeframe	FFY 2013	
		Average (Days)	Cases Considered
All Cases	FFY 2013	309	Accepted – 829 Rejected – 2
AN/RI Cases	FFY 2013	314	Accepted – 676 Rejected – 0
CR Cases	FFY 2013	315	Accepted – 33 Rejected – 1
ET Cases	FFY 2013	222	Accepted – 80 Rejected – 1
Other Cases (CS, DF, DM, TR, ST)	FFY 2013	402	Accepted – 40 Rejected – 3

Virginia is holding the first permanency hearing below the CIP established best practice target of 330 days. This is true for all case types taken together, as well as the individual case types of Abuse or

Neglect and At-Risk of Abuse or Neglect, Entrustment Agreement, and Relief of Custody. In reviewing “Other Cases,” which includes children who enter care dispositionally (i.e. CHINServices/Supervision, Delinquency Misdemeanor, Delinquency Felony and Status Offense), Virginia averages just over 13 months (397 days). However, our target range of 330 days does not take into account the foster care review hearing held pursuant to §16.1-281 that must occur within 75 days (within 60 days, effective July 1, 2014) of the child’s entry into foster care. Thus, Virginia is likely in better shape on this measure than what is reflected in the data.

The Time to Subsequent Permanency Hearings measure provides the average number of days between the date of the hearing on the first Permanency Planning case and all subsequent hearings to review a foster care plan. Data is reported by permanent goal type (i.e. Return Home (RH), Placement with Relative (PR), or Adoption (AD)) and those with the goal of Another Planned Permanent Living Arrangement (APPLA). CIP has established a best practice target of 365 days (i.e. permanent goal types) and 182 days (i.e. APPLA goal) for this measure.

Case Types	Timeframe	FFY 2013	
		Average (Days)	Cases Considered
All Permanency Goals	FFY 2013	212	Accepted – 1417 Rejected – 265
AD Goal	FFY 2013	250	Accepted – 645 Rejected – 58
PR Goal	FFY 2013	174	Accepted – 248 Rejected – 70
RH Goal	FFY 2013	182	Accepted – 524 Rejected – 137
APPLA	FFY 2013	177	Accepted – 57 Rejected – 45

Subsequent permanency hearings, at which a permanent goal is approved, are held more frequently than every 12 months. Additionally, subsequent permanency hearings, where the approved goal is Another Planned Permanent Living Arrangement, are being heard timely; below the best practice target of 182 days.

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

Parents may voluntarily terminate their rights either by signing a permanent entrustment agreement or by petitioning the court to be relieved of their rights (§§ 63.2-900, 63.2-903, and 16.1-278.3). If it is not possible to achieve termination of parental rights voluntarily, then the LDSS shall petition the court for TPR (§§ 16.1-283 and 16.1-278.3). The LDSS need not have identified an available family to adopt a child prior to termination being sought or the court’s entering a termination order (§ 16.1-283 A). The worker should consult with the LDSS’ attorney to determine whether there are grounds for termination of parental rights and to prepare for a TPR hearing. The LDSS may hire an additional attorney for the child if the Guardian ad Litem needs assistance when the petition of the LDSS is contested, the court’s decision is appealed, or a separate petition is filed, any of which appear contrary to the child’s best interest. State pool funds may be used to pay the attorney’s fee. Court related costs, such as assistance of expert witnesses, may be purchased as a foster care service. The LDSS shall assess whether TPR is in the best interests of the child prior to the permanency planning hearing and then file a petition and service plan with the court with the goal of adoption 30 days prior to the permanency planning hearing. The service plan documents that TPR is in the child’s best interest. The service plan changing the goal to adoption and

the petition for TPR shall, whenever possible, be submitted to the court and considered by the court at the same hearing (§ 16.1-283 A). The petition shall specifically request that parental rights of the parents be terminated and that the LDSS be given the authority to place and consent to adoption of the child. If a matter involving the child's custody has previously gone to a circuit court; that court has jurisdiction and the petition shall be filed there. The court will set a hearing date.

Appeals shall be made to a juvenile court within 10 days of the entry of the order. The circuit court should schedule the appeal within 90 days from the day that it was filed (§ 16.1-296). A child shall not be placed in an adoptive home until the appeal has been settled. The child remains in custody of the LDSS and in foster care until the final order of adoption. The court shall continue annual foster care review hearings for children whose parental rights have been terminated until a final order of adoption is entered. Administrative Panel Reviews shall continue, alternating with the court's foster care review hearings every six months. The Foster Care Service Plan shall be reviewed at each six-month hearing or review.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Parents are to be provided notice of each hearing by the court. At each hearing, they will be given notice of the next hearing. If they are not present, they shall be summoned to the next hearing. If they have been given proper notice, or the court determines they cannot be found after diligent efforts to locate the parent(s) have been made on the part of the LDSS, the hearing may be held without parents present. The intent of this requirement is to ensure all possible efforts are made to find and involve the parent(s) in planning for the child. Parents whose rights have been terminated do not receive notice.

Foster parents and pre-adoptive parents are to be notified of every hearing. Their names shall be included on the foster care service plan transmittal submitted to the court. Service workers should also discuss upcoming hearings with the parents and foster or resource 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. 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.

Item 29 was rated as an area needing improvement in the last review because caregivers are not being consistently notified about court hearings and case reviews. In addition, information from stakeholder interviews indicates that caregivers are not consistently given the opportunity to be heard at reviews and hearings. This area was addressed in the CFSR PIP and the above mentioned brochure Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts was created. This information was included in the Conference for Juvenile and Domestic Relations Court Judges and shared with local departments' attorneys.

Quality Assurance System

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Practices that were recognized during the first and second round of the CFSR are still in place. State policy requires periodic routine medical and dental examinations at least annually for children. Medical examinations are provided in accordance with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. EPSDT is a comprehensive and preventive child health program for individuals under age 21 through the Medicaid program. The service worker shall ensure that the child receives a medical examination, no later than 30 days after initial placement in foster care; immunizations in accordance with the American Committee on Immunizations Practices; and dental services beginning at 12 months and continuing every six months after age three unless medically necessary prior to that time. Children are seen at least monthly by their case workers, or other approved person. Additionally, background checks and a check of the child abuse and neglect registry are conducted on all individuals, including the birth parents of a child, with whom the local board or child placing agency is considering placing a child on an emergency, temporary, or permanent basis. There is an exception for birth parents when the parent is revoking an entrustment agreement. The Code of Virginia also requires background checks to be performed on all adult members of the home where the 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, Public Law 109-248.

Item 30 was a strength for the last review therefore was not addressed in the CFSR PIP. As part of the Title IV-E PIP, Virginia is working towards redesigning service plans. The redesigned plan will include well being information such as health issues and how they are addressed, educational status, and assessment of social and emotional functioning. The plan will also clearly outline services offered to help the child, parent, or caretaker reach established goals. Virginia is in the early stages of this redesign and work has not yet begun development.

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

Item 31 was assessed as an area needing improvement in the last CFSR because the state was not yet operating a fully functioning QA system that evaluates the quality of services and program improvement measures that have been implemented. Although there were local QA systems, these are not implemented in every locality and there are areas of the State that do not have an identifiable QA system. Virginia included the implementation of the QSR and the increased use of data in decision making in the PIP. Virginia continues to work towards creating a fully functioning QA system.

Virginia DSS created the QAAUnit in July 2013. The unit includes management of four sub-reporting teams: Title IV-E Foster Care review team, Title IV-E Adoption Assistance review team, CQI (including QSR) and Sub-recipient Monitoring. The QAA Unit has a staff of 31 including a program manager, an evaluation manager, a supervisor, an evaluation and monitoring Coordinator, 19 fulltime program consultants, six part-time consultants, a contract accountant and an administrative staff. Each team has distinct responsibilities which frequently intersect with each other.

Title IV-E Foster Care

The Title IV-E Foster Care teams is responsible for oversight, monitoring, guidance and training for both state and local agencies staff for compliance and accurate financial reporting for all IV-E foster care clients.

Title IV-E Adoption Assistance

Title IV-E Adoption Assistance team is responsible for reviewing and validating all adoption assistance agreements completed by the local agencies. The adoption case review process validates allowable cost are correctly documented and the appropriate funding streams are used.

Both teams also monitor and review the data integrity of the OASIS reporting. These teams also work closely with the VDSS Foster Care and Adoption Program Managers to ensure coordinated communication and application of compliance rules and regulations. Both teams are working on creating a review tool and protocol for case review that meets federal requirements. DFS is in the process of including IV-E Automation in OASIS to incorporate local financial data and OASIS data for Title IV-E to include reasonable candidacy for foster care.

Continuous Quality Improvement

The CQI unit works closely with state and local department staff to assess the quality of child welfare practice utilizing the QSR protocol which operationalizes the Virginia Children's Services Practice Model. The protocol tool guides professional appraisal of the status of a focus child receiving services, status of the parent/caretaker, and adequacy of performance of key service system practices for the focus child and family. The QSR uses an in depth case review method and practice appraisal process to find out how children and their families are benefiting from services received and how well locally coordinated series are working for them. The QSR guides next step actions in development of System Improvement Plans (SIP) after each QSR in which opportunities for improvement are identified through an examination of root causes and strategies for addressing the issues. SIPs are developed by first identifying the nature of the issues including practice, policy, work process, resources, training, or any combination of issues. Then the process or system that needs improvement is identified and action plans are developed with specific objectives, strategies, implementation plans, milestones, and timelines.

Sub-recipient Monitoring

The SRM team coordinates the development of sub-recipient monitoring plans with DFS. These plans monitor VDSS awards in accordance with federal and state laws and regulations, and ensure the funds are being used for the purpose for which they were intended. Sub-recipients include LDSS; local and state government agencies (e.g. counties, health departments, school systems/boards of education); non-profit agencies; for-profit agencies; and colleges and universities. The oversights included collecting, collating and reporting of schedules and the results of field and desk reviews. The team also reviews Auditor of Public Accounts (APA) findings related to all DFS programs including CPS, Foster Care, and Adoption.

Virginia has recently sought technical assistance from the National Resource Center for Organizational Improvement to assess and define the CQI system within DFS. The assistance should help develop a model to standardize the work of a root cause analysis in the support of a process action team. The process action teams will be charged with using data and trends to determine issues to be explored. The teams will then report back to leadership about any changes made or challenges that need to be addressed. This process will be reported on in the APSR. Additionally, DFS is planning to implement a supervisory tool based on the QSR protocol to assess quality on a consistent basis at the point of practice in all LDSS. The expectation will be that supervisors review one case per worker per quarter. The reviews will be uploaded to a database and the information will be reviewed by CQI staff at VDSS. This process is in the very early planning stages and does not yet have an implementation date.

There is a Quality Assurance network comprised of VDSS and LDSS staff that meets on a regular basis. The network was formed in 2009 to help increase QA capacity in local departments. This group provided input for the development of QSR in Virginia including the system improvement plan process. Fifteen local agencies send representatives to Network meetings and agenda's are set by the group sharing ideas, strategies and methods of addressing quality in data and practice in their agencies. This group shares ideas, tools, process and lessons learned from quality initiatives. Agencies represent a range of

knowledge & skill in quality with some having full CQI Units staffed to address data, performance and quality case review and some agencies with one or two people doing quality initiatives along with other full time activities. This network is also a resource for VDSS in developing training and quality initiatives and providing a source of communication with the field on quality issues.

Training

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Items 32 and 33 were rated areas needing improvement in the last round of the CFSR and were addressed in the PIP under Primary Strategy 3: Reengineer Competency Based Training System. DFS created a Family Services Steering Committee to guide the redevelopment of a comprehensive training system. The Steering Committee disbanded and the task of providing oversight to the process was transferred to the League of Social Services Executive's committee on Professional Development. VDSS brought training back in-house and created the Division of Training and Development (DTD).

Child welfare training for LDSS staff that originates with VDSS is developed either within DFS or the DTD or is initiated at the LDSS. Training that comes out of DFS is largely guidance/policy/regulations driven and is conducted for the most part by VDSS staff from the Home or Regional Office. Training for local department approved providers is primarily provided by a contract with several universities and is based on the Pride curriculum. The training developed by the DTD Family Services Programs is the legacy training system that started some years ago as the comprehensive, competency-based child welfare in-service training program based on a model use in Ohio. Established Supervisor and Caseworker Core Competencies have guided the development of several documents to inform LDSS directors, supervisors, and caseworkers on how to best integrate training and maximize learning in order to improve child welfare services. The DTD Family Services Programs training is tasked with providing initial in-service training, based on these core competencies, for newer staff as well as training for supervisors and experienced workers.

Recent guidance in both CPS and Permanency has established new mandates for an initial in-service training program for CPS, Foster Care and Adoption workers and for all new supervisors and those with less than two years of experience. DTD also provides subject matter expert (SME) trainings based on assessed needs of local staff. The assessments are an ongoing process that is run in conjunction with the evaluation system as well as being a bi-annual assessment survey topic.

VDSS along with several advisory groups have established Core (fundamental and essential) Competencies for child welfare caseworkers and supervisors. These competencies are contained in nine existing courses (24 days) for caseworkers and four courses (7 days) for supervisors. Since the mid 1990s, VDSS has established mandated training specific to child welfare staff dependent upon whether they specialize in Child Protection (CPS) or Foster Care/Adoptions (Permanency). Further specialization is a separate requirement for CPS staff who conduct Investigations in out of family settings such as schools and residential facilities. These mandates evolved to include both policy based and skill based courses over time. Within the mandates are courses that are also a part of the Core series. As the two sets of requirements are combined they total 37 days of training for new CPS as well as new Permanency caseworkers. Based on the immediacy of the requirements for program mandated training (much of it in the first six months and the rest within the first year) the recommendation is for both the Core and Program mandated training to be completed within the first 24 months of a new worker's employment.

There is an annual continuing education training requirement of 24 hours for workers with two years experience.

Local Departments 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 described 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.

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under Title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

Item 34 was rated an area needing improvement in the last round of the CFSR, while the State mandates training for staff of State-licensed child care facilities, at the time of the Onsite Review, there was no statewide mandated pre-service or ongoing training for foster and adoptive parents. This item was addressed in the CFSR PIP under Primary Strategy 3 Reengineer Competency Based Training System.

The purpose of resource family training is to enhance the knowledge, skills, and abilities of current and prospective resource, foster, and adoptive families in order for them to meet the needs of Title IV-E children. Training is comprised of two major components: pre-service training and in-service training.

Pre-service training provides resource, foster, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. In FY 2010, Agency-Approved Provider Regulations (22VAC40-211) were approved that require specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. 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. In-service training is for current resource, 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 annually to determine training needs and the determination is practiced uniformly and fairly across families and involves the family in the determination of training need. The VDSS Resource Family Consultants continue to provide formal training to LDSS staff around diligent search, family engagement, working with relatives, adoption matching, support of resource families, and other topics on an as-needed basis.

The Community Resource, Adoption and Foster Family Training (CRAFFT) program promotes the safety, permanency and well-being of children through the training of LDSS resource parents to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of resource parents through the development and delivery of standardized, competency- based, pre- and in-service training, as required by VDSS. The standardized curriculum used are the PRIDE training curriculum and A Tradition of Caring (Kinship PRIDE). CRAFFT delivers statewide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each local department of social services. 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 can serve as the PRIDE co-trainer with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT Coordinators also conduct the following activities:

- Develop and deliver additional in-service training for resource families, based on input from families as well as the local agencies and VDSS;

- Develop and maintain a regional training plan, updated as-needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
- Work closely 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;
- Collaborate with the Regional Resource Family Consultants around the delivery of the newly revised Mutual Family Assessment course (CWS 3103) which covers both assessment skills and a review of resource family approval policy and is team-taught;
- Collaborate with LDSS and Virginia Foster, Adoptive and Kinship Parents Association (FACES) to promote membership, participate in the annual FACES conference/training, and develop relationships with regional FACES board members and FACES staff; and,
- Conduct regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding resource parent development and support; inform agencies of current state or program initiatives related to resource parent training; and allow agencies to collaborate, exchange resources and share challenges and solutions.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to LDSS to help them increase their capacity for offering training more frequently.

Service Array

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

Item 35 was rated as a strength during the last round of the CFSR because the State has the appropriate array of key services to meet the needs of children and families. QSR 2013 Annual Report results indicate that 90% of the cases had sufficient resources available to meet the child's and family's needs. Strengths in practice indicate that informal and formal supports are being utilized to assist the child and family in reaching acceptable levels of functioning. There were competent community service providers that were culturally responsive and appropriately matched to the needs of the child and family. Using PSSF data reported in the APSR it is clear that there are several types of services that are routinely offered.

***SFY 2010-2013 Top Five Services Most Often Provided to Families
Taken from PSSF Service Array***

Service Type	1st	2nd	3rd	4th	5th
Family Preservation	Housing or Other Material Assistance	Parenting Education	Intensive In-Home Services	Substance Abuse Services	Assessment
Family Support	Housing or Other Material Assistance	Transportation	Case Management, Mentoring and Socialization and Recreation	Information and Referral	Education/School Related Services
Reunification	Transportation	Housing or Other Material Assistance	Assessment and Counseling Treatment:	Parenting Skills Training	Parenting Education

Service Type	1 st	2 nd	3 rd	4 th	5 th
			Individual		

Based on the 2009 survey findings, Assessments and Parenting Education are widely used in local agencies; 95% of the respondents indicated they conduct client needs assessments; and that parent education services are available in their locality. The majority of respondents (80%) felt that parenting education programs were community-based and family-centered.

Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

Item 36 was rated an area needing improvement in the last CFSR because several key services were not available in rural areas of the State; lack of transportation is a barrier to accessing services in both rural and urban areas; and there are waiting lists for services, particularly mental health and substance abuse services, in both rural and urban areas. This appears to still be the case in Virginia. The QSR annual report found that some localities are lacking services or were not culturally matched to meet the needs of some families in the community. Transportation needed to access services was also a barrier. PSSF data echoes this information. Localities indicated substantial gaps in the availability of primary services such as transportation, housing and substance abuse counseling; that would allow parents to more fully participate in parenting and other family strengthening services. Transportation was a gap and/or need for all VDSS regions.

Virginia has a family-focused and community-based approach to serving children and families, mandated by the Comprehensive Services Act for At-Risk Youth and Families (CSA), administered by the Office of Comprehensive Services (OCS). The CSA uses eight sources to create one CSA-administered pool of funds to provide services to citizens of each locality. Combined State and local funding allows communities the flexibility to meet the needs of their individual citizens, to identify and intervene with families and children who are at risk, and to collaborate in the process of service delivery. Clients are referred to the local Family Assessment and Planning Team (FAPT), the FAPT has the responsibility for assessing the needs of individual children and their families, determining the services needed, and documenting these in a plan. If the services needed are beyond what is available in the participating agencies and there are no other family or community resources available, the FAPT may authorize purchasing the services with local and State CSA funds. Foster children that are not eligible for Title IV-E reimbursement for placement and/or services are sent to the local FAPT. Localities are required to report to OCS yearly on gaps and barriers in services needed to keep children in the local community. Below are highlights of the Critical Service Gap Survey for FY12.

**CSA Critical Service Gap survey for FY12
Top 10 Service Gaps Ranked by CSA Census**

- | | |
|---|------------------------------------|
| 1 Intensive Substance Abuse Services | 2 Transportation |
| 3 Crisis Intervention and Stabilization | 4 Parenting/Family Skills Training |
| 5 Regular Foster Care/Family Care | 6 Psychiatric Assessment |
| 7 Parent and Family Mentoring | 8 Emergency Shelter Care |
| 9 Psychological Assessment | 10 Substance Abuse Prevention |

**CSA Critical Service Gap survey for FY12
Service Gaps by Frequency**

Central Region:

- 1 Transportation
- 2 Intensive Substance Abuse Services

Eastern Region:

- 1 Parent and Family Mentoring
- 2 Parenting/Family Skills Training

- 3 Parenting/Family Skills Training
- 4 Crisis Intervention and Stabilization
- 5 Emergency Shelter Care
- 6 Regular Foster Care/Family Care
- 7 Parent and Family Mentoring
- Early Identification
- 8 Psychiatric Assessment
- 9 Substance Abuse Prevention and Early Identification
- 10 Psychological Assessment

Northern Region:

- 1 Crisis Intervention and Stabilization
- 2 Intensive Substance Abuse Services
- 3 Transportation
- 4 Medication Follow-up/Psychiatric Review
- 5 Psychiatric Assessment
- 6 Career Technical and Vocational Education
- 7 Emergency Shelter Care
- 8 Short-term Diagnostic Assessment
- 9 Supervised Independent Living
- 10 Psychological Assessment

Western Region:

- 1 Regular Foster Care/Family Care
- 2 Intensive Substance Abuse Services
- 3 Transportation
- 4 Crisis Intervention and Stabilization
- 5 Substance Abuse Prevention and Early Identification
- 6 Psychological Assessment
- 7 Emergency Shelter Care
- 8 Parenting/Family Skills Training
- 9 Psychiatric Assessment
- 10 Short-term Diagnostic Assessment

- 3 Psychiatric Assessment
- 4 Attendance Support
- 5 Intensive Substance Abuse Services
- 6 Supervised Independent Living
- 7 Developmental Prevention and
- 8 Career Technical and Vocational Education
- 9 Planned Respite
- 10 Other: Medicaid funded Individual Child/Adolescent Therapy

Piedmont Region:

- 1 Parenting/Family Skills Training
- 2 Parent and Family Mentoring
- 3 Intensive Substance Abuse Services
- 4 After School Recreational/Social Services
- 5 Crisis Intervention and Stabilization
- 6 Emergency Shelter Care
- 7 Transportation
- 8 Substance Abuse Prevention and Early Identification
- 9 Psychological Assessment
- 10 Psychiatric Assessment

Top Barriers to Community Service Availability:

- Need to pool resources and funding across multiple community partners and funding sources for services;
- Not aware of potential funding sources for this service;
- Require access to grant or flexible funding for program start up;
- Need for greater collaboration among community stakeholders; and
- Need coordination across localities to demonstrate regional demand for this service; not sufficient demand in just our community

There remains a gap in services across the state at this time.

Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

Item 37 was rated an area needing improvement during the last CFSR. Although CSA funding allows communities the flexibility to meet the needs of individual children and families, the flexibility of CSA funding tends to differ across localities because of the requirement for a local match.

Local & regional strategies for developing community services:

- Family Partnership Meetings are reported to have increased use of natural supports for community services.
- The creation of Court Improvement programs has helped address truancy, delinquency issues and has helped reduce the number of older youth coming into foster care.
- Several communities have started community-based services to help prevent adoption disruptions
- Various CPMT's report they have used their Strategic Plans to better utilize the different funding streams available to them.

Agency Responsiveness to the Community

Item 38: State Engagement in Consultation With Stakeholders. In implementing the provisions of the CFSP, does the State engage 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 include the major concerns of these representatives in the goals and objectives of the CFSP?

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

VDSS includes the major concerns of the following stakeholders in developing the goals and objectives of the CFSP: the Child Welfare Advisory Committee (CWAC), the CPS Policy Advisory Committee, and the PAC. Additionally, in developing the goals and objectives of the CFSP, VDSS seeks input from OCS, Virginia's CIP, FACES, and LDSS. These groups are also involved in the development of the APSR. Both the CFSP and the APSRs are posted on the VDSS website.

