

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

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## Annual Progress and Services Report

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# Contents

I: Introduction, Administration, and Vision.....	5
II. Description of continuum of child and family services.....	9
A. Child Safety Services .....	9
B. Permanency Services.....	16
1. Promoting Safe and Stable Families (PSSF).....	16
2. Foster Care Services.....	19
3. Independent Living Program .....	25
4. Adoption Program.....	37
5. Resource Family Development .....	44
C. Additional Units with the Division of Family Services .....	46
1. Interstate Compact for the Placement of Children (ICPC) .....	46
2. Prevention Services.....	48
3. Quality Assurance and Accountability Unit (QAA) .....	53
D. Child and Family Well Being Services.....	54
1. Services to Address Children’s Educational Needs .....	54
2. Health Care Services.....	54
III. Additional Reporting Information .....	63
A. Monthly caseworker visits .....	63
B. National Youth in Transition Database .....	64
C. Timely home studies .....	65
D. Inter-country adoptions.....	68
E. Licensing waivers .....	70
F. Juvenile Justice Transfers .....	70
G. Collaboration with tribes.....	70
H. Child Maltreatment Deaths .....	71
I. Populations at Risk for Maltreatment .....	74
J. Services for Children under the Age of Five.....	76
K. Program Improvement Plan updates .....	76
IV Assessment of Performance.....	77
V. Primary strategies, goals and action steps.....	102
VI Measures .....	173

# **Commonwealth of Virginia**

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## Frequent Acronyms

AART	Adoption Assistance Review Team
ACA	Affordable Care Act
APSR	Annual Progress Services Report
AREVA	Adoption Resource Exchange of Virginia
DBHDS	Virginia Department of Behavioral Health and Developmental Services
CAPTA	Child Abuse Prevention and Treatment Act
CBCAP	Community-Based Child Abuse Prevention
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Services 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 Services Plan (CFSP) is the five-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;
- Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (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 CFSP

### **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 (VLSSE) which represents the 120 local departments of social services (LDSS); and
- Virginia Community Action Partnership, an association of community action programs across the state.

## **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; and
  - Operations.
- VDSS program areas include:
  - Benefits Programs;
  - Child Care and Early Childhood Development;
  - Child Support Enforcement;
  - Enterprise Delivery Systems;
  - Family Services; and
  - 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 (Continuous Quality Improvement (CQI), Title IV-E review, Adoption Assistance Review Team (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 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 VLSSE 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, foster and adoptive 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. PAC is charged with assisting VDSS in aligning 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 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 has partnered with CIP for that effort. In addition, CIP has partnered with DFS to support trainings connected to the CFSR PIP, notice and right to be heard for foster parents, the new court timeframes, and other permanency issues. VDSS representatives are invited to present at CIP meetings to share information. CIP and VDSS have worked together to create an interface between case management systems to help track data. More work is required to the interface for full data-sharing; however, this is a big step forward. CIP has been involved with work around creation of a new service plan.

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 foster and adoptive 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 has been shared on a regular basis through meetings and requests for input. These groups continue to be involved in the implementation of the goals, objectives, and interventions, and in the monitoring and reporting of progress. In the upcoming year, VDSS is dedicated to making a stronger effort to involve members of state recognized tribes in a more active way.

## 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

**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 SFY 2014-15, there were 32,907 completed reports of suspected child abuse and neglect involving 50,136 children. There were 6,792 children in founded reports and 33,736 children in the Family Assessment Track. In SFY 2014 -2015, 37 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 causes or threatens to cause a non-accidental physical or mental injury, create a high risk of death, disfigurement or impairment of bodily or mental functions, fails to provide the care, guidance and protection the child requires for healthy growth and development, abandons the child, or commits or allows 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 -15 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 SFY2015 funding amount has increased to the current level of \$4,285,501. New contracts will be awarded for SFY 2016 based on an updated formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each service area. 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.

**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.

For SFY 2015, a total of 23 programs supporting child abuse and neglect prevention were funded with Community – Based Child Abuse Prevention (CBCAP) (\$588,062), Child Abuse Prevention and Treatment Act (CAPTA) (\$135,297), and state funds from the Virginia Family Violence Prevention Program (\$500,000), totaling \$1,223,359 in federal and State funds to support evidenced-informed and evidenced-based programs and practices. The prevention programs are varied in scope so that they may address unmet, identified needs within the different communities. 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.

The SFY2016 CBCAP Request for Proposal (RFP) was released on January 23, 2015 and 35 proposals were received requesting a total of \$1.8 million. These proposals were reviewed utilizing a multidisciplinary review committee on March 31 – April 1, 2015. Recommendations for funding for 21 programs were made and the selected programs will be funded effective July 1, 2015.

**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 (CASA) 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.

Thirty-nine contracts were renewed for the SFY2015 in the amount of \$1,892,820. 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, and 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)

The SFY2016 VOCA RFP was released on January 30, 2015 and 45 proposals were received requesting a total of \$2.7 million. These proposals were reviewed utilizing a multidisciplinary review committee on April 14-15, 2015. Recommendations for funding for 37 programs were made and the selected programs will be funded effective July 1, 2015.

**Child Advocacy Centers:** There are currently 14 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 2015 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.

Beginning July 2015, the State funds in the amount of \$931,000 to support CACs and the Child Advocacy Center of Virginia (CACVA) will be awarded by a formula instead of a RFP process. An amendment to the budget incorporating a formula to award the funds was proposed by CACVA and approved by the

General Assembly and the governor. The formula uses subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. 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.

### **Assessment of Strengths and Gaps in Services**

**Strengths:** Program staff routinely utilize SafeMeasures® Reports to gather data. 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; and
- The number of Family Partnership Meetings (FPM) and purpose for the meeting;

This information is used to inform guidance.

**Gaps:** CPS staff continues to monitor timeliness of data entry, merging of duplicate clients, timeliness of first response, and the timeliness of closing investigations. Requests for TA from the Children’s Bureau (CB) over the next year include implementing guidelines and new regulations pertaining to Indian children and implementing human trafficking regulations especially pertaining to changing definitions of CPS.

**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:** FACT 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 approximately 150 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, 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 43,000 children participated in one of the 130 performances of the child sexual abuse prevention play “Hugs & Kisses”. In the fall of 2014, there were 53 performances held in 37 schools reaching approximately 17,000 children. Additional performances are being scheduled this spring. VDSS works with Theatre IV, a Division of The Virginia Repertory Theatre, and PCAV for the implementation of this program.

**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 PCAV 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 multi-disciplinary 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 2015. 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 300 participants. Registration fees, CBCAP, CAPTA, and a grant from FACT 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 has been updated and revised and a model protocol for use by local departments of social services and local school divisions has also been revised and updated and available as a model for all localities to use.

**Virginia Commonwealth University (VCU) 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.

**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's current review is focusing 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.

**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.

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

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; and/or
- The number of FPM 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.

### **Feedback to Stakeholders:**

There are a number of ways that feedback is provided to stakeholders. Primary stakeholders for CPS are the CPS workers and supervisors in LDSS. The CPS Policy Advisory Committee meets quarterly and information is shared with this group during these meetings as well as in-between meetings. Their input is solicited in all potential changes to regulations, policies, and guidance. Another important way that feedback is solicited from local CPS workers and supervisors is through the five regional local

supervisors' meetings that are held quarterly in each region. The CPS regional consultants shares information and solicits input regularly.

The three Citizen Review Panels (CRP) are extremely helpful in gaining input and providing information. These groups are composed of diverse points of view and meet at least quarterly. Feedback from the CRPs is critical in vetting new or revised regulations, policies, and practices.

## **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 services (FPS)***: 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.

#### ***Eligibility for Services under FPS***

Families who may receive FPS are those with children ages birth through 17 years who are at imminent risk of out of home placement into the social services, mental health, developmental disabilities, substance abuse, or juvenile justice systems. The populations of children for whom these services shall be made available include those alleged or found to be abused, neglected, or dependent; emotionally or behaviorally disturbed; undisciplined or delinquent; and/or have medical needs, that with assistance, could be managed in the home.

- ***Family support services (FSS)***: These services are primarily community-based preventive activities designed to promote the safety and well-being of children and families; promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families; and strengthen parental relationships and promote healthy marriages.

#### ***Eligibility for Services under FSS***

There are no eligibility requirements to receive FSS other than a VDSS approved plan/renewal application.

- **Time-limited family reunification services (TLRS):** 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 counseling; substance abuse treatment services; mental health services; temporary child care; and therapeutic services for families, including crisis nurseries; transportation to services; peer-to-peer mentoring and support groups for parents/ primary caregivers; and for services and activities to facilitate access to and visitation of children in foster care by parents and siblings.

**Eligibility for Services under TLRS**

Families who may receive TLFRS are those who have one or more children (ages birth through 17 years) that have been removed from the child’s home and placed in a foster family home or a child care institution. Services are provided to the family in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15 month period that begins on the date that the child is considered to have entered foster care.

- **Adoption promotion and support services (APSS):** 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.

**Eligibility for Services under APSS**

Families who adopt or express interest in adopting children out of the foster care system and families who adopt and the adoption are at risk of disruption are eligible.

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
Case Management	Mentoring
Community Education and Information	Nutrition Related Services
Counseling and treatment: Individual	Parent-Family Resource Center
Counseling: Therapy Groups	Parenting Education
Day Care Assistance	Programs for Fathers (Fatherhood)
Developmental/Child Enrichment Day Care	Parenting Skills Training
Domestic Violence Prevention	Respite Care
Early Intervention (Developmental Assessments and/or Interventions)	Self Help Groups (Anger Control, SA, DV)

Service Array	
Educational/ School Related Services	Substance Abuse Services
Financial Management Services	Socialization and Recreation
Health Related Education & Awareness	Teen Pregnancy Prevention
Housing or Other Material Assistance	Transportation
Information and Referral	Other
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 FY2015:

Children and Families Served by Service Type SFY 2014 128 Agencies reporting June 2014 to February 2015 (9 months)		
Service Type	Total Children	Total Families
Preservation	5,026	3,427
Support	7,142	5,144
Reunification	1,041	676
*Adoption	15	12
<b>Total</b>	<b>13,224</b>	<b>9,259</b>
*\$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.		

