We're So Glad You're Here!

1

Who is Here?

CWAC June 29, 2022

AGENDA

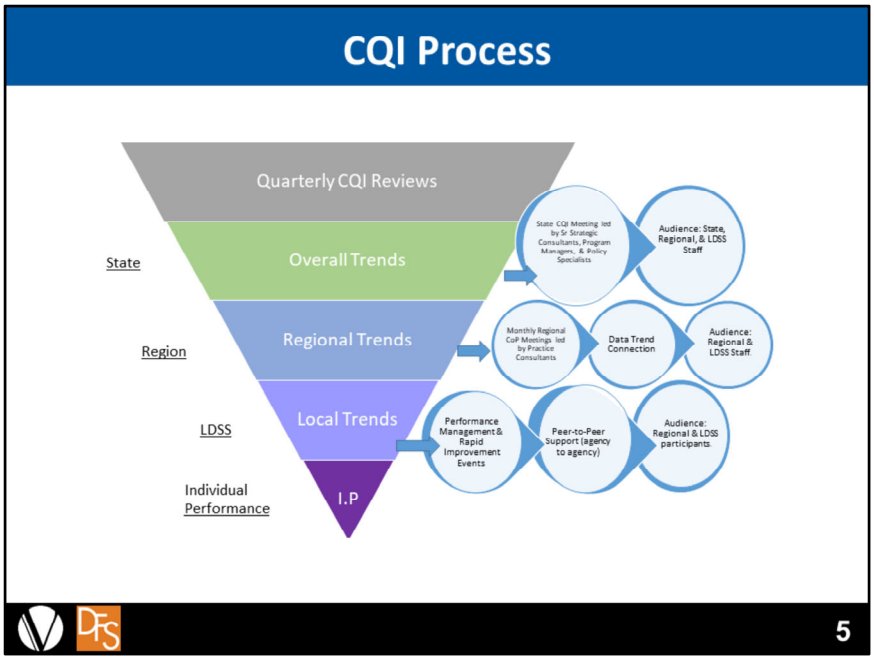
- CWAC Charge
- CQI Process
- CFSR Outcomes
- In-Home and Evidence Based Services
- Placement Stability
- Safe and Sound Task Force Update
- Protection Updates: Safe Haven Legislation and Out of Family Investigations Advisory Committee
- Plus/Delta

Child Welfare Advisory Committee (CWAC) Charge

CWAC: collaborative advisory group working together to achieve system outcomes.

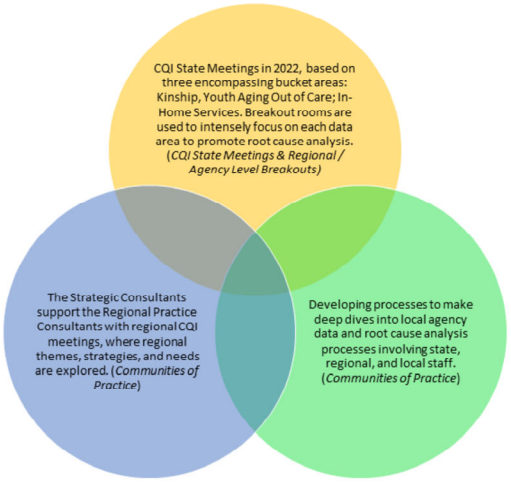
- Child welfare program, policy, training and practice
- CFSP, annual progress reports and other state plans
- Capacity Building and CQI
- Collaboration and Partnerships

4

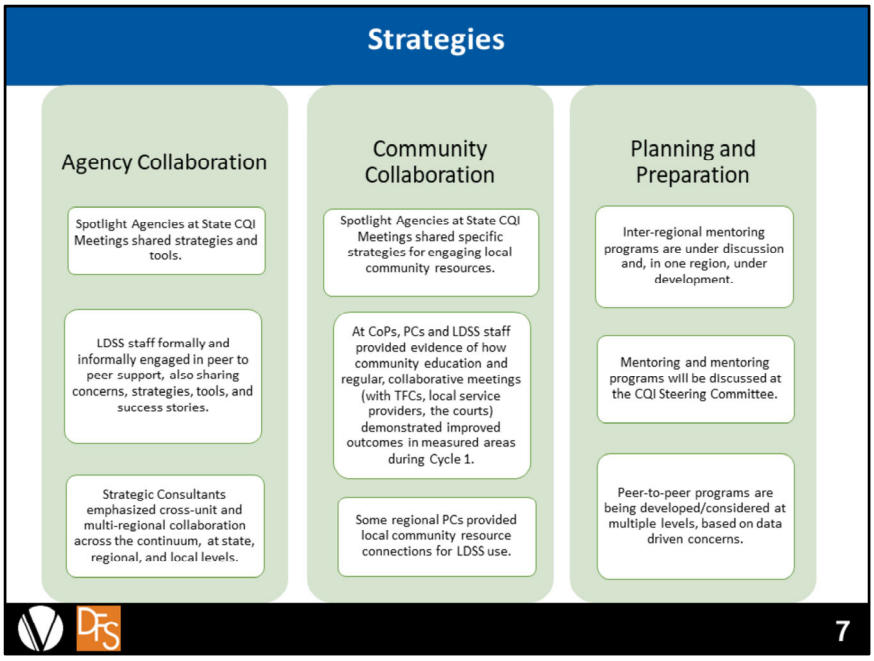


Here is a reminder of our current, general process.

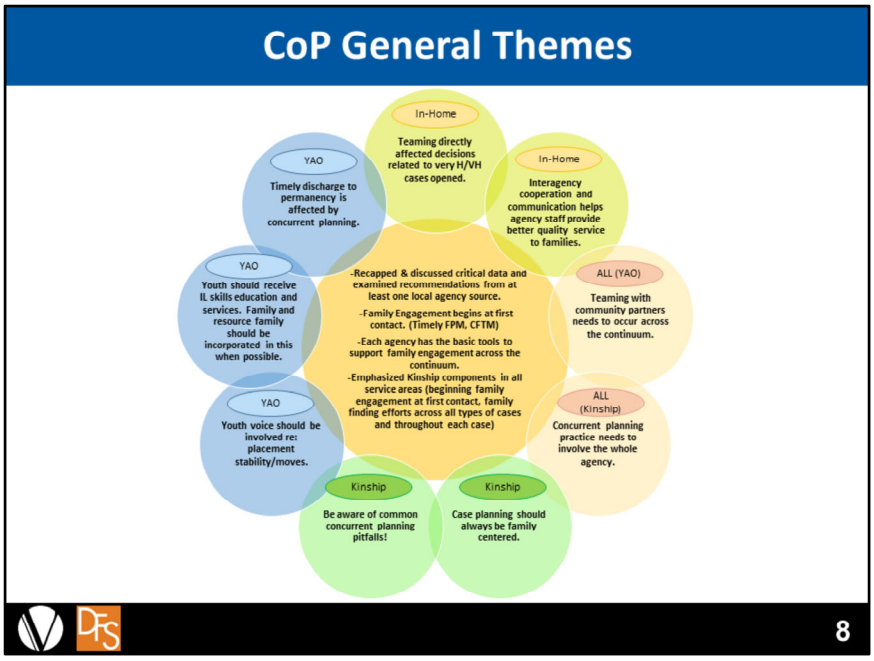
CQI In Action



6



Objective 3.2 = Support cohort learning and Peer-to-Peer Networking



- Yellow = In-Home
- Green = Kinship
- Blue = Youth Aging Out
- Cream & Rose = ALL

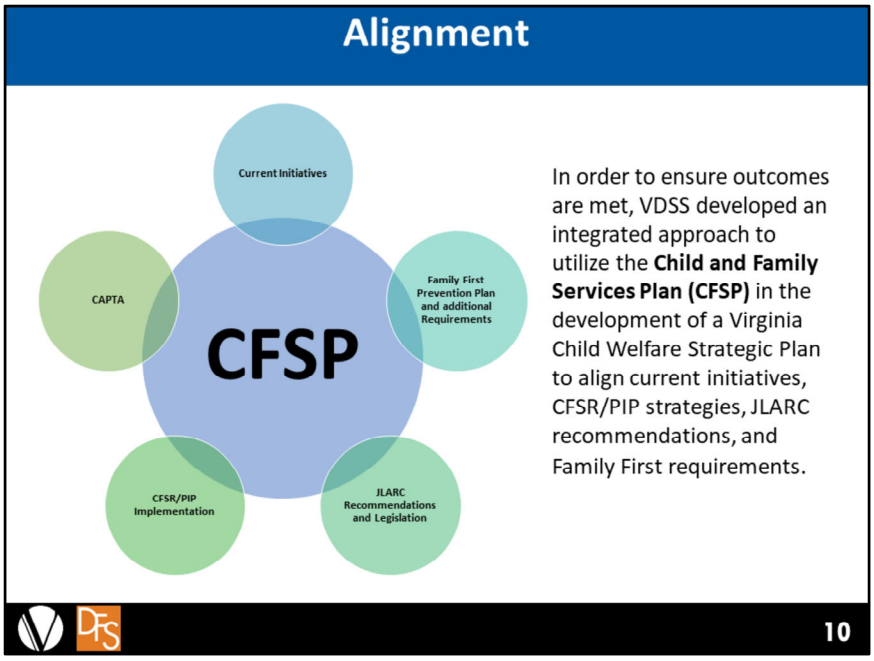
Be aware of common concurrent planning pitfalls. (untimely, inconsistent family involvement, lack of interagency communication (IH not talking to FC to plan, FC not communicating w/Adoption)

Please keep in mind that focus on kinship and kinship families play a role in foster care as well as in our prevention and protection work. The work done during Protection and In-Home cases can set the stage for the permanency outcomes when supporting children in kinship placements and/or when subsequent foster care cases are opened. If Teaming is done as a natural part of the process, it will!

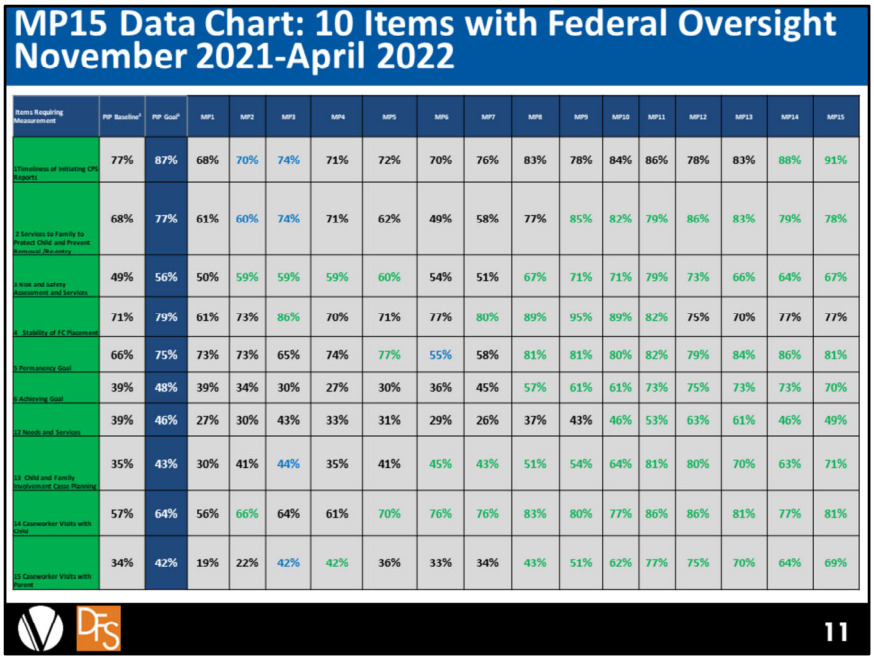
Family engagement affects the ability of in-home services to prevent entry into foster care, can increase the number of kinship and family based placements, and helps reduce the number of youth aging out of foster care. It seems like people are getting the message that family engagement and teaming help influence practice and

outcomes across the different programs, but there's more work to do and there may be a need to specific strategies to help agencies put these ideals into practice.

CQI is evident throughout our efforts on our CFSP strategies and we'll see that throughout the items we highlight in today's presentation. CWAC is to advise on CFSR and CFSP items and development. We are moving into our last year of the CFSP- what areas have we fully achieved, what areas do we really need to work on by the end to make out targets, and then we can look about how our current CQI efforts are connected to the process.

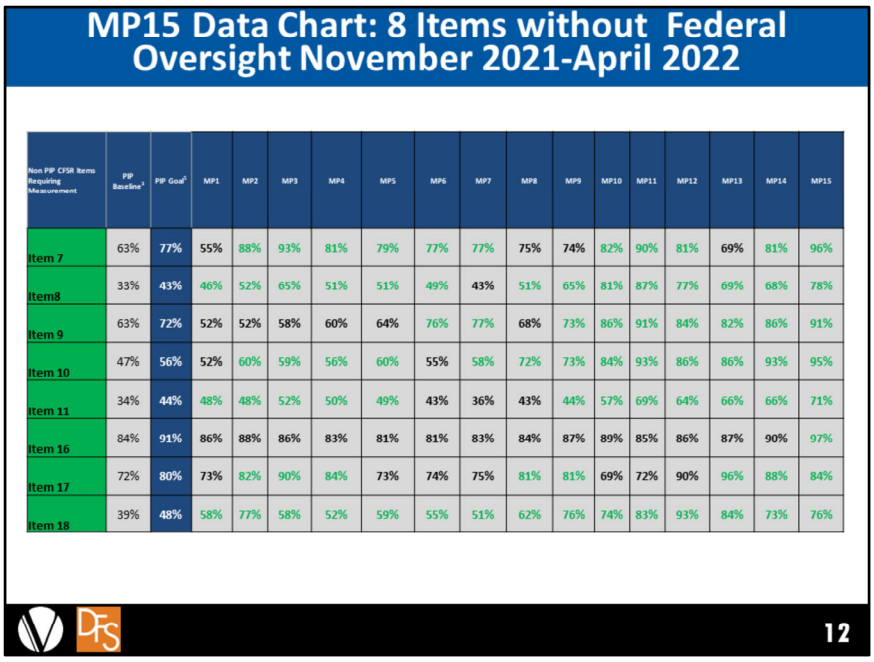


As you can see on this slide, our CFSP is aligned with our CFSR outcomes, we are going to highlight where we are at with our outcomes and go into depth onto areas we need to continue to improve.