Item 40: Coordination of CFSP Services With Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

Virginia's CSA requires integrated services to children and families and is a model for collaborative work in the delivery of child welfare services. CSA has several provisions that assure a collaborative approach in program and fiscal policy development, and administrative oversight. To implement and monitor CSA provisions, the State established the SEC, which is chaired by the Secretary of Health and Human Resources. Members include agency heads and representatives from agencies including VDSS; the departments of Health (DOH), Education, Medical Assistance Services, and Juvenile Justice; and Behavioral Health and Developmental Services. The SEC also has a representative from the Office of the Executive Secretary, Supreme Court of Virginia; local governments; private providers; the State House of Delegates and the State Senate; and clients.

Within VDSS, DFS partners with the Division of Benefit Programs, Division of Child Support Enforcement, Office of Newcomer Services, Division of Early Childhood Development, and the Division of Licensing Programs. DFS staff members have worked with Division of Benefit Programs staff members to provide guidance on when a relative can receive Temporary Assistance for Needy Families (TANF) for a child. Division 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. Newcomer Services oversees federal foster care cases and DFS staff has supported the development of guidance for those children. Similarly, staff has worked with Licensing Programs to ensure guidance and regulations are consistent. Collaboration with the Division of

Early Childhood Development staff ensures that day care referrals for foster children and children leaving foster care are paid for using the correct funding source and services are provided with little to no delay.

Much work has been accomplished with the DOE to implement state legislation allowing children to remain in their school of origin when entering foster care or when there is a change in foster care placement. The Best Interest Determination process has been implemented and is helping to ensure a joint decision making process. State legislation resulting in faster enrollment in a new school when a foster child changes placements was also implemented. VDSS has maintained a Memorandum of Understanding with DOE which addresses the reporting and handling of child abuse and neglect complaints when school staff members are the subject of the reports as well as their role of mandated reporters. DFS representatives worked with the Virginia Department of State Police to establish effective and efficient procedures for implementing the federal requirement for national fingerprint checks for foster/adoptive families. Finally, the CPS Unit coordinated services with the Infant and Toddler Connection Program by requiring referrals to the program when a CPS investigation is determined to be founded for a child under the age of three and when a child is born substance exposed.

Licensing and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds?

Items 41 and 42 were rated as areas needing improvement in the last round of the CFSR because at the time of the onsite review, the standards for approval of foster family homes did not include essential requirements such as foster parent training and at the time of the Onsite Review, the standards that apply to foster homes approved by LCPAs were not the same as those applied to foster homes approved by LDSS. The creation of the Resource, Foster and Adoptive Family Home Approval Standards [22 VAC 40 - 211] in September 2009 eliminated the discrepancy between approval standards. The Resource, Foster, and Adoptive Family Home Approval Standards sets out the approval requirements for resource, foster and adoptive family homes providers approved by LDSS. The regulation ensures compliance with federal and state laws and regulations regarding resource, foster and adoptive family homes. This regulation is integral to protecting the health, safety and welfare of all citizens, as it ensures that individuals approved to care for children in foster care or awaiting adoption are being cared for by individuals who are capable of providing the level of care required. Major components of the regulation include making all definitions and requirements consistent with other social services regulations and applicable approval requirements that fall under the purview of other state agencies; mandating training for resource, foster, and adoptive home providers; requiring a narrative home study report; creating one set of standards for the approval of all types of family home providers (i.e.; resource, foster, and adoptive) to streamline the process of approval; requiring proof of provider approval to be maintained in the child's file; and ensuring safety through standards for the home of the provider and requirements for criminal background checks. More substantive changes include adding training requirements for respite families, adding a prohibition against corporeal punishment, requiring DMV checks for all adults in the home, and adding a provision allowing the suspension or revocation of a provider's approval. In addition, provisions are removed related to attics and basements in providers' homes to avoid conflicts with building codes and local ordinances. A provision is added limiting the number of children in the provider home to eight. Also, a provision is added that requires the provider to contact the child abuse hotline and provide contact information if the provider has been forced to evacuate his home during a hurricane or other disaster and has been unable to contact his local department of social services. Clarification is added on worker visits to the provider's home and on tuberculosis screenings.

Minimum Standards for Licensed Private Child-Placing Agencies [22 VAC 40 - 131] establishes the minimum requirements for licensure to place children and conduct activities related to placement in foster care, in treatment foster care, in adoptive homes, or in independent living arrangements. A regular license is issued when activities, services, facilities, and the applicant's financial responsibility substantially meet the requirements for a license that are set forth under the regulations adopted by the State Board of Social Services. Each license and renewal thereof may be issued for a period up to three successive years, with the period of licensure based on the compliance history of the facility. A provisional license is issued when the facility is temporarily unable to comply with the requirements and may cover a period not to exceed 6 months.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

The Code of Virginia §63.2-901.1 requires criminal history record checks from the Central Criminal Records Exchange and the FBI, and a search of the child abuse and neglect central registry on all individuals with whom LDSS or LCPAs are considering placing a child on an emergency, temporary, or permanent basis. The Code of Virginia also requires background checks to be performed on all adult members of the home where the 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, Public Law 109-248. In addition, LDSS or LCPAs cannot approve a foster or adoptive home if any individual in the home has a record of an offense that is set out in the Code of Virginia in §63.2-1719 (known as barrier crimes) or if there is a founded complaint of abuse or neglect in the child abuse and neglect registry.

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. Employees of LCPAs 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 an emergency placement, LDSS may obtain criminal history information from a criminal justice agency. However, within three days, the emergency caregiver must submit fingerprints to the Central Criminal Records Exchange. A central registry check is required prior to the emergency placement.

Due to the complexity of the criminal background check requirements, one unit, the Background Investigation Unit (BIU) in VDSS, manages all background checks submitted on prospective foster and adoptive parents from the 120 LDSS, and interprets results received from the FBI by comparing them to the barrier crimes list in the Code of Virginia. The BIU provides documentation to LDSS as to whether individuals are eligible to be approved as foster or adoptive parents based on passing the fingerprint check. LDSS must conduct new background checks and CPS central registry searches when a foster or adoptive home is reapproved.

The Resource, Foster, and Adoptive Family Home Approval Standards became effective September 2, 2009. The regulations allow variances from a standard on a case by case basis and the variance must not jeopardize the safety and proper care of the child or violate federal or state laws or local ordinances. Virginia state code as well as federal law limits variances to relative foster families. A local department of social services is required to submit the request for a variance to the regional Resource Family Consultant for review and approval. Any long term variances granted must be reviewed on an annual basis by the Department.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

Item 44 was rated an area needing improvement in the last round of the CFSR. Although many LDSS conduct targeted recruitment, the State did not require LDSS to recruit foster and adoptive homes that reflect the ethnic and racial diversity of the children for whom foster and adoptive homes are needed. DFS created a Resource Family Team (RFT) composed of one manager and five regional Resource Family Specialists (RFSs) whose purpose includes promotion of recruitment statewide. The unit had one RFS in each region as of March 2009. LDSS are able to obtain free assistance from this team in evaluating their current recruitment and retention practices with subsequent assistance in identifying, developing, revising, and implementing focused foster home recruitment and retention activities. This unit now falls under the Prevention Team within DFS structure. Section D of the Child and Family Resources Manual is Resource Families and section 1.15 speaks to best practice in recruitment activities. This section encourages the use of a balanced recruitment plan incorporating a majority of targeted and child-specific recruitment, with a nominal amount of general recruitment. General recruitment typically serves as community education and creates an awareness of the foster care system and those it serves. Targeted recruitment should be used for the community at-large, focusing in on those populations whose characteristics match with the needs of the children currently in care. Child-specific recruitment is child-focused, exploring existing connections when possible; the amount of child-specific recruitment needed is dependent upon the population of children in care, and is most effective for certain populations:

- Youth who have lingered in care for more than two years;
- Large sibling groups;
- Children with exceptional needs or circumstances; and
- All children and youth with TPR for whom permanence is not yet established.

The guidance also touches on support and retention of resource parents.

This item was addressed in the CFSR PIP through revising the “Adoption through Collaborative Partnerships” (ATCP) contracts. The ATCP contractors provide recruitment through various means such as Wednesday’s Child, flyers, the Heart Galleries, churches, parent magazines, match retreats, etc. In May 2012, the previous administration kicked off the Virginia Adopts campaign. As part of that campaign, two contracts were awarded focused on recruitment activities. One RFP, addressing the targeted recruitment of adoptive families, was awarded to two agencies. These agencies will use Extreme Recruitment®, an evidence-based model to identify, recruit and match families for hard-to-place youth who are available for adoption. This model seeks to find permanency for youth using 12-20 weeks of intensive recruitment efforts and permanency preparation.” Extreme Recruitment® aims to improve long term outcomes of youth in care by connecting the youth to supportive adults, accomplished in two ways: 1) reconnecting youth with safe and appropriate relatives/kin; and 2) matching youth with permanent resources for adoption or guardianship. The target population is Virginia’s 100 Longest Waiting Youth followed by children who have been in care longer than 15 months and older than 10 years. The aim is to match 70% of the youth served with an identified permanency resource within the 20 week timeframe. The second RFP was awarded to create a state-wide general recruitment campaign. This contract incorporates the use of Market Segmentation to target potential families using the training and technical assistance of the National Resource Center (NRC) on Diligent Recruitment. Virginia has purchased market segmentation software that will allow existing data on adoptive families to be utilized in identifying future families who are willing to adopt. Market segmentation is comparable to micro-targeting practices that businesses and campaigns use and enable DSS to develop a profile of families who are likely to adopt. In 2014, VDSS began its work with the NRC Consultants in order to better utilize Market Segmentation to enhance recruitment of adoptive families in Virginia. NRC is also providing consultation regarding AREVA and updating current photo-listings.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Item 45 was rated an area needing improvement in the last CFSR because some LDSS were unwilling to place waiting children in adoptive homes in other LDSS because they are concerned that the other LDSS would have less stringent adoptive home requirements. This was seen as a barrier to the inter-jurisdictional adoption of waiting children. AREVA provides statewide recruitment efforts for children in foster care who are legally free for adoption. Children who are listed with AREVA are automatically included in AdoptUSKids. AREVA staff maintains several Internet websites featuring photographs and narrative descriptions of waiting children. AREVA works collaboratively with all local agencies and child placing agencies that are dedicated to finding permanent placements for the children from the foster care system. Special attention is giving to all families, community stakeholders, and supportive agencies that have worked to find permanent placements for foster children during the month of November. As of SFY 2013, 1,049 children and 181 families are registered with AREVA.

Regional staff in two areas of the state have utilized Permanency Roundtables (PRT) as a case staffing method that can focus discussion around assessing, identifying, and pursuing permanent life-long relationships for youth and determining if there is a possibility of pursuing and promoting progress towards a more permanent goal. One region focused efforts on cases with poor prognosis for reunification, poor prognosis for adoption, and those older youth aging out without a permanent plan or connections. The other focused attention on youth other than those with an adoption goal as there are contractors in place who are supposed to help with those youth. The focus was more on youth in permanent foster and with the goal of APPLA. PRTs are available to LDSS at their request.

V. Primary strategies, goals and action steps

Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services (SAFETY)					
Goal: Strengthen families to ensure safety of children					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status/Comments
1. Build the capacity of LDSS to provide Prevention Services through organizational development and collaboration	a) Refine prevention guidance to clearly define the differences between early prevention and prevention of foster care	Early prevention manual	2015	Prevention Team	
	b) Collaborate with Prevent Child Abuse, VA and VA Rep Theater to renew and support a contract for the delivery of a sexual abuse prevention play to be presented to school-aged children statewide.	Copy of contract and performance schedule	July, yearly	CPS Program Manager CPS Prevention	
	c) Co-sponsor with Prevent Child Abuse VA, a statewide conference /event.	Copy of conference program	April, yearly	CPS Program Manager CPS Prevention	
2. Assess desired outcomes and service delivery in the Promoting Safe and Stable Families Program	a) Identify and promote best practice service models for prevention, family preservation and support to localities annually and as requested.	Information distribution	Yearly	PSSF staff (all)	
	b) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements.	PSSF quarterly reports	Yearly – with annual report		

	<ul style="list-style-type: none"> c) Revise allocation process to highlight best practices and provide support for those practices d) Provide TA annually for localities on the use of the PSSF funding. e) Disseminate the Child Welfare Funding Package in sufficient time annually for localities to complete a community needs assessment and develop a comprehensive proposal. 	<p>Revised allocation process</p> <p>On-going, as-needed</p> <p>Child welfare package</p>	<p>2015</p> <p>Yearly</p>		
3. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.	<ul style="list-style-type: none"> a) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. b) Utilize child abuse and neglect treatment funds for support services to child victims. c) Develop Request for Proposals, select and negotiate contracts, monitor grantees and evaluate performance for programs such as Healthy Families, parent support groups, parent education programs, Child Advocacy Centers, Court Appointed Special Advocates, etc. 	<p>Description of funded programs</p> <p>Description of funded programs</p> <p>Copies of RFPs , renewals, or funding formulas</p>	<p>July, yearly</p> <p>July, yearly</p> <p>July, yearly</p>	<p>CPS Program Manager CPS Prevention</p> <p>CPS Program Manager VOCA grant manager</p> <p>CPS Program Manager CPS Prevention</p>	
4. Increase the use of kinship care as a	<ul style="list-style-type: none"> a) Train LDSS staff to more effectively engage relatives as 	Kinship training	2015 and ongoing	Prevention staff,	

diversion option	kinship options				
	b) Explore multiple options for supporting kinship care relationships for children at risk of entering or in the foster care system.	Diversion policy in each program area's manual OR stand alone guidance for diversion throughout the continuum of child welfare	2016	DFS training Prevention staff	
	c) Write Legislative study SB 284 and follow recommendations	Legislative study	January 2016	Prevention Staff	
	d) Support state collaborations that focus on increasing awareness and training of kin (<i>relatives</i>) as valuable resources in creating permanency options for children who cannot live with their birth parents.	Collaborations developed	July 2017	Regional Resource Family consultants	
	e) Provide ongoing support and involvement of staff in local and regional initiatives to train and support kinship care providers.	TA provided	Ongoing, as-needed	Prevention staff, Regional Resource Family consultants, CRAFFT	
	f) Promote use of a database of public records search at all stages of the child welfare continuum	Webinar on public records search	July 2014	DFS training, Resource Family contractor	
	g) Train local workers using Diligent search and Family Engagement	e-learning course Training	2015	DFS training	
	h) Use Permanency Roundtables to promote kinship	Record of PRT held	ongoing	Strengthen Families Project Manager	
5. Provide guidance to local	a) Collaborate with VDSS'	Stand alone DV	Dec 2014	Family services	

departments on dynamics of domestic violence in all services within the child welfare continuum	Office on Family Violence to develop a guidance manual section on domestic violence to include a definition of domestic violence, revised screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, family partnership meetings, and service provision	chapter in the child and family services manual.		staff, DV staff	
	b) Vet draft with stakeholder groups and make recommended changes	FPM/DV Subject Matter expert training	July 2014	DFS training	
	c) Train child welfare workers on the domestic violence screening and assessment tools	Minutes from stakeholder meetings	Dec 2014	Prevention staff	
	d) Provide TA	Training developed Record of TA provided	2015 ongoing	DFS training Prevention staff	

Primary Strategy: Engage Families and the Community to Support Permanency for Children (PERMANENCY)					
Goal: Focus on reducing the number of children aging out of foster care without a permanent placement					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status/Comments
1. Increase timely adoptions	a) Contract with public and private child placing agencies to focus on achieving finalized adoptions of a specified group of eligible children and youth.	Monitoring of ATCP contracts	Yearly	Adoption Program Manager	
	b) Utilize Extreme Recruitment as a targeted recruitment	Extreme recruitment	July 2015	Adoption Contract	

	<ul style="list-style-type: none"> c) Utilize general recruitment through market research methods d) Update AREVA photo listing to be more accurate e) Increase marketing/awareness of Putative Father registry f) Update Heart Gallery g) Permanency round tables 	<ul style="list-style-type: none"> contract General recruitment contract Updated photo listings Marketing campaigns Link to Galleries Record of PRTs held 	<ul style="list-style-type: none"> July 2015 Ongoing, as-needed 	<ul style="list-style-type: none"> Administrator AREVA coordinator Adoption Program Manager Strengthen Families Project Manager 	
2. Increase use of Post Adoption Contract and Communications (PACCA) to help sustain adoptions	<ul style="list-style-type: none"> a) Review PACCA – determine how to collect information b) Training of staff about PACCA c) Training for bio-parents, adoptive parents, youth on PACCA 	<ul style="list-style-type: none"> Revised guidance PACA training curriculum 	<ul style="list-style-type: none"> 2016 	<ul style="list-style-type: none"> Adoption Program Manager 	
3. Increase family involvement in service and permanency planning	<ul style="list-style-type: none"> a) Develop a model of Concurrent Planning for Virginia b) Update foster care and family engagement guidance to include concurrent planning model c) Train/promote understanding of concurrent planning as a means of permanency d) Develop joint training opportunities – COURTS, GAL, CASA e) Utilize permanency round tables 	<ul style="list-style-type: none"> Concurrent planning model Updated guidance Curriculum for training Curriculum for training Record of PRTs held 	<ul style="list-style-type: none"> 2017 2017 2018 2018 Ongoing as-needed 	<ul style="list-style-type: none"> Adoption Program Manager DFS training/CIP Strengthen Families Project Manager 	

	f) Continue use of family engagement and teaming	Family partnership report	quarterly		
4. Utilize Relative Placement (kinship) as permanency options	a) Assess relatives for longevity prior to placement b) Examine CSA policies concerning placement with family c) Explore ways to increase relative placements d) Explore ICPC issue of difficulty obtaining relative home studies	Assessment tool Summary of recommendations Summary of recommendations Summary of recommendations	2014 2015 2015 2015	Foster Care Program Manager Foster Care Program Manager and ICPC staff	

Primary Strategy: Managing by Data and Quality Assurance (CQI)					
Goal: Create a continuous quality improvement (CQI) that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status/Comments
1. Assess and define the CQI system for VDSS using the resources from the NRCOI	a) Plan a leadership retreat with VDSS Commissioner, Family Services Leadership, Program Managers, Regional Staff and community partners b) Decide on Model c) Test model at DFS d) Develop systems wide feedback protocol e) Explore state level Technical Assistance	Action plan and identification of a CQI model to implement process improvements at VDSS Model chosen Summary of findings Protocol Record of TA provided	July to Sept 2014 2015 2015 ongoing	CQI manager	
2. Expand the utilization of Quality Service Reviews (QSR) by implementing the use of a Supervisory Tool	a) Train field test agencies in b) Field test the instrument c) Evaluate the instrument and	Curriculum Summary of findings Summary of	August 2014 Nov. 2014 March 2015	CQI Unit	

based on the QSR protocol to assess quality on a consistent basis at the point of practice in all LDSS.	<ul style="list-style-type: none"> d) process and make modifications e) Create policy & guidance for implementation f) E-learning on basics of QSR process – training g) Train on tool h) Develop web-based system for use of instrument Plan full implementation of state wide training and roll out of Supervisory Tool 	<ul style="list-style-type: none"> evaluation and modifications Guidance E-learning Record of trainings Database developed Monitor use of tool 	<ul style="list-style-type: none"> June 2015 June 2015 Aug 2015 2016 		
3. Adoption Assistance Review Team to work in collaboration with Federal partners to identify if VDSS current review protocol meets federal requirements for Adoption Assistance case monitoring	<ul style="list-style-type: none"> a) Assess if the AART current review instrument meets federal requirements b) TA request c) Draft of tool d) Field test e) Develop guidance f) Training g) Statewide roll out h) Monitoring 	<ul style="list-style-type: none"> Summary of findings Incorporation of federal feedback in to AART review process into tool Results of field test Guidance Curriculum for training Summary of Report on monitoring 	<ul style="list-style-type: none"> July, 2015 Sept, 2015 Jan 2016 July 2016 Sept 2016 Ongoing 	<ul style="list-style-type: none"> AART Supervisor AART team 	
4. Establishment of a standardized Title IV-E protocol for conducting ongoing and new case validation reviews	<ul style="list-style-type: none"> a) Develop electronic review instrument b) Incorporate into VDSS guidance c) Receive feedback of effectiveness of process d) Monitor for effectiveness of use 	<ul style="list-style-type: none"> Instrument Revised guidance Summary of feedback Summary of usage 	<ul style="list-style-type: none"> December, 2015 March 2016 July 2016 ongoing 	<ul style="list-style-type: none"> Title IV-E Supervisor 	

times	c) Develop an implementation plan including the identification of needed resources d) Field test the tools e) Train staff on the process and implement	Copy of plan Results of pilot Training plan and copy of finalized tools	September 2016 January 2017 July 2017		
9. Evaluation of training	a) Utilize in class evaluations that look at curriculum content, the trainer, and other training needs b) Implement Learning Labs for transfer of learning c) Track classes in KC to monitor what has been taken by local dept workers d) Continue to conduct training needs assessment	Summary of evaluations Data on learning labs Reports for directors Marketing of courses SME workshop creation	2015 2016 2016 2015	DFS training	

Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) (older youth)					
Goal: Increase the full array of independent living services and resources through implementing strategies to prepare youth in, and aging out of, foster care for successful transition to self-sufficiency					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status/Comments
1. Decrease the number of youth aging out of foster care	a) Identify different older youth populations by entry reason (A/N vs. other entry reason); b) Investigate funding source availability for older youth c) Investigate effective strategies for achieving permanency for older youth based on entry reason	Reports Summary of available funding Summary of suggestions	2017	Foster Care Program Manager Partners – CSA, CIP, MH	

3. Increase Post Secondary Education and Training opportunities	a) Improve collaboration between LDSS and Great Expectations	Marketing and promotion of post secondary education	2015	IL state coordinator	
	b) Identify vocational training opportunities statewide c) Make information re: vocational and educational opportunities available statewide d) Continue to share information re: ETV statewide	Efforts to share information	2016		
4. Facilitate transitions to Adult Services	a) Ensure information is available to LDSS and youth for youth who will qualify for adult services as they transition out of FC b) Improve Guidance to address transition planning for this population specifically c) Identify gaps in services for youth who will still need services but will not qualify for adult services d) Develop training for CW staff re: eligibility and transition planning for this population	Updated guidance Recommendations for services Curriculum	2016	DARS, DFS training	
5. Explore expanding foster care and adoption assistance to 21	a) Identify options for youth if the extension of foster care is not included in the budget b) Redefine IL living arrangement to better meet the needs of older youth who continue to receive services through LDSS c) Explore addressing issues of youth homelessness, access to	Updated guidance Summary of suggestions for service delivery	2015 2015 2017	Foster care program manager, IL state coordinator	

	MH and trauma services				
	d) Develop strategies for publicizing information about Medicaid to 26	Publication	2015		
	e) Explore potential continuation of CASAs working with youth 18 and older (permitted by law)	Summary of findings	2017		