Estimated Children and Families to be Served by Service Type for a Twelve Month Period Estimated # of Localities Reporting 128 March 2015 to February 2016		
Service Type	Total Children	Total Families
Preservation	7,295	4,974
Support	10,365	7,465
Reunification	1,510	982
*Adoption	15	17
<b>Total</b>	<b>19,186</b>	<b>13,437</b>
*\$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 2015, of the 120 LDSS, 115 LDSS had approved plans. There are 133 counties and cities (localities) in Virginia. Of this number, 115 LDSS served 128 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, 2015, there were 4,769 children between the ages of zero and 18 in foster care. This represents an increase of just less than 3% (121) in the overall number of children in care at the same point in time last year (4,648).

Virginia continues to support an increase in our reliance on foster family homes. On January 1, 2014 there were 3,213 foster care children (64.4%) in foster homes. On January 1, 2015, the percentage of children in foster home placements was 65.6% (3,304 children.) The percentage of children placed in relative homes decreased slightly from 5.0% to 4.67%.

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 (9% ) in the number of clients in congregate care for FFY 2012. The percentage of foster care children in congregate care then held steady for a number of years before increasing again slightly this year, from 15.9 % (742) to 16.1% (810.)

The percent of clients discharged to permanency during calendar year 2014 increased slightly to 78.2% from 77% in calendar year 2013. Virginia continues to focus on reducing the number of children waiting to be adopted, but has expanded the focus of ongoing efforts to increasing permanency outcomes which also include reunification and custody transfer to relatives.

**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 and 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. The regional Permanency and Resource Family consultants facilitate 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 practice which supports family engagement and relative involvement. During 2015, Permanency Roundtables are expected to be implemented in all five regions through the support of Casey Family Programs. In addition to the five regional office Permanency Roundtable teams, some LDSS have been supported to develop their own agency team. The regional consultants will continue to support these LDSS teams which will contribute to statewide capacity to staff cases and work towards improved permanency outcomes.

Foster care guidance has been updated to require that concurrent planning be used for every foster care case beginning July 1, 2015. Permanency consultants and state staff will be providing additional support to the LDSS as this policy becomes effective. Additionally, the VDSS Training unit has substantially revised the mandated Concurrent Planning training course available to LDSS staff.

Changes to the foster care case plan document in the On-line Automated Services Information System (OASIS), which are currently being developed, will result in increased focus on concurrent planning and

permanency in the information which is provided to the court. Those revisions are expected to be released in early 2016.

In preparation for the 2014 General Assembly, VDSS developed a plan for implementing this provision of the Fostering Connections Act. The plan included needed code and regulatory changes, drafts of any amendments to the Title IV-E plan, fiscal impacts and impacts on families and children. Although the accompanying bill, which would have made the necessary code changes law, was passed in both the House and the Senate, ultimately the required funds were not included in the state budget and it was not possible for Virginia to proceed. VDSS has once again been tasked with developing a report for General Assembly which addresses the outcomes for children aging out of care in Virginia in comparison to their peers and the adequacy of the services currently being provided to this population. VDSS plans to reintroduce the proposal to implement the foster care to 21 provision of the Fostering Connection Act during the 2016 General Assembly session.

VDSS is working towards compliance with requirements for a foster care case plan. Substantial efforts have been made over the last year towards modifying the foster care case plan documents in the OASIS system. VDSS met with stakeholders, including CIP, to develop system requirements for the new case plan. The anticipated completion date will be late 2016 or early 2017.

#### Preventing Sex Trafficking and Strengthening Families Act (HR 4980)

In September 2014, the Preventing Sex Trafficking and Strengthening Families Act was signed into law as P.L. 113-183. The law requires state child welfare agencies to develop and implement procedures to identify, document, and determine appropriate services for certain children and youth who have been victims of sex trafficking or at risk of being victimized.

VDSS has taken several steps since then to implement the provisions of the law. VDSS has been working to update its case management system to identify and document children and youth who have been victims of sex trafficking prior to entering, while in, or while on the run from foster care. Revisions to the Foster Care chapter of guidance, which will be effective in July 2015, includes substantial improvements to directions regarding what the LDSS should do when a child or youth runs away from foster care. The VDSS Training Unit is developing an on-line training to educate LDSS family service workers on sex trafficking and appropriate services that can be offered to children and youth who have been victimized as well as those who are at risk of victimization. This training will also be made available to foster and adoptive families. Finally, VDSS representatives serve on a joint committee with the Virginia Departments of Criminal Justice Service and Housing and Community Development to develop and address strategies across state agencies related to increasing awareness, available services, and training.

The law also allows foster parents and caregivers more discretion to apply the “reasonable and prudent parent” standards towards children and youth in foster care. This will allow them to participate in normal activities that are appropriate for foster youth such as sleepovers, sporting activities, social or other extra-curricular events. The Foster Care chapter of guidance will be revised to include direction to the LDSS around implementing “increasing normalcy” for children and youth in foster care. Publication of the revised guidance is planned for October 2015. VDSS is also in the process of developing a plan to provide relevant training for foster parents to make informed decisions and for LDSS staff as they support the foster families. VDSS has held focus groups for agency and community stakeholders and youth to understand the positive impact and challenges related to the implementation of the prudent parent standard and encourage suggestions regarding guidance and training. VDSS is currently researching the option of providing liability insurance to public agency foster parents. The Code of Virginia already permits VDSS to do so; but no funding has been made available.

In order to meet the requirements regarding the provision of information about youth rights to youth, VDSS plans to revise the signature page of the current Transition to Independent Living Plan to include education, health, visitation, and court participation rights. VDSS has sought youth input into how best to ensure that youth receive and make use of this information and are empowered to advocate for themselves especially in regards to their permanency plans.

Other aspects of the Sex Trafficking Act will be addressed through legislation to be introduced during the 2016 General Assembly session. A definition of sibling needs to be added to state code and the restriction on the use of Another Planned Permanent Living Arrangement goals to those youth 16 and older requires amending the Code.

### **Foster Care Collaborations**

Foster care services cut across other programs and child-serving agencies, including foster care prevention, Adoption, OCS, Department of Behavioral Health and Developmental Services (DBHDS), Department of Juvenile Justice (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 LDSS 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 2015, PAC was instrumental in providing input towards the implementation of a robust concurrent planning practice. PAC has also been asked to provide input into the development of the "prudent parent standard."

**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 uses 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 IV-E requirements are adequately documented in court proceedings. CIP staff are involved in the on-going efforts of the CWAC and participate in a VDSS workgroup to improve foster care diversion practices. CIP also collaborates 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):** In FFY 2015, VDSS staff continued the partnership with the DOE, local school divisions and other key stakeholders to collaboratively promote educational stability in the Commonwealth of Virginia. VDSS and DOE trained over 125 staff members from LDSS and local schools. These trainings included dialogue between the DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth. Additional training was facilitated by VDSS and DOE with the Virginia Department of Licensing, which approximately 50 private providers attended. VDSS and DOE also attended regional educational workshops to discuss school enrollment issues and strategies. VDSS mandated the DOE State Testing Identification (STI) in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data.

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is currently revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. Best practices and issues that were discussed in the educational trainings will be incorporated into the revised guidance document.

**Department of Medical Assistance Services (DMAS):** In FFY 2014, managed care for all children in foster care and for all children who receive adoption assistance was 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. Approximately 80% of children in foster care are now enrolled in Medicaid Managed Care. The remaining 20% are those children placed in congregate care setting, those who have just entered foster care, or those who are moving from one region to another. Medicaid managed care improves 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 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. DMAS is able to provide data to VDSS regarding the provision of medical care to foster care children, including information about whether children are receiving their required medical and dental exams. As each region accumulates at least one year of data, these reports will be made available to VDSS. 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):** The work of HPAC was formally rolled into the efforts of the Three Branch Grant over the last year. That work is now being incorporated into the Child Welfare Advisory Committee (CWAC) through the development of a new subcommittee. Over the next year, the new group will be charged with refining and moving forward the objectives of Virginia's new Health Plan and the development of a Psychotropic medication protocol for use with children in foster care.

## **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. FPMs 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 goal 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 CSA funding structure is intended to support child-centered, and 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 (CQI)**

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. 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. This data will be used to identify unmet needs of the foster care population and to measure the success of interventions over time.

VDSS is interested in receiving additional information about options for providing liability insurance to foster and adoptive families, strategies for addressing disproportionality in foster care entry, and strategies for improving outcome for older youth entering foster care through delinquency or status offense cases (truancy or runaway.)

### **Feedback to Stakeholders**

There are a number of ways that feedback is provided to stakeholders. The PAC meets quarterly and information is shared with this group during these meetings. Input is solicited in all potential changes to regulations, policies, and guidance. Another important way that feedback is solicited from local workers and supervisors is through the five regional local supervisor's meetings that are held quarterly in each region. The Permanency regional consultants share information and solicit input from local workers.

### **3. Independent Living Program**

**Children served.** According to FFY 2014 data entered in OASIS by the LDSS, a total of 1,674 youth ages 14 and over, received at least one independent living service. As of January 1, 2015 there were 2,415 youth ages 13 and over in care and for January 1, 2015 there were 2,323. There were approximately 92 youth fewer than the previous year in care. Youth were served in all five regions of the state. In FY 2015, 111 of 120 LDSS submitted funding applications to VDSS to develop independent living (IL) programs in order to provide IL services to this population. The nine LDSS not participating do not have age appropriate youth or they opt to use other funding sources to provide services to youth.

#### **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 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 services to older youth statewide 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. 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 in two primary spending categories; the basic allocations to LDSS and the funding of a private contractor (United Methodist Family Services). 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. 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 interdependence. These services are paid for or provided by VDSS, LDSS, and Project LIFE.

According to LDSS IL Quarterly Reports, three main areas of expenditures are:

- IL Room and Board Expenditures-household items for apartment/dorm room (e.g. dishes, pots, and pans), furniture (e.g., bed, table), supplies, security deposits, apartment application fee, emergency shelter;
- IL Non-Room and Board Expenditures-graduation related expenses (e.g., senior fees, cap, and gown); school related expenses (e.g., textbooks, supplies, computer and accessories, tutoring, school registration, sport activity and fees, summer school, school trips, SAT/ACT fees); GED exams, mentoring, driver's education course/school, services/purchases not covered by Medicaid (e.g., eye glasses, prescriptions, dental work), work uniforms/supplies; career attire, ID Card from DMV; luggage; job readiness training; vocational training; transportation expenses (e.g., bus tickets/gas cards for school/work, car repairs, learner's permit); incentives (e.g., participation in NYTD Survey and IL trainings), substance abuse intake assessment;
- IL General-life skills trainings, IL workshops and conferences, refreshments and drinks at IL youth meetings/activities, training supplies, incentives

VDSS does not have a trust fund for foster care youth as allowed under the Social Security Act Section 477 (a)(1)(5).