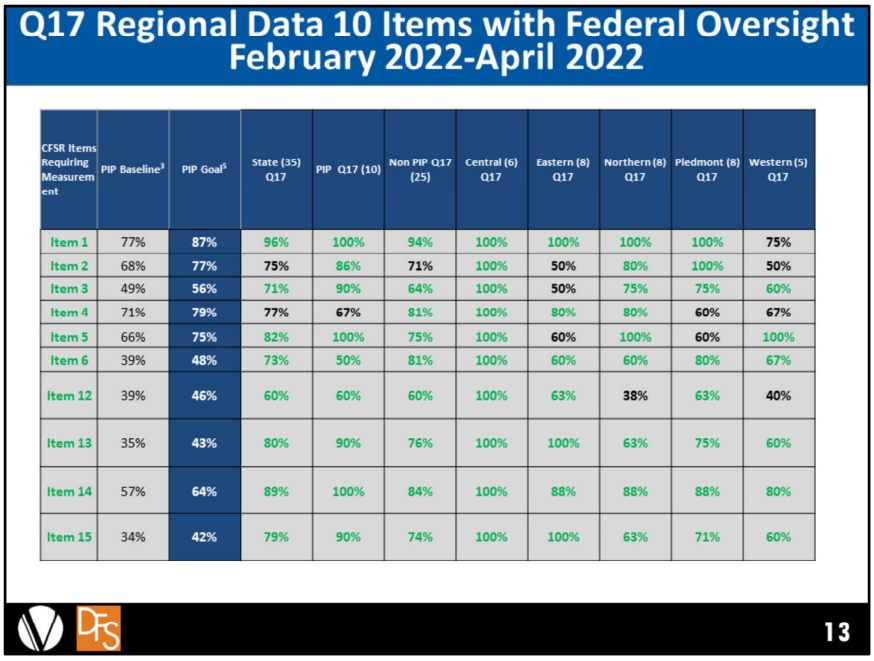
Items Requiring Measurement	PIP Baseline[1]	PIP Goal[2]	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP13	MP14	MP15
1Timeliness of Initiating CPS Reports	77%	87%	68%	70%	74%	71%	72%	70%	76%	83%	78%	84%	86%	78%	83%	88%	91%
2 Services to Family to Protect Child and Prevent Removal /Re-entry	68%	77%	61%	60%	74%	71%	62%	49%	58%	77%	85%	82%	79%	86%	83%	79%	78%
3 Risk and Safety Assessment and Services	49%	56%	50%	59%	59%	59%	60%	54%	51%	67%	71%	71%	79%	73%	66%	64%	67%
4 Stability of FC Placement	71%	79%	61%	73%	86%	70%	71%	77%	80%	89%	95%	89%	82%	75%	70%	77%	77%
5 Permanency Goal	66%	75%	73%	73%	65%	74%	77%	55%	58%	81%	81%	80%	82%	79%	84%	86%	81%
6 Achieving Goal	39%	48%	39%	34%	30%	27%	30%	36%	45%	57%	61%	61%	73%	75%	73%	73%	70%
12 Needs and Services	39%	46%	27%	30%	43%	33%	31%	29%	26%	37%	43%	46%	53%	63%	61%	46%	49%
13 Child and Family Involvement Case Planning	35%	43%	30%	41%	44%	35%	41%	45%	43%	51%	54%	64%	81%	80%	70%	63%	71%
14 Caseworker Visits with Child	57%	64%	56%	66%	64%	61%	70%	76%	76%	83%	80%	77%	86%	86%	81%	77%	81%
15 Caseworker Visits with Parent	34%	42%	19%	22%	42%	42%	36%	33%	34%	43%	51%	62%	77%	75%	70%	64%	69%

This chart is highlighting the work done in MP15, which covered the time frame of November of 2021-April of 2022. As you can see, **Virginia passed all but Item 4**, and continues to show significant growth in Item 1. And we'll talk more about Item 4 later.



Non PIP CFSR Items Requiring Measurement	PIP Baseline[1]	PIP Goal[2]	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP13	MP14	MP15
Item 7	63%	77%	55%	88%	93%	81%	79%	77%	77%	75%	74%	82%	90%	81%	69%	81%	96%
Item8	33%	43%	46%	52%	65%	51%	51%	49%	43%	51%	65%	81%	87%	77%	69%	68%	78%
Item 9	63%	72%	52%	52%	58%	60%	64%	76%	77%	68%	73%	86%	91%	84%	82%	86%	91%
Item 10	47%	56%	52%	60%	59%	56%	60%	55%	58%	72%	73%	84%	93%	86%	86%	93%	95%
Item 11	34%	44%	48%	48%	52%	50%	49%	43%	36%	43%	44%	57%	69%	64%	66%	66%	71%
Item 16	84%	91%	86%	88%	86%	83%	81%	81%	83%	84%	87%	89%	85%	86%	87%	90%	97%
Item 17	72%	80%	73%	82%	90%	84%	73%	74%	75%	81%	81%	69%	72%	90%	96%	88%	84%
Item 18	39%	48%	58%	77%	58%	52%	59%	55%	51%	62%	76%	74%	83%	93%	84%	73%	76%

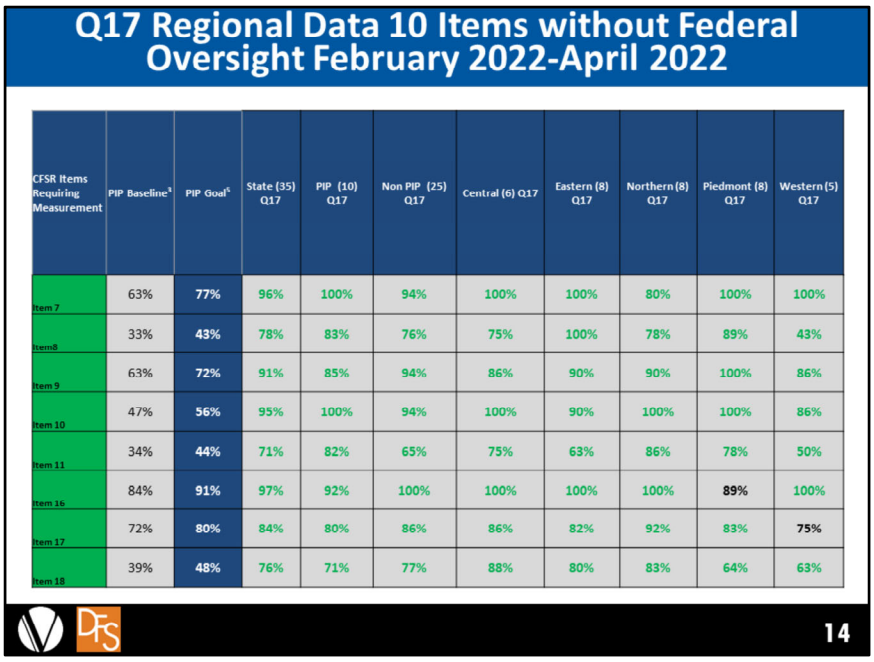
This chart represents our 8 items that do not have federal oversight. Please note that for the first time in the course of Round 3 CFSR, we passed Item 16, Education services and assessments for children. The threshold to pass Item 16 is 91% and Virginia passed this round with an overall percentage of 97!



CFSR Items Requiring Measurement	PIP Baseline[3]	PIP Goal[5]	State (35) Q17	PIP Q17 (10)	Non PIP Q17 (25)	Central (6) Q17	Eastern (8) Q17	Northern (8) Q17	Piedmont (8) Q17	Western (5) Q17
Item 1	77%	87%	96%	100%	94%	100%	100%	100%	100%	75%
Item 2	68%	77%	75%	86%	71%	100%	50%	80%	100%	50%
Item 3	49%	56%	71%	90%	64%	100%	50%	75%	75%	60%
Item 4	71%	79%	77%	67%	81%	100%	80%	80%	60%	67%
Item 5	66%	75%	82%	100%	75%	100%	60%	100%	60%	100%
Item 6	39%	48%	73%	50%	81%	100%	60%	60%	80%	67%
Item 12	39%	46%	60%	60%	60%	100%	63%	38%	63%	40%
Item 13	35%	43%	80%	90%	76%	100%	100%	63%	75%	60%
Item 14	57%	64%	89%	100%	84%	100%	88%	88%	88%	80%
Item 15	34%	42%	79%	90%	74%	100%	100%	63%	71%	60%

In this slide, we break down our reviews by State, PIP Agencies, Non Pip agencies and then do a regional comparison. Please take a look at our central data. Way to go Central. They not only passed all ten items, but they scored a 100% for this quarter on all of the items that had federal oversight. To note, Norther only had one item that was not passed. Overall, all regions are looking fantastic.

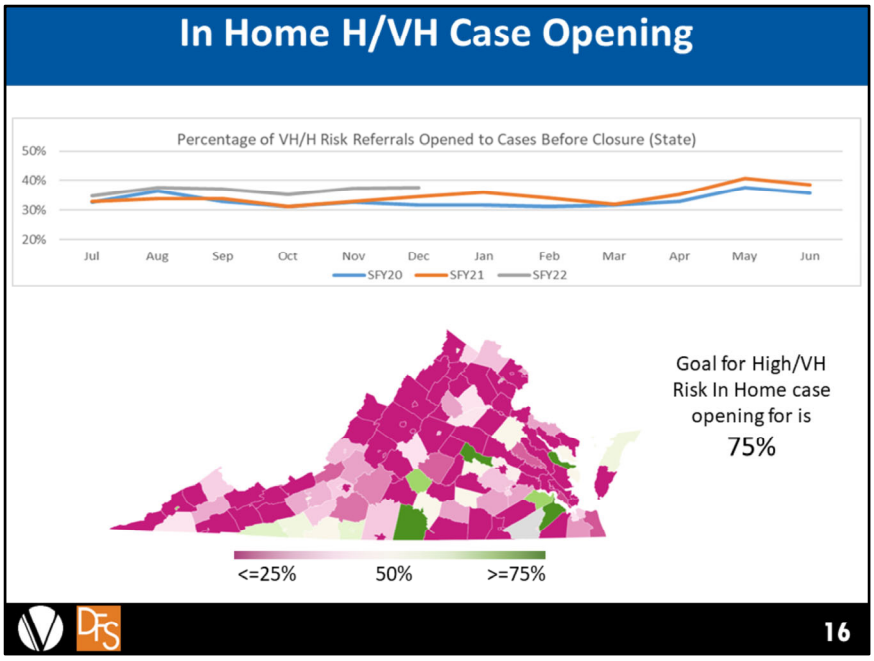
Item 2: Did the agency make concerted efforts to provide services to the family to **prevent** children's **entry into foster care or re-entry** after reunification?
Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests



For Quarter 17, here is the data on the 8 Items that do not require federal oversight. Again, look across the board at all the green. We really have been making a lot of progress statewide.

(Note: Item 8 is agency made concerted efforts to ensure that quality and frequent visitation between a child in FC and their mother, father and siblings occurred). Item 16 is did the agency make concerted efforts to assess children's educational needs and Item 17 is did the agency address the physical health needs of children)

Let's take a closer look at Item 12, which looks at our efforts to assess needs and provide services. As you can see, the numbers in this category for MP15 are broken down into the needs being assessed accurately, shown here in blue, and the appropriate service provided to meet the need shown in Orange. We have continued to see the numbers in this category historically lower for the father involved in the case. The child usually scores the highest in each category, and the mother is usually engaged on the front end for service assessments at a higher rate then having the appropriate service put in place. We continue to see growth in the father engagement and services area. In this MP, we had challenges in In-Home cases opened from a family assessment, which is also different that what the data has shown us in the past.



Referrals Opened to In-Home Prior to Closure

Statewide, the percentage of VH/H risk referrals that were opened to any case has increased over time, however, this quarter is slightly lower than May and June of 2021. Currently, about 62% of these referrals were closed with no further action between July and September.

20% of VH/H risk referrals were opened to In-Home this quarter. Central region had a noticeable increase, otherwise all regions either stayed consistent with last quarter or declined.

The proportion of VH/H risk referrals, among referrals opened to In-Home cases before closure, is shrinking. In SFY21 Q2, 81% of In-Home cases were from VH/H referrals, with only 66% of In-Home cases being from VH/H referrals.

In-Home LDSS Highlights:

23 LDSS opened at least 50% of their VH/H referrals to in Q2SFY22, with 6 of those opening more than 75% of their VH/H referrals to In-Home cases.

71 LDSS saw an increase in the number of In-Home Cases opened from this time last year.

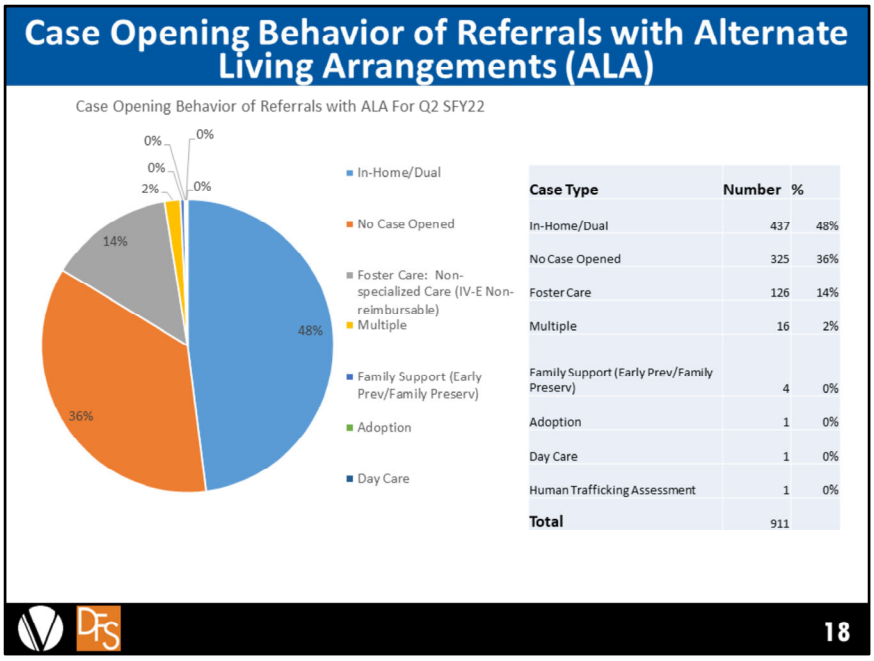
45 LDSS had no In-Home Cases opened for more than a year.