Primary Strategy: Infrastructure improvement					
Goal: Enhance the use of technology to better serve children and families					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status/Comments
1. Create pilot program to explore mobile/field computing	a) Secure mobile devices: Tablets, webcams, and mobile printers b) Select localities to pilot c) Review quarterly reports on satisfaction and address issues	Contract or agreement List of localities Timely note entry	2018	DSF staff	
2. Explore the possibility of implementing a new child welfare information system	a) Develop requirements b) Request Funding c) Design (if funded) d) Training (if funded) e) Roll-out (if funded)	Up and running system to include financial data and improved reporting functions.	2019	Assistant director	
3. Implement IV-E Automation in OASIS to incorporate local financial data and OASIS data for IV-E to include reasonable candidacy.	a) Create requirements for automation b) Review requirements and give approval for development c) Completed UAT when development is complete d) Provide training to the field	requirements Curriculum for training	2015	Assistant Director, QAA program manager	

	e) Implement new OASIS screens	Web-based module developed			
4. Improve tools available in SafeMeasures® to state and local workers to allow for a broader range of reporting elements.	a) Review current reporting b) Determine reports to be created c) Implement new reports	New reports	Ongoing	DFS program managers	
5. Begin use of market segmentation to identify prospective resource families.	a) Create and share list of targeted recruitment criteria b) Use ESRI software to analyze existing adoptive and foster families c) Follow recommendations from T/TA from NRC on Diligent Recruitment	Criteria Summary of work done Resource families, increased number of families	2015	Adoption program manager	
6. Improve local staffs' abilities to conduct and document service needs assessments and develop relevant services plans in the automated data system (OASIS)	a) Develop requirements for changes to service planning in OASIS b) Development of new service planning c) UAT of new screens d) Training of changes to service plan e) Roll out of news service plan screens	Requirements doc Draft of screens Testing results Curriculum Updated screens	May 2014 Sept. 2014 Jan 2015 April 2015	DFS staff	

Primary Strategy: Focus on Child Well-Being (WELL-BEING)					
Goal: Improve health including social and emotional well being for children in foster care					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status/Comments
1. All foster children are screened and referred to medical professionals as-	a) Update guidance and regulations to include requirements for medical	Updated guidance	2014	Foster Care Program Manager	

needed.	<ul style="list-style-type: none"> exams b) Create a report that tracks medical exams within 30 days of entry in care c) Create a report that tracks well child visits d) Create a report that tracks dental exams 	Reports created	2015		
2. All foster children are screened for behavioral health needs and referred to appropriate services	<ul style="list-style-type: none"> a) Children who have urgent health, mental health, or substance abuse shall be screened upon entry into foster care b) Children in foster care are assessed, reassessed and evaluated with CANS 	CANS usage report	2015	Foster care program manager	
3. Trauma-informed assessments and services will be implemented for children in foster care	<ul style="list-style-type: none"> a) Develop a trauma screening process for both child and parent b) Increase awareness of trauma to child welfare staff c) Identify and promote best practice in a trauma-informed child welfare system d) Explore the possibility of increasing the availability of qualified trauma treatment providers in VA e) Train resource families on trauma-informed care 	<p>Screening tool</p> <p>Materials shared</p> <p>Materials shared</p> <p>Summary of findings</p> <p>Curriculum for training</p>	<p>2015</p> <p>2015</p> <p>2015</p> <p>2016</p> <p>2015</p>	Prevention Program Manager/Foster Care Program Manager	
4. Implement a psychotropic medication system to protect children in foster care	<ul style="list-style-type: none"> a) Develop guidelines for children currently prescribed/taking psychotropic meds around medical examinations and 	Guidelines and updated guidance	2016	3 Branch coordinator, Foster Care Program Manager	

	<p>mental health evaluations related to medication management</p> <p>b) Track children who are currently prescribed and taking psychotropic meds</p> <p>c) Develop a strategy for assessing risk among children taking psychotropic meds</p> <p>d) Develop protocol for reviewing high risk cases</p>	<p>List of children</p> <p>Strategy and protocol</p>	<p>2016</p> <p>2016</p>		
5. All children will have stable school enrollments	<p>a) School-aged children, when changing foster care placements, have a best interest determination done jointly by the local department of social services and the appropriate school division</p> <p>b) Develop protocols with LDSS to implement strategies which will allow children to remain close to their home and school communities</p> <p>c) Develop protocols that will help children when they cannot remain in their home schools to maintain connections</p> <p>d) Develop e –learning training on immediate enrollment BID</p>	<p>Report on BID,</p> <p>Updated guidance,</p> <p>Protocol developed,</p> <p>Curriculum on immediate enrollment</p>	2015	Foster Care Program Manager, 3 Branch Coordinator, DFS training	

VI Measures

The chart below lists the measures Virginia is tracking in the Critical Outcome Report. This report combines Transformation measures, from the previous Children's Services System Transformation, CFSR measures, and Safety Measures.

Transformation Outcome	Performance Standard	Performance	Status
Discharges to Permanency	86%	75.5%	ANI
Congregate Care Placement	16%	16.1%	Marginal
Family Based Placement	80%	83.2%	Strength
Kinship Placement	24%	6.1%	ANI
Foster Care Monthly Worker Visits	95%	95.2%	Strength
CFSR Outcomes	Performance Standard	Performance	Status
Time in Care: Reunification within 12 months	75.2%	74.8%	Marginal
Reentries within 12 months	9.6%	0.6%	Strength
Time in Care: Adoption within 24 months	36.6%	42.3%	Strength
24 Month Discharges to Permanency	29.1%	19.4%	ANI
Setting Stability	86%	86.1%	Strength
Safety Outcomes	Performance Standard	Performance	Status
No Recurrence of Maltreatment	94.6%	99.4%	Strength
No Abuse While in Foster Care	99.68%	100%	Strength
CPS Ongoing Contacts Made	90%	73.7%	ANI
Referral Contacts with Response Priority	90%	86.8%	ANI

With the addition of new service plan screens in OASIS, additional fields are being added. When those new fields have been implemented, well being measures will be added to the list of measures.

VII Additional Reports

Continuation of operations planning

Division of Family Services Continuity of Operations Plan *As of 9/01/14*

The Virginia Department of Social Services' Division of Family Services is responsible for developing policies, programs and procedures to guide local social service agencies in providing direct services to Virginia's citizens in need of social services assistance. The Division provides administrative direction through comprehensive planning, policy oversight, program monitoring and technical assistance to regional offices, local agencies, and private vendors.

The Division of Family Services participates in the DSS overall emergency/disaster plan development. This process is ongoing and our plan is changing as each division within the department develops, evaluates and refines its plans to be incorporated into the overall Department and Commonwealth plans. In the Commonwealth's plan, VDSS has responsibility for sheltering individuals displaced during a disaster when the local capacity is exceeded and state level shelters are needed. Division of Family Services staff will participate in the establishment and manning of shelters as necessary in the immediate aftermath of a disaster. In addition to its role in sheltering victims, the Division of Family Services must plan for recovery of its normal functions in the event of an emergency or disaster and the continuity of services during that process where possible.

The division submitted its formal COOP plan in December 2013 and it was incorporated into VDSS's larger agency COOP plan.

I. Primary Functions of the Division of Family Services to be Recovered

1. Establishment of off-site capacity for the Child Protective Services and Adult Protective Services (CPS/APS) 24-Hour Hotline. During normal time there is a rotation of 4 workers per shift. This is a state hotline that is used to report abuse and neglect. Information from the report is immediately sent to the local departments of social services for investigation.
2. Establishment of a system for gathering and providing information on children in foster care. A provision in the placement agreement provides the hotline phone number and requires foster parents to call and report their location and contact information if they are required to evacuate during an emergency. In addition, there are social services workers at shelter locations identifying foster care and other clients and forwarding that information to DSS.
3. Maintaining communication with local agencies and ensuring the continuation of services. The OASIS child welfare information system is a "Priority 1" for recovery during an emergency. If this system goes down the Virginia Information Technology Agency (VITA) is to have it up and running within 24-hours.
4. Through DSS regional consultants, Family Services maintains a line of communication with local department of social services. In the state structure, regional offices are in direct contact with local departments. VDSS will contact regional consultants and regional directors to assist with communication.
5. Ensuring the safety of the Commonwealth's adoption records. Currently, records are stored in a secured room within the home office. In addition, copies of records are maintained off-site.

II. Secondary Functions to be Recovered

Once the primary functions have been addressed the Division of Family Services must ensure its capacity to meet its state and federal requirements including reporting and grants management. DSS' disaster recovery plans include maintaining or recovering the numerous information systems that support the department's programs. Such systems that need to be operational for the central, regional and local social service agencies are OASIS and ARRIS. Plans for the protection and recovery of information systems and finance systems are developed by those divisions and are part of the overall agency plan.

III. Notification of Key Personnel

In the event of an emergency, the Commissioner of Social Services or his designee will contact the Division of Family Services' primary or secondary contact who will be responsible for notifying program managers and staff.

Primary Contact: Division Director

Carl Ayers: Work: 804-726-7597
 Cell: 804-357-9683
 E-mail: carl.e.ayers@dss.virginia.gov

Secondary Contact: Assistant Division Director

Alex Kamberis: Work: 804-726-7084
 Blackberry: 804-240-8245
 E-mail: alex.kamberis@dss.virginia.gov

Family Services COOP coordinator:

Phyl Parrish Work: 804-726-7926
 Home: 804-320-5121
 E-mail: phyl.parrish@dss.virginia.gov

Family Services back up COOP coordinator:

Deborah Eves Work: 804-726-7506
 Home: 804-270-2365
 Email: deborah.eves@dss.virginia.gov

Each program manager, division director, assistant director, and COOP coordinators will maintain off-site lists of contacts and descriptions of their unit's job functions. Staff will be notified if the emergency requires the relocation or closure of the DSS home office. DFS conducted its annual tabletop exercise in 2013 by testing the phone tree calling system. This test was different than the previous year in that staff was not alerted to the exercise beforehand. The exercise was successfully completed in less than an hour. There were some instances where program managers were unavailable but supervisory staff were able to complete the test. The VDSS COOP coordinator assisted the division in updating the Business Impact Analysis for each unit within the Division.

DFS staff with appropriate skills may be called upon to assist in areas outside of their normal job duties and geographic locations. Regional Offices will maintain lists of contact information for the local departments of social services and will stay apprised of the local department's plans including alternate

emergency locations and will relay that information to the Director of Family Services and program managers.

All management staff, regional consultants and some program specialists must have laptop computers or home computers that enable them to communicate and access necessary systems through dial-up or internet connections. Workers are advised upon hiring that they are required to report for work in the event of any disaster or emergency.

IV. Implementation of Plans for Relocation

In the event of the destruction of DSS' physical plant, some child welfare functions could be operated from nearby locations including local departments of social services or regional offices. Relocation of the entire DSS would fall under the Commonwealth's plan and the Division of Family Services staff would cooperate and help ensure a smooth transition. In the DSS Continuity of Operations Plan (COOP) each central office facility has one alternate location selected where operations can be relocated depending on the nature of the emergency.

In the event of destruction of a local department of social services physical structure, many localities have formed agreements with neighboring localities to make temporary facilities available for staff for essential activities. They also use other facilities within their own jurisdictions when needed such as the sheriff's departments and the health departments. They use the Red Cross and the schools for shelters. Local departments of social services are part of local government and follow the COOP guidelines for localities per the Virginia Department of Emergency Management.

Continued Communication with Local Staff

Virginia's child welfare services are carried out in a state-supervised and locally-administered system, with regional offices serving in the capacity of liaison between the state and local departments. Additionally, local departments, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. It is recommended that all local agencies have at least one laptop computer configured for dial-up access. Regional staff is the primary connection between the local departments of social services and the Home Office and both state and regional staff works to keep the flow of communication ongoing. In order to maintain communication with caseworkers and staff on the local level, the regional staff will be the primary point of contact between state and local staff in an emergency situation. The regional staff has an established relationship with the local departments and will be knowledgeable of their emergency plans. It is essential that local agencies maintain close communication with their Regional Specialists during system outages. This will enable the regional offices to contact other regional and state staff to enlist support from available staff statewide. Regional staff will be in touch with LDSS staff in their regions and will be responsible for forwarding home office broadcasts and communications to key LDSS personnel when those agencies are unable to access the VDSS system.

Primary responsibility for the recovery of key automated systems is with the Division of Information Systems (DIS). The Email servers as well as the OASIS system are Priority 1 and are to be recovered within 24 hours. In Virginia, applications such as OASIS are within the responsibility of DSS. Information system infrastructure is the responsibility of the Virginia Information Technology Agency (VITA) through a contract with Northrop Grumman. The VITA Customer Care Center (VCCC) provides 24/7 support. The Director of Family Services will work with DIS and ensure the division provides programmatic or other support as requested, to recover these functions.

Contact with clients and other states

The Active Foster Care Report will be maintained in an Excel file on external hardware (jump drive) which will be in the possession of both the Foster Care Program Manager and the Title IV-E specialists. Placement agreements contain a provision requiring foster parents to contact the Hotline in the event they must evacuate an area due to an emergency situation. The Hotline will collect contact information for these families and this information will be entered into the OASIS system as well as forwarded to Regional Consultants who will alert the department with custody as well as the department in the location in which the family is currently residing. Families will be given contact information for the local department of social services. Social Services staff will be at the state run shelters and will collect similar information from individuals who are being sheltered. This will be added to the list of families forced to new locations by the crisis.

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. If the state office is forced to close or relocate due to a disaster, service provision will continued to be offered through local departments of social services. Local departments that are in counties and cities that border other states have working relationships and could provide services if there are adequate resources available to help.

The regional offices serve as operation centers for service referrals and information throughout the state. VDSS staff will be available by a centralized toll- free number for the community to contact for child welfare related service needs referral information for services, and to notify the state office of displaced clients. The toll-free number will be given to the media and disseminated to local departments of social services. Virginia also operates "211" Information and Referral hotline that is available for locating services and assistance. In addition, alternative contact information for divisional staff can be highlighted on the Department's website to make it easier for clients and other states to contact the necessary people.

Hotline Contingency Plan

The Virginia State CPS/APS hotline telephone system is operated by the UCaaS Telephone System through Verizon and the call center is now a virtual center. This system has remote capability for times of inclement weather conditions and/or disasters; however because the system is relatively new a specific contingency plan is still being developed and the proper security approvals and access for hotline employees is in process. Implementation of this plan is expected by December 1, 2014. Twenty-four hour technical assistance for the hotline is provided through VITA/NG VCCC. The contact number for DSS to use is: 1-866-637-8482. Specific instructions for the family services' hotline have been updated in the online application for the VCCC, to assist in their technical issue response.

Response to the need to respond to new allegations of abuse/neglect during a disaster

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. Local departments, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. As mentioned above, there are procedures in place around the relocation of foster children due to a disaster. If during the emergency/disaster situation child abuse or neglect is reported, it will be handled by the locality where the alleged abuse/neglect occurred.

V. Continued Review and Revision of Plan

In addition to the above-mentioned procedures, the Division of Family Services is continuing to work with the Disaster Coordinator for the Department to develop more specific procedural guidance for child welfare programs. As a result, the plan will be modified to ensure compliance with state emergency procedures and the needs of other divisions within the Department and with the Continuity of Operations Plans of the Commonwealth of Virginia. Updates to the COOP plan as related to child welfare programs

and services will be made available to regional and state staff as necessary. State and local staff will continue to work together to find ways to ensure continuation of services.

Over the past five years, there has not been a disaster or situation where this COOP plan has been utilized. Several “table top” exercises have been completed in efforts to ensure the plan is as comprehensive as it can be. Those exercises have included a disaster scenario where several of the divisional leaders were unable to be reached and workers were told to shelter in place. That exercise led the division to ensure there are adequate supplies, such as food, available. Two other tests focused on utilizing a phone tree to contact staff. One test was publicized and was completed successfully. The second test was not publicized to ensure procedures were being followed and divisional leadership was able to contact all staff. This test was also successfully completed. There is a test scheduled for later in the year that will test workers ability to remotely access information and systems needed for work off site.

Virginia State Plan for the Child Abuse Prevention and Treatment Act (CAPTA)

Commonwealth of Virginia Department of Social Services Division of Family Services

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CAPTA Update for 2014

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

Effective July 1, 2014, the Code of Virginia will reflect several Code changes that will not impact the Commonwealth's compliance with CAPTA as reauthorized on December 20, 2010. The Code of Virginia, § 63.2-1505 will be revised to reflect that anyone conducting child sexual abuse investigations must have completed the required training approved by the State Board of Social Services or work under the direct supervision of someone who has completed the approved training. In addition, § 63.2-1505 will be amended to extend the timeframe to make a determination in CPS investigations that are being conducted with law enforcement an additional 45 days, not to exceed 90 days.

Effective July 1, 2014, the Code of Virginia will reflect changes to § 63.2-1503 by formalizing the process for CPS to report certain child abuse and neglect reports to local law enforcement and to the local attorney for the Commonwealth by providing a standardized method to document CPS notification to law enforcement.

Effective July 1, 2014, the Code of Virginia will reflect changes to § 63.2-1511 by expanding the scope of interagency agreements between local departments of social services and local school divisions to establish protocols for investigating child abuse reports against school personnel to include sexual abuse reports that require coordination to facilitate the investigation.

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

The majority of the previously approved CAPTA plan remains in effect. New initiatives are incorporated into the attached plan in *italic*.

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

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

CAPTA Virginia State Plan 2014 submission

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

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

1. Engage Family, Child and Youth-Driven Practice

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

2. Managing by Data and Quality Assurance

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

Strategies will be updated yearly or as activity occurs.

I. Safe Children and Stable Families

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

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

Goal: Protect Children At Risk of Abuse and Neglect

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

- a) Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011 **Completed**
- b) Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification **Completed**
- c) Clarify and disseminate revised policy/guidance manual, as-needed **Completed**
- d) Work with the Quality Service Review Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes **Ongoing**
- e) Develop new intake measures into SafeMeasures® to determine how well LDSS are implementing the new intake tools. **Completed**
- f) Provide refresher training, as-needed **Ongoing**
- g) *Review and evaluate statewide and by locality the number and percentage of cases being screened out.*
- h) *Develop and implement a method to review a sample of these cases to determine level of agreement.*
- i) *Develop and implement a plan to make any needed changes to policy regarding intake and definitions of abuse and neglect.*
- j) *Provide training for local staff on any changes made*

2014 Update

State staff is continuing to work with localities to support and sustain the practice change around intake, safety and risk assessments and the use of structured decision making tools. Support groups for supervisors and additional training sessions were held quarterly for supervisors to review the case monitoring tools and discuss outstanding issues. New reports have been generated by locality, region, and Statewide from SafeMeasures® to assist the State in evaluating the current practice in the use of the intake, safety and risk assessment tools. Reports are now also available to evaluate LDSS response times to reports of suspected child abuse and neglect, face to face contact with victims, first meaningful contacts, and compliance with the statute in making determinations within the 45 to 60 day timeframes. Regional CPS consultants are working with individual localities to help them improve in all of these identified areas and providing additional training as-needed.

Enhancements made in OASIS to identify screened out reports has been piloted and will be available by September 2014. The study of screened out reports will be initiated in the coming year.

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

- a) Obtain input from the CPS Policy Advisory Committee, the Office of Family Violence, and the DBHDS to ensure that the tools are assessing issues of domestic violence, mental health and substance abuse **Completed**
- b) Revise, if needed, and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual **Completed**
- c) Disseminate guidance and make necessary changes to OASIS **Completed**

- d) *Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on domestic violence to include a definition of domestic violence, revised screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, and service provision.*
- e) *Train child welfare workers on the domestic violence protocol*

2014 Update

The tools that were revised in 2012 do not seem sufficient to meet the needs of CPS workers in managing cases dealing with the co-occurrence of domestic violence and child abuse. The CPS Unit has been collaborating with the Office on Family Violence to develop a stand-alone guidance chapter on domestic violence to be used by CPS workers, and other child welfare workers when working with families where domestic violence is suspected or occurring. Draft guidance materials have been developed and will be vetted with domestic violence advocates, local CPS and foster care workers, the CPS Policy Advisory Committee and with the Family & Children's Trust Fund Child Abuse Citizen Review Panel prior to finalizing the policy/guidance.

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

- a) Develop and review reports in SafeMeasures® to assess how well staff are responding to reports of suspected child abuse and neglect as a result of the new policy/guidance that was implemented in July 2011. **Completed**
- b) Develop a report in SafeMeasures® to assess how well staff are adhering to the new policy on timeframes for face to face contact with victims **Completed**
- c) Review the reports generated through SafeMeasures® with CPS regional consultants and develop a plan to work with those individual localities having problems in responding to reports in a timely manner **Completed**
- d) Clarify and disseminate policy/guidance manual, as-needed **Completed**
- e) Provide consultation to LDSS, as-needed. **Ongoing**
- f) *CPS Regional consultants will review reports in SafeMeasures® monthly to monitor timeliness of all responses made by ldss staff*
- g) *CPS Regional consultants will identify and prioritize problem agencies and workers*
- h) *Work with ldss to develop and implement a plan to improve practice*

2014 Update

Reviewing and evaluating LDSS response times to CPS reports is an ongoing concern. CPS regional consultants monitor local agency response time reports closely and work with local agencies to improve responses as-needed. The specific reports include Referral Time Open; Timeliness of First Attempted Contact; and Timeliness of Contact with Victim. These will be the main data points monitored on a regular basis by VDSS in the coming year.

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

- a) Hold focus groups and/or survey local CPS supervisors to assess their continued needs **Completed**
- b) Develop tools for supervisors to use with workers to support the use of the structured decision making tools in casework practice. **Completed**
- c) Hold peer support groups for supervisors to practice using this tool and conduct peer reviews of cases. **Ongoing**
- d) Schedule and conduct refresher training as-needed. **Ongoing**

- e) *Develop an E-Learning course for all CPS staff on the use of structured decision-making tools used to assess safety and risk.*

2014 Update

CPS regional consultants continue to hold refresher training for local CPS workers who continue to struggle with assessing safety and risk. This work is ongoing especially when there are new supervisors and/or workers. Specialized training took place in August 2013 in the Western Region of the state for not only CPS workers, but for law enforcement and attorneys for the Commonwealth as well as other community partners so that they have a better understanding of policies, practices and assessment tools used by LDSS. Another session is being planned for the fall of 2014.

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

- a) Review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy. **Completed**
- b) Obtain input from the CPS Policy Advisory Committee **Completed**
- c) Request assistance from the In-Home NRC to review current policy/guidance manual and recommend changes. **Completed**
- d) Revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families by providing tools to support on-going assessment, risk reassessment and service planning for children and families' service needs **Draft Completed**
- e) *Disseminate the revised policy/guidance manual.*

2014 Update

State CPS staff reviewed the SDM family strengths and needs assessment tools and risk reassessment tools to ensure consistency with Virginia policies and regulations and worked with the National Resource Center for In-Home Services to complete a case review to assess the quantity and quality of services being provided. This year the Department worked on developing draft policy/guidance for the field. The draft policy has been shared with the CPS Policy Advisory Committee and changes have been made to incorporate their comments and concerns. Statewide training is being planned for the fall of 2014 and the revised policy/guidance will be disseminated by the end of the year.

6. Develop and implement statewide training for CPS supervisors and workers on the use of new assessment of family strengths and needs, service plans and risk re-assessment tools

- a) Develop training curriculum **Draft Completed**
- b) *Select and train Trainers, to include CPS regional consultants, State trainers, and supervisors*
- c) *Develop statewide training schedule*
- d) *Train all CPS supervisors and workers on use of new policy/guidance*

2014 Update

A draft training curriculum has been developed. The training curriculum is currently being piloted in three of the five regions of the state and changes are being made accordingly. This spring and summer a training schedule will be developed and a pool of trainers will be identified and trained. Statewide training is being planned for the fall of 2014 to include approximately 25 to 30, two-day training sessions involving approximately 750 workers and supervisors.