The LDSS are mainly 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. 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 receive IL services until age 21, provided they are participating and making progress in an educational, vocational, or treatment program. This population continues to receive support from a foster care worker and is eligible for Medicaid through age 26. Youth that age out of foster care at age 18, regardless of whether or not they choose to receive IL services may be eligible for Medicaid through age 26. The majority of LDSS collaborate with community-based organizations and agencies to provide support and services to youth to assist them to prepare for self-sufficiency in adulthood (i.e., local health departments, workforce investment boards, VA Cooperative Extension offices, Behavioral Health and Development Services, Great Expectations).

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. This information is also in the FY 2015 IL funding package. 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. There are limited housing options and support for at-risk youth statewide. Chafee funding and IL services are also available for youth between ages 18 and 21 who discontinued receiving IL services and then requested the resumption of IL services within 60 days; as well as for those youth who were in foster care immediately before being committed to DJJ, turn 18 while in the custody of DJJ and are then released before age 21.

In 2009, VDSS awarded a five-year contract to United Methodist Family Services (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 Project LIFE's (Living Independently, Focusing on Empowerment) goal is to coordinate and enhance the provision of IL and permanency services to youth statewide. The partnership with UMFS has helped 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. During FYs 2014 and 2015, VDSS partnered with Project LIFE, the National Resource Center for Youth Services (NRCYS) and the National

Resource Center on Permanency and Family Connections (NRCPPFC) to assist older youth and LDSS staff in providing for an integrated approach to youth permanency and preparation for adulthood.

In the final contract year UMFS Project LIFE staff has collaborated with VDSS to conduct a statewide assessment regarding services provided to LDSS and youth. Two online surveys were developed for the purpose of assessing satisfaction with services provided by Project LIFE. These surveys were sent to all LDSS directors/senior administrators and private IL services providers. Sixty LDSS directors/senior administrators responded to the survey and 103 public and private service providers responded. Overall results showed that ratings of satisfaction for Project LIFE services were strongly positive for both professional capacity building and youth services among agencies that were more familiar with the program. Other achievements for Project LIFE during this past year included:

1. Held its first conference planning committee retreat to introduce and train committee members on the youth-adult partnership philosophy and begin identifying roles for planning the state conferences;
2. Delivered a workshop at the National Pathways Conference in Baltimore, MD. The workshop title was “Creating Permanency Through Partnership”;
3. Introduced the Youth Network at the state conference in which a core group of youth around the state would serve on workgroups and committees to educate others through their input and experiences in foster care. A part-time Youth Network Coordinator (a former foster care youth) was hired in March 2014;
4. Developed a video on Permanency, “Finding Forever: Life After Foster Care” featuring foster youth/young adults who have achieved permanency. The focus of the video is to educate youth on the importance of permanency and inspire them to achieve it;
5. Delivered a workshop at a national conference by Daniel Memorial in Orlando, FL. The title of the workshop was “Creating Permanent Connections for Youth Aging Out of Foster Care”;
6. Provided regional one-day conferences on the effects of trauma on adolescent brain development to a minimum of 200 LDSS, private services staff, and resource parents;
7. Offered IL regional retreats and other learning events, technical assistance in accordance with identified needs to 381 local IL coordinators and workgroups; and
8. In partnership with VDSS, other regional specialists and other stakeholders, provided training, informational presentations/technical assistance on IL, ETV, NYTD, and permanency to a total of 387 LDSS workers and private service providers.

During FY 2015, Project LIFE served a total of 456 youth in and transitioning out foster care. Nearly 40% of youth represented were from the Piedmont region. The next highest region was Eastern at 18% followed by Central, Northern, and Western regions.

Since this successful contract with UMFS ended June 30, 2014, VDSS issued a new RFP for IL services through a competitive negotiation process. Due to the current needs of Virginia, the core areas of this RFP were slightly different than the previous one. There are three components to the RFP:

- Youth Development and Engagement;
- National Youth in Transition Database (NYTD); and
- Training and Technical Assistance.

Virginia’s LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for foster youth based on youth needs, local demographics, and available resources. LDSS are expected to coordinate services with other state, local, and private agencies engaged in activities relevant to the needs of older youth in foster care. However, not all LDSS have the staff and resources to provide the services needed in order to establish permanent connections and to help youth develop adult living skills, and to also track older youth as required by NYTD. VDSS realized the state and LDSS could

benefit from additional support from a contractor on best practices and services to older youth in the achievement of five goals:

- Develop a network composed of youth in, and transitioning out of, foster care who are equipped with appropriate skills that allow them to serve on panels and committees that impact them;
- Increase the number of foster youth, age 14-21, participating in IL activities and training opportunities to successfully prepare them for adulthood;
- Improve Virginia's compliance with the federal NYTD requirements;
- Increase the number of LDSS receiving training, resources, and tools to assist foster youth in achieving permanency and preparing for adulthood, and;
- Increase accessibility of high-quality services that enable youth to be self-sufficient and to achieve permanent connections.

UMFS was again awarded the IL contract through the competitive RFP process on September 1, 2014. However, both Project LIFE and VDSS have experienced numerous challenges with the delivery of services in the contract. Since Virginia's federal Chafee IL grant has been gradually declining for the past five years, there was significantly less funding for this RFP. Project LIFE lost approximately 80% of their original staff and continues to experience great difficulty in hiring staff. As a result, Project LIFE has not been able to provide services statewide as required by the contract.

During FY 2015, VDSS offered or coordinated in collaboration with key stakeholders the following trainings and activities:

- Sue Badeau, a national expert on permanency, provided regional day long Permanency Values trainings and regional trainings on the Permanency Round Table (PRT) process to the regional consultants, local foster care workers/supervisors, and VDSS staff. PRTs are a system level intervention which uses a specialized permanency case staffing model to build capacity with foster care workers and supervisors towards challenging barriers to permanency for all children in foster care.
- Four foster youth and alumni, ranging from ages 16 to 24, participated in a panel discussion in front of approximately 75 directors, assistant directors and other designated child welfare professionals who attended the VLSSE conference in Fredericksburg, VA. The discussion included the panelists' personal experiences on topics around normalcy in the foster care system, effective ways to engage young people, prescribed medication, and achieving permanency.
- State staff served as pilot observers for a new VDSS child welfare services course entitled Transition Planning with Older Youth in Foster Care. The course focuses on engaging the whole team, especially the youth who is the subject of the transition team, in the effective transitional planning process and to follow through on the transition plan in a meaningful way. This course is unique in that the responsibilities of the LDSS workers, the primary audience, are reinforced in the morning; while community partners, family members, and other professionals who are likely to be involved in transition teams, are invited to participate in activities in the afternoon. The one-day training is designed for members of the transition team to identify challenges/barriers and develop strategies to involve youth in the process of designing their transition plans. Specific components include: 1) effective engagement and preparation techniques for youth and for individuals who make up the teams; and 2) understanding that transition to adulthood is an ongoing process and not a one-time event.

- During FY 2015, VDSS and the DOE trained over 125 staff members from LDSS and local school divisions. The training focused on the Fostering Connections Act Education Stability, best interest determination (BID), the immediate enrollment process, and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. These trainings also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth.
- Additional Fostering Connections-Education Stability training was facilitated by VDSS and DOE with the VDSS Division of Licensing. Approximately 50 private providers attended. The afternoon session was on the ILP and services and participants were informed of the eligibility criteria for the IL and ETV programs. Licensed Child Placing Agencies (LCPA) that attended this training were informed of the process for accessing IL and ETV services. Information about NYTD was also discussed and ways the LCPA can help VDSS collect data from youth who has exited foster care.
- Staff members of DFS, Public Affairs, and Training collaborated with four young people who are in or transitioned out of foster care to develop an online course for youth in foster care on transition planning. “Transition Planning for Youth in Foster Care” is a five module video eLearning that is available in the Knowledge Center for LDSS staff and the VDSS website for youth to access. The video featuring young individuals ranging from ages 17-25 highlighted the importance of youth being involved in their own transition plan to achieve permanent connections and self-sufficiency. The video emphasizes that transition planning process should be youth-driven and strength-based.
- State staff is working with the VDSS Training Division to develop an eLearning course on Foster Connections-Educational Stability which will be available in the Knowledge Center for LDSS workers.

### **National Youth in Transition Database (NYTD)**

Virginia implemented the NYTD on October 1, 2010 as required by the federal government. According to FFY 2014 data entered in OASIS by the LDSS, a total of 1,674 youth ages 14 and over, received at least one independent living service.

LDSS workers documented IL services provided to youth ages 14-21 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. Virginia has included NYTD data in SafeMeasures® (pulled from OASIS) so VDSS and LDSS will be able to track the delivery of IL services and NYTD surveys reported in real time. For FY 2015, VDSS included in its IL funding that LDSS are required to offer gift card incentives to youth who participate in the NYTD survey. For consistency, the amount of the incentive is as follows: \$15 for age 17; \$25 for age 19; and \$50 for age 21.

In collaboration with ILP state staff, the VDSS Office of Research and Planning is in the process of developing a research brief addressing the FFY 2014 data. Preliminary findings suggest that LDSS purchased or provided 5,173 services from a menu of 14 service categories. On average, each client received three services. The three services most often provided were IL needs assessment, academic support, and budget/fiscal management. For FY 2016, 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. The CB with the Administration for Children and Families (ACF) provided the state with “Virginia’s NYTD Snapshot” which contains a summary of highlights from NYTD data reported by Virginia between Fiscal Year 2011 through 2013. This insightful information has been shared with LDSS, youth, Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH), and other stakeholders.

On June 26-27, 2013, the CB in collaboration with Virginia conducted a NYTD 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. VDSS addressed the 11 specific observations that were identified by the federal team to ensure that Virginia is accurately collecting and reporting information on NYTD data elements and to improve NYTD data quality. Most of these items were related to mapping in OASIS.