Kin First Culture

- Approaches work as a learner and recognizes families as the experts
- Invests in discovery, which leads to engagement
- Maintains strong connections to families
- Includes families in decision-making
- Creates opportunities for families to rely on one another as natural supports

17

Before we discuss alternate living arrangements, we wanted to reinforce Virginia's Kin First culture. We are empowering parents to make decisions and living arrangements for their children, creating opportunities for families to rely on one another as natural supports. On our next slide we will go over data related to alternate living arrangements for protection/prevention involved children.



In SFY 22 Q2, there were a total of 1,183 referrals opened to cases. Of these referrals, 911 (77%) were flagged as having an ALA. Most of these (48%) were opened to an In-Home case. 36% of these did not have a case opened. 14% were opened to a Foster Care Case. 2% of referrals had multiple case types other than foster care or In home associated with them. Less than 1 percent were opened to either a Family Support, Adoption, Day Care, or HTA case.

CQI Efforts: In-Home

Enhance In-Home services practice within the locality to prevent entries into foster care

- Very high/high cases opened
- Entries to foster care from In-Home
- Suite of tools (CANS, Service Plan, Risk reassessment)
- Current service plan (initial and renewal)
- Engagement (Timely FPM, CFTM)
- In-Home family visits
- Recidivism

January 2022

- In-Depth Data Dive for Very High/High Risk Referrals
- Focused on Adaptive Changes

April 2022

- Improving the use of Structured Decision Making Tools
- Focus on Engagement, Decision Making, Service Planning

Collective Thinking

How can we, as a system, support LDSS in their efforts to support parents and kin who agree to a temporary alternate living arrangement for the child?

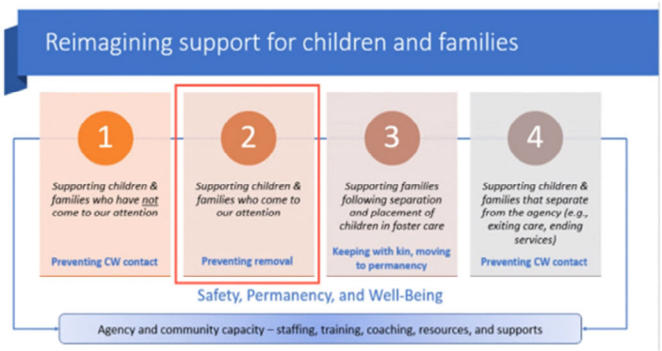
5 Minute Break – Return at 10:08

- **Mute** your line
- **Disable** your camera

21

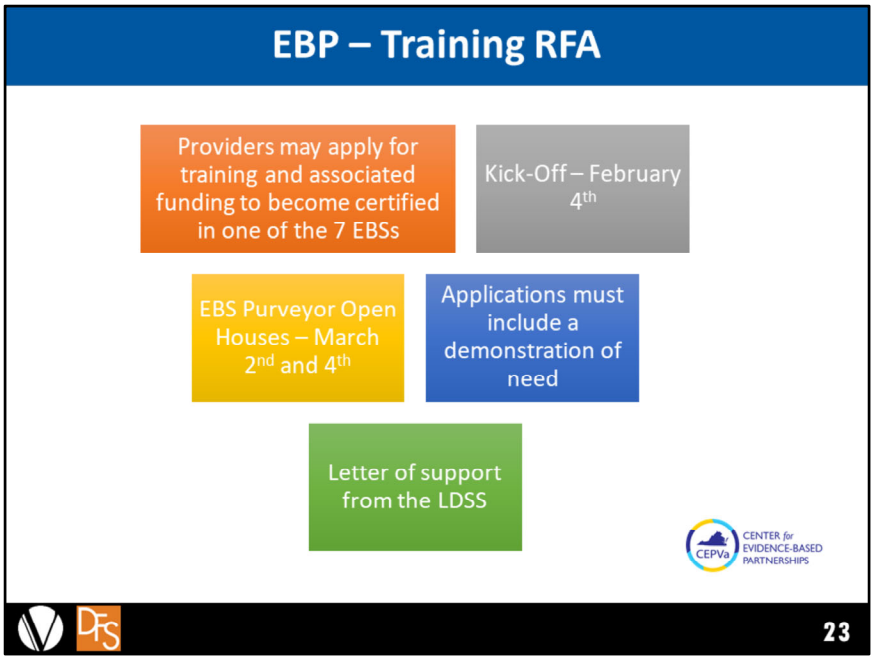
Family First In-Home Measures

Population #2 – Supporting children and families who come to our attention

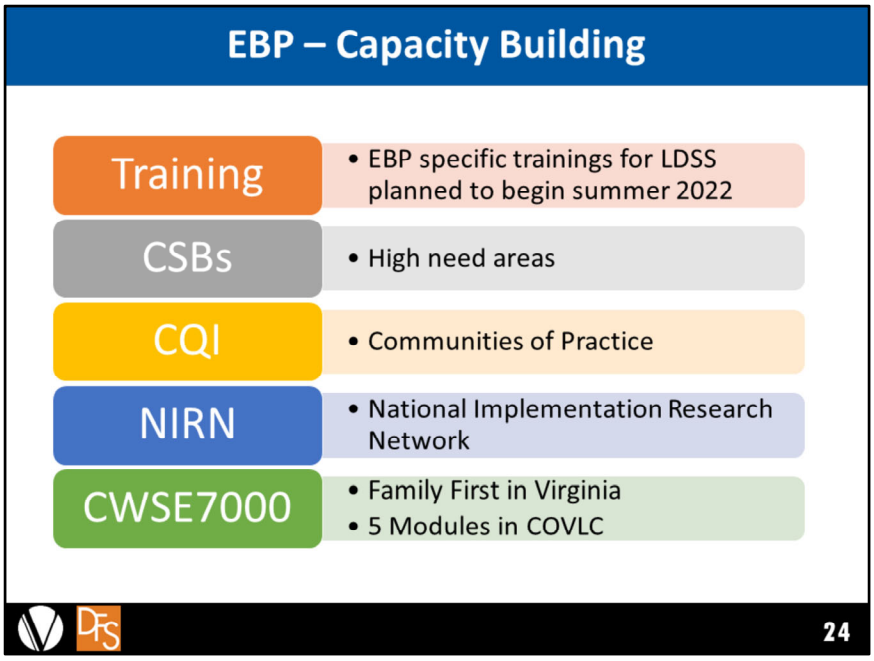


Indicators:

- New child welfare involvement **during** in-home services
- New child welfare involvement **after** in-home services



In order to expand the availability of evidence-based programs throughout the state, VDSS has partnered with VCU through the Center for Evidence-based Partnerships. Utilizing Title IV-E Prevention funding, we are offering opportunities for public and private providers to become trained and certified in these 7 EBPs. The Center developed a Request for Applications (RFA) for this training opportunity. There was a Kick-Off session on February 4th that included an overview of the RFA process, the new evidence-based services being added, and the call for applications. This was followed by a series of EBP Purveyor Open Houses held on March 2nd and 4th, where the national purveyors of each EBP presented more in-depth information about their EBP for providers interested in learning more and possibly applying for the training. Provider applications must include a demonstration of need for that service within the community, as well as a letter of support from the local department of social services which reinforces the need and ensures partnership between the LDSS and the provider.



We are taking a multi-pronged capacity building approach

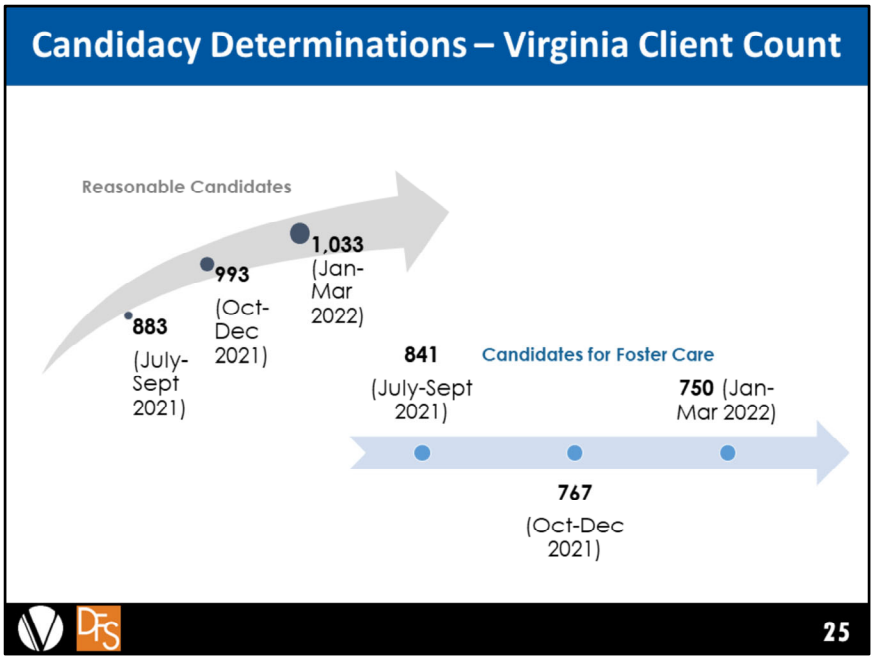
- First, LDSS were invited to participate in the Kick-Off session and purveyor open houses to learn more. In addition, VDSS & the Center will be working together to develop EBP-specific trainings for LDSS workers. The current 3 EBPs (MST, FFT, & PCIT) will be available first and then align with the rollout of the others.

- Next, the Center's Needs Assessment & Gaps Analysis (NAGA) report found that 46% of foster care entries come from jurisdictions that are covered by 13 CSBs. (Note that there are 40 total CSBs vs 120 LDSS, as many CSBs cover multiple jurisdictions.) VDSS partnered with the Department of Behavioral Health and Developmental Services to meet with these CSBs to offer EBP training or otherwise partner with them to build capacity within their communities.

- In addition, VDSS is also using the CQI Communities of Practice to build capacity with LDSS.

- The Center is partnering with NIRN, the National Implementation Research Network, for additional capacity building within the field.

- And finally, VDSS has added a 5-module online training series - CWSE7000 Family First in Virginia. The modules include:
    - Module 1: Overview of Family First
    - Module 2: Opening an In-Home Services Case: First 30 Days
    - Module 3: Service Planning for In-Home Services
    - Module 4: Monitoring the Delivery of In-Home Services
    - Module 5: Goal Achievement and Case Closure or Case Transfer for In-Home Services

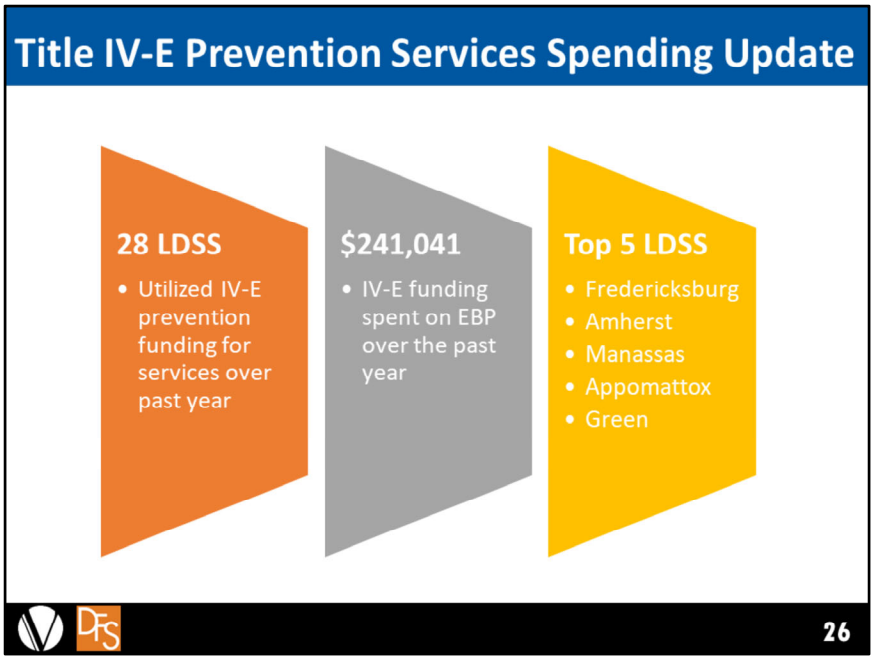


There has been a consistent and gradual increase in identified Reasonable Candidates since July of 2021, which coincides with our concerted focus on clear and consistent practice in determining candidacy in all In-Home Services cases. Emphasis in this area ensures that LDSS correctly identify Reasonable Candidates and claim the appropriate administrative costs under title IV-E.