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

- a) Utilize workgroup to review OASIS screens and make recommendations for screen changes **Completed**
- b) Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created **Completed**
- c) OBRA and Family Services will meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes. **Completed**
- d) OBRA and Family Services will meet with MBD prioritize timing for screen changes in OASIS **Completed**
- e) *Workgroup will review screen mock-ups and make recommendations for improved functionality*
- f) *Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users.*

2014 Update

While the Outcome Based Reporting and Analysis Unit no longer exists, a workgroup has been established to review OASIS screens and make recommendations for screen changes to compliment the revised policy/guidance. New screens have been developed and the final requirements are almost complete. It is expected that IT modifications will be completed by the fall of 2014.

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

- a) Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision or clarification. **Completed**
- b) Request assistance from the NRC on CPS to review materials and make recommendations for changes
- c) Solicit input from the Out of Family Advisory Committee to the State Board of Social Services **Completed**
- d) Revise policy/guidance manual and disseminate **Completed**
- e) *Develop sample letters for informing parties about the outcome of the investigation for use by local CPS workers*

2014 Update

The regulation governing the investigation of Out of Family reports has received final approval. The minor changes in the regulation were incorporated in the revision of the CPS policy manual that was approved by the Commissioner.

9. Develop and implement statewide training for CPS supervisors and workers on the revised policy on investigating CPS reports in Out-of-Family Settings

- a) Develop training curriculum **Completed**
- b) Select and train trainers, to include CPS regional consultants and supervisors **Completed**
- c) Develop statewide training schedule **Completed**
- d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

2014 Update

The revised CPS policy includes revisions due to the publication of the final regulation governing the investigation of CPS reports in out of family settings. These changes are incorporated into the CPS

policy manual. Each CPS regional consultant reviewed these changes with the CPS supervisors in each region during regularly scheduled meetings.

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

- a) Work with the subcommittee of the State Board of Social Services to study the increase of child deaths to gain a better understanding of the factors surrounding those deaths **Ongoing**
- b) Review cases of children who have been known to the child welfare system over the past several years to determine what lessons may be learned to prevent child deaths **Completed**
- c) Request assistance from the In-Home NRC to assist in this review and make recommendations **Completed**
- d) Explore the regional child fatality team operating in the Eastern Region and develop a plan to replicate it in the other four regions of the State. **Completed**
- d) Review recommendations with subcommittee of the State Board of Social Services and the State Child Fatality Team and develop a plan to implement new practices, as appropriate **Completed**
- e) Work with the Office of the Chief Medical Examiner (OCME) to implement five regional child fatality review teams **Completed**
- f) Provide technical assistance and consultation to teams in reviewing cases, making recommendations, and data collection **Ongoing**
- g) Prepare an annual report compiling findings and recommendations from the teams **Ongoing**
- h) Work with the OCME to plan and co-sponsor a conference for regional child fatality team members **Completed**
- i) *Work with the OCME to assist the regional teams in accurately completing the national data tool*

2014 Update

The State Board of Social Services established a Child Fatality Committee to study the increase of child deaths in order to gain a better understanding of the factors surrounding these deaths. One of the recommendations of the Committee and the Board was the development and implementation of five regional child fatality review teams. In collaboration with VDH, OCME and VDSS, each of the five regions within the VDSS system now has an operating Regional Child Fatality Review Team in place. A final report outlining the deaths reviewed for SFY 2010 – 2011 was completed in June 2013. Each team identified a number of recommendations and actions that they would work on in the coming year as well as some statewide recommendations and actions. Regional teams have been encouraged to address child death cases where there has been prior contact with more depth and breadth and the VDSS, in conjunction with the OCME, has developed specific questions to assist the Teams. In December 2013, an interim report was prepared outlining the status of the work being done on each of the recommendations. A final report will be developed to be presented to the State Board of Social Services.

During the past year, these five teams have reviewed all child deaths that were investigated by local departments of social services from July 1, 2011 throughout June 30, 2012. A total of 110 cases are scheduled to be reviewed. Each team has been entering data on each case into the National Center for the Review and Prevention of Child Death database. The tool is somewhat complicated and accurate and timely completion of the tool has been a challenge for the Teams. This will be the first year that data will be pulled from the national database to review the findings, identify trends and develop recommendations by region and statewide. Regional team reports are expected to be drafted by June and a final statewide report developed by October 2014. This report will be posted on the Department's website and shared with the Citizen Review Panels and others stakeholders.

VDSS continues to work closely with the OCME to provide technical assistance and support to the regional teams as they continue to recruit critical team members and to identify risk factors, trends and make recommendations for prevention.

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

- a) Establish a committee of representatives from the League of Social Services Executives, State Board members, and other Department staff to identify and review the trends to determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in-home or out-of-family setting, and locality.

Completed

- b) Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate **Quarterly updates**

- c) Review and revise Appeal Handbooks, if needed

- d) Develop training materials and/or provide consultation to LDSS to support their practice in this area **Completed**

- e) Identify and review all state CPS appeals to document trends and determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in home or out of family setting and locality **Ongoing**

- f) *Develop a CPS appeals manual for local social services workers, and review and revise, as-needed*

- g) *Provide feedback to the VDSS training division on areas that need to be more closely addressed in CPS new worker training and refresher courses*

2014 Update:

State CPS staff continues to review all state level CPS appeal cases each month as submitted by the Division of Appeals and Fair Hearings. The purpose of this review is to identify strengths in the child protective service investigative findings being sustained, identify areas needing improvement in cases that were overturned, and to identify any trends that lead to a policy or guidance change and/ or training opportunity. This information has been helpful to LDSS staff and there has been a decline in overturned appeals over the past year. Areas of concern are still being identified and the quarterly review process will continue. A detailed summary of the case and appeal decision is completed for each appeal and shared with the appropriate regional consultant. The quarterly feedback will also be used to develop necessary training for local staff.

A workshop on the appeals process which included information on areas identified from quarterly reviews was presented at the League of Social Services Executives Conference in November 2013 to assist local directors and program managers in understanding the strengths and weaknesses being identified. This forum allowed for a question and answer session among state staff and local department directors to promote positive relationships and ensure understanding of everyone's needs which is essential in continuing to address the concerns being documented through the state appeals review process.

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

- a) Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available **Completed**

- b) Train the Hotline staff on the new intake, safety and risk assessment tools to ensure a family-focused, and strength-based approach to responding to calls of suspected child abuse and neglect **Completed**
- c) Ensure that the Hotline phone number is published in all directories across the Commonwealth. **Completed**
- d) Establish emergency procedures and protocols for the State Hotline **Completed**
- e) *Develop and provide training to Hotline staff pertaining to family-focused, strength based approach and proper use of safety and risk assessment tools for intake purposes*
- f) Review and revise the Hotline policy and procedures manual **Ongoing**
- g) *Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters*
- h) *Implement an online mandated reporting for the CPS program.*
- i) *Install an updated, more versatile telephone system which will allow the State Hotline to progress with the trends and better meet the needs of the local agencies and the state of Virginia.*
- j) *Explore the feasibility of a dedicated law enforcement telephone line.*

2014 Update:

A number of actions continue to be taken to enhance the effectiveness and efficiency of the State Child Abuse and Neglect Hotline. The State Hotline has put several new procedures in place to improve the efficiency and address confidentiality. Stricter guidelines have been implemented to ensure confidentiality when releasing information regarding a child or family in the state automated system.

The Hotline is currently developing an online 'live' on call scheduling tool for local agencies to use which will reduce the number of changes in scheduling and enhance the efficiency of the State Hotline. As with any state agency, change is constant when dealing with local government, state laws and federal programs and the State Hotline will continue to update the procedures and protocols manual for all staff as-needed. The Hotline staff will continue to receive ongoing training as needs are identified and one on one supervision to improve accountability.

Research on the feasibility of an on-line reporting tool for mandated reporters has been initiated and steps to develop the tool are in progress. This tool will allow mandated reporters to report suspected child abuse and neglect via the internet using an online form submission to the State Hotline. As the State Hotline moves to a new phone system, which is expected to improve the level of availability as well as customer service, a dedicated phone line for local law enforcement is being explored.

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

- a) Develop a method of tracking recurrence in Family Assessment cases. **Completed**
- b) Develop a report that monitors repeat reports of cases that received a Family Assessment response. **Completed**
- c) Disseminate reports to LDSS, CPS regional consultants to review and make recommendations for program changes, if needed. **Completed**
- d) Provide consultation to LDSS, revise policy/guidance manual, if needed. **Ongoing**

2014 Update

In January 2013 the Department revised CPS guidance/policy in the area of Differential Response and making the track assignment. One major change in the policy was to require an investigation, the more traditional CPS response, if there were more than two Family Assessments, the differential response in Virginia, within the past year. A report has been created and is currently being tested in SafeMeasures® to track the recurrence of Family Assessment reports. This report identifies all clients who had been

involved in another family assessment within the past two years. The LDSS, regional and state staff can use this report to identify trends and areas for improvement.

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

- a) Update the online training curriculum for mandated reporters incorporating the changes made by the 2012 Virginia General Assembly including additional people as mandated reporters, increased penalties for failure to report especially in cases of rape, sodomy, and object penetration, and other pertinent requirements **Completed**
- b) Review and revise all printed materials including brochures and the Mandated Reporter Booklet to reflect the Code changes **Completed**
- c) Develop and implement a plan to inform persons required to report suspected cases of child abuse and neglect of these responsibilities **Completed**
- d) *Revise and update online training for educators*
- e) *Revise and update on line training for all mandated reporters*
- f) *Revise and publish print materials targeting mandated reporters*

2014 Update

The online training for public school employees has been revised and updated. VDSS is working with the Department of Education to conduct user testing of the revised curriculum. When the final revisions are completed, the updated course will be available on the Department's website. The general online training for mandated reporters has also been updated and is now available on the Department's website. The Department updated CPS related information for medical provider training. The Department also provided updated CPS information for a handbook for juvenile judges in Virginia. The mandated reporter booklet was redesigned and reprinted. It is available to mandated reporters by ordering from the Department. The booklet is also available on the Department's website, <http://www.dss.virginia.gov/>. Other print materials including a general brochure about the CPS program for teachers are being reviewed and revised. When completed, the brochures will be available in print and on the Department's website.

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

- a) Review and revise CPS regulation 22 VAC40-705 to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
- b) Review and revise CPS policy/guidance manual to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
- c) Provide training to local CPS supervisors and workers on the changes **Completed**
- d) Work with health care providers and substance abuse treatment providers to inform them of the changes **Completed**
- e) Revise brochure for health care providers on the reporting of substance exposed newborns **Completed**
- f) *Establish a workgroup to review current policy/guidance around the handling of substance exposed infants and develop and implement changes as-needed.*

2014 Update

The Code of Virginia, § 63.2-1509 relating to the reporting of substance exposed newborns was amended in July 2012. While the overall changes have brought the Commonwealth in stronger compliance with CAPTA in terms of including Fetal Alcohol Spectrum Disorder instead of Fetal Alcohol Syndrome, there continues to be questions regarding the reporting requirements and time frames.

16. Conduct periodic reviews of CPS regulations

- a) Conduct a comprehensive review of the CPS regulations to include the incorporation of 22 VAC 40-700 and 22 VAC 40-720 into 22 VAC 40-705. **Completed**
- b) Solicit input from the CPS Policy Advisory Committee, League of Social Services Executives, and the Citizen Review Panels. **Completed**
- c) Develop proposed regulations incorporating relevant statutory and needed practice changes to be presented and approved by the State Board of Social Services **Completed**
- d) *Draft final proposed regulations*
- e) *Obtain approval of the final regulations from the Office of the Attorney General, State Board of Social Services, Department of Planning and Budget, Secretary of Health and Human Resources and the Governor.*
- f) *Implement changes in the CPS policy/guidance manual*
- g) *Train local staff on the changes*

2014 Update

The periodic review of 22VAC40-705 is in the proposed state of the regulatory process. The proposed changes to this regulation were reviewed and completed on November 18, 2013 by the Office of the Attorney General then reviewed and completed on January 30, 2014 by the Department of Planning and Budget. The proposed regulatory changes are currently under review by the Secretary of Health and Resources. Once the Secretary approves the proposed regulations, they will be reviewed by the Governor, and then submitted to the Office of the Registrar for a 60 day public comment period in the Virginia Register. The proposed regulation will then be revised accordingly, presented to the State Board of Social Services for final action and final comment.

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

- a) *Seek consultation from the Office of the Attorney General on the authority of local departments of social services to use diversion as a prevention of foster care service*
- b) *Request technical assistance and consultation from the National Resource Centers*
- c) *Develop clear guidelines for inclusion in the CPS policy/guidance manual*
- d) *Train staff on the role of the local department and the policies and procedures governing this practice.*
- e) *Identify an effective means to track and analyze diversion data through OASIS*

2014 Update

Over the past three to five years, VDSS has strongly encouraged family participation in case planning and the involvement of extended family in the care and protection of children. VDSS recognizes and values the importance of developing best practice strategies to prevent or eliminate the need for foster care placement by engaging identified relatives and/or non-relatives who can provide short term or long term care for children and youth to prevent abuse and neglect and/or entry into foster care. While local agencies have embraced the use of diversion, practice varies widely from community to community. Local agencies have different approaches to safety assessments of a relative's home, the types and duration of services provided to the family, post diversion department supervision and case management, the transfer of legal custody/guardianship, and other requirements. In the past year, VDSS has become increasingly concerned about problematic practice and barriers to good practice in diversion which have come to our attention through constituent complaints, department reviews, and advocacy group communications. VDSS has requested technical assistance from the National Resource Centers in developing clear and consistent best practice guidance to local departments of social services (LDSS) concerning diversion. Issues to be addressed include defining the role of LDSS, birth parent and relatives in the development of a diversion plan, appropriate assessment of relative caregivers; finding,

preparing and supporting relatives; and helping families to assess their options and collaborate in the decision making process.

II. Family, Child and Youth-Driven Practice

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

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

6. Developing, strengthening, and facilitating training including – training regarding research-based strategies, including the use of differential response, to promote collaboration with families; 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

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

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

- a) Train selected service providers and state/regional staff on strategies for engagement on a regional basis. **Completed**
- b) Implement a plan for regional staff to provide training and technical assistance to LDSS on family engagement strategies **Completed**
- c) Survey selected programs to determine the level of change in involvement and recommendations for improvements. **Completed**
- d) Explore the use of CAPTA funds to LDSS to support Family Partnership meetings **Completed**
- e) *CPS Regional consultants will utilize reports on Family Partnership Meetings (FPM) found in SafeMeasures® to monitor their use and identify trends.*
- f) *Regional consultants will provide consultation to LDSS when identified as not using FPM*

2014 Update

VDSS has trained selected service providers and state regional staff on strategies for family engagement and kinship care. FPMs are being held in all decision points including cases that have been determined to be at very high or high risk when services are being provided and at the point of an emergency removal. CAPTA funds are no longer being used to support FPM as an incentive. Statewide, there were 3,247 High/Very High Risk FPMs and 950 Emergency Removal FPMs from held from January 2012 through March 2013.

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

a) Review guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child

Completed

b) Support state collaborations that focus on increasing awareness and training of kin (relatives) as valuable resources in creating permanency options for children who cannot live with their birth parents. **Completed**

c) Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections by providing the use of Accurint, a web-based search engine that will be available statewide. **Completed**

d) *Implement in OASIS the ability to document the notification to relatives in order to collect data*

2014 Update

The CPS policy/guidance manual was amended to better support connections to relatives. Revisions included the requirement to identify and notify relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child. This requirement was also included in the proposed changes to the CPS regulations. In an effort to increase local capacity for locating absent parents, siblings, other relatives and significant others, the use of Accurint, a web-based search engine was made available to staff statewide. CAPTA funds assist in the support of Accurint.

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

- a) Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track. **Completed**
- b) Revise and align the CPS policy and guidance manual consistent with family engagement philosophy, procedures, and practice. **Completed**
- c) Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments. **Completed**
- d) Revise the Family Assessment Track brochure to reflect changes in policy/guidance and practice. **Completed**

2014 Update

Last year, VDSS concentrated efforts on the improvement of the differential response system within CPS. Differential response was implemented statewide in 2002; however, few changes had been made to the policy/guidance manual since its implementation. In 2013, the CPS policy/guidance manual was revised with regards to making the initial track decision and the criteria used to designate a report as an investigation or a family assessment. One significant change was to require an investigation after two family assessments had been completed within the past year. Further revision to the family assessment policy/guidance included a recommendation, not a requirement, for LDSS to use announced visits and family interviews when possible in alternative response cases. Definitions were provided for protective capacities that should be assessed during the CPS response regardless of the assigned track. State staff developed and implemented training for CPS supervisors and workers throughout the state which provided policy and skills instruction for these revisions with a strong emphasis on using family engagement skills and practices in all CPS responses. Twenty-five one-day sessions were held between January and May 2013 throughout the state. The Family Assessment Track informing brochure was revised to reflect the changes in policy/guidance and practice. The brochure was redesigned to include more relevant photographs and text that support family engagement skills and practice when conducting a family assessment in response to a CPS report. This brochure is available in print and on the Department's website.

4. Work collaboratively with the Prevention Unit to promote the early prevention guidance for LDSS around kinship care diversion and early prevention strategies

- a) Serve on Prevention Committee to develop guidance manual on kinship care diversion and early prevention strategies **Ongoing**
- b) Collaborate on the development of a common service plan for use ldss staff **Ongoing**
- c) Develop and conduct training for ldss staff as-needed

2014 Update

Due to staff vacancies, the Prevention Committee has not been operational this year. The guidance was released to the field but changes are needed. It is expected that additional work will resume in this area in the coming year and the first meeting of the new committee was held on March 26, 2014.

III. Strengthening Community Services and Supports

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

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

3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect; 10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response; 13. Supporting and enhancing interagency collaboration among public health agencies in the child protective service system, and agencies carrying out private community-based programs – to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

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

- 1. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.**
 - a) Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. **Ongoing**
 - b) Utilize child abuse and neglect treatment funds for support services to child victims. **Ongoing**
 - c) Develop Request for Proposals, select and negotiate contracts, monitor grantees and evaluate performance for programs such as Healthy Families, parent support groups, parent education programs, Child Advocacy Centers, Court Appointed Special Advocates (CASA), etc. **Ongoing**

2014 Update

Expanding community services and supports that are child-centered, family-focused and culturally relevant is another area where CAPTA funds have been used as well as CBCAP, PSSF, Victims of Crime Act (VOCA), TANF and State funds.

For SFY 2013- 14, a total of 27 programs supporting child abuse and neglect prevention were funded with CBCAP funds (\$600,000), CAPTA (\$150,000), and state funds from the Virginia Family Violence Prevention Program (\$500,000) totaling \$1,250,000 in federal and State funds to support evidenced-informed and evidenced-based programs and practices. These services include home visiting, parent support groups, and parent education programs.

The Virginia General Assembly appropriates funding for the Healthy Families program. These funds are currently awarded for SFY 2013 -14 to 32 local Healthy Families sites serving 74 communities in Virginia to provide home visiting services to new parents who are at-risk of child maltreatment. Funding for Healthy Families Programs had been reduced since 2010 to the SFY 2013 level of \$3,235,501; however, the SFY 2014 funding amount was increased by \$550,000 to \$3,785,501. Contracts will be renewed and re-negotiated for SFY 2015 when the appropriation amount is determined. The Healthy Families' goals include: improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. The statewide organization, Prevent Child Abuse Virginia (PCAV), also receives funding through the Healthy Families Initiative to provide technical assistance, quality assurance, training and evaluation for the Healthy Families sites.

A total of 39 programs, utilizing \$1,892,820 in federal VOCA funds, support child abuse and neglect treatment services for child victims. A number of Court Appointed Special Advocate (CASA) programs are also funded through VOCA. There are currently 14 Child Advocacy Centers (CAC) across the state receiving State funds in the amount of \$931,000 to support child abuse treatment services as well. CAPTA funds support a part-time staff person to administer the funding for the CACs as well as provide technical assistance and consultation to grantees.

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

- a) Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives such as the Governor's Advisory Board on Child Abuse and Neglect; the Children's Justice Act/CASA Advisory Committee; and the State Child Fatality Team.
Ongoing
- b) Develop and provide educational materials to inform key stakeholders on effective strategies (*e.g., mandated reporters and the general public on child abuse and neglect; kinship care providers; judges*). **Ongoing**
- c) Participate in the Statewide Home Visiting Consortium that operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts around home visiting programs. **Ongoing**
- d) Evaluate and renew contracts for performances of sexual abuse prevention play to be presented to school-aged children statewide **Ongoing**
- e) Evaluate and renew contract with James Madison University for the publication of the Virginia Child Protection Newsletter **Ongoing**
- f) Participate on the Virginia Interagency Coordinating Council to collaborate on the implementation of Part C of IDEA including public awareness efforts, child find, data collection and training. **Ongoing**

- g) Participate on the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative to evaluate the current training and develop and implement training sessions for the coming year. **Ongoing**
- h) Continue to collaborate with the Department of Criminal Justice Services in the Child First forensic training program by providing scholarships for local CPS workers and supervisors to participate in the training. **Ongoing**
- i) *Review and revise the Memorandum of Understanding with the Department of Education regarding the reporting and investigation of child abuse and neglect complaints involving school personnel.*

2014 Update

CAPTA funds were used to support other contracts and training opportunities. For SFY 2013-14 approximately 54,420 children participated in one of the 159 performances of the child sexual abuse prevention play "Hugs & Kisses". In the fall of 2013, 48 performances were held in 35 schools reaching approximately 16,269 children. VDSS works with Theatre IV, a Division of The Virginia Repertory Theatre, and Prevent Child Abuse Virginia for the implementation of this program.

Approximately 500 people attended the 2014 Virginia Child Abuse Prevention Conference "*Prevent Child Abuse and Neglect: Look. Listen. Respond.*" The conference was sponsored by the VDSS and Prevent Child Abuse Virginia and co-sponsored by The Family and Children's Trust Fund (FACT) of Virginia, the Virginia Statewide Parent Education Coalition and the Virginia Coalition for Child Abuse Prevention. Commissioner Margaret Ross Schultze delivered the welcome and introduced keynote speaker Tonier Cain (National Speaker, Author, and Team Leader – National Center on Trauma-Informed Care). Ms. Cain's address was "*Trauma and Recovery*". The FACT Child Welfare Awards were presented to seven individuals who have made outstanding contributions to the field of child abuse and neglect from across Virginia. Bart Klika (Professor, School of Social Work, University of Montana) delivered the luncheon keynote address "*Moving Upstream to Prevent Adverse Childhood Experiences (ACEs)*". Twenty-four workshops and twenty exhibitors were featured. Included in the workshop offerings were: "*CWLA National Blueprint: Family, Community and Organizational Collaboration*" with presenters Julie Collins and Andrea Bartolo from the CWLA; "*The Co-Occurrence of Animal Abuse and Family Violence: Strategies and Policies for Keeping Families Safe*" with presenter Allie Phillips from the National District Attorneys Association; and "*Once the Shutter Snaps: The Continued Victimization from Child Sex Abuse Images*" with presenter Shelley Allwang of the National Center for Missing and Exploited Children. The Child Welfare Information Gateway was one of the exhibitors. Feedback has been very positive, particularly for the keynote speakers. Registration fees, CBCAP, CAPTA, and a grant from The Family and Children's Trust Fund helped to support this conference.