The statewide youth conference held in November 2014 focused on the youth network which is composed of young people, ages 14-21, who are in or transitioning out of foster care to assist in improving state and local child-serving policies and practices by creating or supporting initiatives and partnerships that promote permanency, self-sufficiency, networking, and information sharing. Topics discussed at this event included Foster Care Bill of Rights, housing, prescribed medications, education, and NYTD. Ten youth representing all five regions took part in the day-long NYTD sessions. The workgroup’s finished product was an action plan that was composed of two goals. The first goal is to educate youth about NYTD through discussions at youth network meetings and possibly host events throughout the year that focus on the importance of NYTD. The second goal is to make the survey a “hot topic” among youth in foster care by forming a NYTD group or sub-committee which would be comprised of youth in the youth network and other adults interested in NYTD. Youth stated the group should be formed to work towards achieving goals related to NYTD and they would ensure that the group is working towards the betterment of youth in foster care. Other suggestions made by the group were to have a web page dedicated to getting the word out about NYTD and to develop social media pages on Facebook, Instagram, and Twitter for NYTD in Virginia.

Project LIFE hired a former foster care youth in the position of Youth Network coordinator. She has traveled across the state to meet with young people and get them involved in the youth network and discuss NYTD. It appears the major barriers to youth achieving the goals are lack of transportation to meetings and competing priorities. However, Project LIFE uses conference calls, Facebook, etc. to stay connected with the youth. The members of the youth network also meet together at the statewide youth conferences.

### **Fostering Connections to Success and Increasing Adoptions Act**

In accordance with options in the Fostering Connections Act 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 reaching 16 years of age. The Fostering Connections Act also promotes increased permanency and improved outcomes for children in the foster care system. For the third year in a row, in 2015, the extension of foster care to 21 option came before the General Assembly. 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. 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. The 2014 General Assembly

set aside funds for VDSS to develop a plan for implementing the Fostering Connections Act in 2014 and for implementation it in 2015. VDSS developed a plan for implementation including the required Code changes. It became necessary to refine the budget for the program which had been passed in 2014; additional requirements of the federal program had been identified and more current data suggested the program might be more expensive than previously estimated. Although the legislation passed in both the House and Senate with bi-partisan support, ultimately, competing budget priorities resulted in the program being stricken from the state budget entirely. VDSS was asked to prepare a report for the 2016 General Assembly which addresses outcomes for the population of youth who age out of care in Virginia and the adequacy and deficits of the current level of services available to them. The report will also address outcomes and service availability for older youth who are adopted in Virginia. VDSS is in the process of preparing the report and evaluating how best to continue to work towards the implementation of the Fostering Connections Act in Virginia.

For the past several years, Virginia has experienced 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 has 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 a transition plan that offers a combination of assistance in mastering life skills, educational/vocational training, employment, health education, family planning and other related services.

From FY 2012 to 2014, Virginia received technical assistance from the National Resource Center on Permanency and Family Connections (NRCRFC) in developing an integrated approach to youth permanency and preparation for adulthood. As a result, VDSS has identified promising strategies to assist in achieving permanency or permanent connections for older youth in and transitioning out of foster care. They are Concurrent Planning, Family Finding, Permanency Roundtables (PRT), and Engagement of Youth Voice. Also, VDSS in collaboration with NRCRFC developed an “Unpacking the NO of Permanency for Older Adolescents” curriculum for ongoing training. Segments of this training have been offered to judges, Guardian Ad Litem (GAL), CASA, foster parents, and private providers.

VDSS received youths’ input on the five-year plan, by meeting with foster youth last year during the statewide youth conference to review with the youth their “Top 10 List for Success” which includes items they believe are important for themselves and others in foster care. Additionally, towards addressing provisions of the Preventing Sex Trafficking and Strengthening Families Act of 2014, VDSS solicited input from youth during the spring 2015 statewide conference on youth rights, normalcy, prudent parent standards, and receipt of documents when exiting foster care. State staff led a workshop discussion with youth on the “reasonable and prudent parent standard” and the youth rights. Youth at the conference were asked their thoughts on giving foster parents more authority to determine activities in which they can participate. Youth were candid in their responses stating that there are times when their workers are not available and approval is unnecessarily delayed, sometimes causing the youth to miss registration deadlines. Another youth stated how important it is for workers to consider the relationship and level of trust between the youth and foster parent when implementing the prudent parent standard.

Youth also weighed in on specific rights that should be considered as it relates to education, health, court participation, sibling visitation, credit reports and important documents. Youth also provided insight on how caseworkers can ensure that they receive a written copy of their rights and what youth need to do to make sure their rights are being met. Feedback was captured in all areas; however some noteworthy comments are below:

- Discuss changes to a different school with the youth before the change occurs;
- Make more effort to inform the youth of his/her family's medical history if it is available;
- Ensure that youth speak to their guardians ad litem outside of court;
- Allow unsupervised sibling visits when it's appropriate;
- Know the results of your credit report; and
- Provide documentation of immigration records if applicable.

Feedback to both the prudent parent standard and youth rights section will be considered as the fall Foster Care Guidance is written and Virginia's independent living transition plan document is updated.

Over the next four years, VDSS and other key stakeholders will continue to work with youth to address topics concerning youth voice, strengths-based perspective, family/sibling visitations, permanency, social life, support in transitioning from foster care, emotional support, access to medication, and access to financial literacy resources.

### **Credit Checks for Foster Youth**

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 for each youth. However, during FY 2015, VDSS signed service agreements with the three CRA, becoming the "head designate" with administrative rights to the systems which permits VDSS to run batch reports for youth in the custody of the LDSS. VDSS decided to pilot the credit check process and steps required to resolve discrepancies on youth's reports with Fairfax County Department of Family Services (DFS) prior to implementing statewide. VDSS used the "batch process" to electronically run the credit checks on Fairfax County DFS' youth. Once the files were received they were sent to the agency via intra-agency "pouch." Out of 55 youth, three youths had discrepancies on their credit reports. After several months of hard work, Fairfax County DFS was able to clear one youth's credit report with all three CRA. The agency is still working on the other two youth's reports. Also, during the pilot VDSS experienced challenges in running the credit checks electronically. Each CRA has its own file format and requirements. Piloting with a LDSS was beneficial and provided insight on how best VDSS should proceed in implementing the credit check mandate. VDSS is in the process of developing a guidebook for the LDSS with input from Fairfax County DFS. VDSS plans to implement the credit checks for all foster youth 16 and older by summer 2015. In October 2015, VDSS will begin running credit checks on foster youth 14 and older as required by the Preventing Sex Trafficking and Strengthening Families Act.

### **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 of up to \$5,000 are available (based on availability of funds) per year, per eligible youth. VDSS continues to use the allotted federal ETV funds to support 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 allocates ETV funds to the LDSS which are then primarily responsible for serving the youth. All localities are 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. Eligible youth are those who will be/are attending post-secondary education institutions or vocational

training programs within the fiscal year. The number of eligible youth in Virginia is totaled and then divided into the available allocation, resulting in the base amount per youth. The funding is then allocated to the LDSS in accordance with the number of eligible youth they anticipate serving. LDSS applying for ETV funds must agree to the following special requirements:

- 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.
- 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/workers 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, Great Expectations Program, and marketing efforts of the VDSS staff. For FY 2015, VDSS served approximately 500 youth. VDSS will continue to monitor quarterly reports submitted by LDSS to ensure there are no duplicated ETV awards. The state ETV Specialist position has been vacant for several months and VDSS is in the process of hiring for this position.

### **Service Coordination**

In addition to coordinating the state’s IL and ETV programs and managing the IL services provider contract, VDSS is involved in several educational initiatives such as supporting 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. Virginia continues to support its partnership with the Great Expectations Program. This nonprofit organization is unique to Virginia and works strictly with foster youth attending community college. Great Expectations is primarily funded through donations and fund-raising efforts of the program which is now operating in 18 of Virginia’s 23 community colleges. This program provides educational supports to foster youth and former foster youth that will help them earn an associates’ degree, a vocational certificate, or a GED. These supports include: assistance in applying for college admission and financial aid; personalized counseling; career exploration and coaching; student and adult mentors; life skills training; individualized tutoring; internet base resource center ([Greatexpectations.vccs.edu](http://Greatexpectations.vccs.edu)); and emergency and incentive funds for students.

A collaborative strategy which includes VDSS, LDSS, Project LIFE, Great Expectations, families, and children will help improve youth educational outcomes. VDSS representatives and Project LIFE staff serve on the Great Expectations advisory boards which help to inform other professionals about the ETV program and eligibility requirements for foster youth who are served at community college and youth with disabilities attending college. As a result, professionals, foster parent, and other stakeholders can assist youth in preparing for higher education so they can succeed throughout their educational journey. The ETV program has been strengthened by the Fostering Connections Act because it helps VDSS to facilitate discussions with LDSS about educational decisions that can potentially impact youth attending postsecondary education.

In FY 2015, VDSS staff continued the partnership with the DOE, local school divisions, and other key stakeholders to collaboratively promote educational stability in the Commonwealth of Virginia. VDSS and DOE trained over 125 staff members from LDSS and local schools. These trainings included dialogue between the DOE staff and LDSS, which lead to improved practices to promote educational

stability for foster youth. Additional training was facilitated by VDSS and DOE with the VDSS Department of Licensing, which approximately 50 private providers attended. VDSS and DOE also attended regional educational workshops to discuss school enrollment issues and strategies. VDSS mandated the DOE STI number in OASIS. This will allow VDSS and DOE to share foster children's aggregated educational data.

The Fostering Connections Act education workgroup composed of VDSS, DOE, and key stakeholders is currently revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. Best practices and issues that were discussed in the educational trainings will be incorporated into the revised guidance document.

VDSS conducted regional IL trainings that included educational stability for foster youth as a primary area of focus. Approximately 150 DSS representatives attended these regional trainings. The IL Program Specialist also facilitated training on educational stability at the annual Project Hope conference sponsored by the Virginia State Coordinator for Project Hope Virginia to provide information about youth protected by the McKinney-Vento Homeless Assistance Act. The Local educators and LDSS workers who participated in the conference learned how to assist young people in Virginia who are attending public school and are determined homeless under this federal act. Youth who are in foster care are afforded an opportunity under this Act to remain in their same school when they enter foster care or experience a placement change. Approximately 30 participants attended the session on educational stability which included DOE staff, LDSS staff, and private providers.