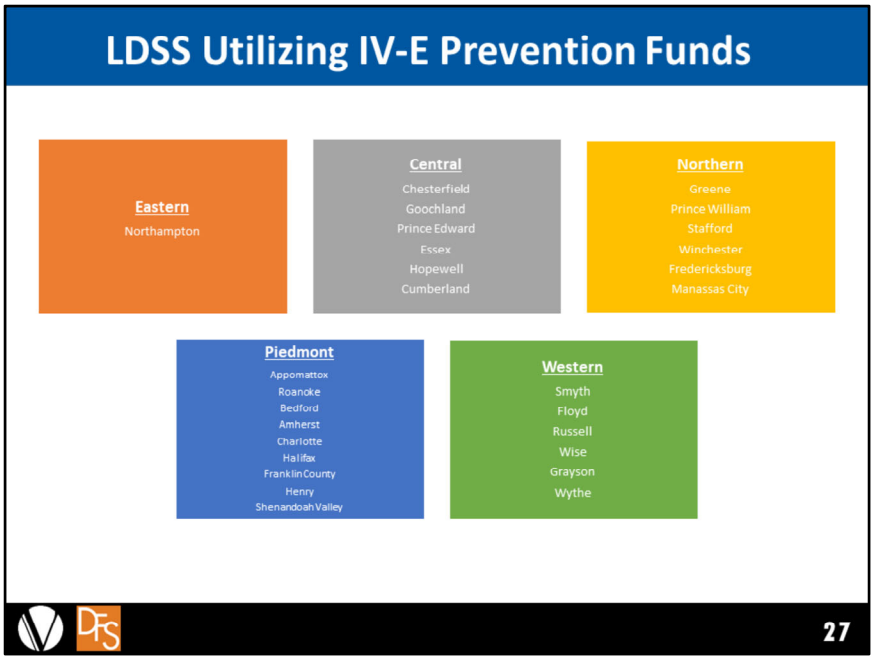
Regarding Candidates for Foster Care, candidacy is determined by whether - or not - the child is assessed to be at imminent risk of foster care placement if the child or child's parents or caregivers need an evidence-based service (to include Multi-systemic Therapy, Functional Family Therapy, or Parent Child Interaction Therapy) - and the service is available.

As reflected on the slide, and corresponding with our implementation efforts over the last year, we have continued to observe a fair amount of Candidates for Foster Care being identified statewide. Nevertheless, assessment of candidacy and identification of RCs and CFCs is low, relative to statewide In-Home Services case counts (Primary Assignment by Case Type) at any given point in time (tend to hover around 2,500 – 2,700).

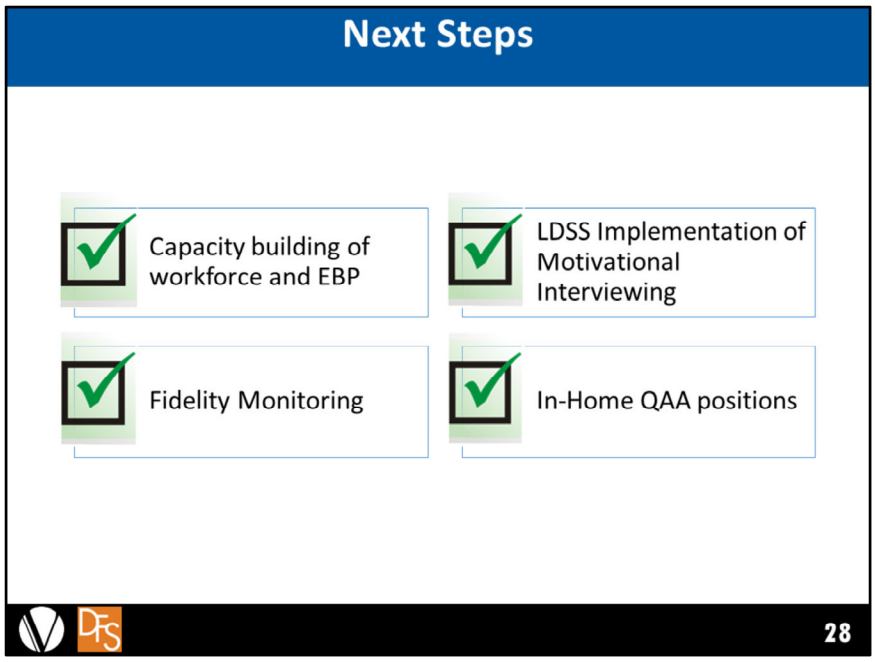
As we continue to engage LDSS through our continuous quality improvement (CQI) process, we will begin targeted work around performance related to timeliness completion of the initial and ongoing Candidacy Determinations. Along with routine data review and analysis, program efforts will also focus on opportunities for data clean-up, timely entry of documentation, and consistent practice alignment In-Home Services guidance.



Since July 1 2021 28 LDSS have utilized IV-E funds for Family First Prevention Services. All LDSS were allocated IV-E funds and able to request additional funds as needed. The services funded include: Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent Child Interaction Therapy (PCIT).
The total amount of IV-E spent on EBP is 241,041
.
The top five LDSS spenders were the following:
Fredericksburg
Amherst
Manassas City
Appomattox
Greene



Now we will take a look to see who the other localities were that utilized IV-E prevention funds. As you can see we have several LDSS that utilized IV-E funds in Central, Northern, Piedmont and Western Regions, but only one in the Eastern region. VDSS is focused on expanding our outreach to increase the utilization for IV-E funds for prevention services. This data will help us to identify which regions to target our outreach efforts and look at service expansion as we continue to increase capacity of EBPs



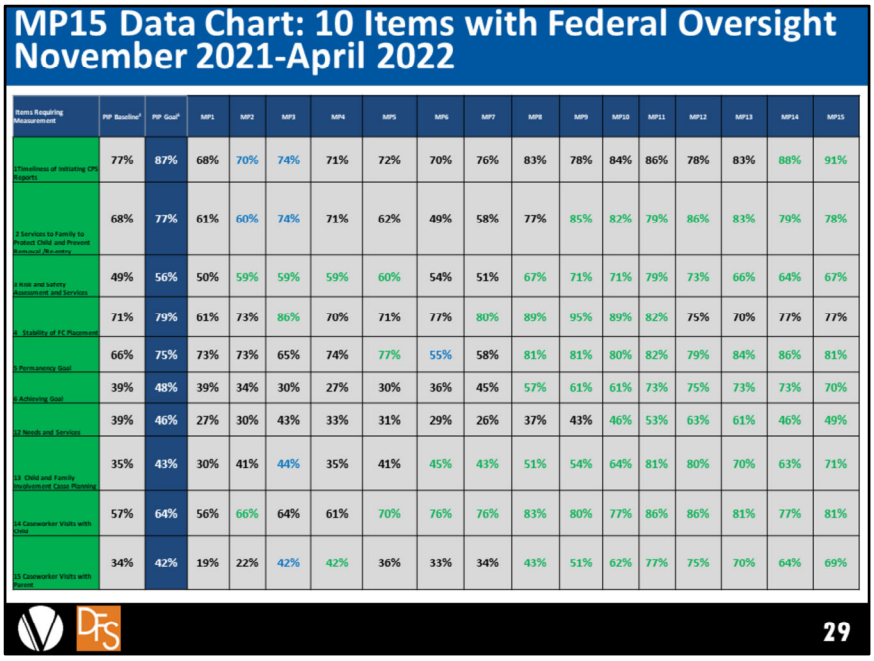
Next steps for VDSS will include:
Building capacity for the workforce and EBPs. We continue to hear that agencies are understaffed and EBP providers are not able to sustain their practice to due lack of workforce and DBHDS requirements. VDSS will continue to partner with DBHDS to discuss strategies on how to address some of the barriers we are experiencing. We are beginning to roll out training in additional EBPs and are getting ready to submit our prevention plan to have those additional EBPs covered by IV-E prevention funds. VDSS and VCU are having discussions on how to increase communication with current EBP providers so that we can work together to overcome some of the issues that providers are experiencing.

Another area is Fidelity Monitoring. VDSS will continue to work with The Center to establish fidelity monitoring practices of the current EBPs and additional EBPs. This is a federal requirement and we want to ensure that these models are being implemented correctly and meeting the needs of the families.

VDSS is working towards establishing an initial implementation plan for training LDSS staff in motivational interviewing. This will be a big project and great opportunity for LDSS to increase usage of IV-E prevention funds and better serve families. MI will

most likely be implemented among LDSS in phases. VDSS will be establishing a workgroup to address some of the areas of implementation. We will keep you updated as we move forward with implementation.

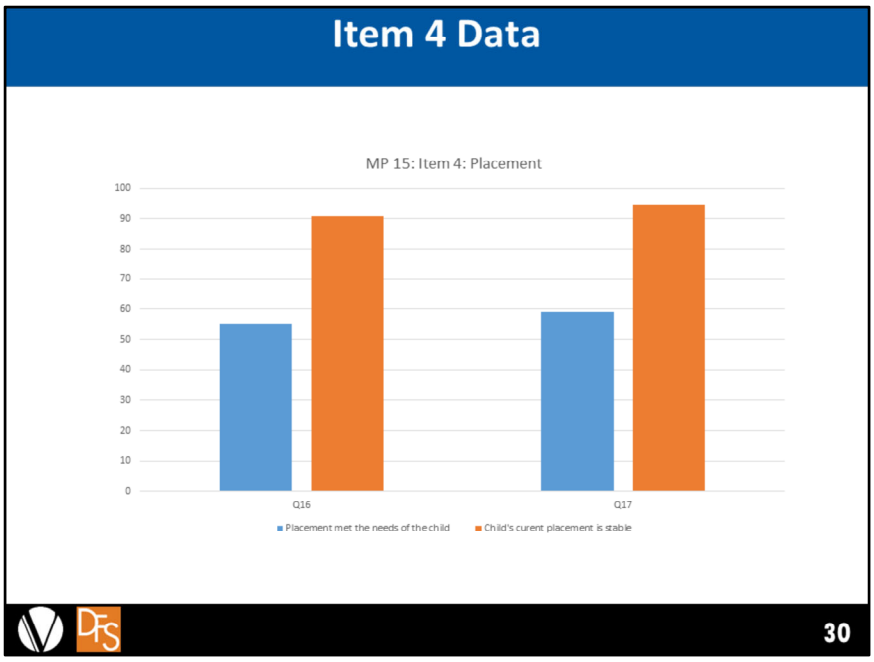
Lastly, VDSS will be hiring In-Home QAA positions. These positions will help track Family First data requirements, monitor the usage of EBPs, along with analyzing other in-home data elements. These positions will be a great addition to the In-Home team.



MP15 Data Chart: 10 Items with Federal Oversight November 2021-April 2022

Items Requiring Measurement	PIP Baseline[1]	PIP Goal[2]	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	MP11	MP12	MP13	MP14	MP15
1Timeliness of Initiating CPS Reports	77%	87%	68%	70%	74%	71%	72%	70%	76%	83%	78%	84%	86%	78%	83%	88%	91%
2 Services to Family to Protect Child and Prevent Removal /Re-entry	68%	77%	61%	60%	74%	71%	62%	49%	58%	77%	85%	82%	79%	86%	83%	79%	78%
3 Risk and Safety Assessment and Services	49%	56%	50%	59%	59%	59%	60%	54%	51%	67%	71%	71%	79%	73%	66%	64%	67%
4 Stability of FC Placement	71%	79%	61%	73%	86%	70%	71%	77%	80%	89%	95%	89%	82%	75%	70%	77%	77%
5 Permanency Goal	66%	75%	73%	73%	65%	74%	77%	55%	58%	81%	81%	80%	82%	79%	84%	86%	81%
6 Achieving Goal	39%	48%	39%	34%	30%	27%	30%	36%	45%	57%	61%	61%	73%	75%	73%	73%	70%
12 Needs and Services	39%	46%	27%	30%	43%	33%	31%	29%	26%	37%	43%	46%	53%	63%	61%	46%	49%
13 Child and Family Involvement Case Planning	35%	43%	30%	41%	44%	35%	41%	45%	43%	51%	54%	64%	81%	80%	70%	63%	71%
14 Caseworker Visits with Child	57%	64%	56%	66%	64%	61%	70%	76%	76%	83%	80%	77%	86%	86%	81%	77%	81%
15 Caseworker Visits with Parent	34%	42%	19%	22%	42%	42%	36%	33%	34%	43%	51%	62%	77%	75%	70%	64%	69%

As we stated earlier, we still need to make improvement with Item 4, placement stability for children in foster care. On this next slide we will show you how we did in MP 15 specific to Item 4.



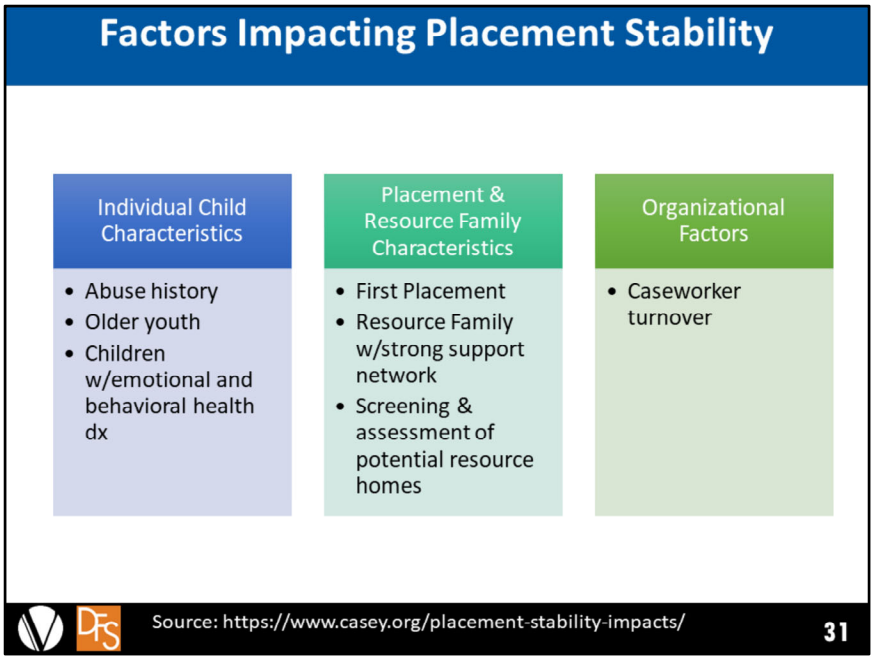
During this review period, all but one of the foster care cases reviewed that resulted in an Area needing Improvement had a common theme, the placement could no longer keep the child in their home because of the child's behavioral needs. Lets take a second to think about that. How can we ensure that the youth we are placing are placed in the right setting the first time.