VDSS continues to collaborate with the VA Department of Criminal Justice Services (DCJS) and Child Advocacy Centers of VA (CACVA) to deliver the ChildFirst forensic training program supported by the use of CAPTA and Children's Justice Act funds. CAPTA funds are used to provide scholarships for local CPS workers and supervisors to participate in this five-day intensive forensic interviewing training program. Three sessions involving approximately 60 workers will be funded this grant year. Two sessions were held to date, October 21-25, 2013, and March 10-14, 2014. A third training session will be offered by the end of 2014.

A general review of all print materials related to the CPS program was conducted in 2013. This resulted in the revision and redesign of Family Assessment and Investigation brochures in English and several other languages; Appeals and Fair Hearing brochure in English and Spanish and Mandated Reporter booklet available in English. All materials are available in print and at the Department's website, <http://www.dss.virginia.gov/>. The online training for public school employees has been revised and

updated. VDSS is working with DOE to conduct user testing of the revised curriculum. When the final revisions are completed, the updated course will be available on the Department's website. The general online training for mandated reporters has also been updated and is now available on the Department's website. The Department updated CPS related information for medical provider training. The Department also provided updated CPS information for a handbook for juvenile judges in Virginia. The next CPS materials for revision include Out of Family Investigation, Recognizing and Reporting Child Abuse and Neglect for Educators and the general CPS brochure. Other print materials including a general brochure about the CPS program for teachers are being reviewed and revised. When completed, the brochures will be available in print and on the Department's website.

CAPTA funds were also used to support the training on child abuse and neglect for children with disabilities sponsored by the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative involving VDSS, DCJS, DOE, and Virginia Commonwealth University. The development and piloting of a web-based training delivery system was completed by December 2013. Revisions to the curriculum based on pilot experiences will be made and the training will be implemented in the fall of 2014.

The revisions to the Memorandum of Understanding with DOE regarding the reporting and investigation of child abuse reports are in progress. Staffing changes at DOE and legislative changes are affecting the effort. The MOU is expected to be completed by December 2014. Also include in this effort is the revision to the existing recommended protocols for interagency agreements between local departments of social services and local school divisions.

VDSS has a contract with James Madison University for the publication of the *Virginia Child Protection Newsletter* which provides the latest research and resources on selected topics. CAPTA funds are used to support this contract. The circulation of the newsletter is approximately 12,000 people. In SFY 2013, the following publications were released: Volume 95 - *Evidence-Based Treatments for Childhood Trauma*; Volume 96 - *Risk of Maltreatment for Children with Autism Spectrum Disorder*; and Volume 97 - *Evidence-Based Parent Education Programs*. The topics for the three newsletters for SFY 2014 are Volume 98 - *Early Intervention and Prevention*; Volume 99 - *Infant and Early Childhood Mental Health*; and Volume 100 - *Model Court Programs & Maltreated Children in the Juvenile Justice System*. VCPN is also on the web at: <http://psychweb.cisat.jmu.edu/graysojh>.

CAPTA Annual State Data Report

Juvenile Justice Transfers

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For SFY 2013, 70 children left foster care due to a commitment to corrections.

Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance. When the child's commitment to corrections terminates, Virginia Code specifies that for youth under 18 who were previously in foster care, they are to be returned to foster care unless another arrangement has been made (e.g., return to the parent).

Information on Child Protective Workforce

Education, qualifications, and training requirements established by the State: VDSS does not currently collect demographic information, education, qualifications, or training requirements on local department workers. Virginia is a state-supervised, locally-administered system for social services. Because localities are responsible for hiring CPS workers, there are no education, qualification, and training requirements established by the State. The state's human resources department has occupational

title descriptions for social work professionals that can be modified by local departments including Social Worker Program Manager, Social Work Supervisor, and Social Worker I-IV. Each title description include the level of supervision suggested for each level and upon completion of a training program or other requirements the person may be redefined to a higher level social worker. There is an educational and experience section of the title description that states: "Minimum of a Bachelor's degree in a Human Services field or minimum of a Bachelor's degree in any field with a minimum of two years of appropriate and related experience in a Human Services area as mandated in Section 22VAC40-670-20 of the Administrative Code of Virginia and implemented by the Virginia Board of Social Services. Possession of a BSW or MSW degree and a Commonwealth of Virginia Social Worker license are desirable."

CPS case loads: Using 2012 NCANDS data, there were 396 Investigative CPS workers in Virginia. There were 33,343 completed reports which average out to 84 reports per worker. Virginia is comprised of 120 local departments that range in size. The Division of Family Services has created a report to record active caseloads of all local department child welfare workers and another report that records referrals. The attachment Active Caseload SFY 2014 1st, 2nd, and 3rd Qtr.xlsx (CPS referrals and cases tab) lists the number of cases, the number of workers, and the caseload for both ongoing cases and referrals. This report counts any worker that was assigned to a child at any given so the count may be inflated.

CPS required training: All CPS workers in the state are mandated to complete skills and policy training within the first year of employment. Since 1996 Virginia has had regulations addressing CPS training.

22 VAC 40-705-180 mandates uniform training requirements for CPS workers and supervisors:

"The department shall implement a uniform training plan for child protective services workers. The plan shall establish minimum standards for all child protective services workers in the Commonwealth of Virginia."

22 VAC 40-705-180 (B) requires CPS workers to complete training within their first year.

"Workers shall complete skills and policy training specific to child abuse and neglect investigations within the first year of their employment."

Changes were made to the training requirements for CPS workers, managers, and supervisors. All Child Protective Services staff hired after March 1, 2013 who are designated to respond to reports of child abuse and neglect; manage or supervise CPS, shall complete the following on-line courses as soon as possible after their hire date, but no longer than the first three weeks of employment.

- CWS1002: Exploring Child Welfare
- CWS1500: Navigating the Child Welfare Automated Information System: OASIS
- CWS5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training.

The following instructor led course is required within the first three month of employment.

- CWS2000: Child Protective Services New Worker Policy/Guidance Training with OASIS

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

- CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development
- CWS1041: Legal Principles in Child Welfare Practice
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning

- CWS1305: The Helping Interview
- CWS2011: Intake Assessment and Investigation
- CWS2021: Sexual Abuse
- CWS2031: Sexual Abuse Investigation
- CWS4020: Engaging Families and Building Trust-Based Relationships

The following instructor led courses are required to be completed no later than within the first 24 months of employment.

- CWS1031: Separation and Loss Issues in Human Services Practice
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and Its Impact on Children
- CWS2141: Out of Family Investigation (if conducting designated out of family investigations pursuant to 22 VAC 40-730-130.
- CWS5305: ADVANCED Interviewing : Motivating Families for Change

In addition to the courses listed above, all Child Protective Services supervisors hired after March 1, 2013 are required to attend the Family Services CORE Supervisor Training Series – SUP5702, SOP5703, and SUP5704. These courses must be completed within the first two years of employment as a supervisor.

Effective March 1, 2013, all CPS service workers and supervisors are required to attend a minimum of 24 contact hours of continuing education/training annually. Continuing education/training activities to be credited toward the 24 hours should be pre-approved by the LDSS supervisor or person managing the CPS program. Continuing education/training activities may include, but are not limited to, organized learning activities from accredited university or college academic courses, continuing education programs, workshops, seminars and conferences. Documentation of continuing education/training activities is the responsibility of the LDSS.

Virginia Child Welfare Staff and Provider Training

Child welfare training for local department staff that originates from VDSS is developed either within DFS or the Division of Training and Development (DTD) or is initiated at LDSS.

Training that comes out of DFS is largely guidance/policy/regulations driven and is conducted for the most part by VDSS staff from the Home or Regional Office. Training for local department approved providers is primarily provided by a contract with several universities and is based on the Pride curriculum.

A. VDSS Division of Training & Development

The training developed by the DTD Family Services Programs is the legacy training system that started some years ago as the “comprehensive, competency-based child welfare in-service training program” based on a model use in Ohio. Established Supervisor and Caseworker Core Competencies have guided the development of several documents to inform LDSS directors, supervisors, and caseworkers on how to best integrate training and maximize learning in order to improve child welfare services. The DTD Family Services Programs training is tasked with providing initial in-service training, based on these core competencies, for newer staff as well as training for supervisors and experienced workers.

Recent guidance (policy) in both Child Protection and Permanency has established new mandates for an initial in-service training program for CPS, Foster Care and Adoption workers and for all new supervisors and those with less than two years of experience. DTD also provides subject matter expert (SME) trainings based on assessed needs of local staff. The assessments are an ongoing process that is run in conjunction with the evaluation system as well as being a bi-annual assessment survey topic.

DTD Family Services Programs Process to Promote Transfer of Learning

The VDSS DTD does not believe that training is a standalone event. Trainings are viewed as a collaborative effort to meet the emerging needs of our valued 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.

DTD Family Services Programs has included a supervisory tool as a way to facilitate discussion on the content of each course including specific topics covered, a description of transfer of learning from the classroom back to the department, and suggestions for continuing the learning process in the local department to increase the knowledge, skills and abilities of caseworkers.

A committee of Regional Consultants and local child welfare supervisors was formed to develop a process and course specific supervisory tools to integrate transfer of learning activities. As a way to collaborate more effectively with LDSS supervisors, we have developed a process to promote transfer of learning for workers to provide direct feedback and support from the classroom to the supervisor to further enhance the skill-building and learning achieved through child welfare training. The following three types of transfer of learning activities were implemented into all child welfare training:

- a) Individual Action or Learning Plans - at end of each child welfare training session each participant is ask to complete their Individual Action/Learning Plans. These course specific plans are a tool to document the learner's self-assessed strengths in mastering new materials and identify possible issues to follow-up on in the field, along with identified support and resources to enhance their learning
- b) Field Practice Activities in New Worker Policy Training – following the end of the second day of training, participants are given letters to their supervisors with suggested field practice activities to be implemented during the two weeks between the sessions of the training. The supervisor must guide the worker and sign off on the trainees completed activities and they are processed with the group during the return to the classroom
- c) Transfer of Learning Supervisory Tool – Supervisor Training Follow-up Guides are emailed to the trainee's supervisor following each training session to provide specific information on the content of the training and to provide field activities to enhance the learning and skill development of the worker

The DTD Family Services Programs provided 282 classes for July, 2012 – May, 2013 with a total attendance of 3167.

VDSS Classroom Child Welfare Mandated Courses (Completions from July 1, 2013 - March 27, 2014)	
Content Title	Completions
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	168
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice	108
VDSS - CWS1041: Legal Principles in Child Welfare Practice	118
VDSS - CWS1061: Family Centered Assessment in Child Welfare	177
VDSS - CWS1071: Family Centered Case Planning	177
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	198
VDSS - CWS2000: Child Protective Services New Worker Policy Training with OASIS	269
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services	141
VDSS - CWS2021: Sexual Abuse	142
VDSS - CWS2031: Sexual Abuse Investigation	117
VDSS - CWS2141: Out of Family Investigations	52
VDSS - CWS3000: Foster Care New Worker Policy Training With OASIS	145
VDSS - CWS3010: Adoptions New Worker Policy Training With OASIS	73
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships	69
VDSS - CWS3041: Working With Children in Placement	48
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections	30
VDSS - CWS3071: Concurrent Permanency Planning	62
VDSS - CWS3081: Promoting Family Reunification	69
VDSS - CWS3101: Introduction to the PRIDE Model	16
VDSS - CWS3103: PRIDE Family Assessment	32
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships	203
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	133
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	187
VDSS - DVS1001: Understanding Domestic Violence	143
VDSS - DVS1031: Domestic Violence and its Impact on Children	128
VDSS - SUP5701: Fundamentals of Supervising Family Services Staff	90
VDSS - SUP5702: Management of Communication, Conflict & Change	59
VDSS - SUP5703: Supporting and Enhancing Staff Performance	50

VDSS - SUP5704: Collaboration and Teamwork	71
Total	3275

VDSS Mandated Child Welfare Deliveres (July 1, 2013 - March 27, 2014)	
Class	Deliveries
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	12
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice	12
VDSS - CWS1041: Legal Principles in Child Welfare Practice	5
VDSS - CWS1061: Family Centered Assessment in Child Welfare	15
VDSS - CWS1071: Family Centered Case Planning	14
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	14
VDSS - CWS2000: Child Protective Services New Worker Policy Training with OASIS	20
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services	13
VDSS - CWS2021: Sexual Abuse	14
VDSS - CWS2031: Sexual Abuse Investigation	11
VDSS - CWS2141: Out of Family Investigations	6
VDSS - CWS3000: Foster Care New Worker Policy Training With OASIS	13
VDSS - CWS3010: Adoptions New Worker Policy Training With OASIS	9
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships	10
VDSS - CWS3041: Working With Children in Placement	8
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections	6
VDSS - CWS3071: Concurrent Permanency Planning	9
VDSS - CWS3081: Promoting Family Reunification	11
VDSS - CWS3101: Introduction to the PRIDE Model	4
VDSS - CWS3103: PRIDE Family Assessment	6
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships	16
VDSS - CWS4030: Virginia Family Partnership Meeting Facilitator Training	18
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	14
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	12
VDSS - DVS1001: Understanding Domestic Violence	13
VDSS - DVS1031: Domestic Violence and its Impact on Children	11
VDSS - SUP5701: Fundamentals of Supervising Family Services Staff	9
VDSS - SUP5702: Management of Communication, Conflict & Change	7
VDSS - SUP5703: Supporting and Enhancing Staff Performance	8
VDSS - SUP5704: Collaboration and Teamwork	8
Total	328

VDSS Online Child Welfare Mandated Courses (Completions from July 1, 2013 - March 27, 2014)	
Content Title	Completions
VDSS - CWS1002: Exploring Child Welfare	338
VDSS - CWS1500: Navigating the Child Welfare Automated System: OASIS	206

VDSS - CWS5692: Recognizing and Reporting Child Abuse and Neglect - Mandatory Reporter Training	332
Total	876

Attachment A to this Training Plan addresses course listings. The Title IV-E reimbursement rates that have been established are also listed. Virginia's Child Welfare CORE and Mandated training course descriptions are provided for more content specific information on the training available to caseworkers and supervisors in Virginia.

B. DFS Training

The following are courses provided mostly by the DFS Home Office and Regional Staff. Included are statewide numbers of attendees. These represent classes that have been held since July 1, 2012. Training initiated by the Division of Family Services is produced and conducted by state agency staff and not cost allocated to Title IV-E funds. Numbers in attendance are for July 2012 – May 2013.

FAMSC0007 Family Assessments in CPS, Revisited

Description: This training combines new CPS guidance and practice skills which will enhance assessment practices in responding to all CPS reports with an emphasis on family assessments. Learning objectives include an opportunity to learn • the purpose, philosophy, and defining characteristics of Virginia's differential response system, and how it supports principles of strengths-based, family-centered, and collaborative child welfare practice; • the criteria to use when screening referrals to determine the appropriate track response; • the importance in family assessments and investigations establishing rapport with family members from the first telephone or face to face contact; • strategies for engaging and empowering families to collaborate in family assessments; and • how to engage parents to jointly assess factors that increase risk to their children and to develop and strengthen their protective capacities and parenting skills.

Statewide attendance 396

VDSS – FAM1020: Introduction to Quality Service Review

Introduction to the Quality Service Review (QSR) Protocol and process to review child welfare cases with indicators in two domains, child and family status and practice performance. Training participants will be able to: (1) Learn an overview of the Quality Service Review (QSR) Process (2) Utilize the QSR Protocol and apply it to a child welfare case study and (3) Apply concepts to simulations provided during training.

Statewide Attendance 25

VDSS – FAMWorkshop12-004:QSR New Reviewer Training

This training is intended for those interested in becoming QSR Reviewers for the state. Learning Objectives 1. Learn an overview of the Quality Service Review (QSR) Process 2. To be able to utilize the QSR Protocol and apply it to a case study 3. Apply concepts to simulations provided during training. This training is for those who express an interest in becoming a QSR Reviewer.

Statewide Attendance 25

VDSS – FAM1050: VEMAT Changes for October 2012

This course is required to be completed in person for local department or CSA staff who are designated as Virginia Enhanced Maintenance Assessment Tool (VEMAT) Raters. Other Permanency staff may attend as space is available. The course will cover changes to the VEMAT, changes to the rates and several changes to guidance. The course will also include discussion of strategies to develop a high degree of objectivity and consistency in the administration of the Tool.

Statewide Attendance 419

VDSS – FAM1017: VEMAT Rater Training

This course is required for local department or CSA staff who have been designated as Virginia Enhanced Maintenance Assessment Tool (VEMAT) Raters. The course will cover the use and characteristics of the tool. The course will also include discussion of eliminating bias in the completion of the tool and strategies to bring consistency to its use. Statewide Attendance 19

VDSS FAMSC0008-Unpacking the NO of Permanency for Older Adolescents

Family and life-long connections are crucial in achieving successful outcomes for youth in foster care. Unpacking the “NO” of Permanency for Older Adolescents Training addresses the importance of permanency using an adapted training developed by the National Resource Center for Permanency and Family Connections. This training will provide an overview of National and Virginia data on older youth in foster care, major policy changes in foster care, definition of permanency, the concept of permanency for youth, and strategies on how to change an initial “no” to permanency to “yes.” At the end of the training the participant will understand what permanency and permanent connections are and why they are important, understand how adolescent development relates to permanency, know how to talk to youth about permanency, and understand the importance of having youth involvement in permanency planning. Statewide Attendance 32

VDSS- FAMSC0007- Family Assessment Revisited

This course was trained statewide for child protective services staff and supervisors. This one day training combined new CPS guidance and practice skills and enhanced assessment practices in responding to all CPS reports with an emphasis on family assessments. Learning objectives included an opportunity to learn the purpose, philosophy, and defining characteristics of Virginia's differential response system, and how it supports principles of strengths-based, family-centered, and collaborative child welfare practice; the criteria to use when screening referrals to determine the appropriate track response; the importance in family assessments and investigations establishing rapport with family members from the first telephone or face to face contact; strategies for engaging and empowering families to collaborate in family assessments; and how to engage parents to jointly assess factors that increase risk to their children and to develop and strengthen their protective capacities and parenting skills. Statewide attendance: 268

VDSS: FAMC1000-Introduction to Early Prevention Guidance

Course description This course presents best practice guidelines for the provision of Early Prevention Services, i.e., those prevention services provided prior to, or in the absence of a valid CPS referral. The training emphasizes the strength-based approach to engaging families and service planning as well as introducing protective factors in family assessments, trauma-informed case management, and guidelines for working with foster care diversion cases Statewide Attendance 191

VDSS-FAMWkshp 12-007 Independent Living Services

Independent Living Program Requirements and Services, National Youth in Transition Database (NYTD), to include: -History, purpose, and requirements of NYTD, -Results from the Department’s research on the served and survey populations for federal fiscal year 2011; -Virginia NYTD implementation for the follow-up survey; and –Using NYTD data for program planning and evaluation. Education and Training Voucher Requirements, and Fostering Connections to Success & Increasing Adoptions Act of 2008 – Educational Provision. OASIS NYTD Training – Navigating the OASIS screens to ensure NYTD data are collected uniformly. Statewide Attendance 124

In addition to the courses above VDSS contractor United Methodist Family Services (UMFS) coordinated five regional trainings on “Trauma-Informed Foster Care” for workers, foster and adoption parents, group home providers and other stakeholders. Participants learned about the devastating impact traumatic experiences can have on children, altering their physical, emotional, cognitive, and social development. Also, the training suggested ways adults can help children in foster care better understand the traumatic events affecting their lives and to identify and build on their strengths.

The Independent Living Educational Specialist completed eight regional training events (192 people) on the educational requirements of children in foster care. Some of these trainings were done with the workgroup co-lead from Department of Education and some were done independently.

C. LDSS Training Initiatives (IV-E “Pass Through”)

Sixty LDSSs submitted plans to provide child welfare training under this category for SFY2013. These plans described 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.

Approval of LDSS training plans is contingent upon the plan’s compliance with federal guidelines regarding allowable expenses. Total funding approved for SFY 2013 for this category of training was \$2,074,916. This amount includes funding for purchase of services such as travel, hotel accommodations, conference fees, training supplies and/or curriculum, training equipment, contractual services for the purpose of administering training, etc. It does not include the salary and related costs incurred by LDSS staff providing training. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate of 75% subject to the application of the penetration rate. Approved training at the enhanced rate was \$1,984,201 and approved training at the administrative rate was \$90,715.

Fifty-eight LDSSs have submitted plans to provide local department initiated training for SFY2015. Approved training at the enhanced rate or 75%, subject to the penetration rate is projected (subject to final approval) to be \$1,754,195. Approved training at the 50% rate, subject to the penetration rate is projected to be \$215,135. The majority of the courses will be submitted to the federal Administration for Children and Families for approval at the beginning of the year. Courses that come to the attention of the state after initial submission will also be sent for approval before funds are utilized.

Administrative costs such as the salary of a LDSS employed training staff are part of VDSS’ Random Moment Sampling (RMS) process. (Administrative functions, excluding salaries and related expenses, relating to trainings that are eligible for Title IV-E will be charged at the federal financial participation (FFP) rate of 50% with the application of the penetration rate. LDSS provide the appropriate match.)

D. Employee Educational Award Program (EEAP)

LDSS can establish an EEAP that is eligible for reimbursement through Title IV-E. The EEAP provides limited financial support (tuition and reimbursement of fees and travel to class) to employees who are interested in pursuing a Master of Social Work (MSW) or those who are completing their final year of a Bachelor of Social Work (BSW) degree. Employees may enroll as full-time or part-time students in an accredited social work program. To be eligible for this educational assistance, an employee must be a current child welfare employee or an employee who wishes to pursue employment in the area of child welfare. Employees who receive an educational award must make a commitment to work in a designated child welfare program position in the LDSS for a period of time equal to the period for which financial assistance is granted. The work commitment is counted from the completion or termination of the educational program. Employees who fail to fulfill their employment commitment are required to pay back the amount of the assistance received.

To receive available funding, LDSS must submit an annual application for approval by VDSS including the LDSS requirements and protocols for how the EEAP is administered, managed and monitored by the LDSS. No employee may be funded by the EEAP Program until VDSS approves the LDSS policy document which must clearly address all federal requirements.

Total anticipated expenditures for the EEAP approved for SFY 2015 is \$176,000 with five LDSS applications. Because the only allowable costs to be paid under this training program are federally approved items such as tuition and fees, there are no administrative costs allowed for this program. LDSS provide the appropriate match. For SFY 2014 six LDSS submitted applications for a total amount of \$169,535. Title IV-E EEAP will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

E. Resource Family Training

The purpose of this training is to enhance the knowledge, skills, and abilities of current and prospective resource, foster, and adoptive families in order for them to meet the needs of Title IV-E children. Training is comprised of two major components: pre-service training and in-service training.

Pre-service training provides resource, foster, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. In FY 2010, Agency-Approved Provider Regulations (22VAC40-211) were approved that require specific core competencies consistent with the Parent Resource for Information, Development and Education (PRIDE) pre-service curriculum. 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.