VDSS and DOE continue to work collaboratively towards sharing educational data. This was an identified goal for Virginia in the Commonwealth of Virginia's Proposal for the Three Branch Institute on Ensuring Well-Being for Children and Youth in Foster Care. Currently, it is possible to extract aggregated data for children in foster care from the DOE system. While this is a step in the right direction, Virginia will continue to work towards sharing educational data to better understand the needs of the youth and to develop best practices that will help them transition from high school to post-secondary education

Effective January 1, 2014, foster care youth who had an open case and were receiving Virginia Medicaid at the age of 18, became eligible for Medicaid up to age 26. During FY 2015, VDSS continued to coordinate with DMAS and LDSS to implement provisions of the Affordable Care Act (ACA). Virginia's efforts to enroll former foster youth include mailing out letters, utilizing social media (intra-agency and public websites), working with the state foster parents association (FACES), and developing broadcasts for eligibility workers and local program 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. All youth who turn 18 while in foster care are to be automatically evaluated for the Medicaid to 26 category by the LDSS eligibility staff and switched over to that category. These youth should then maintain their eligibility to age 26. There continue to be difficulties in reaching youth who previously aged out of foster care get them enrolled.

The Interagency Partnership to Prevent and End Youth Homelessness (IPPEYH) was established to focus on youth homelessness in Virginia. Because former foster care youth are at particular risk of being homeless, this population is a special focus for the group, along with former clients of DJJ, and youth who experienced homelessness with their families as a Virginia public education student. Along with VDSS, this partnership is composed of several state agencies: Virginia Department of Housing and Community Development, DBHDS, DOE, Foundation of Community Colleges, CIP, OCS, Virginia Commonwealth University, community stakeholders (i.e., Virginia Poverty Law Center, Voices for Children, UMFS), and representatives from the Governor's office. For FY 2015, the Partnership developed an inventory of available housing programs, current strategies addressing homelessness, and

potential funding sources. The partnership also identified issues, barriers, and recommendations for better serving Virginia's homeless and at-risk youth. This work resulted in the IPPEYH strategic plan for addressing youth homelessness over the next three years. Elements of the plan which are currently underway including efforts to identify available metrics in order to evaluate the success of the Partnership's efforts over time and cultivating of a relationship with a youth advocacy group to ensure that youth voice is incorporated into the work of the Partnership going forward.

VDSS will continue to work with LDSS, Project LIFE, and other stakeholders to ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities. For FY 2016, VDSS is seeking to work with the Center on Transition Innovations with Virginia Commonwealth University to identify IL assessments and resources to use with youth with disabilities. LDSS have voiced that the Casey Life Skills Assessment which is Virginia's preferred tool, is not appropriate for some of their youth. Reportedly, the Center on Transition Innovations has state and national resources which can complement and extend knowledge of best practices and evidence-based practices in promoting positive outcomes for youth with disabilities. Also, staff will work with the state Adult Services Program to develop a statewide protocol for foster youth with disabilities transitioning out of foster care.

### **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](http://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 to 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.

**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; DJJ; 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 Prevent and End Youth Homelessness (IPPEYH):** Representatives from various state and local agencies collaborating to address the needs of youth who are at extreme risk of becoming homeless.

**Job Corps:** Funded by Congress for the first time in 1964 and it is presently the nation’s largest career technical program. Youth in the Job Corps receive housing, medical treatment, and career planning to help them sustain in the program and earn a family sustaining wage.

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

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. LDSS workers documented IL 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 federal 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 in the process of getting NYTD reports into SafeMeasures® (data pulled from OASIS) so LDSS and VDSS could review this data regularly to improve services and performance outcomes.

### **ILP Improvement Efforts**

For 2015 to 2019, VDSS’ goal is to increase the full array of IL services and resources available to youth through implementing strategies to promote permanency and self-sufficiency. Virginia will continue to improve services provided 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) Continue to work with the next RFP contractor to engage youth and develop youth networks;
- 2) Collaborate with VDSS Office of Research and Planning and other internal and external partners to analyze the NYTD data, provide research briefs and develop strategies to improve services to youth;
- 3) Engage and involved youth in service planning, committees, workgroups, policy and legislation that impact them;
- 4) Provide T/TA to LDSS on permanency for older youth, Family Finding, youth engagement and other promising practices and resources that promote permanency and self- sufficiency;
- 5) Work with regional teams to provide Permanency Roundtables to LDSS to enhance staff capacity and identify/address systemic barriers in working with this population; and
- 6) Implement the credit check mandate statewide and provide guidance to LDSS on addressing credit report discrepancies

In addition, VDSS will request TA from the federal Center on States on identifying best practices in working with youth who enter foster care through CHINS and foster youth with disabilities.

**Training**

For FY 2015, VDSS provided six IL regional trainings. In October 2014, VDSS staff offered one-day training to approximately 50 LCPA representatives and licensing staff in Virginia. The training focused on the best interest determination, the immediate enrollment process, and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. Utilizing LCPA as a support system for educational stability was an emphasis for this training as they can play an important role in this area for foster youth. The afternoon session was on the ILP and services. Participants learned the eligibility criteria for the ILP and ETV programs. LCPA that attended this training were informed of the process for accessing IL and ETV services from the LDSS. LCPA provide IL services to youth in foster care that can be recorded in OASIS by the LDSS. Information about NYTD was also discussed in the training and ways the LCPA can help VDSS collect data from youth who has exited foster care.

For FY 2015, Project LIFE, in partnership with VDSS, other regional specialists and other stakeholders, provided training, informational presentations/technical assistance on IL, ETV, NYTD, transition plans, Casey Life Skill Assessment, and permanency to a total of 387 LDSS workers and private service providers. For FY 2015 through 2019, the state ILP staff in collaboration with other key stakeholders will continue to offer trainings on the following topics:

- ILP federal and state requirements, guidance and IL services;
- IL assessment and transition plans;
- NYTD;
- ETV Program requirements;
- Fostering Connections Act-Educational Stability;
- OASIS documentation for IL services;
- Permanency/ “Unpacking the NO to Permanency for Older Adolescents”;
- Youth Engagement/Involvement;
- Credit Checks; and
- Transition Planning.

In addition, VDSS will continue to offer training/technical assistance and support around three strategies: Family Finding, Permanency Roundtables, concurrent planning, 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 2014.

Adoption Activity	Funding Source	Allocation & Services
<b>SFY 2014</b>		
Adoption Support	SSBG State General Funds	\$1,125,099 Post Adoption

		Legal System
One Church, One Child	SSBG State General Funds Adoption Incentive Funds	\$245,312 Recruitment
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. 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 2014:

- A total of 6,969 children per month received Adoption Assistance;
- 5,380 children received Title IV-E Adoption Assistance;
- Total allocation for Title IV-E Adoption Assistance was \$73,606,386;
- 1,589 children received State Adoption Assistance;
- Total allocation for State Adoption Assistance was \$37,744,471; and
- The local departments of social services provided for a total of 650 adoptions in federal fiscal year 2014.

**Adoption Initiatives** VDSS continues to focus on raising awareness of the foster care adoption process. The goal is to achieve timely permanency via adoption by placing foster and adoptive families with children from the foster care system. Through the end of calendar year 2014, LDSS were responsible for providing monthly updates of adoption matches and adoption finalizations over the course of the year. As a result of the initiative 110 LDSS reported a total of 813 children who were matched in 2013 achieved finalized adoption by end of calendar year 2014. VDSS reissued the Adoption Through Collaborative Partnerships RFP and contracted with 13 partner agencies to assist in the finalization of adoptions. Two other contracts were awarded, one for general recruitment and two for Extreme Recruitment to identify relatives for Virginia’s longest waiting youth. The contract for general recruitment provided broad exposure via television, print media, and radio utilizing market segmentation to recruit foster and adoptive families across the state. As a result of this marketing campaign, there have been 1,088 adoption inquiries since the initiation of the grant. The Extreme Recruitment grant yielded incremental results. The two agencies have worked with 43 children to date. Five of the children were placed with families who are proceeding with adoption. Of the remaining children, 10 have been matched with potential adoptive

homes and are moving forward with building relationships to determine mutual suitability. Eleven children have expressed an opinion to the court that they do not wish to be adopted. The majority of the remaining 17 children are in residential facilities, group homes, and other placements. There is another contract with two partners designed to assist families with post adoption services. Both contracts serve families in the Western region of the state.

**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 2015

**Families with International Adoptions:**

- No disruptions/dissolutions since 3/1/2010

Five-year profile		One-year profile	
Families with international adoptions served since 3/1/10		Families with international adoptions served since 3/1/14	
Total families: 119 (unduplicated counts) Total children: 138		Total families: 68 (unduplicated counts) 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)	8	Child out of home (no dissolution)	2
Family moved	2	Family moved	0
No longer need services	35	No longer need services	12
No contact for 60 days	25	No contact for 60 days	8
	70		22

**All Families Served:**

- In past 5 years (since 3/10), 11 disruptions/dissolutions.
- In past 1 year (since 3/1/14 through 2/28/15), 1 disruption.

Five-year profile	One-year profile
All families served since 3/1/10	All families served since 3/1/14
Total served: 587 (unduplicated count)	Total served: 287 (unduplicated count)
<ul style="list-style-type: none"> <li>▪ Total 11 families whose cases were closed due to dissolution/disruption</li> </ul>	<ul style="list-style-type: none"> <li>▪ Total 2 families whose cases were closed due to dissolution/disruption</li> </ul>
- 8 Foster Parent Adoptions	- 1 Foster Parent Adoption

Five-year profile		One-year profile	
- 3 Matched			
Breakout of all cases closed:		Breakout of all cases closed	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	11	Disruption/Dissolution	1
Child out of home (no dissolution)	43	Child out of home (no dissolution)	6
Family moved	19	Family moved	4
No longer need services	177	No longer need services	44
No contact for 60 days	106	No contact for 60 days	26
<b>Total</b>	<b>356</b>	<b>Total</b>	<b>81</b>

**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](http://www.dss.virginia.gov/family/ap/children_for_adoption.html). AREVA supports the 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](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 2014, 673 children and 169 families are registered with AREVA.