Here is an example of an Item 4 area needing improvement rating.

the agency did not make concerted efforts
to provide stability in the living situation of the target child. The child experienced three placement
settings during the PUR, and the moves were not planned by the agency in an effort to achieve case
goals. The child was in a Licensed Child Placing Agency (LCPA) non-relative resource placement from
December 11, 2020 until December 9, 2021 when the resource parent requested the child be moved.
The resource parent was not in agreement with the agency's established permanency goals and did

not work in tandem with the agency to promote the goals for reunification. The resource parent did
not work with the agency or the mother and father to help promote the goals set forth by the agency
and approved by the courts. The resource mother was not willing to coordinate telephone calls, or
transport the child to visits when the visitation increased. The agency was aware of the resource
mother's unwillingness to assist in the achievement of reunification of the family and did not
coordinate a planned move to a resource home willing to work with the agency and the family in the
positive achievement of case plan goals. The resource parent requested the child be removed from
the home in December 2021.

(note: MP15 was from October to April of 2021. Q 16 is from Oct 2021-Jan of 2021 and Q17 from Feb 2021-April of 2021)



<u>Factors Research has shown to Impact Placement Stability:*</u>

Individual Child Characteristics

Abuse history, older youth, children with emotional/behavioral health diagnoses are associated with higher rates of placement instability

Placement & Resource Family Characteristics

Initial Placement matters: Initially placed with relatives experience fewer placement changes while congregate care first placements experience higher average number of moves

Resource families who have a solid network of support are likely to have fewer placement disruptions

10% of placement changes occur because of emerging concerns about resource parents which underscores careful screening and assessment of potential resource homes.

Organizational Factors

Caseworker turnover has also been linked with instability.

* https://www.casey.org/placement-stability-impacts/

As you can see many of those same factors influencing placement stability, are areas we are working on in our CFSP**.**

Permanency Strategy 3: Increase the number of children in family-based settings by Strengthening Diligent Recruitment of foster families.

Relevant Activities:

3.2 Increase the number of children placed in the care of relatives when removal from the home is necessary. THIS IS HAPPENING!

3.6 Increase family-based foster care placements and reduce the number of youth who are placed in congregate care while maintaining oversight. THIS IS HAPPENING!

Permanency Strategy 5: Increase the well-being of children in foster care.

Relevant Activities:

5.1 Create a Director of Health and Safety position and Recruit additional members for Health Planning Advisory Committee.

5.2 Collaborate with partners to address service needs, gaps, and barriers.

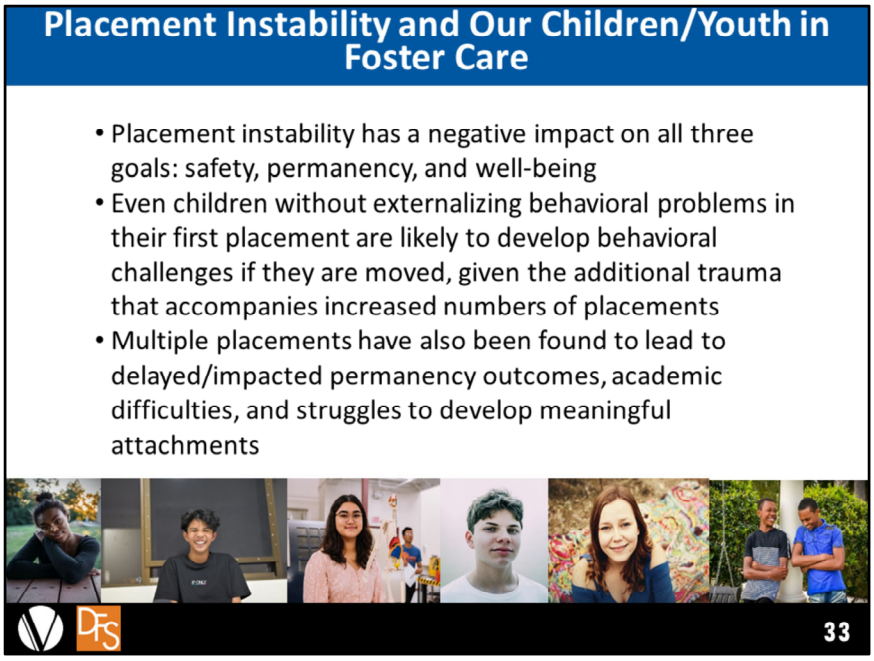
Workforce Strategy 2: Increase the retention and recruitment of a workforce that is aligned to both their role and the communities they serve.

Relevant Activities:

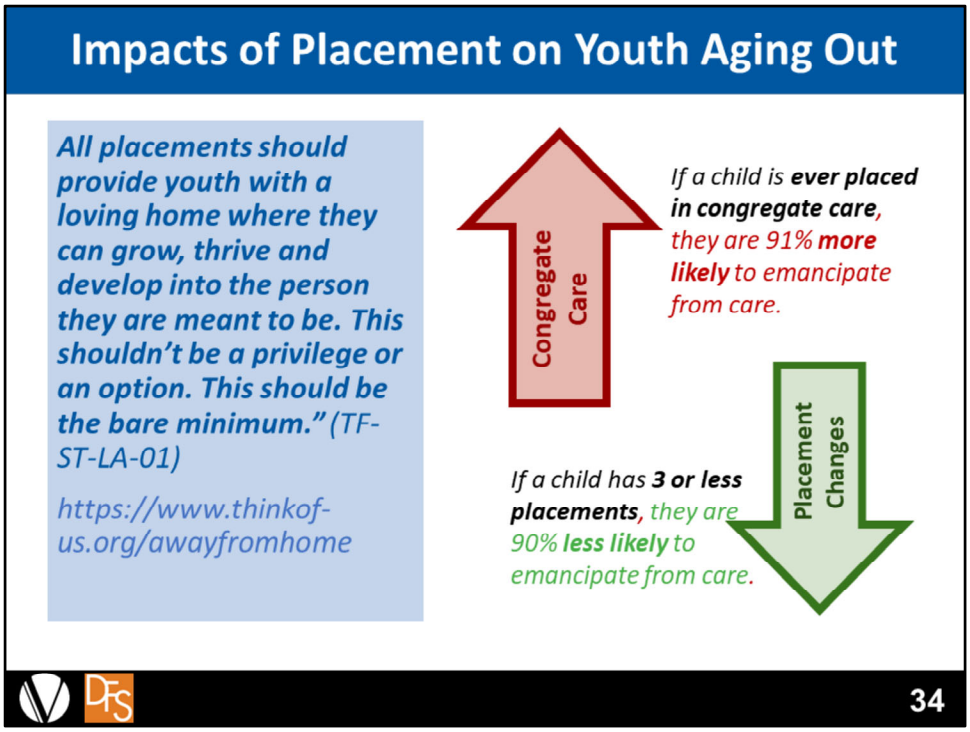
Expand the Child Welfare Stipend Program. EXPANDED TO INCLUDE IN-HOME

Reduce caseloads for those foster care workers carrying caseloads of more than 15 children.

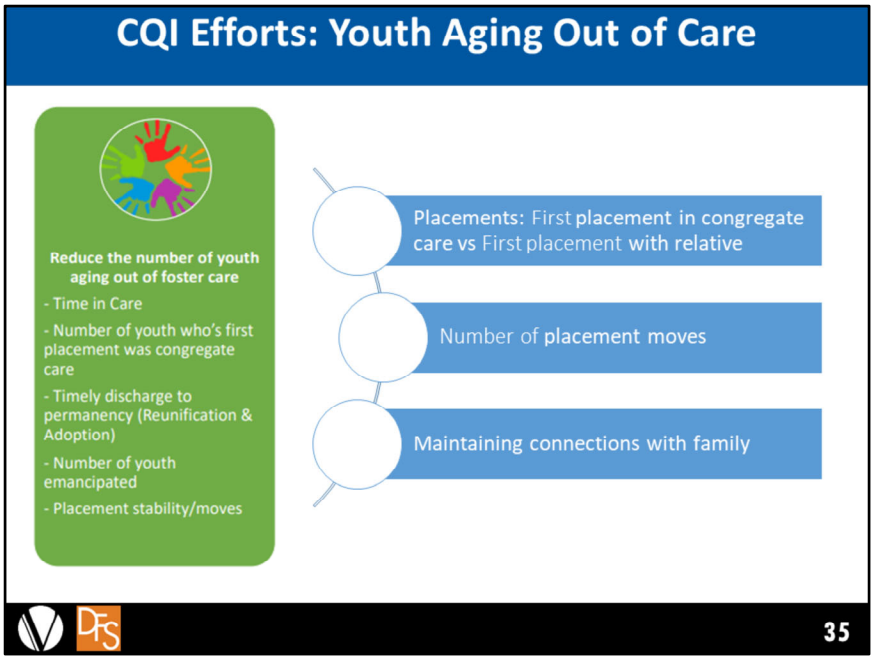
Decrease turnover rate for case workers and increase retention of two years or more.



- Placement instability has a negative impact on all three goals of the child protection agency: safety, permanency, and well-being
- Even children without externalizing behavioral problems in their first placement are likely to develop behavioral challenges if they are moved, given the additional trauma that accompanies increased numbers of placements
- **Multiple placements have also been found to lead to delayed/impacted permanency outcomes, academic difficulties, and struggles to develop meaningful attachments**



As you can see placement instability and congregate care placements have a big impact on our permanency outcomes.; We need to emphasize the strategies we've been focused on for the past 3 years an area as we heard from Jen, we continue to need to improve



Last year, we shared specific data re: youth aging out of care with CWAC. In our CQI efforts with Local departments, with the help of our strategic consultants, we have ben looking at data and supporting practice change to get us to our outcome of Preventing Youth from Aging out of Care

March's meeting was Placement Focused

Connections were made re:

-1st Placement in congregate care vs. 1st placement in relative

How can agencies work across the aisles with CPS/In-home to ensure children are not placed in congregate care as first placement?

-Number of placement moves

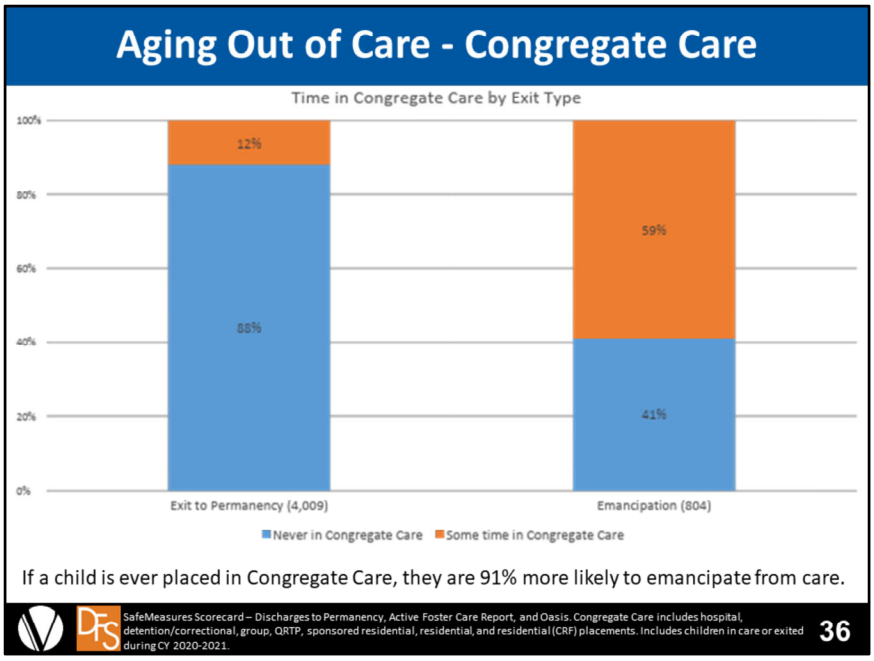
What are specific actions we can take to ensure that the best placement for children/youth are selected, prepared, and supported to prevent placement disruptions?

-What concrete actions can be taken to ensure that youth are connected to family before aging out of care?