In-service training is for current resource, 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 annually to determine training needs and the determination is practiced uniformly and fairly across families and involves the family in the determination of training needs.

Total program costs approved for SFY 2013 for resource, foster and adoptive family training is \$1,417,959. Of that amount \$1,355,243 is approved at the enhanced rate and \$62,715 is approved at the administrative training rate. This amount includes only funding for purchase of services such as travel, hotel accommodations, conference fees, training supplies and/or curriculum, training equipment, contractual services for the purpose of administering training, etc. It does not include salaries and related expenses of LDSS staff that provide training. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate of 75% subject to the application of the penetration rate.

Administrative costs such as the salary of a LDSS employed training staff are part of the RMS process. Administrative functions relating to training that are eligible for Title IV-E will be charged at the FFP 50% rate with the application of the penetration rate. Training activities that are necessary for the proper and efficient administration of the Title IV-E plan will be charged at the enhanced rate subject to the application of the penetration rate. Other resource, foster, and adoptive parent training will be charged at the regular rate with the application of the penetration rate. LDSS will provide appropriate matching funds. Expenses related to this program not allowable under Title IV-E will be borne by the LDSS.

The Resource Family Consultants continue to provide formal training to LDSS staff around diligent search, family engagement, working with relatives, adoption matching, support of resource families, and other topics on an as-needed basis. For example, VA Beach LDSS requested that their entire child welfare staff be trained on Diligent Search and Family Engagement. This is a training that is no longer being routinely offered, but can be provided by the Resource Family Consultants upon request. It was also offered twice in the Western Region this year. A more advanced version of this course called, "Family Engagement... next steps" has also been delivered upon request. "Support is everyone's job" is a training for all LDSS staff addressing the ways that resource parents can be supported through routine contact with the department. This course has been offered multiple times in several regions this year.

Two of the five Resource Family consultants have received specialized training in fatherhood programs and father engagement. They have offered several trainings to LDSS staff who are planning to implement fatherhood programs this year.

Additionally, the Resource Family Consultants routinely train LDSS staff around Guidance revisions. This year they team-taught with the Permanency Consultants around new Permanency Guidance and changes to VEMAT as well training on minor changes to Resource Family Guidance.

The majority of the Resource Family Consultants' work with the LDSS staff is done 1:1 in the form of technical assistance, particularly in regards to new resource family staff and issues/ questions regarding Guidance and regulations regarding resource family approval. Additionally, the Resource Family Consultants provide individualized assistance to LDSS around developing their own resource parent recruitment plans.

CRAFFT (Community Resource, Adoption and Foster Family Training program) promotes the safety, permanency and well-being of children through the training of LDSS foster, adoptive, and resource parents (collectively referred to as resource parents) to meet the needs of children in Virginia's child welfare system. CRAFFT's goal is to increase the knowledge and skills of resource parents through the development and delivery of standardized, competency- based, pre-and in-service training, as required by VDSS. The standardized curriculum used are the PRIDE training curriculum and A Tradition of Caring (Kinship PRIDE). CRAFFT delivers statewide pre-service and in-service training in each region, based on the completion of an annual needs assessment completed with each local department of social services. 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 can serve as the PRIDE co-trainer with a local foster parent trainer when the LDSS has no professional trainer available. CRAFFT Coordinators also conduct the following activities:

- Develop and deliver additional in-service training for resource families, based on input from families as well as the local agencies and VDSS;
- Develop and maintain a regional training plan, updated as-needed, based on the results of the needs assessment demonstrated in LDSS' local training plans;
- Work closely 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;
- Collaborate with the Regional Resource Family Consultants around the delivery of the newly revised Mutual Family Assessment course (CWS 3103) which covers both assessment skills and a review of resource family approval policy and is team-taught;
- Collaborate with LDSS and Virginia Foster, Adoptive and Kinship Parents Association (FACES) to promote membership, participate in the annual FACES conference/training, and develop relationships with regional FACES board members and FACES staff; and,
- Conduct regularly scheduled regional roundtable meetings with LDSS staff and other key stakeholders to provide training and resources regarding resource parent development and support; inform agencies of current state or program initiatives related to resource parent training; and allow agencies to collaborate, exchange resources and share challenges and solutions.

During the 2013 fiscal year, the CRAFFT program was successful in providing eight pre-services series, using the PRIDE curriculum. Each PRIDE pre-service series is comprised of nine weeks and a total of 27 hours of resource parent applicant training. In addition to the pre-service series, the CRAFFT coordinators facilitated 24 PRIDE-pre-service sessions. These sessions were held for family members that were

unable to attend a session in a series or for agencies that needed assistance with facilitating a particular session but not the entire series. Approximately, 215 resource family individuals attended the PRIDE pre-service training provided by the CRAFFT Coordinators. An additional four pre-service series and 12 pre-service sessions are scheduled between May and June 2013. During the 2013 fiscal year, the CRAFFT Coordinators also began preparing to use an additional pre-service curriculum “A Tradition of Caring”. The new curriculum is designed exclusively for kinship families.

The CRAFFT Coordinators also facilitated a total of 35 in-service sessions for 416 resource family members between July 1, 2012 and April 30, 2013. The topics for the in-service sessions varied from Lifebooks to Parenting with Love and Logic, each session ranged from two to six hours. An additional 25 in-service sessions are scheduled between May and June 2013.

In addition to the pre-service and in-service sessions facilitated by the CRAFFT coordinators, they also provided assistance to local department of social services to help them increase their capacity for offering training more frequently. The CRAFFT Coordinators provided six of the two-day Introduction to PRIDE course for LDSS. They revised the two-day Mutual Family Assessment course and provided it three times. Additionally, the Coordinators developed a one-day course to introduce and prepare LDSS kinship trainers/assessors to facilitate “A Tradition of Caring” pre-service curriculum for kinship families and it was offered once. The CRAFFT Coordinators also facilitated seven roundtable meetings for LDSS workers to network and exchange ideas for training resource families. Between May and June 2013, the Mutual Family Assessment course is scheduled three times, Introduction to PRIDE is scheduled once, and the roundtable meetings are scheduled four times.

The CRAFFT Program employs six staff (five regional CRAFFT Coordinators throughout the state, and a Program Manager who oversees the program) based at three universities in Virginia (Norfolk State University, Radford University and Virginia Commonwealth University) with whom VDSS has a Memoranda of Agreement (MOA) for the provision of statewide competency-based training. The total of the CRAFFT contract budgets is \$563,119. All CRAFFT coordinator activities are directly related to the development and delivery of federally approved training.

DTD Family Services Programs

On-line Courses

Prerequisites for all mandated Child Welfare (CW) training will be a series of eLearning (on-line) courses that range from a broad overview to fairly specific information about casework documentation and mandated reporter status. These include:

CWS1002: Exploring Child Welfare – On-line

(Pre-requisite for CWS2000, CWS3000, CWS3010)

Target Audience: Child Welfare workers with less than twelve months experience working in a local DSS; experienced workers who have not had formal training in Child Welfare. This self-paced online course will introduce you to the basic concepts and skills necessary to ensure the safety, permanency, and well-being of children.

Topics Include: Historical evolution of Child Welfare; Examination of key Child Welfare Federal legislation; Basic assumptions and guiding principles of Virginia practice; Ethics and values clarification; Cultural awareness; Roles, rights, and responsibilities of the worker, child, parents, and the community.

Fund: IV-E IV-E rate: 75%

CWS1500 Navigating the Child Welfare Automated System: OASIS – On-line

(Pre-requisite for CWS2000, CWS3000, CWS3010)

Local staff will be able to explore the OASIS tutorial through an eLearning experience that will guide them through actual practice with the major uses of the OASIS system. Practical information on the Help section will provide valuable resources for the new worker unfamiliar with the child welfare automated system.

Fund: IV-E IV-E rate: 75%

CWS5692 Recognizing & Reporting Child Abuse and Neglect – On-line Mandatory Reporter Training ***(Pre-requisite for CWS2000, CWS3000, CWS3010)***

Fund: IV-E IV-E rate: 75%

DTD Family Services Programs

Instructor Led Courses

CWS1021 Effects of Abuse and Neglect on Child and Adolescent Development - 2 days

After exploring the parameters of normal child development, learn to identify abnormal development and practice assessing whether it appears to be situational, congenital, or the consequence of maltreatment.

Topics include: Child development across the cognitive, emotional, moral, physical, and social domains; Development across the age-stages that comprise childhood and adolescence; Current theories related to attachment and resiliency; Ethnically-sensitive child welfare practice.

Fund: IV-E IV-E rate: 75%

CWS1031 Separation and Loss in Human Service Practice - 2 days

Understand the dynamics of separation and loss in children and families. Examine the stages of grief and the effects of stress and trauma on children, birth parents, and foster parents.

Topics Include: Parent/child attachment and foundations of a healthy relationship; Feelings commonly associated with separation; Stages of grief - how it manifests in children and impacts birth parents'

actions; Impact of loss on children and families in placements; Post-traumatic stress disorder and its impact; Crisis intervention theory; Strategies to minimize impact of trauma on children and families.
Fund: IV-E IV-E rate: 75%

CWS1041 Legal Principles in Child Welfare Practice - 2 days

An overview of the court structure in Virginia is provided to enhance trainees' understanding of the goals, outcomes, requirements, and burdens of proof at each stage of the civil and criminal court process.

Topics include: Explore the meaning of “reasonable efforts”; roles and responsibilities of key players in the court process; how to document a case for court; how a case record may be used for court and the legal requirements for case documentation; types and purposes of frequently used court orders; analyze and organize information to support the elements of relevant statutes.

Fund: IV-E IV-E rate: 50%

CWS1051: Crisis Intervention – 2 days

Target Audience: Human services workers and supervisors. CPS Required if Assessed Need. Learn about the dynamics of crisis and the principles, goals, and steps of intervention for working with various populations in crisis.

Topics Include: Crisis assessment; Effective strategies for defusing crisis; Restoring or improving coping strategies; Worker safety in crisis; The crisis of suicide.

Fund: IV-E IV-E rate: 50%

CWS1061: Family Centered Assessment in Child Welfare - 2 days

Provides an overview of the fundamental assessments skills used in all phases of the child welfare practice continuum (CPS, Foster Care, Adoption and Home Studies) and provides trainees a solid foundation for using critical thinking skills and avoiding bias in their assessments. The course focuses on using family centered assessment skills to build effective helping relationships and gain relevant accurate information as the basis for making correct and timely decisions.

Topics include: Seven stage critical thinking process; Common assessment factors in child welfare cases related to safety, permanency, and well being; Interviewing strategies that engage families and reveal pertinent information; Assessment and reassessment of safety and risk; Making sense of extensive information and focusing on what is relevant; Understanding the influence of the family's culture; Avoiding bias the assessment process; Helpful interview and assessment tools.

Fund: IV-E IV-E rate: 75%

CWS1071: Family Centered Case Planning - 2 days

Case planning is a collaborative effort between families, caseworkers, and other providers. It helps identify, organize, and monitor activities and services to families needed to achieve and document case outcomes. This foundational course discusses how these formal “action plans” are based on family assessments that identify high need areas and help determine service objectives. Learn how the planning process is dynamic and occurs throughout the life of a case.

Topics Include: Define case planning and list in order the steps in effective case planning; Strategies to engage families in the case planning process; Issues of culture, motivation, and change impact the development of the case plan; Interview strategies to engage families; Engage and involve fathers in the case planning process; Identify the goals of case planning; Correctly formulate objectives and activities to address the case plan goal; Fundamental concepts regarding concurrent planning; Regular case reviews to monitor progress and modify case assessment, goals, objectives, and activities as-needed; Interview strategies to help clients stay invested in the change process; Home visits to provide casework services; Factors to consider for appropriate case closures.

Fund: IV-E IV-E rate: 75%

CWS1305: The Helping Interview – 2 days

Target Audience: Local staff with less than two years experience in child welfare or child welfare workers who will be enrolling in CWS5305: This course provides a condensed introduction to basic communication and particular helping skills that facilitate interviewing for assessment and problem-solving with adult clients.

Topics Include: Understanding the helping relationship and how it develops through interviews with clients; Improve understanding of the interview process and its phases; Strategies to facilitate communication; increase competence in basic interviewing skills that improve the quality of interviews, assessment, and problem-solving. Specific techniques to facilitate interviewing adults are attending and joining skills for building rapport; developing and demonstrating empathy; active listening; selective use of verbal and non-verbal communication skills; managing conflict and resistance; acknowledging culture and its influence on the interview encounter; identifying and capitalizing upon client strengths in assessment and problem-solving.

Fund: IV-E IV-E rate: 75%

CWS2000: CPS New Worker Policy Training With OASIS – 4 days

Target Audience: Local staff new to Child Protective Services program in Virginia. Learn the policy requirements of the CPS program in Virginia. Become knowledgeable about the laws, regulations, and policy that guide CPS practice at the local level. Practice documenting the policy requirements in OASIS.

Topics Include: Purpose and basic assumptions of CPS; Definitions of child abuse and neglect in Virginia; How to receive and respond to a report of child abuse or neglect; How to conduct a family assessment or investigation; Requirements for informing all parties while maintaining confidentiality; Best practice and policy requirements for provision of ongoing services in an open CPS case; How to assist the alleged abuser through the appeals process; How to document all policy requirements in OASIS.

Fund: State IV-E rate: N/A

CWS2011: Intake Assessment and Investigation in Child Protective Services - 3 days

Learn practical skills and techniques for interviewing children and their families in child abuse and neglect assessments and investigations. Learn the best practices to be used throughout the process of Child Protective Services including intake, assessment, and investigation.

Topics Include: Interpersonal, family, and environmental factors that increase the risk of abuse and/or neglect; How to gather pertinent information to assess risk, safety, and service needs; How to interview children, non-offending caretakers, and the alleged offending caretaker in assessments and investigations; How to assess information gathered to make safety plans; How to assess information gathered to make informed case decisions and identify service needs.

Fund: State IV-E rate: N/A

CWS2021: Sexual Abuse – 2 days

Target Audience: Child Welfare workers who require an overview of child sexual abuse. CPS Mandatory. Understand the dynamics and scope of child sexual abuse. Examine attitudes toward sexual abuse and the implications for best practice interventions.

Topics Include: Virginia's definitions of child sexual abuse and the extent of the problem; Consequences of sexual abuse from a developmental perspective; Profiles, characteristics, and treatment needs of the abuser and the non-offending caregiver; Circumstances that make children vulnerable to sexual abuse and inhibit disclosure; Dynamics of sexual abuse and intervention strategies to promote safety and well-being in children and families.

Fund: State IV-E rate: N/A

CWS2031: Sexual Abuse Investigation – 3 days

Target Audience: Child Welfare workers and supervisors responsible for investigating child sexual abuse complaints. CPS Mandatory. Explore the critical issues that impact the investigation of child sexual abuse. Practice the essential skills necessary when interviewing the victim, non-offending caretaker, and alleged offender.

Topics Include: Forensic investigation – goals, roles, and preparation; Developmental issues to consider for the child interview; The child interview process; Interviewing teens, credibility, and evidence collection; Interviewing and engaging the non-offending caretaker; Interviewing the offender; Focusing on safety; and Legal issues.

Fund: State IV-E rate: N/A

CWS2141: Out-of-Family Investigations – 2 days

Target Audience: Child Protective Services workers and supervisors who conduct out-of-family investigations. Mandatory for CPS Staff designated to perform Out of Family Investigations. Gain an understanding of the policy requirements and special challenges and dynamics of out of family investigations. Increase skill level in interviewing strategies to assess and intervene effectively in out of family situations. Learn how to inform and collaborate with all appropriate parties.

Topics Include: Risk factors related to the out-of-family caregiver; Collaborating with regulatory agencies, facility administrators, and family members; Working with legal representatives; Strategies for supporting the family; Policy unique to out-of-family investigations.

Fund: State IV-E rate: N/A

CWS3000: Foster Care New Worker Policy Training with OASIS – 4 days

Target Audience: Local staff new to the Foster Care program in Virginia. Learn the requirements of the Foster Care program in Virginia. Become knowledgeable about the laws, regulations, and policy that guide Foster Care practice at the local level. Practice documenting the policy requirements in OASIS.

Topics Include: Purpose and guiding principles of Foster Care services; Legal requirements for Foster Care, Foster Care prevention, and family preservation; How children enter care, safeguards, and placement authorities and options; Requirements for opening a case and completing all required referrals; Assessment and service planning, and choosing the Permanency Goal; Reassessments, reviews, and redeterminations; Policy and practice related to closing the case; Funding maintenance and service provision; How to document all policy requirements in OASIS.

Fund: IV-E IV-E rate: 75%

CWS3010: Adoption New Worker Policy Training with OASIS – 3 days

Target Audience: Local staff new to the Adoption program in Virginia. Learn the policy requirements of the agency placement Adoption program in Virginia. Become knowledgeable about the laws, regulations, and policy that guide Adoption practice at the local level. Practice documenting the policy requirements in OASIS.

Topics include: Purpose and guiding principles of providing agency placement Adoptions in Virginia; Provisions of pre and post-placement, and post-Adoption services; How to register and update information in the Adoption Resource Exchange of Virginia (AREVA) Policies and funding sources related to provision of Adoption subsidies; Best practice, as well as policy requirements, for conducting adoptive home studies; How to respond to appeals regarding the adoptive home approval process; and how to document all policy requirements in OASIS.

Fund: IV-E IV-E rate: 75%

CWS3021: Promoting Birth and Foster Parent Partnerships – 2 days

The relationship between foster parents and birth families can have a significant impact in the overall course of placement. When the relationship is respectful, non-judgmental, and supportive, all parents are able to do a better job in meeting the children's needs. Creating a team approach with planned contact

between birth and foster parents have shown that children return home sooner, have more stable placements, experience better emotional development and are more successful in school. This course will specifically deal with one of the core principles of family engagement - promoting meaningful partnerships between foster and birth families as partners in promoting safety, well being and permanency for children.

Topics include: Benefits and challenges of working with the child's family; Roles and responsibilities of birth parents, foster parents, and social workers in promoting partnerships; Ways to work with the child's family and/or support on-going communication between the birth family and foster family; Minimize the challenges of working with the child's family; Conduct an Ice-breaker Meeting with all interested stakeholders; Engage fathers in the permanency planning process; Visit Coaching techniques and strategies; Importance of Shared Parenting in assisting the family; Supervisory Issues to support the partnerships.

Fund: IV-E IV-E rate: 75%

CWS3041: Working With Children in Placement – 2 days

Target Audience: Child Welfare workers and supervisors. Learn practical skills and techniques for working with children in placement. Experience an interactive and resource-filled curriculum that includes videos, children's books, storytelling, and life books.

Topics Include: Assessing children's needs; Preparing children for placement; Talking about the past; Coping with emotions and grief; Managing behavior and preventing disruptions; Developing a planned and purposeful visitation plan; Conducting placement family meetings.

Fund: IV-E IV-E rate: 75%

CWS3042: Orientation to the ICPC - 1 day

Target Audience: LDSS child welfare supervisors, workers and other LDSS staff who are likely to prepare ICPC documents and materials for placing children in out of state placement or those child welfare workers who may be requested to facilitate and supervise the placement of a child from out of state. This course provides the basic knowledge of the Interstate Compact on the Placement of Children (ICPC), including requirements and practices. The ICPC procedures are to assure that children placed across state lines receive the same protections and support services as children placed within the state. Training on the Compact will help to assure that the requirements established by law do not become barriers for children whose needs can best be served through interstate placement.

Topics Include: History of the ICPC; Philosophy, legal base, and placement authority; Placing a child out of state: Responsibilities and expectations; Receiving a child from another state: Responsibilities and expectations; unusual circumstances in the ICPC process.

Fund: IV-E IV-E rate: 75%

CWS3061: Permanency Planning for Teens-Creating Life Long Connections – 2 days

Target Audience: Foster Care and Adoption workers and those individuals involved in the permanency planning process. Learn how to help teens identify and establish emotional connections and build the family support necessary for navigating the difficult transition into adulthood.

Topics Include: Developmental issues and the need for permanency for teens; Impact of the Child Welfare system and barriers to permanency; The concept of resiliency and resiliency led practice to assist youth in care; The key elements of loyalty, loss, self-esteem, behavior management, and self-determination as the foundation of permanency; Ways to involve teens in identifying their own permanency resources; The role of youth-specific recruitment in making permanent connections; Strategies for preparing teens for family living and supporting permanency.

Fund: IV-E IV-E rate: 75%

CWS3071: Concurrent Permanency Planning – 2 days

Target Audience: All Child Welfare caseworkers, supervisors, and administrators who provide direct services to families and/or develop policy that guides casework practice. Concurrent planning is an approach that seeks to eliminate delays in attaining permanent family placements for children in foster care. Concurrent Planning is a process of working towards reunification with parents while at the same time establishing an alternative plan for permanent placement. Concurrent rather than sequential planning efforts are made to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family. CWS3071 teaches practical skills and techniques for implementing concurrent planning.

Topics Include: Impact of ASFA and Fostering Connections Act on permanency for children in foster care; Components of effective concurrent planning – six essential processes; Three-Stage Case planning process for early and targeted family change; Finding, engaging and supporting relatives and kinship care providers; Use of Family Partnership Meetings to enhance collaboration among parents, resource/foster parents, service providers and those within the child welfare and legal systems; Use of the Permanency Planning Indicator in the assessment process; Engaging parents in the decision-making process and practicing full disclosure interviewing; Identifying and addressing parental ambivalence; Frequent and constructive use of parent-child visitation; Involvement of resource and kinship parents in working directly with the biological parents; Documenting the concurrent plan in the case record.

Fund: IV-E IV-E rate: 75%

CWS3081: Promoting Family Reunification – 1 day

Target Audience: Foster Care workers, Child Welfare workers, and others involved in the permanency planning process. For children in foster care, reunification with birth parents or prior custodians is often the primary permanency goal and the most likely reason a child will leave placement. This course will examine the planned process of reconnecting children in out-of-home care with their families or prior custodians by means of a variety of services and supports to the children, their families, their foster families, and other service providers.

Topics Include: Family-focused practice; Principles of reunification; Impact of separation and loss; Maintaining connectedness; Planned visitation; Partnership and collaboration; Role of foster parents, birth parents, or prior custodians in the casework process, service delivery, case planning; Safety assessment.

Fund: IV-E IV-E rate: 75%

CWS4020: Engaging Families and Building Trust-based Relationships – 2 days

Target Audience: All child welfare workers and their supervisors currently working with children and families, especially those involved in Family Partnership Meetings should attend this course. Family engagement is the foundation of good child welfare casework practice that promotes the safety, permanency, and well-being of children and families. It is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes.

Topics Include: Explore characteristics of family culture and information in policies and practices that support the engagement process with families; Develop a working agreement with families; Connect personal experiences with change and the experiences families have in order to better engage with family members and assess in a non-judgmental manner; Identify and address primary and secondary losses resulting from change and help families transition from their discomfort zone to practicing the desired behavior; Understand the various types of resistance often encountered in working with families and learn specific techniques to work with resistance; Practice specific engagement and trust building skills of exploring, focusing, and guiding to help the worker and the child and family gain insight into their current situation; Learn and practice solution-focused questions to surface family member's strengths, needs, culture, and solution patterns; Define and practice the use of self-disclosure, normalization, and universalization to help to normalize feelings and experiences; Identify ways to formulate, evaluate and refine options with families; Define and identify essential underlying needs that are often a description of the underlying conditions and source of the behavioral expressions of problems that a family may be

encountering; Evaluate the use of Core Conditions and Engagement Skills used by workers with family members; Define and practice the steps of the working agreement and how these steps are used to build a partnership relationship with the family; Develop a plan to practice the strategic use of the working agreement, core conditions and core helping skills to build a trusting relationship with families.