**Adoption Incentive Funds:** In SFY 2013, VDSS received Adoption Incentive Awards in the amount of \$248,000. 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.

FY 2014 incentive funds in the amount of \$568,000 will be encumbered to include additional contracts (Center for Adoption Support Education, DePaul Community Resources, and Frontier Health) for use in SFY2016 and a continuation for SFY2017. Virginia plans to utilize at least 20% of future Adoption and Legal Guardianship Incentive funds in the coming fiscal year to support post adoption services for families statewide. Additional contracts will provide a broad range of post adoption services designed to meet the needs of adoptive families to include parent education and training, support for families, adoption competent training for mental health professionals to assist adoptive families in the community, and direct services such as therapy and counseling. Other plans include providing subject matter expert through workshops and trainings for both public and private community partners and current and prospective families about post adoption services. A public website will be created to increase awareness and provide information. Our plan is to continuously build effective post adoption services for the families in Virginia.

**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 Virginia General Assembly enacted law effective July 1, 2014 which required LDSS to negotiate all new adoption assistance agreement and addendums as a means of providing consistency, objectivity and neutrality in determining adoption assistance across the state for adoptive youth and families. A pilot program is currently in place with approximately 10 agencies representing each of the five regions across the state.

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. SafeMeasures® does not include data from cases that are restricted. 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)**

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 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

Between April 2014 and April 2015, Adoption Assistance Review Team (AART) staff conducted 152 reviews which consisted of financial and OASIS data reconciliations statewide. The actual case counts included 3,073 individual records. With a full complement of five full time staff, the AART is expected to complete the three year process of reviewing all active adoption assistance cases records by the fall of 2015.

### **Feedback to Stakeholders:**

**Permanency Advisory Committee:** 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. 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.

**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 CB, 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 non-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.

**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.

**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 (VPLC):** This non-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 records of birth certificates and acknowledgements 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 CSA which provides child-centered, family-focused, cost-effective, and community-based services to high-risk youth and their families. 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. Quarterly meetings are held to provide updates related to Permanency and CPS practices. 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.

Efforts in developing recruitment strategies have continued throughout the five Virginia regions. Market Segmentation training was provided by the NRC for Diligent Recruitment to the Resource Family Consultants. The NRC began providing training to 13 local DSS agencies and three private agencies in the Western region. Technical assistance was provided to develop individual recruitment plans ensuring LDSS compliance with policy standards. From these efforts there were an increased number of foster homes and relative foster home approvals/placements through child specific recruitment. In the Central region the Resource Family Consultant discussed recruitment practices using the Market Segmentation model to 26 LDSS. Resource Family Consultants in each region have conducted Resource Family Roundtables to discuss recruitment, development, and support of foster and adoptive families, as well as technical assistance specific to general and targeted recruitment. Technical assistance has also been provided during these roundtables to address specific issues related to in-service and pre-service training for foster and adoptive families, guidance, and guidance training.

Within recruitment, there are two key themes. They include 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 foster and adoptive 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.

### **Resource Family Collaborations**

**CRAFFT:** Consortium for Resource, Adoptive, and Foster Family Training (CRAFFT) addresses development and support issues for foster and adoptive families. 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. Additionally, CRAFFT Coordinators provide a wide range of in-service training to families on topics responsive to local needs and issues. A CRAFFT website which hosts regional resource parent training calendars (CRAFFT and LDSS events) and resource materials for resource parents has been developed at [www.crafftva.org](http://www.crafftva.org). Resources include publications and a website with a portion of the site set aside for staff only access allowing LDSS resource family trainers access to training materials. Currently, the resources are linked but the goal is to eventually have video and webinar-based training available.

**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 foster and adoptive 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 foster and adoptive families which are intended to provide networking and supportive connections between resource parents and the children placed with them. Last summer, FACES hosted “family camps” for resource parents and their children. 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 hosting this year’s annual conference in Virginia.

### **Assessment of Strengths and Gaps in Services**

Virginia APSR 2015

## **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 CLEAR 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 foster and adoptive family records to assist LDSS with approval standards compliance issues. This work has led to increased expertise and quality in the foster and adoptive 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 foster and adoptive 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 foster and adoptive family data in OASIS continues to be problematic.

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

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 foster and adoptive family data in OASIS contains many errors: LDSS often do not close families who are no longer taking children; foster and adoptive family addresses and phone numbers may not be current; and approval status is not updated appropriately, etc. As a result, VDSS cannot definitively say how many foster and adoptive families there are in the state. No standardized contact information is available for each foster and adoptive 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 foster and adoptive 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, 2015, Virginia has 2,068 open ICPC cases and 2,998 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; and
- 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 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 LDSS 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. 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. Virginia continues to collaborate with Tennessee on the Border Agreement. There has been agency turnover in Virginia and a new director is now in Bristol but the Agreement is still in effect. From May 1 2014 to May 1 2015 there were seven cases that used the Border Agreement.

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 ICPC case management system will be evaluated during the next year to determine if the Virginia can switch to the national ICPC NEICE system or a decision will be made to delay a new system until Virginia replaces the current OASIS 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 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 the 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 in addition to 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. A revised Prevention Manual will reflect a strength-based and trauma-informed family engagement approach that uses the protective factors as a framework. The guidance will also be reorganized into three dedicated sections Prevention (introduction), Early Prevention, and Prevention of Foster Care. Funding needs are also being explored, including how to realign current funding sources and identify additional funding sources. Additional staff training needs are being identified.

## **Prevention Collaborations**

**Prevention Advisory Committee:** A newly formed Prevention Advisory Committee was convened in March 2014 to establish an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The committee is co-chaired by representatives from Chesterfield-Colonial Heights DSS, Charlottesville DSS, Fairfax DFS, and Newport News DHS. The Prevention Advisory Committee meets on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of Prevention but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. There are also 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. LDSS staff and community partners 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 available funding.

**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 Rady 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.

**Trauma Informed Networks Task Force:** The Trauma Informed Networks Taskforce is a multi-disciplinary group comprised of children’s services system stakeholders charged with emphasizing continuity of care and collaboration across children’s service systems, engaging in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma, and promoting the routine screening of trauma exposure and related symptoms. The committee is currently comprised of representatives from the DBHDS, DSS, DCJS, DJJ, DOE, DMAS, Magellan of Virginia, OCS, CIP, and community partners.

## Assessment of Strengths and Gaps

### Strengths

In March 2014, the Prevention Advisory Committee was convened to establish an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of state staff, community partners, and representatives from LDSS. The committee is co-chaired by representatives from Chesterfield-Colonial Heights DSS, Charlottesville DSS, Fairfax DFS, and Newport News DHS. The Prevention Advisory Committee meets on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of Prevention but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. The committee is now focused on the development of three individual workgroups that will be devoted to Prevention guidance revisions. It has been proposed that the existing Prevention guidance (Chapter B of the Child and Family Service Manual) be reorganized into three sections and each workgroup will be dedicated to one of the identified sections. The proposed sections are Prevention (introduction); Early Prevention; and Prevention of Foster Care.

In 2014, significant training efforts were embarked upon to promote clear and consistent evaluative practice and documentation of Reasonable Candidacy for Foster Care. Several training opportunities were made available to LDSS staff, including five regional trainings conducted in March 2014, two Webinar sessions held April 2014, and the development of a new eLearning training course that is available in the Knowledge Center to facilitate the provision of further training. To ensure that LDSS are supported in the collection of data to support Title IV-E administrative funding for LDSS prevention activities, additional efforts were initiated to incorporate the reporting of Reasonable Candidacy in OASIS. Specifically, a new client screen and client count reports were recently developed to ensure adequate supporting documentation is maintained in the OASIS and to ensure the collection of accurate and reliable client counts to meet federal reporting requirements.

The Prevention Program continues to support the Trauma Informed Community Network (TICN) with representation from the Prevention Program and solicitation of feedback from LDSS staff and community partners on efforts to develop trauma informed practice across child-serving systems. In 2013 and 2014, the TICN had many accomplishments, including the following: facilitated focus groups for child welfare supervisors and mental health professionals for both Chesterfield/Colonial Heights DSS and Henrico County DSS; developed a Yammer web page as a medium for sharing information pertaining to trauma informed care; participated in the training and consultation related to the National Child Traumatic Stress Network (NCTSC) Child Welfare Trauma Toolkit (CWTT) Training for Chesterfield/Colonial Heights and Henrico County Child Welfare workers; and assisted the VDSS CANS Workgroup in reviewing the trauma module for the Child and Adolescent Needs and Strengths (CANS) tool and provided feedback and recommendations. Members of the TICN continue to promote trauma informed practice in their

work, agencies, and disciplines. Ongoing efforts will be focused on recruitment for TICN expansion and committee work and information sharing about upcoming trainings, conferences, and RFPs.

### **Gaps**

The Prevention Program continues to struggle with the lack of funding to develop statewide prevention activities. Funding for intervention services has become less available and concerns remain about diversion practices across the state. 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 by way of constituent feedback, agency reviews, and child advocacy group communications. This practice is addressed in Prevention guidance but the VDSS has provided little direction to 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.

For LDSS that utilize diversion, policy and practice vary considerably. These 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 agency supervision and case management, the transfer of legal custody/guardianship, and other requirements. While acknowledging the existing work of local agencies in placing children with relatives to divert children from entering foster care is important, the Prevention Program's goal is to provide clear and consistent best practice guidance to LDSS concerning diversion. Efforts will be directed toward enhancing tools and developing strategies for assessing relative caregivers', parents', and children's needs in the context of foster care diversion arrangements. Processes for achieving longer-term safe and permanent living arrangements will also be developed. Additionally, data regarding practices and outcomes must be collected to better determine how foster care diversion impacts the well-being of children and families over time. The risk of future entry into foster care must be better understood so that current interventions are sufficient to avert that outcome. VDSS initiated a technical assistance request in January 2014 to work on the development of diversion guidance and prioritized this work for the Prevention Program. The National Resource Centers for Permanency and Family Connections and Mary Jo Pankoke of the National Resource Center for Child Protective Services finalized its work in September 2014.