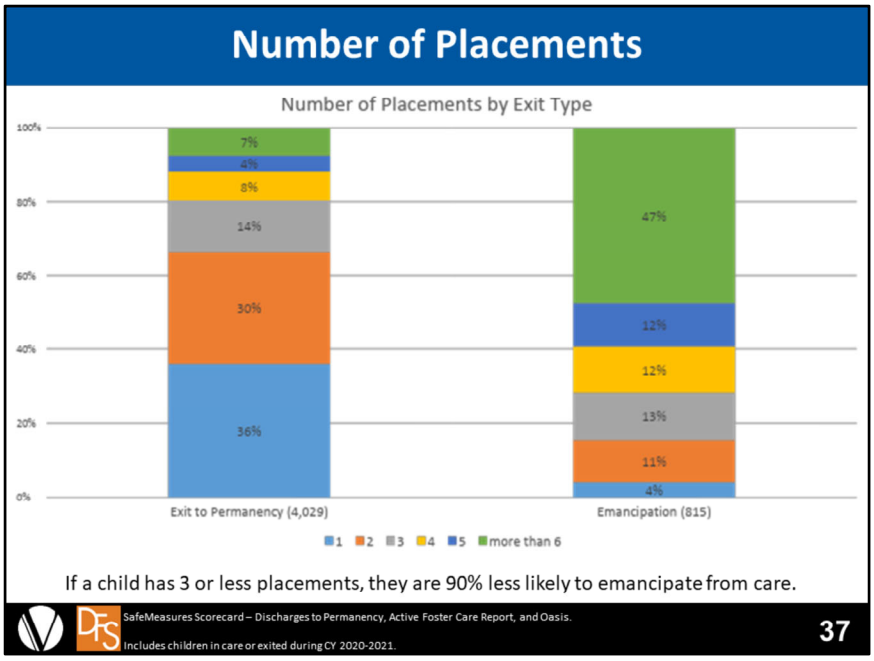
June's Meeting: Reunification Focused

September's Meeting: Transfer Custody to Kin Focused (included KinGAP & Kinship

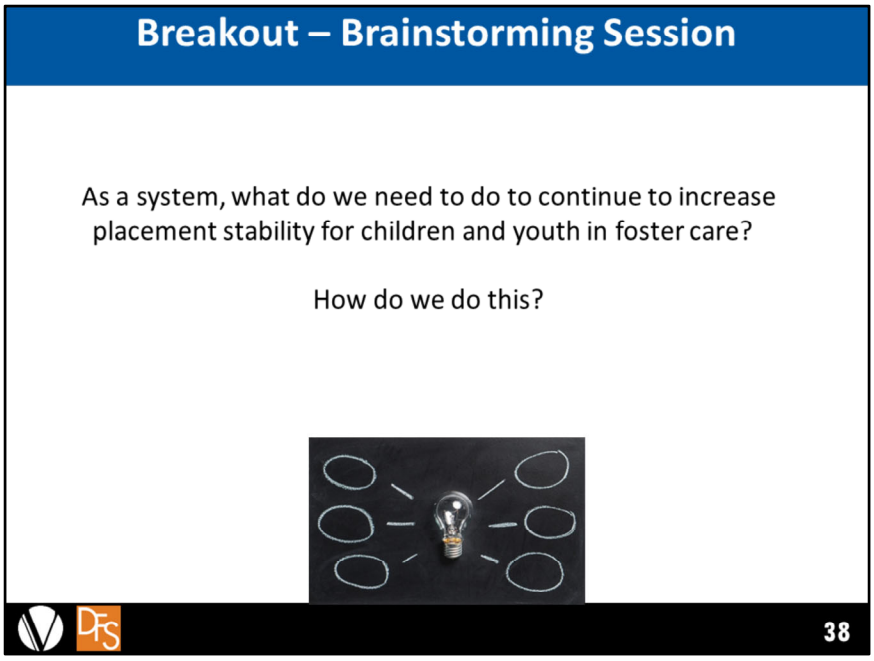
Subsidy)
December's Meeting: Adoption Focused



Now let us look at whether or not a child was ever in a congregate care placement. Specifically, the blue sections represent those that were never in congregate care and the orange are those who spent any time in congregate care. You can quickly see a notable difference between the two groups. Overall, if a child is ever placed in congregate care, they were 91% more likely to emancipate from care.



The movement of our children from one placement to another can also relate to negative outcomes. The larger sections on the left bar represent low number of placements for those that exited to permanency while the opposite is shown by those that emancipated from care. There is a clear difference for those in 6 or more placements with 7% of children exiting to permanency versus 47% that aged out of care.



After hearing this information, we're going to spend some time in a breakout asking this question: As a system, what do we need to do to continue to increase placement stability for children and youth in foster care? And How do we do this?

Breakout Session – 20 Minutes

Some of you may be automatically sent to your breakout and some of you may need to select "Join a breakout room"

Room 1, Nicole Z and Tameka

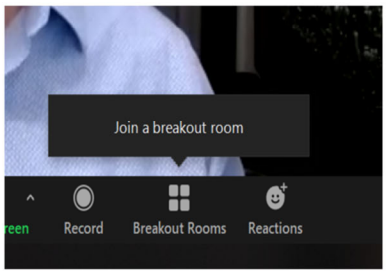
Room 2, Garrett and Vernee

Room 3, Kirby and Julia

Room 4, Lauren and Vered

Room 5, Shannon and Chanda

Room 6, Cayla and Craig



5 Minute Break – Return at 11:05

- **Mute** your line
- **Disable** your camera

Report Out

As a system, what do we need to do to continue to increase placement stability for children and youth in foster care?

How do we do this?

41

Mira Signer, Presenter

Overview

- The Task Force objectives include finding safe placements for kids who are currently displaced, ensuring a reservoir of safe placements for kids who may need them in the future, and eventually making recommendations that go upstream to address policy and systemic changes.
- Participants: Over 70 participants from state and local governmental agencies, advocacy and professional organizations, court system, law enforcement, legislators, public and private providers serving youth

Phases and Timeline

Safe and Sound
TASK FORCE

Activities & Status Update

- April: Launched 4/1; held two in-person meetings in April
- April: Established Interagency State Core Team (Governor's Office, VDSS, DMAS, DBHDS, OCS)
- April: Established regular State Go Team & Rapid Response Meetings
- May: Attended League meeting for discussion & dialogue
- May: Launched 6 Problem-Solving Teams (PST)
- June: New resources included in state budget

What's Working

- Establishing a core team - coordination
- Establishing Go Team calls (daily)
- Rapid Response
- Having providers on the calls
- Roles & responsibilities
- Leverage of Governor's office

Next steps

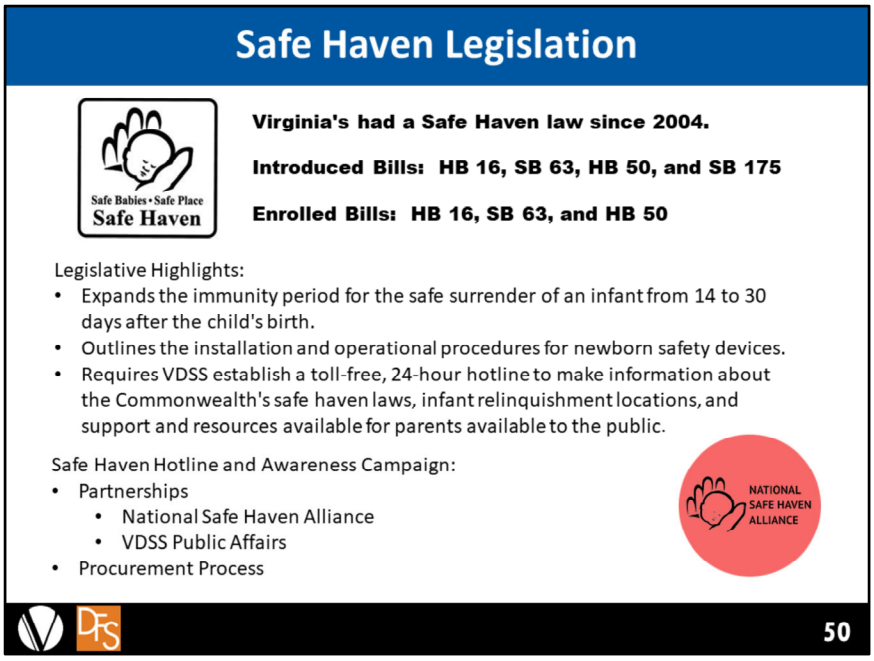
- New resources approved in the budget - implementation
- Continue State Rapid Response/Phase 1 and begin implementation of Local Rapid Response this summer
- Launch Phase 2 July – Dec
- Ongoing work of Problem-Solving Teams – deeper dive review of recommendations for Phase 3

Thank you!

Questions?

New Resources

- K. Out of this appropriation, $291,060 the first year from the general fund and $291,060 the first year from nongeneral funds and five positions shall be provided to support the development of collaborative partnerships between local departments of social services to increase capacity to approve kinship caregivers and recruit, train, and develop locally approved foster parents.
- L. 1. Out of this appropriation, $1,100,000 the first year from the general fund shall be provided to create an enhanced treatment foster care pilot program. This program will serve foster homes caring for high acuity children and provide participating foster families with an annual stipend of up to $45,000.
- 2. Out of the amounts in L.1., $200,000 the first year from the general fund shall be provided to foster care agencies to cover the costs of coordination, recruitment, and additional training.
- M. Out of this appropriation, $3,000,000 the first year from the general fund shall be provided to support the initiatives of the Safe and Sound Task Force including community-based treatments, support for kinship, foster and adoptive families, and trauma-informed care for children in foster care who are displaced or who are at risk of being displaced.

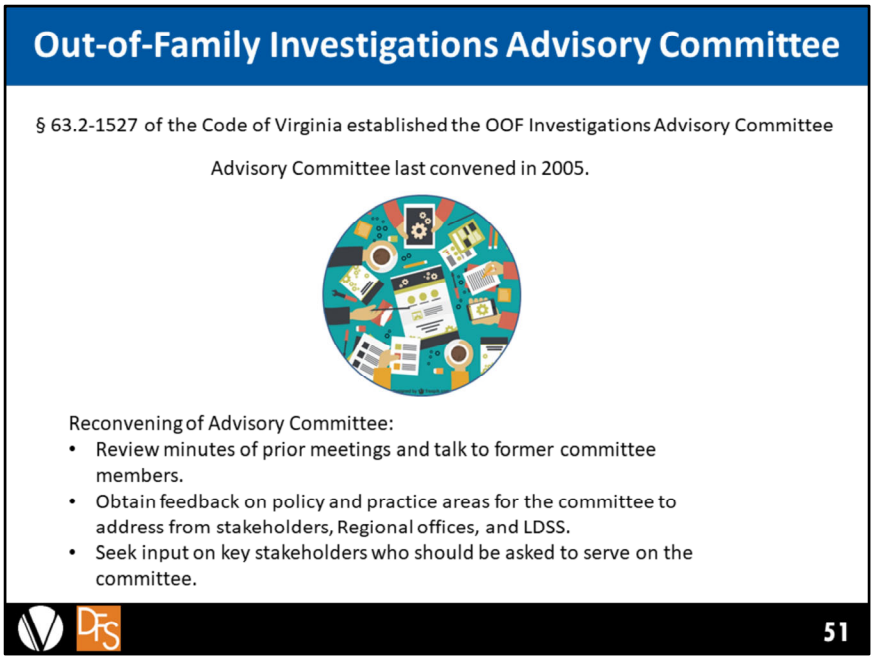


Virginia passed its first safe haven law in 2004. During the 2022 session of the Virginia General Assembly, there were 4 bills introduced related to Virginia's safe haven law. As proposed, all 4 bills (HB 16, SB 63, HB 50, and SB 175) expanded the period of time a parent could surrender their infant and receive criminal immunity from prosecution for child abuse or neglect. Current law, allows up to 14 days after the time of the child's birth, these bills extended this time to 30 days. Additionally as proposed, HB 50 and SB 175 outlined the installation and operational procedures for hospitals and emergency medical services agencies who voluntarily install newborn safety devices for the reception of children under the safe haven law.

At the conclusion of general assembly session, HB 16, SB 63, and HB 50 became enrolled bills, which means they will become law on July 1, 2022. In addition to expanding the immunity period for the safe surrender of an infant from 14 to 30 days after the child's birth and outlining the installation and operational procedures for newborn safety devices, HB 50 requires VDSS establish a toll-free, 24-hour hotline to make information about the Commonwealth's safe haven laws that provide for relinquishment of an infant, infant relinquishment locations, and support and resources available for parents available to the public and shall make information about the hotline, including the toll-free number that may be used to contact the

hotline, available on its website. The Department shall also undertake a campaign to increase public awareness of the Commonwealth's laws providing for relinquishment of an infant and the hotline established pursuant to this act.

In order to prepare for implementation of the legislation by July 1, 2022, VDSS plans to contract with the National Safe Haven Alliance to provide Virginia's 24/7 toll-free safe haven hotline. VDSS has initiated the procurement process to contract with them. Additionally, DFS has been working with Public Affairs regarding an accompanying public awareness campaign.



§ 63.2-1527 of the Code of Virginia established the OOF Investigations Advisory Committee.
OOF Committee last convened in 2005.
Code establishes parameters of committee membership.

Reconvening of Advisory Committee:

- Review minutes of prior meetings and talk to former committee members.
- Obtain feedback on policy and practice areas for the committee to address from stakeholders, Regional offices, and LDSS.
- Seek input on key stakeholders who should be asked to serve on the committee.

§ 63.2-1527. Board oversight duties; Out-of-Family Investigations Advisory Committee.
A. The Board shall be responsible for establishing standards for out-of-family investigations and for the implementation of the family assessment track of the differential response system.
B. The Out-of-Family Investigations Advisory Committee (the Committee) is hereby established as an advisory committee in the executive branch of state government.
C. The Committee shall consist of 15 members as follows: one representative of

public school employees, one representative of a hospital for children, one representative of a licensed child care center, one representative of a juvenile detention home, one representative of a public or private residential facility for children, one representative of a family day care home, one representative of a local department of Social Services, one representative of a religious organization with a program for children, one representative of Virginians for Child Abuse Prevention and six citizens of the Commonwealth at large. The Chairman of the Board shall appoint such persons for terms established by the Board.

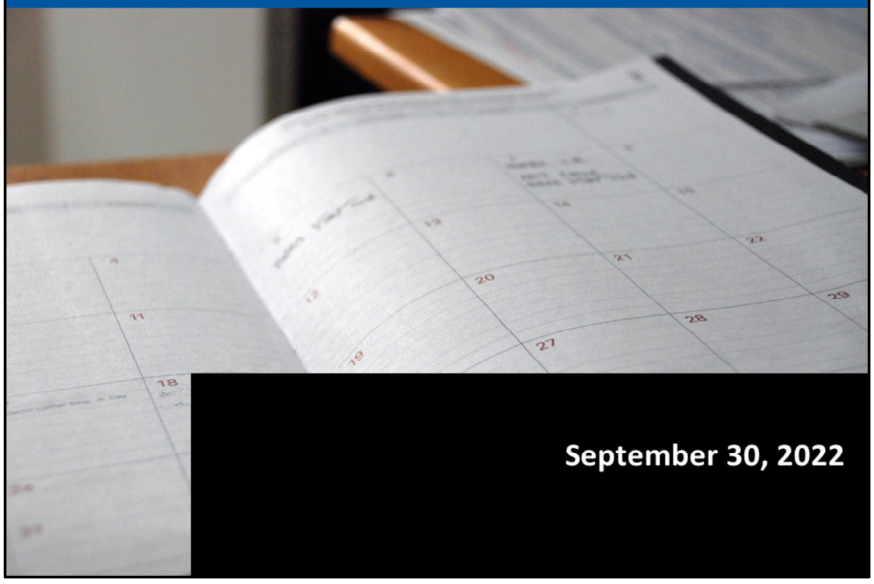
D. The Committee shall advise the Board on the effectiveness of the policies and standards governing out-of-family investigations.