Fund: IV-E IV-E rate: 75%

CWS4030: Family Partnership Meeting Facilitator Training – 3 days

Target Audience: Locally identified department of social services staff, child welfare supervisors and administrators as well as intensive care coordinators. This course will prepare experienced child welfare professionals to serve as family partnership meeting facilitators using the principles and process of the Virginia Practice Model. This course will be presented as four-day classroom training. Participants will attend three consecutive days of training, practice facilitation skills and/or develop implementation plans in their localities for approximately one month, and return on the final training day to discuss progress, receive feedback and complete the training content. Successful completion of CWS4020: Engaging Families and Building Trust-based Relationships is a prerequisite.

Topics Include: Review of Virginia's Practice Model and FPM values; Role of the family partnership facilitator and skills to promote effective meetings; Family engagement techniques; Meeting preparation; Stages of the solution-focused Family Partnership Meeting; Security issues and accommodation of special needs; Responsibilities of the facilitator following the meeting; Local implementation considerations to include training of family partnership meeting participants; continued professional development.

Fund: IV-E IV-E rate: 75%

CWS5011: Case Documentation – 2 days

Target Audience: Child Welfare workers and supervisors. In day one, trainees learn writing skills that support case documentation in all social services areas. In day two, trainees build upon skills learned in day one to enhance their ability to document casework activity, Assessment, decision-making, and planning in Child Welfare cases.

Topics Include: Purpose, goal, and strategy: Focusing on your reader's needs; How to review your work from your reader's perspective; How to recognize bias, passive voice, and the difference between fact and opinion; An overview of the writing manual, The Elements of Style; Child Welfare case narrative: How much is too much?; The elements of a Child Welfare assessment; Service planning in Child Welfare the SMART way; Tips for correspondence and intake.

Fund: IV-E IV-E rate: 75%

CWS5305: Advanced Interviewing: Motivating Families for Change – 2 days

Target Audience: Child Welfare workers and supervisors across all program areas. Strongly recommended that supervisors attend prior to social work staff. This course will assist workers to engage families in a mutually beneficial partnership and assess a family's readiness for change. Workers will learn two client engagement models and the recommended strategies for sustaining motivation and commitment to change.

Topics Include: Engagement and the Strengths Perspective; The Stages of Change; Motivational Interviewing Techniques; Solution-Focused Interviewing Techniques.

Fund: IV-E IV-E rate: 75%

CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare – 2 days

Target Audience: Child Welfare workers and supervisors in Child Protective Services and/or permanency programs. Learn practical techniques for conducting fair and accurate assessment of safety and risk, utilizing protective capacities to promote child safety and reduce risk in child protection and permanency plans.

Topics Include: Definitions of safety, risk, assessment, and protective capacity and how to distinguish between risk and safety; Assess and monitor safety at decision points across the service continuum

throughout life of case; Interventions based on level of risk and identified protective capacities; Identify the minimum sufficient level of care for children and explore the least drastic/restrictive alternatives to address concerns of safety and risk; Solution-based model to increase family and caregiver involvement in the creation of assessments, safety plans, and service plans.

Fund: IV-E IV-E rate: 75%

DVS1001: Understanding Domestic Violence – 2 days

Target Audience: Caseworkers and supervisors in all service programs. This course provides a basic knowledge of domestic violence and establishes the most effective means through which intervention may be initiated in instances of domestic abuse.

Topics Include: Impact of domestic violence on the family structure and the community at large; Causation theories and dynamics of domestic violence; Safety issues for the worker and assessing safety of the victim and the victim's children; How to assess the lethality of the domestic violence situation; Resources available in the community, including legal resources.

Fund: IV-E IV-E rate: 75%

DVS1031: Domestic Violence and its Impact on Children – 1 day

Target Audience: Workers and supervisors in all service programs, particularly those in Child Welfare. CPS Required if Assessed Need. Learn core principles of domestic violence intervention techniques and discuss assessment skills necessary to determine risk for all family members. Review community resources that collaboratively address family violence and protect family members.

Topics Include: The impact of domestic violence on children's healthy development; Essential procedures and techniques for interviewing children in violent homes; Development of effective intervention and safety plans; Appropriate community referrals and proper monitoring techniques; Virginia law and legal options.

Fund: IV-E IV-E rate: 75%

**DTD Family Services Programs
Mandated CORE Supervisor Series**

The CORE Supervisor Series is intended for new supervisors with less than two years of supervisory experience or supervisors needing refresher training. This new supervisor series expands the original CWS5701 three-day course and the only training that was available for supervisors. It is two consecutive days per month for a period of four months and includes transfer of learning field practice activities assigned in between sessions that will further enhance learning. In order to fully maximize the training experience, supervisor's need to enroll in the entire series and commit to these training dates. With that said, supervisors who have to miss a session due to an emergency can pick it up in another region or at another time. The intent is for the supervisors to be able to network regionally and gain valuable support from each other as they attend this training series together!

SUP5701: Fundamentals of Supervising Family Services Staff – 2 Days

This course emphasizes the crucial role played by family service supervisors. Supervisors will increase their understanding of the demands of their role, and be introduced to basic tools and strategies to help them supervise direct practice caseworkers. The fundamental principles for casework supervision of Parallel Process, Strengths-Based, Mission-Focused, Culturally Competent and Evidence-Based practices are introduced. Attention is also given to the unique attributes of adult learners, how to promote a learning environment that will enhance caseworkers training experiences, how to identify staff's learning needs, stages in the coaching process as well as identify common pressures and stresses that supervisors often face.

Fund: IV-E IV-E rate: 50%

SUP5702: Management of Communication, Conflict & Change – 2 Days

This course introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Change by examining the importance of good communication in family service practice. Strategies for improving communication and ensuring that intended messages are received, the conflict cycle and management of resolving conflict that is frequently caused by poor communication or lack of communication are addressed. Change is a force that is both necessary and unavoidable in the social services field. The types of change that impact organizations and ways to assist staff implement change will be discussed with a review of strategies for change management by emphasizing the interrelated relationship between these three concepts.

Fund: IV-E IV-E rate: 50%

SUP5703: Supporting and Enhancing Staff Performance – 2 Days

This course is intended to help new supervisors develop competent, confident, and committed staff that can perform the tasks assigned to them and support the department mission/goal. Supervisors are introduced to the concepts of managing by data, performance assessment, performance evaluation, and performance improvement of the individual staff in their unit. In addition, the characteristics of effective leaders and managers will be examined as well as how the two are distinguished. Supervisors will learn about four styles of leadership: Participatory, Transformational, Transactional, and Strengths-Based and several leadership tools that can be used in their units or assessing their own leadership qualities and potential.

Fund: IV-E IV-E rate: 50%

SUP5704: Collaboration and Teamwork – 2 Days

This course applies many of the concepts learned throughout the previous supervisor modules with an emphasis on collaboration with others and the successful functioning of the unit. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Characteristics of units that function effectively are also presented. Supervisors are given tools to assess the level of performance of their unit and are presented with an opportunity to develop a plan to improve their unit's functioning. Finally, strategies are introduced to help the supervisor build a unit that is successful in achieving the agency mission and vision through successful collaboration and teamwork.

Fund: IV-E IV-E rate: 50%

**DTD Family Services Programs
Subject Matter Expert (SME) Workshops**

New guidance was issued requiring all child welfare workers with more than two years experience to attend a minimum of 24 hours of training per year after completing initial in-service training mandates. Training for experienced workers will be developed and delivered by practice experienced subject matter experts (SME) engaged and supervised by the training system in response to regionally assessed needs of staff. Continuing education activities may also 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 local department of social services and should be pre-approved by the child welfare supervisor or person managing the caseworkers program.

The Bi-Annual VDSS Child Welfare Training Needs Assessment Survey conducted by DTD in June 2012 culminated in three one day continuing education workshops and one "HOT TOPIC" being developed and offered for experienced workers and supervisors. The survey asked LDSS child welfare

staff to rank order 10 caseworker specialized competencies according to highest priority for their desired learning needs. The following were the highest ranked competencies and identified hot topics statewide and were used to develop the four SME workshop topics to be offered in each of the five regions in FY13:

SME001: Building Litigation Proof Cases: Protecting Parental Rights Through Diligent Casework
Statewide Attendance: 239

This workshop is designed to ensure that experienced child welfare professionals understand the legal rights of parents, children, non-custodial parents, incarcerated parents, grandparents, and substitute caregivers in child welfare cases. Learners will discover how deficiencies in casework processes, improper caseworker conduct, and lack of adherence to policies and standards can increase the risk of liability for the caseworker and the department. This course will also demonstrate how inappropriate language used in verbal communication and written documents can increase risk of liability for the department. Attendees will learn how to present and explain case information to family members, defense attorneys, and community agencies in a manner that preserves the rights of family members and protects caseworker and department from liability.

About the trainer: Rachel Allen's experience in family law dates back to her earliest work with the Woehrlé & Franklin law firm where she handled custody and child support cases, and represented children as guardian ad litem in abuse/neglect proceedings. Ms. Allen has previously served as the Deputy City Attorney for the City of Hampton and is currently the Associate City Attorney for the City of Virginia Beach. In each position, she has been responsible for representing and advising the Department of Human Services, including child protective services, foster care and adult protective services units. Additionally, Ms. Allen is an adjunct professor in the law program at Regent University.

*This SME Workshop was so popular we will be offering it again in all five regions in FY14.

Fund: IV-E IV-E rate: 75%

SME002: Kids Deserve a Permanent Home
Statewide Attendance: 148

This workshop is designed to ensure experienced child welfare professionals are competent in their ability and knowledge to reunite children in placement with their families and to provide services to prevent placement disruption and re-entry of children into out-of-home care. Learners will discover how best practice in casework, combined with community resources, result in permanency.

About the trainer: Betty McCrary's experience in social work dates back to her earliest work with McVitty House, Inc. Dr. McCrary currently serves the community as a Licensed Professional Counselor, Licensed Marriage and Family Therapist, and Certified Family Mediator for the Supreme Court of Virginia. She previously served as a social worker, a Social Work Supervisor and Director of Roanoke County Department of Social Services. In each position, she has been responsible for representing and advising families in setting and obtaining goals for their children. Additionally, she serves in the following capacities: Military and Family Life Consultant for MHN, American Association for Counseling and Development, Virginia Counselors Association, Board of Directors, Conflict Resolution Center, Blue Ridge Behavioral Health Child and Family Services Advisory Committee, Board of Directors, Roanoke County Police Foundation, and on the Roanoke County Dept of Social Services Advisory Board.

Fund: IV-E IV-E rate: 75%

SME003: Helping Children Find the Words
Statewide Attendance: 164

This workshop is designed to provide experienced social workers with advanced knowledge regarding investigative interviews of alleged victims and siblings in CPS cases. Social Workers will gain an understanding of child development and the impact of the interview, memory, suggestibility, and testifying in court. Techniques to help children feel safe, comfortable, and supported during investigative

interviews will be discussed; as well as steps to reduce trauma. We will also explore the benefits and liabilities of using interview aids such as drawings and anatomical dolls.

About the trainer: Wendy Holland, MSCJ is trained in Forensic Interviewing by APRI and Corner House. She has 13 years of experience interviewing alleged victim children and their siblings in child maltreatment investigations. Furthermore, she is an Expert Witness on Physical and Sexual Abuse in Virginia Beach and Chesapeake.

Fund: State IV-E rate: N/A%

SME004: Implementing and Sustaining child and Family Teaming

Statewide Attendance: 198

This workshop includes discussion of engagement concepts and strategies to implement and conduct Child and Family Teaming (CFT). Case examples are used to illustrate key points, while small and large group activities provide opportunities to practice skills and assess individual strengths. Strategies are discussed regarding best practices for managing CFTs, including running meetings, maintaining communication between meetings and ensuring all needed parties are engaged. In addition, supervisors have specific opportunities to assess resources and plan how to evaluate application of strategies in their agencies. **Both Child Welfare Workers and Supervisors are encouraged to attend.**

Child Welfare Workers Learning Outcomes:

- Recognize and articulate the benefits of engaging the family and the whole service provision team;
- Know and explain the differences and similarities between a family partnership meeting and child and family teaming;
- Describe effective methods of practice that promote engagement and teaming to achieve commonly held goals;
- Determine an initial plan to address issues identified as personal or systemic barriers to effective teaming.

Supervisors Learning Outcomes:

- Set clear expectations for engagement and maintenance of a family-focused service delivery team (CFTs).
- Explain how the formation and functioning of these teams will be evaluated through supervision practices and providing formative oral and written feedback to team participants.

About the trainer: Ms Betty Jo Zarris holds a Masters of Social Work degree from Virginia Commonwealth University and has more than forty years experience in a variety of local and state level positions including social worker, Social Work Supervisor, and Regional consultant in the Central Region. As the VDSS Assistant Director of the Family Services Division, Ms Zarris played a lead role in the implementation of the Children's Services Transformation. Since her retirement, in January 2012, she has worked with Children's Research Center (CRC) and several local departments. She participated as a volunteer mentor in numerous Quality Service Reviews (QSRs) and her interest in Teaming has grown out of those reviews.

Fund: IV-E IV-E rate: 75%

Foster and Adoptive Parent Diligent Recruitment Plan

VDSS has a Resource Family Unit (RFU) that is responsible for recruitment, development and support activities for foster, adoptive and kinship caregivers, referred to as “resource families” in the Commonwealth. One program manager and five regional consultants comprise this unit. The overarching goal is to increase the quantity and quality of resource parents to be viable placement options for children in the system of care. The work of this unit is primarily done through training, technical assistance and intervention with the LDSS. The consultants also work closely with the private foster home agencies with whom the state contracts for the provision of adoption home approvals and matching. Finally, the consultants work with contractors and on their own to promote awareness and generate interest on a regional basis in foster parenting.

The Resource Family consultants have a Toolkit for recruitment which was originally developed with support from Casey Strategic Consulting Group. They also have a variety of tools for self-assessment (see attached) and review of relevant data. These materials must be updated periodically, but can be used to support LDSS to develop comprehensive recruitment plans. Local departments use data from the monthly child demographic reports on SPARK to make targeted recruitment plans for their locality based upon the need in their community. (See attached.)

In regards to recruitment, the Resource Family consultants train and support two critical strategies with the LDSS; using a data-driven approach to target what kinds of families are needed based on the needs of the children in foster care, and using accurate messaging about foster care as a family support service for birth families. Regarding adoption, recruitment efforts include a sharp focus on older youth, children with special needs, and sibling sets. In all cases, the emphasis is on maintaining children’s family and community connections in order to:

- Increase the likelihood that children are kept within their communities, without having to change schools or leave their faith community;
- Make better matches between children and their caregivers, so as to preserve their significant relationships, cultural and racial heritage, and family traditions;
- Decrease separation and loss issues inherent in foster care by focusing on those individuals already known to the child/family rather than defaulting to “stranger” foster care;
- Strengthen the communities from which our children are most often removed by investing in building strong resource families there; and
- Promote longer-term stability and safety for children by ensuring that their supports, services, care providers, and other important adults can be maintained both during placement and after reunification.

Finally, VDSS uses Promoting Safe and Stable Families funding to contract with private foster home and adoptive agencies throughout the state to facilitate timely development of adoption home studies, adoptive home approvals, and matching between children in foster care who need adoptive homes and families who wish to adopt.

Children for whom foster and adoptive homes are needed

As of January 1, 2014, there were 4993 children receiving foster care services in Virginia. Of these, 2588 were male and 2,405 were female. As noted in the table below, 13 to 18 year olds make up 41.5% of these children.

Age	Count	Percent
<1	191	3.83
1-6 years	1310	26.24
7-12 years	1076	21.55
13-15 years	828	16.58
16-18 years	1243	24.89
19+	344	6.89

The majority of these children are white (50%) or black (31%). However, the percentage of Hispanic children (9%) and multi-racial children (7.9%) has increased. Of these children, 3213 (64.4%) were placed in a non-relative foster home, 250 (5%) in a relative foster home, and 167 (3%) in a pre-adoptive home. The established foster care goals included: 1351 (27%) with the goal of adoption; 436 (9%) with the goal of relative placement; and 1903 (38%) with the goal of reunification.

The average length of time in care for these children was 26.27 months, with the average length for children with the goal of adoption being 35.57 months, the goal of relative placement being 21.17 months, and the goal of return home being 11.60 months.

Children are in foster care across the state, but similar to population trends, there are a greater number of children in care in the Northern Virginian Region (25.7%) than any other. After Northern, 23.8% of the state's foster care children are in care in the Piedmont region, 19.7% in the Eastern region, 17% in the Western region, and 13.8% in the Central region.

Specific strategies to reach out to all parts of the community

Each LDSS is responsible for recruiting and approving resource family homes in their community. Additionally, each is able to approve relatives as resource parents on an emergency or planned basis consistent with code and regulations. There are 120 LDSS statewide, which insures that LDSS are local to the communities they serve. The Resource Family consultants work with LDSS in their region on an ongoing basis to promote the use of kinship resource families, adhere to state guidance around resource family approval standards, and build LDSS capacity for recruitment, development and retention of resource families.

Additionally, beginning in 2011, VDSS awarded thirteen (13) public and private agencies throughout the state, "Adoption through Collaborative Partnerships" (ATCP) contracts to assist local departments of social services in finalizing adoptions. These agencies work closely with the LDSS to recruit adoptive families through various means such as Wednesday's Child, flyers, the Heart Galleries, churches, parent magazines, and match retreats. These agencies are also responsible for completing adoption home studies and ensuring that appropriate families become fully approved.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information

VDSS has awarded a contract to create a state-wide general recruitment campaign. This contract incorporates the use of Market Segmentation to target potential families using the training and technical assistance of the National Resource Center on Diligent Recruitment. Virginia has purchased market segmentation software that will allow existing data on adoptive families to be utilized in identifying future families who are willing to adopt. Market segmentation is comparable to micro-targeting practices that businesses and campaigns use and enable DSS to develop a profile of families who are likely to adopt. In 2014, VDSS began its work with the National Resource Center (Diligent Recruitment at

AdoptUSKids) Consultants in order to better utilize Market Segmentation to enhance recruitment of adoptive families in Virginia. NRC is also providing consultation regarding AREVA and updating current photo-listings.

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community

LDSS offices are based in the communities they serve and the ATCP agencies are located throughout the state. Additionally, this year VDSS is adding a provision to the ATCP contracts which will permit the contractors to facilitate inter-jurisdictional adoption home studies. Because each LDSS is responsible for their own resource family approvals, when a family in one jurisdiction expresses interest in adopting a child from a jurisdiction in another part of the state, the local LDSS' lack of capacity to provide training and complete a home study can be a barrier. This provision in the contract will eliminate this issue.

Finally, there is information available on the VDSS public website both about becoming a foster parent and how to reach someone to begin the process. This information is available from anywhere where there is internet access and 24 hours a day. Additionally, FACES, the foster parent association operates a "warmline" where messages are left and calls made back until there is a connection. FACES volunteers who return calls are directed to refer prospective resource parent to their LDSS.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations

In the last year, VDSS has worked to enhance the skills of the child welfare workforce in engaging and assessing extended family and kin, with the goal of increasing the use of relative resource family homes and the appropriateness of relative placements as a means of diversion from foster care. A workgroup comprised of state, regional and local staff, in consultation with the NRC on Permanency and Family Connections, has developed a Kinship Family Assessment guide and a new child welfare staff mandated training on working effectively with relatives. The course will address common biases towards relatives, including cultural, racial and socio-economic variations. The course will also review the assessment guide, which is intended to facilitate appropriate un-biased assessment of relatives as potential caregivers. Training content regarding working with diverse populations is also included in a number of other mandated new worker courses.

Strategies for dealing with linguistic barriers

The Virginia strategy of using data to do targeted resource family recruitment has lead some LDSS to actively recruit Spanish speaking resource parents, as well as multi-cultural resource parents. The ability to approve relatives or fictive kin also facilitates the placement of children in homes where their primary language is spoken.

Non-discriminatory fee structures

In Virginia, maintenance payments are set by the state and vary by age of the child only. Enhanced maintenance payments are structured and vary based on the assessed needs of the child. LDSS do not charge prospective foster parents any fees for the provision of pre-service training or the resource home approval process. Adoption contractors funded by VDSS similarly do not charge fees for approving adoptive homes.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

In May 2012, former Governor Bob McDonnell kicked off the Virginia Adopts campaign. As part of that campaign, two private non-profit agencies were awarded an adoption recruitment contract. These agencies use Extreme Recruitment®, an evidence-based model to identify, recruit and match families for hard-to-place youth who are available for adoption. “Extreme Recruitment®, created by the Foster & Adoptive Care Coalition, is a race to find permanency for youth using 12-20 weeks of intensive recruitment efforts and permanency preparation.” Extreme Recruitment® aims to improve long term outcomes of youth in care by connecting the youth to supportive adults, accomplished in two ways: 1) reconnecting youth with safe and appropriate relatives/kin; and 2) matching youth with permanent resources for adoption or guardianship. Extreme. Extreme Recruitment® aims to match 70% of the youth served with an identified permanency resource within the 20 week timeframe. The target population will be Virginia’s 100 “Longest Waiting Youth” followed by children who have been in care longer than 15 months and older than 10 years. These agencies are currently operating in the Northern and Central regions; if they are cost-effective, efforts will be made to expand the service statewide.

Additionally, in January 2014, the permanency unit began a No Cost Agreement with Change Who Waits. The purpose of this agreement is for Change Who Waits, Inc. to enhance and expand the Virginia Heart Gallery which is under the management of the Virginia Adoption Exchange of Virginia (AREVA). The Heart Gallery is designed from a national model as a traveling photographic exhibit created to find forever families for children in foster care.

Attachments:

Virginia Department of Social Services 2009

Recruitment, Development and Support of Resource Families:

Agency Self Assessment

The self-assessment is based on the *“Recruitment, Development and Support of Resource Families: Framework for Change*, a document informed by national best practice knowledge about what a successful system of recruitment, development and support for resource families “looks like”. This tool is intended to assist local agencies assess their own strengths and opportunities for improvement around recruitment, development and support (RDS) of foster parents. The tool is, by design, a subjective assessment of performance to assist with LDSS internal Transformation efforts. Information gathered in this assessment is not intended for use in comparing performance across localities. Assessment results may be used to identify areas where state staff can provide technical assistance and support to specific regions or localities. The self-assessment tool can be used by any agency seeking to improve, but is a required step for LDSS teams in preparation for VDSS Regional Learning Cooperatives on RDS

The tool is divided into 3 sections; recruitment, development, and support. Each section contains a series of affirmative statements describing optimal behaviors and strategies that facilitate the finding and keeping of family-based placement and permanency resources for children and youth in foster care. For each statement, circle a number (1 through 5) that indicates how much the statement reflects the behavior of your agency. Five represents an optimal assessment of agency functioning while 1 represents an area for improvement. Scores may be added at the end of each section for the purposes of comparing the agency with the optimal system. LDSS teams are advised to complete this tool collaboratively and use collective results to identify priority areas for improvement, as well as to assess interim progress on efforts that are underway.