Lastly, during the 2014 session of the General Assembly, VDSS was directed to review its policies regarding kinship arrangements and report its recommendations and findings by January 1, 2016. As part of its charge, VDSS must develop recommendations regarding regulations governing kinship care, which will include recommendations related to: a description of the rights and responsibilities of local boards, birth parents, and kinship caregivers; a process for the facilitation of placement or transfer of custody; a model disclosure letter to be provided to the parents and potential kinship caregivers; a process for developing a safety or service plan for the family; a description of funding sources available to support safety or service plans; a process for gathering and reporting data regarding the well-being and permanency of children in kinship care; and a description of the training plan for LDSS. VDSS will also review the fiscal impact of proposed regulations. To accomplish this task, VDSS has established an Advisory Group in order to help identify, refine, and prioritize issues of the study. The Advisory Group is comprised of representatives from the following agencies and organizations: state and regional staff, representatives from local departments; child welfare advocacy organizations; OCS; Office of the Attorney General (OAG); CASA; and CIP. Members of the Advisory Group will continue to meet to discuss the need to formulate clear and consistent guidance for LDSS with regard to diversion practice, to articulate findings, and to provide recommendations.

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

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.

### **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, and CQI including Quality Service Review (QSR) and Sub-recipient Monitoring (SRM). The QAA Unit has a staff of 28 including a QAA program manager, a Foster Care IV-E and Adoption Assistance Review program manager, sub-recipient monitoring coordinator, a federal liaison/special projects coordinator, 18 full-time program consultants, five part-time consultants, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other. The division anticipates hiring a CFSR program manager and a full time data analyst.

**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. This includes validating within 90 days all children who enter foster care for the correct determination of funding. Furthermore, the team reviews all established Title IV-E cases yearly to ensure on-going compliance to meet federal requirements.

**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.

**Child and Family Services Review:** In March 2015 DFS realigned the operational functions of the CQI unit members to meet the federal requirement to conduct the Child and Family Services reviews. The team will create a process for case reviews that will align with the federal requirements including use of the OSRI.

**Continuous Quality Improvement:** Continuous Quality Improvement has been incorporated into each of the respective program areas in the division of family services. The CQI manager works as a resource in collaboration with each program to identify and strategize areas where improvement is necessary. The manager uses CQI processes and data to develop and implement change for divisional process improvement.

**Sub-recipient Monitoring:** The sub-recipient monitoring coordinator 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.

### **Technical Assistance**

Upon hiring the CFSR manager, we anticipate that manager will request technical assistance from the CB for development of the CFSR process. In addition, the title IVE manager will continue to engage the CB for TA as necessary for the 2016 IVE review draws closer.

## **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 associate 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 on-going.

### **2. Health Care Services**

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in, and recipients of child welfare services. 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 changes in the mechanism by which VDSS will receive consultation and input in to the provision of health care services for children in foster care.

Previously, the Virginia Health Plan Advisory Committee (HPAC) advised and made 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. Beginning in 2013, the work of HPAC was rolled into the work Virginia was doing as part of the plan that had been submitted and accepted by the Three Branch Policy Institute by the National Governors Association Center for Best Practices. The work included monitoring psychotropic medications and managing health care services through the use data. The Three Branch project members included 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. Committee members come from the OCS, VDSS, DMAS, DOE, DBHDS, and the Office on Youth, and CIP.

As the eighteen month Three Branch grant has come to an end, VDSS has decided that rather than re-establish HPAC, the work of providing ongoing oversight and coordination of health care services for children in foster care will be incorporated into a subcommittee of CWAC. The Advisory Committee has been the primary organization to advise VDSS on child welfare issues. The objectives of this group include advising on the development of the five-year CFSP and annual progress reports as well as other state plans. VDSS is currently revising the CWAC charter to include the development of sub-committees to focus directly on strengthening state efforts related to safety, permanency and well-being. The structure of these groups has not been completely settled upon, but there will be a sub-committee which will focus on the well-being of children in foster care and which will be charged with providing oversight for the Health Care Oversight and Coordination plan.

#### Structure and Composition of the CWAC Steering Committee

The Advisory Committee is composed of appropriate members that provide representation from various stakeholder groups. Members may include, but are not limited to, at least one representative from each of the following areas:

- Private child placing agencies;
- Foster and adoptive parent associations and families, birth families;
- Foster youth or foster alumni;
- GAL, DSS attorney, CASA;
- Law enforcement, Domestic Violence;
- Local departments of social services, local community services boards, state board of social services;
- Representatives from Virginia Tribes;
- Division of Family Services staff; and
- Representatives from other state agencies, including CIP

When necessary, staff from other program areas and functions will be consulted for input in making decisions that will impact those areas. For the purposes of advising VDSS regarding the Health Plan, the appropriate sub-committee will also include pediatricians and other medical experts.

#### *Health Care Oversight and Coordination Plan*

In moving forward, VDSS has largely adopted the recommendations developed through the work of the Three Branch project to improve health outcomes and to improve mental health outcomes for children and youth in foster care. The strategies adopted by the Three Branch steering committee focused on 1)

improving the availability and quality of data to guide decision-making and improving practices and 2) increasing the abilities to coordinate health care information and systems efforts across departments in order to better serve this population. These strategies have guided the work done over the last year towards meeting the goals identified in each major area of focus.

<b>Focus area 1: Improve Health Outcomes for Children and Youth in Foster Care</b>	
<b>Goal</b>	<b>Measure</b>
<b>1) Increase children receiving primary health care services.</b>	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.
<b>2) Increase children receiving dental health care services.</b>	a. Increased percentage of children having dental exams within sixty days of entering foster care.
	b. Increased percentage having dental exams at age 3 years and 6 years.
	c. Increased percentage having dental exams every 6 months.

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 months. 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 which is anticipated to take effect in the summer of 2015.

In order to support LDSS to adopt this practice behavior, OASIS revisions have been designed to facilitate the regular documentation of medical and dental appointments. These revisions are anticipated to be released in late summer 2015. The revisions will permit the development of reports in SafeMeasures® which will make it possible for LDSS supervisors, regional permanency consultants, and home office staff to monitor compliance with the expectations laid out in the Foster Care chapter.

**Data sharing agreement and coordination of health services with DMAS**

DMAS transitioned children who are in foster care or receiving adoption assistance and who are eligible for Medicaid to managed care over the course of 2014. Managed care is available statewide through six Medicaid Managed Care Organizations (MCOs), although not all six MCOs are available in every geographic region.

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.

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.

Some children in foster care are excluded from managed care, including:

- Children in their first 30 days of foster care.
- 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).

Approximately 84% of all foster care children are served through MCOs at any point in time. VDSS is now being provided with data from DMAS from those regions where MCOs have been in place for at least a year. The first region to transition to managed care was the Tidewater region. Data made available through DMAS indicates that of the 1545 foster or adopted youth in the DMAS Tidewater region, 99% saw a primary physician at least one time during the last year.

The Central region’s data regarding visits to a primary care physician should be available within the next couple of months. Eventually, VDSS will receive reports regarding contact with primary care physicians and with dentists for each region at least annually.

**Coordination of care**

In addition to improving documentation and monitoring abilities, the revision to OASIS will permit a Medical Report to be printed for each child in foster care. The report will include known health information for the foster child and the child’s birth family, any diagnosis, medications prescribed, dates of last dental and physical, and immunization status. The report can be shared with foster parents and medical professionals who have occasion to treat the child. The report will automatically be updated whenever new information is entered into OASIS to ensure information is current.

An electronic Word version of the report will be made available to the LDSS when Foster Care guidance is published in 2015. Suggested use of the Child Health Information form will include beginning to collect the data that will ultimately need to be entered in OASIS in order to have an accurate and complete health record for children currently in foster care.

<b>Focus Area Two: Improve Mental Health Outcomes for Children and Youth in Foster Care</b>	
<b>Goal</b>	<b>Measure</b>
<b>1) Increase children screened and assessed</b>	a. 100% of children screened for mental health needs and referred to qualified mental health providers for full assessments when indicated on screen,

<b>for mental health needs.</b>	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.
<b>2) Increase access to appropriate mental health care services.</b>	a. Increased percentage of children who have moderate or severe behavioral health/emotional needs indicated on CANS receive community mental health services.
	b. Increased percentage of Medicaid providers in communities with identified service gaps.
<b>3) Improve appropriate use of psychotropic medication.</b>	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.

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; and
- 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. However, for Title IV-E children who do not receive funding for maintenance or services from CSA, the CANS has not been required.

As of July 1, 2015, the CANS assessment will be mandated for all children in foster care on an at least annual basis regardless of whether they are receiving CSA services. This change has been incorporated in the Foster Care chapter which will become effective in the summer of 2015.

Additionally, a work group comprised of VDSS, LDSS and OCS representatives has revised the Virginia CANS to include additional items related to trauma and child welfare. In the current version, the trauma module is only completed when the assessor indicates that the child has experienced trauma and is reactive to it. The revised version adds “disruptions in caregiving” as a form of trauma that a child may experience and requires that the trauma module is completed for all children in foster care.

VDSS is working towards developing an interface with the OCS CANS system so that assessment data will be immediately available to LDSS family services staff within OASIS to guide the development of the written service plan. Ultimately, the goal is to incorporate a brief trauma screening in to the OASIS system which would use data from the completed CANS to “flag” those cases where an immediate referral for further trauma assessment and potential treatment should occur.

OCS has been working cooperatively with VDSS to make CANS relevant for the family and worker, to engage children and families, and guide services and treatments. Revisions in their system include a child-specific report to make possible the evaluation of a child’s progress over time and a permanency planning report to make possible the evaluation of a family or caretakers progress over time. However, implementation of both the revised CANS and the new reports has been hindered by difficulties with the CANS software system developers’ inability to meet production completion targets and defects in programming.

VDSS, similarly, has experienced delays in the development and release of the revised service plan which will better tie assessment with service planning. Over the next year, efforts will continue to be directed towards achieving an integrated assessment and service planning system, which emphasizes screening and referral for treatment of trauma.

### **Psychotropic medication protocol and addressing trauma**

Over the last year, VDSS has been working towards raising awareness and improving LDSS practice regarding the monitoring of psychotropic medication prescribed to children in foster care using two strategies. The over-prescription of psychotropic medication was made a topic of the second Learning Collaborative session. The participants heard presentations from Dr. Bellonci, a national expert of child psychiatry and over-prescription in child welfare, who had previously presented to the Three Branch steering committee, and staff from Fairfax DSS where a pilot psychotropic medication protocol for family services workers has been developed. The Learning Collaborative participants will be supported in making the connection between the need for better assessment and treatment of trauma and the risk of over-prescription as well the importance of understanding the worker’s role in asking questions, empowering the birth parents to be involved in decisions making, and advocating for treatment which is conservative and considers side effects.