E. The Committee shall elect a chairman and vice-chairman from among its membership. A majority of the members shall constitute a quorum. The meetings of the Committee shall be held at the call of the chairman or whenever the majority of the voting members so request.

F. Members shall receive no compensation for their services nor be reimbursed for expenses incurred in the discharge of their duties as provided in §§ 2.2-2813 and 2.2-2825.

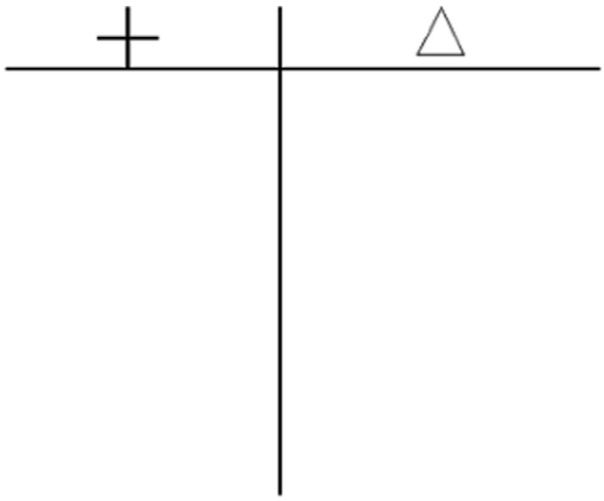
G. The Department of Social Services shall provide staff support to the Committee. All agencies of the Commonwealth shall provide assistance to the Committee, upon request.

Next CWAC Meetings



September 30, 2022

Plus / Delta



53


THANK
YOU
54

Child Welfare Advisory Committee Meeting
June 29, 2022
9:00 am – 12:00 pm

Welcome
Brenda provided a welcome and reviewed the agenda.

CWAC Charge
Nikki Cox reviewed the CWAC charge. It is the main stakeholder group to ensure services are Advising on CW policy, training, practice, state plans, building capacity and CQI. Maintain and strengthen collaboration through partnerships. Last meeting discussed, evidence-based services, driver's license program, Evolution of social service delivery, legislation.

Three main bucket areas are: increasing use of in-home services, kinship placements, and reducing number of children aging out of care.

Bethany provided overview of CQI process. She provided an overview and reminder of the current, general process. Monthly statewide meetings, focusing on practice areas across the continuum – kinship, youth aging out of care and in-home services. Strategies include agency collaboration, community collaboration and planning/preparation.

The CQI process has shown the importance of coming out of silos. Family engagement affects the ability of in-home services to prevent entry into foster care, can increase the number of kinship and family based placements, and helps reduce the number of youth aging out of foster care. It seems like people are getting the message that family engagement and teaming help influence practice and outcomes across the different programs, but there's more work to do and there may be a need to specific strategies to help agencies put these ideals into practice.

Kristin Zagar discussed the importance of the alignment in the work that VDSS does in collaboration with community partners. CQI is evident throughout our efforts on our CFSP strategies and we'll see that throughout the items we highlight in today's presentation. CWAC is to advise on CFSR and CFSP items and development. We are moving into our last year of the CFSP - what areas have we fully achieved, what areas do we really need to work on by the end to make out targets, and then we can look about how our current CQI efforts are connected to the process. Our CFSP is aligned with our CFSR outcomes, we are going to highlight where we are at with our outcomes and go into depth onto areas we need to continue to improve.

CFSR Data
Jennifer Phillips provided highlights of CFSR data in measurement period 15. This chart is highlighting the work done in MP15, which covered the time frame of November of 2021-April of 2022. As you can see, Virginia passed all but Item 4, and continues to show significant growth in Item 1. She reviewed eight items that do not have federal oversight, noting that for the first time in the course of Round 3 CFSR, Virginia passed Item 16, education services and assessments for children. The threshold to pass Item 16 is 91% and Virginia passed this round with an overall percentage of 97. For Quarter 17, data was shared on the 8 Items that do not require federal oversight, showing a lot of progress statewide. Item 12 looks at efforts to assess needs and provide services, and numbers in this category for MP15 are broken down into needs being assessed accurately, and the appropriate service provided to meet the need. Virginia has continued to see numbers in this category historically lower for the father involved in the

case. The child usually scores the highest in each category, and the mother is usually engaged on the front end for service assessments at a higher rate than having the appropriate service put in place. There continues to be growth in the father engagement and services area. In this MP, Virginia had challenges in In-Home cases opened from a family assessment, which is also different than what the data has shown us in the past.

Craig Patterson provided an overview of In-Home case opening trends.

Referrals Opened to In-Home Prior to Closure

Statewide, the percentage of very high/high (VH/H) risk referrals that were opened to any case has increased over time, however, this quarter is slightly lower than May and June of 2021. Currently, about 62% of these referrals were closed with no further action between July and September. Twenty percent of VH/H risk referrals were opened to In-Home this quarter. Central region had a noticeable increase, otherwise all regions either stayed consistent with last quarter or declined. The proportion of VH/H risk referrals, among referrals opened to In-Home cases before closure, is shrinking. In SFY21 Q2, 81% of In-Home cases were from VH/H referrals, with only 66% of In-Home cases being from VH/H referrals.

In-Home LDSS Highlights:

Twenty-three LDSS opened at least 50% of their VH/H referrals to in Q2SFY22, with 6 of those opening more than 75% of their VH/H referrals to In-Home cases. Seventy-one LDSS saw an increase in the number of In-Home Cases opened from this time last year. Forty-five LDSS had no In-Home Cases opened for more than a year.

Craig emphasized the importance of Virginia's Kin First culture, highlighting the importance of empowering parents to make decisions and living arrangements for their children, creating opportunities for families to rely on one another as natural supports.

Craig provided an overview of data related to alternate living arrangements for protection/prevention involved children. In SFY 22 Q2, there were a total of 1,183 referrals opened to cases. Of these referrals, 911 (77%) were flagged as having an ALA. Most of these (48%) were opened to an In-Home case. 36% of these did not have a case opened. 14% were opened to a Foster Care Case. 2% of referrals had multiple case types other than foster care or In Home associated with them. Less than 1% were opened to either a Family Support, Adoption, Day Care, or HTA case.

Craig reviewed the future areas of emphasis to enhance in-home services practice within localities to prevent entries into foster care, including: very high/high cases opened; entries into foster care from In-Home cases; the suite of tools available to localities (CANS, risk assessments, service plans); family engagement and how that influences outcomes; family partnership meetings and how the quality of visits promotes successful outcomes.

A collective thinking question was posed: How can we, as a system, support LDSS in their efforts to support parents and kin who agree to a temporary alternate living arrangement for the child?

In-Home and Evidence Based Services

Elizabeth Lee discussed In-Home Services. What trends are we seeing in child welfare with the implementation of In-Home Services. A critical part of in-home services are the evidence-based services that are being provided by community partners. VDSS is building capacity to provide these services across communities to best serve families.

In order to expand the availability of evidence-based programs throughout the state, VDSS has partnered with VCU through the Center for Evidence-based Partnerships. Utilizing Title IV-E Prevention funding, we are offering opportunities for public and private providers to become trained and certified in these 7 EBPs. The Center developed a Request for Applications (RFA) for this training opportunity. There was a Kick-Off session on February 4th that included an overview of the RFA process, the new evidence-based services being added, and the call for applications. This was followed by a series of EBP Purveyor Open Houses held on March 2nd and 4th, where the national purveyors of each EBP presented more in-depth information about their EBP for providers interested in learning more and possibly applying for the training. Provider applications must include a demonstration of need for that service within the community, as well as a letter of support from the local department of social services which reinforces the need and ensures partnership between the LDSS and the provider.

VDSS is implementing a multi-pronged capacity building approach to implement evidence-based services:

- First, LDSS were invited to participate in the Kick-Off session and purveyor open houses to learn more. In addition, VDSS & the Center will be working together to develop EBP-specific trainings for LDSS workers. The current 3 EBPs (MST, FFT, & PCIT) will be available first and then align with the rollout of the others.
- Next, the Center's Needs Assessment & Gaps Analysis (NAGA) report found that 46% of foster care entries come from jurisdictions that are covered by 13 CSBs. (Note that there are 40 total CSBs vs 120 LDSS, as many CSBs cover multiple jurisdictions.) VDSS partnered with the Department of Behavioral Health and Developmental Services to meet with these CSBs to offer EBP training or otherwise partner with them to build capacity within their communities.
- In addition, VDSS is also using the CQI Communities of Practice to build capacity with LDSS.
- The Center is partnering with NIRN, the National Implementation Research Network, for additional capacity building within the field.
- And finally, VDSS has added a 5-module online training series - CWSE7000 Family First in Virginia. The modules include:
    - Module 1: Overview of Family First
    - Module 2: Opening an In-Home Services Case: First 30 Days
    - Module 3: Service Planning for In-Home Services
    - Module 4: Monitoring the Delivery of In-Home Services
    - Module 5: Goal Achievement and Case Closure or Case Transfer for In-Home Services

There has been a consistent and gradual increase in identified Reasonable Candidates since July of 2021, which coincides with a concerted focus on clear and consistent practice in determining candidacy in all In-Home Services cases. Emphasis in this area ensures that LDSS correctly identify Reasonable Candidates and claim the appropriate administrative costs under title IV-E. Regarding Candidates for Foster Care, candidacy is determined by whether or not the child is assessed to be at imminent risk of foster care placement if the child or child's parents or caregivers need an evidence-based service to include Multi-systemic Therapy, Functional Family Therapy, or Parent Child Interaction Therapy, and the service is available.

VDSS has continued to observe a fair amount of Candidates for Foster Care being identified statewide. Nevertheless, assessment of candidacy and identification of RCs and CFCs is low, relative to statewide In-Home Services case counts at any given point in time, hovering around 2,500 – 2,700.

As VDSS continues to engage local agencies through our CQI process, we are targeting our work around performance related to timeliness, completion of the initial, and ongoing Candidacy Determinations. Along with routine data review and analysis, program efforts will also focus on opportunities for data clean-up, timely entry of documentation, and consistent practice alignment In-Home Services guidance.

Elizabeth reviewed IV-E fund utilization, noting since July 1 2021 28 LDSS have utilized IV-E funds for Family First Prevention Services. All LDSS were allocated IV-E funds and are able to request additional funds as needed. The services funded include: Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent Child Interaction Therapy (PCIT). The total amount of IV-E spent on EBP is $241,041 The top five LDSS spenders were the following: Fredericksburg, Amherst, Manassas City, Appomattox, and Greene. Several LDSS utilized IV-E funds in Central, Northern, Piedmont and Western Regions, but only one in the Eastern region utilized IV-E funds. VDSS is focused on expanding outreach to increase the utilization for IV-E funds for prevention services. This data enables us to identify and target regional outreach efforts and look at service expansion to increase usage and capacity of EBPs.

Next steps for VDSS will include:

1. Building capacity for the workforce and EBPs. We continue to hear that agencies are understaffed and EBP providers are not able to sustain their practice to due lack of workforce and DBHDS requirements.
2. Continued partnership with DBHDS to discuss strategies to address barriers. VDSS is beginning to roll out training in additional EBPs and submit our prevention plan to have those additional EBPs covered by IV-E prevention funds. VDSS and VCU are having discussions on how to increase communication with current EBP providers so that we can work together to overcome some of the issues that providers are experiencing.
3. Fidelity Monitoring. VDSS will continue to work with The Center to establish fidelity monitoring practices of the current EBPs and additional EBPs. This is a federal requirement and we want to ensure that these models are being implemented correctly and meeting the needs of the families.
4. Establishing an initial implementation plan for training LDSS staff in Motivational Interviewing (MI). This will be a big project and great opportunity for LDSS to increase usage of IV-E prevention funds and better serve families. MI will most likely be implemented among LDSS in phases. VDSS will be establishing a workgroup to address some of the areas of implementation.
5. Hiring In-Home QAA positions. These positions will help track Family First data requirements, monitor the usage of EBPs, along with analyzing other in-home data elements. These positions will be a great addition to the In-Home team.

Jennifer Phillips highlighted CFSR information on item 4. During this review period, all but one of the foster care cases reviewed that resulted in an Area Needing Improvement (ANI) had a common theme, *the placement could no longer keep the child in their home because of the child's behavioral needs*. How can we ensure that the youth we are placing are placed in the right setting the first time?
Here is a case example of an Area Needing Improvement (ANI) rating.
The agency did not make concerted efforts to provide stability in the living situation of the target child. The child experienced three placement settings during the PUR, and the moves were not planned by the agency in an effort to achieve case goals. The child was in a Licensed Child Placing Agency (LCPA) non-relative resource placement from December 11, 2020 until December 9, 2021 when the resource parent requested the child be moved. The resource parent was not in agreement with the agency's established permanency goals and did not work in tandem with the agency to promote the goals for reunification. The resource parent did not work with the agency or the mother and father to help promote the goals set forth by the agency and approved by the courts. The resource mother was not willing to coordinate

telephone calls, or transport the child to visits when the visitation increased. The agency was aware of the resource mother's unwillingness to assist in the achievement of reunification of the family and did not coordinate a planned move to a resource home willing to work with the agency and the family in the positive achievement of case plan goals. The resource parent requested the child be removed from the home in December 2021. (note: MP15 was from October to April of 2021. Q 16 is from Oct 2021-Jan of 2021 and Q17 from Feb 2021-April of 2021)

Placement Stability

Garrett Jones discussed factors that research has shown impact placement stability: individual child characteristics, abuse history, older youth, and children with emotional/behavioral health diagnoses are associated with higher rates of placement instability. Placement and resource family characteristics and how the initial placement is critical. When children are initially placed with relatives, they experience fewer placement changes, while congregate care first placements experience higher average number of moves. Resource families who have a solid network of support are likely to have fewer placement disruptions; 10% of placement changes occur because of emerging concerns about resource parents, which underscores careful screening and assessment of potential resource homes.