1: Recruitment					
Please indicate the degree to which the behaviors, actions and strategies describe those of the agency that you represent.					
	Not at all like our agency	Only rarely like our agency	Neutral/ not Sure	Somewhat like our agency	Very much like our agency
Resource family recruitment in our agency is based on an assessment of the needs of children in out of home care in our locality.	1	2	3	4	5

Our recruitment efforts for resource families include general recruitment, targeted recruitment, and child specific recruitment.	1	2	3	4	5
<ul style="list-style-type: none"> Of these 3 strategies, we devote 15% of time and resources for general recruitment, 60% for targeted recruitment, and 25% for child specific recruitment. 	1	2	3	4	5
	Not at all like our agency	Only rarely like our agency	Neutral/ not Sure	Somewhat like our agency	Very much like our agency
We use general recruitment to raise community awareness of child welfare and foster care and adoption and to address public perceptions, myths, and misperceptions.	1	2	3	4	5
We focus our targeted recruitment strategies on specific families or communities who are best matched to meet the needs of the children in care.	1	2	3	4	5
<ul style="list-style-type: none"> We have developed a profile of the children in care in our locality, that includes number of children in care, how many are in each category by age group, ethnicity, and special needs (sibling group, medical, educational, or emotional needs, etc.), and where the children are placed. 	1	2	3	4	5
<ul style="list-style-type: none"> We conduct utilization studies on a regular basis of foster homes and capacity, including how many families there are in total, how many are in each category when broken down by ages of children accepted in the home, ethnicity, and willingness to care for special needs. 	1	2	3	4	5
<ul style="list-style-type: none"> We conduct gap analyses between the needs of our children/youth and our available resource homes. 	1	2	3	4	5
<ul style="list-style-type: none"> We develop and implement our strategic recruitment plan based on our gap analysis findings. 	1	2	3	4	5
We utilize child-specific recruitment					

strategies to develop individualized plans for specific children based on each child's background.	1	2	3	4	5
<ul style="list-style-type: none"> We make early and continual efforts to search for and recruit kinship care providers. 	1	2	3	4	5
<ul style="list-style-type: none"> We implement child-centered family finding practices to identify a permanency resource among caring adults already connected to the child, including relatives, friends, or community contacts. 	1	2	3	4	5
<ul style="list-style-type: none"> We implement strategies for recruiting "new" resource families not yet connected to the child as a permanency resource. 	1	2	3	4	5
	Not at all like our agency	Only rarely like our agency	Neutral/ not Sure	Somewhat like our agency	Very much like our agency
<ul style="list-style-type: none"> We listen to and strongly consider the voice of children and youth in planning for their own lives. 	1	2	3	4	5
We educate, engage and develop effective partnerships with community organizations around recruitment of resource families.	1	2	3	4	5

Total Score (Recruitment) = _____
Optimal Score = 75

2 Resource Family Development					
Please indicate the degree to which the behaviors, actions and strategies describe those of your agency.					
	Not at all like our agency	Only rarely like our agency	Neutral/ Not Sure	Somewhat like our agency	Very much like our agency
Our agency uses a philosophy of "screening/welcoming in" vs. "screening out" in recruiting and developing prospective resource families.	1	2	3	4	5
<ul style="list-style-type: none"> Families who express an interest in becoming resource families receive immediate responses to their inquiries in ways that are welcoming, strengths-based, 	1	2	3	4	5

culturally appropriate, and in the language of their choice.					
<ul style="list-style-type: none"> Information is shared in an open and direct way between prospective resource families and the agency. 	1	2	3	4	5
<ul style="list-style-type: none"> Callers to our agency are given accurate and specific information about the children in care in their locality. 	1	2	3	4	5
<ul style="list-style-type: none"> Callers to our agency are invited immediately to an orientation session. 	1	2	3	4	5
<ul style="list-style-type: none"> Invitation packets are sent out to callers within three working days of inquiry. 	1	2	3	4	5
Our agency holds orientation (group or individual) at least monthly.	1	2	3	4	5
	Not at all like our agency	Only rarely like our agency	Neutral/ not Sure	Somewhat like our agency	Very much like our agency
<ul style="list-style-type: none"> Our orientation occurs in locations that are accessible for prospective resource families. 	1	2	3	4	5
<ul style="list-style-type: none"> Our agency offers pre-service training on a regular basis. 	1	2	3	4	5
<ul style="list-style-type: none"> Our agency's pre-service training is competency-based. 	1	2	3	4	5
<ul style="list-style-type: none"> Our agency's pre-service training includes foster/adoptive parents as instructors. 	1	2	3	4	5
<ul style="list-style-type: none"> Our agency's pre-service training includes birth parents and foster/adopted youth as presenters. 	1	2	3	4	5
<ul style="list-style-type: none"> Our agency has developed a standardized process for conducting home studies. 	1	2	3	4	5
<ul style="list-style-type: none"> Our standardized process for conducting home studies respects cultural beliefs and practices. 	1	2	3	4	5
<ul style="list-style-type: none"> Our standardized process for conducting home studies includes the resource families as partners. 	1	2	3	4	5
<ul style="list-style-type: none"> Our standardized process for conducting home studies incorporates a comprehensive 	1	2	3	4	5

assessment of the strengths and developmental issues of the family.					
<ul style="list-style-type: none"> Our agency engages in assessment as a mutual process completed with families in a way that supports openness and information sharing and that leads to joint decision making 	1	2	3	4	5
<ul style="list-style-type: none"> We provide assistance to resource families during the background checks, fingerprinting, required inspections, and physical requirements. 	1	2	3	4	5
<ul style="list-style-type: none"> We complete home studies efficiently and effectively (meaning within 60-90 days after the application has been submitted or 30-45 days after the completion of pre-service training, whichever comes first). 	1	2	3	4	5
We develop relationships that support and value prospective resource families throughout the recruitment and development process.	1	2	3	4	5

Total Score (Development) = _____
Optimal Score = 100

3: Preparing and Supporting Resource Families

Please indicate the degree to which the behaviors, actions and strategies describe those of the agency that you represent.

	Not at all like our agency	Only rarely like our agency	Neutral/ Not Sure	Somewhat like our agency	Very much like our agency
Our resource families have the services and supports they need to provide appropriate care for children and their families.	1	2	3	4	5
<ul style="list-style-type: none"> Our agency prepares resource families, youth, and birth families for the initial placement of 	1	2	3	4	5

children in their care.					
<ul style="list-style-type: none"> Our agency prepares resource families, youth, and birth families for all transitions they face, including changing placements, reunification, adoption, and independence. 	1	2	3	4	5
<ul style="list-style-type: none"> Our agency openly shares all relevant information (i.e., children's backgrounds, agency procedures, roles and responsibilities, agency expectations, resource family expectations, legal requirements) on an ongoing basis with resource families. 	1	2	3	4	5
<ul style="list-style-type: none"> We create opportunities for resource families and the child's family to develop ongoing relationships in service of safety, permanency, and well-being for children in care; 	1	2	3	4	5
<ul style="list-style-type: none"> We support and respond to the needs of resource families in a timely manner, including providing ongoing training and linking them to community resources; 	1	2	3	4	5
<ul style="list-style-type: none"> We have an ongoing process for gathering information about the needs of resource families and their overall satisfaction level regarding their relationship with the agency. 	1	2	3	4	5
	Not at all like our agency	Only rarely like our agency	Neutral/ not Sure	Somewhat like our agency	Very much like our agency
<ul style="list-style-type: none"> We openly recognize and acknowledge resource families for their expertise and service. 	1	2	3	4	5

Total Score (Support) = _____
Optimal Score = 40

Strategic Recruitment and Retention Plan Template

Virginia Template – 2013

Task:

The overall goal of this plan is to help each locality (or multi-locality cluster) develop a comprehensive recruitment plan informed by 1) local data and 2) best practice.

I. Child Data

First, the plan will ask you to gather local data regarding the children in your locality's care, their general characteristics and needs, and their current placement status. You will use this to develop a "profile" of what kind of child you most need to find families for, to better identify areas of true recruitment need.

II. Family Data

Second, the plan will direct you to examine your family data to see how it meets with your current needs, who is being utilized or not, and what kinds of families you have (versus need). You will examine trends over time as well as carefully review current families.

These two pieces of data—child, and family—are then put together to develop strategic recruitment and retention plans.

III. Recruitment Planning

The third section of the plan features a review of best practice strategies for three types of recruitment—general, targeted, child-specific—and offers guidelines of how to structure your recruitment campaigns. A sample recruitment strategy is included, along with a blank template for your agency to create a plan. Each activity will have a defined goal, potential partners, and a proposed timeline and budget.

IV. Retention Planning

Finally in section four, the plan asks you to look back at your family data to develop retention and support activities. This is a critical part of increasing competence in your existing families, and making intentional use of support and in-service to (1) reduce disruptions and (2) increase

family retention. This plan should also include the training and support needs of new families (look back to the child profile for whom you will be recruiting ... what would the family of this child need to be successful?).

Timeline:

Child Data to be completed by: _____ *Child profile(s) complete?* _____ Yes _____ Needs attention

Family Data to be completed by: _____ *Family profile(s) complete?* _____ Yes _____ Needs attention

First Recruitment Plan Draft Due: _____

First Retention Plan Draft Due: _____

Section I: Child Data Analysis

In this section, you will be using local data to develop a better picture of the children and families in your system and to guide you in the best way to meet their needs through resource family recruitment and support efforts. Potential sources of data may include recent surveys of families, OASIS data, anecdotal data from those who do placements in your agency, etc.

A. Breakdown of Children in Care

Information is current as of _____ (date information pulled).

Age	# of	Gender	Racial	Sibling Group Size and Placement	Placement Breakdown
-----	------	--------	--------	----------------------------------	---------------------

Group	children (in out of home placement)	Breakdown	Breakdown		
All Ages	___# of children	___# Male ___# Female	___# African- American ___# Caucasian ___# Bi-Racial ___# Hispanic ___# Other	___ # One child (no siblings in care) ___ # sets with 2 children ___ # sets with 3 children ___ # sets with 4+ children ___ # sibling groups <i>not placed together</i> (count by sibling set, not by individual children)	___# General (unrestricted) homes ___# Child-specific (includes kin approved for fostering) ___# TFC ___# Residential/Group Home ___# Other
0-4 years	___# of children	___# Male	___# African- American	___ # one child only (no siblings)	___# General (unrestricted) homes ___# Child-specific (includes kin

	____% of total # of children <i>(# of children in age group divided by total # of children)</i>	____# Female	____# Caucasian ____# Bi-Racial ____# Hispanic ____# Other	____ # placed with at least one sibling ____ # placed with none of her/his siblings (Count number of children, not sibling sets)	approved for fostering) ____# TFC ____# Residential/Group Home ____# Other
5-9 years	____# of children ____% of total # of children <i>(# of children in age group divided by total # of children)</i>	____# Male ____# Female	____# African- American ____# Caucasian ____# Bi-Racial ____# Hispanic	____ # one child only (no siblings) ____ # placed with at least one sibling ____ # placed with none of her/his siblings (Count number of children, not sibling sets)	____# General (unrestricted) homes ____# Child-specific (includes kin approved for fostering) ____# TFC ____# Residential/Group Home

			___ # Other		___ # Other
10-13	___ # of children ___ % of total # of children <i>(# of children in age group divided by total # of children)</i>	___ # Male ___ # Female	___ # African-American ___ # Caucasian ___ # Bi-Racial ___ # Hispanic ___ # Other	___ # one child only (no siblings) ___ # placed with at least one sibling ___ # placed with none of her/his siblings (Count number of children, not sibling sets)	___ # General (unrestricted) homes ___ # Child-specific (includes kin approved for fostering) ___ # TFC ___ # Residential/Group Home ___ # Other
14-17	___ # of children ___ % of total # of children <i>(# of children in age group divided by total # of</i>	___ # Male ___ # Female	___ # African-American ___ # Caucasian ___ # Bi-Racial	___ # one child only (no siblings) ___ # placed with at least one sibling ___ # placed with none of her/his siblings	___ # General (unrestricted) homes ___ # Child-specific (includes kin approved for fostering) ___ # TFC

	<i>children)</i>		___# Hispanic ___# Other	(Count number of children, not sibling sets)	___# Residential/Group Home ___# Other
18 +	___# of children ___% of total # of children <i>(# of children in age group divided by total # of children)</i>	___# Male ___# Female	___# African-American ___# Caucasian ___# Bi-Racial ___# Hispanic ___# Other	___# one child only (no siblings) ___# placed with at least one sibling ___# placed with none of her/his siblings (Count number of children, not sibling sets)	___# General (unrestricted) homes ___# Child-specific (includes kin approved for fostering) ___# TFC ___# Residential/Group Home ___# Other

B. General Observations

Based on the data above, what are two general observations about your jurisdiction's child welfare population?

(e.g. "We see that 70% of our children are over 15." Or "Sibling groups of 3 or more are never placed together.")

1.

2.

Based on your observations above, what do you consider to be the key child populations you need to recruit for (e.g. teenagers; young children; boys ages 10-12)? Why? Is there any other population not measured here that you would consider a key population for recruitment (e.g. drug addicted infants)?

(e.g. “Since most of our kids are over 15, we need to concentrate on finding families who will care for teens.”)

C. Develop a Child Profile

*Taking your above responses, create a “child profile” to describe the general type of child for whom you **most** need families) ... try to limit this to 1-2 profiles (you may have one based on age--teens, for example, and one based on needs – medically fragile children, or youth with delinquency histories).*

Section II: Family Data and Analysis

This section explores who your families are, how they have been utilized, what kinds of children they prefer/are able to care for, trends over time, etc.

A. Overall trends of families in the system over time

Year	# of Total Resource Families		# of Resource Homes Closed		# of New Resource Families	
	General	Child-Specific	General	Child-Specific	General	Child-Specific
2012						
2011						
2010						

--	--	--	--	--	--	--

Based upon the above resource family data, what are a few trends that stand out to you?

(e.g. “Every year for the last three years we have approved more relative/child-specific homes but fewer general resource families.)

B. Sample Review and Instructions: Utilization of currently approved families

This review helps ensure the accuracy of information about families for use, identifies foster/adoptive families who can no longer be used, identify placement resources that have been unused but that could be available, and identify possible placements for children being “stepped down” from institutional care.

1. Complete the empty cells for each family. Please note that under “Recommended Capacity,” indicate the **actual maximum number** of children that you recommend could be cared for by the family (if there are specifics to the recommendation regarding age, race, etc., please note). This number may be different from the number for which the home is approved.
2. Refer to “Possible Reasons for “Not Used” Foster Homes, to assist with “Current Family Status” (see examples below). The list does not give every reason; please use your own additional reasons as-needed.

FAMILY NAME	RENEWAL DATE	FAMILY PREFERENCE: FOSTER, ADOPT, RESPITE?	APPROVED CAPACITY OF HOME	AGE RANGE PREFERRED	SPECIAL NEEDS? (that family has openness to or expertise in)	REFUSED PLACEMENTS? (if known, list # times refused in past year)	CURRENT FAMILY STATUS? (see below for specifics)	IF HOME NOT BEING USED, WHY?	WHAT IS NEEDED FOR USAGE? (family development plan)
Jones, A & M	3/12/14	Dual approval (only wants to foster)	3	0-1 yr.	Nothing specified	Yes - 3	Open	Limited age range willing to care for	Counsel family to expand usage, provide training on older age groups to possibly expand capacity
Smith, T & P	2/14/15	Dual approval (open to fostering or adopting)	8	6-12 yrs.	Mild MR/DD, ADHD, some health issues	No	Family hold	Illness of foster parent	Check with family in 3 months
Hastings, C	7/14/13	Dual – child specific (relative caregiver)	2	12-18 yrs.	Moderate, behavioral problems, school issues/IEPs	N/A (only wants to care for relative children)	Not open to other placements	Working toward transfer of custody	Discuss openness to fostering beyond kinship placements
Rollings, Q	8/16/14	Respite only	8	5-12yrs	ADHD, behavioral disorders, RAD, bedwetting/soiling	No	Open	N/A (used regularly)	Look for specific placements that could be supported by this respite
Taylor, J & R	5/5/15	Dual approval (only wants to	4	0 – 2 years	None – prefer a child without	Yes – 2	Open	No children in care fit their	Discuss infants with special needs, consider closing &

		adopt)			issues			preferences	referring to a private agency
Allen, D	5/22/13	Dual approval (open to fostering or adopting)	5	5 – 15 years	School issues/IEPs, learning disabilities, behavioral disorders, autism	Yes - 5	Open	Refuses any possible placement	Family has many skills but refuses most placements– discuss whether they want to stay open, if yes, look for a specific youth who need to step-down from residential, OR, if not sure, consider switching over to respite only?

C. Blank Template: Utilization of currently approved families

DATE LAST UPDATED: _____

PERSON COMPLETING INFORMATION: _____

(add pages as-needed)

FAMILY NAME	APPROVAL DATE	TYPE OF APPROVAL (foster, adopt, dual)	CURRENT FAMILY STATUS? (see below for	RECOMMENDED CAPACITY (specify any sex/race recommendations)	AGE RANGE ACCEPTED	SPECIAL NEEDS? (that family can manage	REFUSED PLACEMENTS? (if known, list # times refused in	IF not being used, WHY?	WHAT IS NEEDED FOR USAGE? (family development plan)
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<p>General Recruitment</p> <p><i>General recruitment is intended to reach as many people as possible.</i></p>	<p>While reaching the largest audience, general recruitment has the least effective rate of bringing in families who make it through the approval process.</p>	<ul style="list-style-type: none"> • Raise public awareness of the need for foster and adoptive parents • Build a positive image of fostering and adopting in the community • Bring in new families interested in fostering or adopting 	<ul style="list-style-type: none"> • Actively pursuing press coverage by reaching out to radio, television, newspaper and magazines with story ideas, articles and information • Creating and placing advertisements in various media including yellow pages, radio, television, and newspapers, billboards and free publications • Distributing information at community events including fairs parties and in public spaces • Speaking at clubs, organizations and community groups to provide general information <p>NOTE: Most media appearances and press coverage can be arranged for free. Rather than purchasing ads or paying for booth space at a fair, recruiters are encouraged to partner with local newspapers and provide them with profiles of kids in care who can be publicized, or to partner with local organizations to arrange for a booth to be sponsored or for a speaking engagement at the event rather than booth space. Recruiters are encouraged to make radio and television appearances on local shows and to use any and all opportunities to reach audiences.</p>	<ul style="list-style-type: none"> • Local media of all kinds • Local businesses, organizations and community partners who can donate services, goods or advertising space or allow the agency to reach their employees • Local Foster Parent Association
<p>Targeted Recruitment</p> <p><i>Targeted Recruitment seeks to find</i></p>	<p>Targeted recruiting requires creativity to reach all possible connections. It is extremely effective in bringing in families who continue all the way through the approval process and who are dedicated and willing to</p>	<ul style="list-style-type: none"> • Bringing in new families for the specific populations of children most in need of homes • Raising community 	<ul style="list-style-type: none"> • Same activities as above, though they should be focused on finding families for specific, high-need child populations • Forming recruiting partnerships with those who can help the targeted population (e.g. foster parents who currently care for a child from high-need population and can speak about their experiences) <p>For example:</p>	<p>Same as above PLUS</p> <ul style="list-style-type: none"> • Resource parents who are already working with children from the targeted population (their networks of friends, coworkers and acquaintances) • Formal and informal community

<i>homes for specific populations of children that are especially high-need (e.g. teenage boys or mother-child placements).</i>	work with our children of greatest need. Often these people are already working with similar children in a professional or volunteer capacity.	awareness about the need for homes for specific populations of children	<ul style="list-style-type: none"> Advertising in a nursing magazine or at a hospital use advertisements specifying the need for foster families for medically fragile children Attending an autism awareness event with information about autistic children in need of homes Speaking at the opening of a new youth recreation center if the targeted population is teenage boys 	organizations who will partner with us (schools, churches, hospitals, service providers, clubs, fraternities, sororities, clubs, gathering places including barbershops, restaurants, etc.)
<p>Child-Specific Recruitment</p> <p><i>Child Specific Recruitment seeks to find adoptive families for specific children (or siblings) whose parental rights have been terminated</i></p>	<p>Child specific recruiting is a slower process in that it's a one-by-one solution but it is most effective in solving a specific child's need for the right family.</p> <p>Remember, efforts should include both intensive searching for any previous or ongoing connections in the child's life that could provide a permanent loving home as well as extensive work in tracking down the right match who could be a stranger to the child.</p>	<ul style="list-style-type: none"> Find a permanent home for every child in need Matching children with families who will best support their needs (locally or nationally) 	<ul style="list-style-type: none"> Creating a dynamic, strengths-based profile of the child to be shared publicly through AdoptUSKids, MARE and brochures Recruit and partner with key identified people based on the child's personality and interests (e.g. if the child loves animals, connect with veterinarians, zoo workers, volunteers at the animal shelters, dog groomers, breeders and others who will spread the word) Recruit and partner with key identified people based on the child's needs (i.e. if the child is deaf, talk to and connect locally and nationally with interpreters, staff at schools for the deaf, support groups, and deaf organizations) 	<p>Same as above PLUS</p> <ul style="list-style-type: none"> Any connections already in the child's life (e.g. networks of friends, coworkers and acquaintances even if they cannot themselves become a permanent home for the child) National organizations with any relationship to the child's needs or interests

B. SAMPLE Recruitment Plan

This is an example of an outline for a recruitment plan that will guide your region's recruitment activities over the next six months, at which time we will revisit these plans and make changes as necessary. Remember, to do great targeted recruitment, you will need to be creative, detail oriented and you will need to follow up with the contacts you make.

Targeted Population of children	Who is likely to connect with these children?	Where do we find such people?	Specific Places and People	Recruited people for follow up	Recruiting Partners and connections	Planned Activity and Timeline	Budget
<i>10 to 14 year old boys</i>	<i>People who already work with teenagers</i>	Schools: <i>Coaches</i> <i>Counselors</i> <i>Teachers</i> <i>Principals</i> <i>Secretaries</i>	<i>McIntire High School</i> <i>Georgia Middle School</i> <i>Holy Cross Day School</i>	<i>Edward Green,</i> <i>Jill Rogers,</i> <i>Maryanne Sirosi,</i> <i>Gina Haight</i>	<i>Mr. McIntire</i> <i>Mrs. Blackwell</i> <i>Sister Anne</i>	<i>Monthly speaking spot at PTA meeting,</i> <i>Monthly visits with school liaison</i>	<i>Free</i>

C. Template for Strategic Recruitment Plan

Recruitment Plan for _____

Last updated: _____

By: _____

Targeted Population of children	Who is likely to connect with these children?	Where do we find such people?	Specific Places and People	Recruited people for follow up	Recruiting Partners and Connections	Planned Activity and Timeline When/how often will event take place?	Budget How much will event cost? For what?

Section IV: Family Retention, Training and Support

Recruitment Plan for _____

Last updated: _____

By: _____

Targeted skill set and competencies	Which families need this training and support?	List options: Specific speakers, online courses, videos, etc.	PLANNING: Activity Details What is the activity? When will it occur? Where will it be?	Budget What is needed and how much will it cost?	Tasks and Timeline What steps must occur, who is responsible for each step, and what is the timeframe?