Organizational Factors, caseworker turnover has also been linked with instability. Many of the same factors influencing placement stability are areas in the CFSP**.**

Permanency Strategy 3: Increase the number of children in family-based settings by Strengthening Diligent Recruitment of foster families.

Relevant Activities:

3.2 Increase the number of children placed in the care of relatives when removal from the home is necessary.

3.6 Increase family-based foster care placements and reduce the number of youth who are placed in congregate care while maintaining oversight.

Permanency Strategy 5: Increase the well-being of children in foster care.

Relevant Activities:

5.1 Create a Director of Health and Safety position and Recruit additional members for Health Planning Advisory Committee.

5.2 Collaborate with partners to address service needs, gaps, and barriers.

Workforce Strategy 2: Increase the retention and recruitment of a workforce that is aligned to both their role and the communities they serve.

Relevant Activities:

Expand the Child Welfare Stipend Program.

Reduce caseloads for those foster care workers carrying caseloads of more than 15 children.

Decrease turnover rate for case workers and increase retention of two years or more.

- Placement instability has a negative impact on all three goals of the child protection agency: safety, permanency, and well-being
- Even children without externalizing behavioral problems in their first placement are likely to develop behavioral challenges if they are moved, given the additional trauma that accompanies increased numbers of placements
- **Multiple placements have also been found to lead to delayed/impacted permanency outcomes, academic difficulties, and struggles to develop meaningful attachments**

Placement instability and congregate care placements have a significant impact on permanency outcomes. A continued emphasis on current focus areas is necessary to see progress toward CFSR goals.

Last year, specific data regarding youth aging out of care with was shared CWAC. In CQI efforts with LDSS with the help of our strategic consultants, we have been looking at data and supporting practice changes to get us to our outcome of Preventing Youth from Aging out of Care.
The March CWAC meeting was placement focused and connections were made regarding first placement in congregate care versus first placement in relative. We focused on: how agencies can work across the aisles with CPS/In-Home to ensure children are not placed in congregate care as first placement; number of placement moves; what specific actions we can take to ensure that the best placement for children/youth are selected, prepared, and supported to prevent placement disruptions; and what concrete actions can be taken to ensure that youth are connected to family before aging out of care.

Garrett reviewed data for child with a congregate care placement, compared to those that were never in congregate care. There is a notable difference between the two groups. If a child is ever placed in congregate care, they were 91% more likely to emancipate from care.

The movement of children from one placement to another is also related to negative outcomes. There is a clear difference for those in 6 or more placements with 7% of children exiting to permanency versus 47% that aged out of care.

Brenda Sampe introduced the breakout session discussion: As a system, what do we need to do to continue to increase placement stability for children and youth in foster care? And how do we do this?

Breakout Room 1

- Engage youth to identify challenges, needs, wants, services and root cause of issue. Ensure youth has a seat at the FPM and has a voice, understands service options, who does the youth want at the table. Prepare youth for meetings to ensure if they are not comfortable talking that a conversation is had with them to ask what they want, goals, needs and wishes.
- Individualize services to youth, family and resource families. Engage them all in conversations to identify supports, natural supports and ways to strengthen relationships.
- Peer-to-peer youth mentor with potential lived experience similar to youth.
- Take time to find the right placement and support people and services are in place to support youth and placement.
- Resource parent support groups, training, trauma informed training, support services and individuals to help family and youth in the placement.
- Engage youth in community activities, camps, sports, volunteer, art/music, religious preferences and what they are interested in.

Breakout Room 2 (what wasn't already mentioned)

- Placing a child with a relative very early in the case and putting services in place to stabilize the placement upon placement.
- Challenge the system to broaden their understanding of "Kin". Children have family outside of grandparents and immediate family. Ex. Fictive Kin, parent of a biological sibling
- Take time to recognize the network the child or family already has
- Getting involved with families earlier in the process when deficiencies are recognized in parental capacities instead of waiting until the issue has worsened.

- Find a collaborative way to deal with children who have been involved with other agencies such as DJJ before the child enters into Foster Care to age out as a last result
- Creating a mentor type of Foster Parent program that can be linked with a child when they first enter residential treatment programs. The family would encourage participation in services, participate in sessions when appropriate, help with transportation, build a bond the child can have whether they stay with the family after residential treatment or not.

Breakout Room 3 (what wasn't already mentioned)

- Family placements-continuous training for them like foster parents to be able to manage the behaviors of the child and supporting reunification, also support.
- 30 days to family model does work-VDSS was looking to pilot before the pandemic and then it went away. It is evidence based model, has a robust training program, fidelity. It is very intensive to do the model-they recommend 2 kids per worker.
- Better job of compensation for families, equal to foster parent. Keep talking about these things over and over but little change. Money is very frequently a need for kin to accept and keep children. VDSS needs to have flexible spending money to assist kin in being a placement.
- Utilizing PSSF funds appropriately to support kin placements.
- Providing education to LDSS about how to best use different pots of money (other than CSA) to support kinship placements
- Older kids coming into care-project Bravo DBHDS-staffing crisis currently but our CW practices and theirs need to be aligned. Project Bravo-serves kids in crisis, involved with CW, DJJ, a lot of incentivizing providers for reimbursement, loan repayment for psychiatrists. This needs to be funded by the Governor's budget.
- Staffing crisis at LDSS and stable workforce
- Stable leadership at LDSS-constant turnover
- Would love to see VDSS to collaborate with all the schools of SW across the state-(not stipend program) similar to an academy model for law enforcement. Have almost a year's worth of training by the time they start being a worker.
- Need to advocate for the Federal Govt. to allow IV-E to cover workers in CPS. The need is in CPS to prevent kids to coming into care. Strong advocacy for that at the federal level is a need
- Kinship families should be provided more resources than foster parents.

Breakout Room 4 (what wasn't already mentioned)

- Workforce ability to complete the assessment and ongoing assessment
- The providers that we would like we may not be able to pay them the rates, so maybe comparable rates across providers and sustainable rates
- Completing community needs assessments, what is the age range? What services are available, what services does the family need? Can we use PSSF funds?
- Adding more financial support to families that are not able to become resource families
- Services need to support family and child, if the child presents with multiple issues and needs they may need intensive care coordination that CSA would pay for. If they are Medicaid services then care coordinators should be provided.

- practice issues: lack of communication between the agency and foster/resource family. The needs are not always communicated between these two. Create quality and meaningful visits to ensure that the child and family are all getting what they need. Clarify expectations of the foster family.

Breakout Room 5 (what wasn't already mentioned)

- Strengthening relationship and collaboration between CPS and foster care - using family partnership meetings used to discuss and understand the child's needs, allowing the voice and choice of the family
- Evidenced-based strategies used by in-home to stabilize placements- Are they being used or can they be used by permanency?
- Focus more support for first time foster parents- placement disruptions with those with less experience in fostering; also apply to relatives
- Engagement starts day one! Having discussions and consulting with the family AND child- asking important questions to understand who they are and building their support systems prior to entering care and throughout foster care services
- Having community providers to assist LDSS with engagement- example with how community providers have more staff to engage vs LDSS having one worker- community providers can be a support
- Considering the child's culture when making placements- are there changes in placement criteria that would help support?

Safe and Sound Task Force Update
Mira Signar provided an update on the Safe and Sound Task Force that was launched April 1. The Task Force objectives include finding safe placements for kids who are currently displaced, ensuring a reservoir of safe placements for kids who may need them in the future, and eventually making recommendations that go upstream to address policy and systemic changes. This is a national challenge, not a Virginia challenge. The task force is working with other states to identify best practices.

Participants: Over 70 participants from a wide range of stakeholders including state and local governmental agencies, advocacy and professional organizations, court system, law enforcement, legislators, public and private providers serving youth.

Phases:
Phase 1 – no youth displaced, April-June
Phase 2 – full population housed, April-June
Phase 3 – systemic challenges, 2023-2025

Timeline:
April: Launched 4/1; held two in-person meetings in April
April: Established Interagency State Core Team (Governor's Office, VDSS, DMAS, DBHDS, OCS)
April: Established regular State Go Team & Rapid Response Meetings
May: Attended League meeting for discussion & dialogue
May: Launched 6 Problem-Solving Teams (PST)
June: New resources included in state budget

What is Working:
Establishing a core team - coordination
Establishing Go Team calls (daily)
Rapid Response
Having providers on the calls
Roles & responsibilities
Leverage of Governor's office

Next Steps:
New resources approved in the budget - implementation
Continue State Rapid Response/Phase 1 and begin implementation of Local Rapid Response this summer
Launch Phase 2 July – December
Ongoing work of Problem-Solving Teams – deeper dive review of recommendations for Phase 3

Resources:
K. Out of this appropriation, $291,060 the first year from the general fund and $291,060 the first year from non-general funds and five positions shall be provided to support the development of collaborative partnerships between local departments of social services to increase capacity to approve kinship caregivers and recruit, train, and develop locally approved foster parents.
L. 1. Out of this appropriation, $1,100,000 the first year from the general fund shall be provided to create an enhanced treatment foster care pilot program. This program will serve foster homes caring for high acuity children and provide participating foster families with an annual stipend of up to $45,000.
L.2. Out of the amounts in L.1., $200,000 the first year from the general fund shall be provided to foster care agencies to cover the costs of coordination, recruitment, and additional training.
M. Out of this appropriation, $3,000,000 the first year from the general fund shall be provided to support the initiatives of the Safe and Sound Task Force including community-based treatments, support for kinship, foster and adoptive families, and trauma-informed care for children in foster care who are displaced or who are at risk of being displaced.

Protection Updates: Safe Haven Legislation and Out of Family Investigations Advisory Committee
Shannon Hartung provided an overview of Safe Haven Legislation and the Out of Family Investigations Advisory Committee. Virginia passed its first safe haven law in 2004. During the 2022 session of the Virginia General Assembly, there were four bills introduced related to Virginia's safe haven law. As proposed, all 4 bills (HB 16, SB 63, HB 50, and SB 175) expanded the period of time a parent could surrender their infant and receive criminal immunity from prosecution for child abuse or neglect. Current law, allows up to 14 days after the time of the child's birth, these bills extended this time to 30 days. Additionally as proposed, HB 50 and SB 175 outlined the installation and operational procedures for hospitals and emergency medical services agencies who voluntarily install newborn safety devices for the reception of children under the safe haven law.
At the conclusion of general assembly session, HB 16, SB 63, and HB 50 became enrolled bills, which means they will become law on July 1, 2022. In addition to expanding the immunity period for the safe surrender of an infant from 14 to 30 days after the child's birth and outlining the installation and operational procedures for newborn safety devices, HB 50 requires VDSS establish a toll-free, 24-hour hotline to make information about the Commonwealth's safe haven laws that provide for relinquishment of an infant, infant relinquishment locations, and support and resources available for parents, available to the public, and shall make information about the hotline, including the toll-free number that may be used to contact the hotline, available on its website. The Department shall also

undertake a campaign to increase public awareness of the Commonwealth's laws providing for relinquishment of an infant and the hotline established pursuant to this act.
In order to prepare for implementation of the legislation by July 1, 2022, VDSS plans to contract with the National Safe Haven Alliance to provide Virginia's 24/7 toll-free safe haven hotline. VDSS has initiated the procurement process to contract with them. Additionally, DFS has been working with Public Affairs regarding an accompanying public awareness campaign.

§ 63.2-1527 of the Code of Virginia established the Out Of Family (OOF) Investigations Advisory Committee.
OOF Committee last convened in 2005.
Code establishes parameters of committee membership.
Reconvening of Advisory Committee:

- Review minutes of prior meetings and talk to former committee members.
- Obtain feedback on policy and practice areas for the committee to address from stakeholders, Regional offices, and LDSS.
- Seek input on key stakeholders who should be asked to serve on the committee.

§ 63.2-1527. Board oversight duties; Out-of-Family Investigations Advisory Committee.
A. The Board shall be responsible for establishing standards for out-of-family investigations and for the implementation of the family assessment track of the differential response system.
B. The Out-of-Family Investigations Advisory Committee (the Committee) is hereby established as an advisory committee in the executive branch of state government.
C. The Committee shall consist of 15 members as follows: one representative of public school employees, one representative of a hospital for children, one representative of a licensed child care center, one representative of a juvenile detention home, one representative of a public or private residential facility for children, one representative of a family day care home, one representative of a local department of Social Services, one representative of a religious organization with a program for children, one representative of Virginians for Child Abuse Prevention and six citizens of the Commonwealth at large. The Chairman of the Board shall appoint such persons for terms established by the Board.
D. The Committee shall advise the Board on the effectiveness of the policies and standards governing out-of-family investigations.
E. The Committee shall elect a chairman and vice-chairman from among its membership. A majority of the members shall constitute a quorum. The meetings of the Committee shall be held at the call of the chairman or whenever the majority of the voting members so request.
F. Members shall receive no compensation for their services nor be reimbursed for expenses incurred in the discharge of their duties as provided in §§ 2.2-2813 and 2.2-2825.
G. The Department of Social Services shall provide staff support to the Committee. All agencies of the Commonwealth shall provide assistance to the Committee, upon request.

Next Meeting:
September 28, 2022

Plus/Delta
Plus:
Breakout session
Good information was shared
Update from the task force

Great prep for facilitators and wonderful contributions during breakouts. Great pace, overall! Good graphics from CFSR Team. Great presenters, overall!
Efficient meeting and agenda
The charts provided great visual. Diversity of members on the team. Great facilitators and presenters.
Efficiency and facilitation are top notch!
Solution focused

Deltas:
Acronyms explained

Other:
In our breakout session it was brought up about seeing data on foster care who are successfully placed.
Could we hear if anything is done with the breakout session notes?
Hope we examine data differently to look at how placement types and changes and permanency are connected - we could learn a lot to guide interventions