The VDSS training unit is working on an eLearning course which will serve as an orientation to the effects of trauma on children as well as an in person course which will focus on the provision of trauma informed child welfare services. The training unit is also developing an eLearning course which will raise awareness about the risks of over-prescription particularly as it relates to children in foster care.

Secondly, the Health screens in OASIS have been revised to include the ability to enter data regarding prescriptions and to indicate whether the prescribed medication is a psychotropic medication. This revision is should be available with the anticipated late summer release. Ultimately, the revisions will

permit the development of reports in SafeMeasures® which will make it possible for LDSS supervisors, regional permanency consultants, and home office staff to monitor psychotropic medication use.

### **Data sharing agreement and coordination of mental health services with DMAS**

VDSS worked closely with DMAS through the auspices of Three Branch to develop a medical review process for children in foster care who are prescribed psychotropic medication in three categories: 1) any child under the age of 6 prescribed any psychotropic medication 2) any child prescribed an atypical antipsychotic and 3) any child prescribed 2 or more psychotropic meds. DMAS has instituted this policy for children covered by fee-for-service Medicaid. However, this only addresses about 20% of the children in foster care, as the majority are covered through MCOs.

In the next year, VDSS will continue to work with DMAS towards receiving information about medications prescribed to children in foster care, and the development of a medical review protocol to monitor the practices of prescribers for children in the MCO systems.

### ***Schedule for initial and follow-up health screenings that meet reasonable standards medical practice.***

VDSS has incorporated a schedule for medical, dental and EPSDT screening activities which is consistent with the recommendations of DMAS for all children and based on the recommendations of the Three Branch steering committee. These appointments will be documented in OASIS which will permit monitoring of compliance with the expectations by LDSS supervisors, regional consultants, and VDSS. Additionally, a data sharing agreement makes it possible to verify through DMAS that children in foster care are receiving medical and dental exams consistent with the standards that DMAS and VDSS have established.

### ***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, FPMs, 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 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 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 clinicians 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 medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.***

VDSS 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, OASIS has been revised to permit 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.

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.

***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 Center & Rural Health Clinics, 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.

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.

VDSS will continue to collaborate with other state agencies to ensure that an array of appropriate health and mental health services are available to every child in foster care in Virginia. There are no plans, at present, for VDSS to develop medical homes in the Commonwealth. In Virginia foster homes are approved by the LDSS or licensed through private child-placing agencies. The state provides the regulations and guidance which direct approval and licensing activities, but the LDSS are responsible for both recruitment of local foster families and placement of children in their custody in LCPA homes. Some LCPA have specially trained foster parents with the ability to manage the care of children with complex medical and/or mental health needs. Additionally, some LDSS have approved foster parents who through their personal or professional experience are equipped to manage the care of children with complex medical and/or mental health needs. This is an area which will require additional attention in the future.

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

Virginia continues to use the service authorization requirements implemented by DMAS' Drug Utilization Review Board for any atypical antipsychotic prescribed for a child under the age of six in the fee-for-service population, including children in foster care. Efforts are underway to apply similar authorization requirements for medical review of psychotropic medication prescription for children in foster care served through the MCOs in Virginia.

The appropriate CWAC sub-committee will also continue to work towards establishing protocols which require that 100% of youth in foster care, prior to receiving new psychotropic medications, have:

- A medical exam to rule out medical issues; and
- A mental health evaluation to identify services and supports for the youth and family.

The workgroup will also be tasked with developing strategies for communicating the protocol out to 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.

***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.***

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 that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.***

Effective January 1, 2014, foster care youth who had an open case and were receiving Virginia Medicaid at the age of 18, became eligible for Medicaid up to age 26. During FY 2015, VDSS continued to coordinate with DMAS and LDSS to implement provisions of the ACA. Virginia's efforts to enroll former foster youth include mailing out letters, utilizing social media (intra-agency and public websites), working with the state foster parents association (FACES), and developing broadcasts for eligibility

workers and local program 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. There continue to be difficulties in reaching youth who previously aged out of foster care and in getting them enrolled. All youth who turn 18 while in foster care are to be automatically evaluated for the Medicaid to 26 category by the LDSS eligibility staff and switched over to that category. These youth should then maintain their eligibility to age 26.

Beginning at age 14, youth in foster care participate in the development of a Transitional Living Plan (TLP) that among many things, address the health and well-being needs of the youth. As they get closer to their eighteenth birthday, focus is placed on ensuring their continued eligibility for Medicaid, under the Patient Protection and Affordable Care Act, and providing them education about designating a health care power of attorney. The Foster Care chapter directs local departments of social services to encourage and assist the youth in seeking guidance from an attorney to address any questions. The current “90 day transition plan,” which is completed with the youth approximately 90 days before their eighteenth birthday, includes the following items among the “rights and responsibilities” listed for the youth:

- I understand that during the 90 days before I turn age 18, I will finalize my plans for successfully transitioning from foster care to adulthood. This Plan for Successful Transition will include the names of adult(s) who have agreed to help me during this transition and in the future. It will also address my specific needs, including housing, health insurance, education, mentors, workforce supports, employment services, and any other needs I identify; and
- I understand the importance of identifying someone to make health care treatment decisions on my behalf, if I become unable to make them and if I do not have or want a relative to make these decisions. I understand that I can identify a health care power of attorney using the form on the Virginia Department of Health’s website, entitled “Virginia Advance Medical Directive.”

The Foster Care chapter includes directions for the LDSS to provide additional information to the youth who request it during the transitioning planning process.

### **III. Additional Reporting Information**

#### **A. Monthly caseworker visits**

Workers have been able to increase visitation despite receiving very few additional resources and, until recently, had been consistently meeting the compliance expectation that 95% of children in foster care are visited face to face each month as established in October 2014. As of April 2015, 95.14% of children in foster care had been visited monthly and 74% of these visits had taken place in the child’s residence. In recent months, the state’s tracking system suggests that visit compliance is dropping below the 95% level. Because workers sometimes record the visits in OASIS in less than a timely fashion, the current available numbers may not reflect the actual number of visits completed. Communication has been made with the LDSS around this issue around the need to comply. Additionally, any potential data issues are being assessed and corrected as necessary. Regional Office Permanency consultants are reaching out specifically to those LDSS whose compliance rate appears particularly problematic to provide technical assistance.

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.

In previous years, LDSS have improved their percentage of monthly worker visits in part as a result of reducing the number of children in foster care. Instituting FPM as a statewide initiative has also contributed to children's placement in their home community and decreased travel time for workers. As Virginia refocuses on family engagement strategies, efforts to improve permanency outcomes, and the minimization of traumatic impact on children of coming into foster care, LDSS will be encouraged to recognize that strong family engagement practices and the use of local, family-based placements is optimal for many reasons, including making it easier to visit with children regularly.

Federal Title IV-B funds to support worker visits have been used primarily to pay for travel costs associated with visitation. Some LDSS have used the funds to purchase laptops, tablets or transcribers as a time-saving measure to facilitate documentation and downloading of the visit information to OASIS. Others have used the funds to pay for training to help staff understand the importance of having meaningful and purposeful visits with children in care and helping staff gain skills in planning, preparing, engaging in, and conducting appropriate visits.

## **B. National Youth in Transition Database**

Virginia implemented the NYTD on October 1, 2010 as required by the federal government. According to FFY 2014 data entered in OASIS by the LDSS, a total of 1,674 youth ages 14 and over, received at least one independent living service.

LDSS workers documented IL services provided to youth ages 14-21 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. Virginia has included NYTD data in SafeMeasures® (pulled from OASIS) so VDSS and LDSS will be able to track the delivery of IL services and NYTD surveys reported in real time. For FY 2015, VDSS included in its IL funding that LDSS are required to offer gift card incentives to youth who participate in the NYTD survey. For consistency, the amount of the incentive is as follows: \$15 for age 17; \$25 for age 19; and \$50 for age 21.

In collaboration with ILP state staff, the VDSS Office of Research and Planning is in the process of developing a research brief addressing the FFY 2014 data. Preliminary findings suggest that LDSS purchased or provided 5,173 services from a menu of 14 service categories. On average, each client received three services. The three services most often provided were IL needs assessment, academic support, and budget/fiscal management. For FY 2016, 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. The CB with the ACF provided the state with "Virginia's NYTD Snapshot" which contains a summary of highlights from NYTD data reported by Virginia between Fiscal Year 2011 through 2013. This insightful information has been shared with LDSS, youth, IPPEYH, and other stakeholders.

On June 26-27, 2013, the CB in collaboration with Virginia conducted a NYTD 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. VDSS addressed the 11 specific observations that were identified by the federal team to ensure that Virginia is accurately collecting and reporting information on NYTD data elements and to improve NYTD data quality. Most of these items were related to mapping in OASIS.

The statewide youth conference held in November 2014 focused on the youth network which is composed of young people, ages 14-21, who are in or transitioning out of foster care to assist in improving state and local child-serving policies and practices by creating or supporting initiatives and partnerships that promote permanency, self-sufficiency, networking, and information sharing. Topics discussed at this event included Foster Care Bill of Rights, housing, prescribed medications, education, and NYTD. Ten youth representing all five regions took part in the day-long NYTD sessions. The workgroup's finished product was an action plan comprising of two goals. The first goal is to educate youth about NYTD through discussions at youth network meetings and possibly host events throughout the year that focus on the importance of NYTD. The second goal is to make the survey a "hot topic" among youth in foster care by forming a NYTD group or sub-committee which would be comprised of youth in the youth network and other adults interested in NYTD. Youth stated the group should be formed to work towards achieving goals related to NYTD and they would ensure that the group is working towards the betterment of youth in foster care. Other suggestions made by the group were to have a web page dedicated to getting the word out about NYTD and to develop social media pages on Facebook, Instagram, and Twitter for NYTD in Virginia.

Project LIFE hired a former foster care youth in the position of Youth Network coordinator. She has traveled across the state to meet with young people and get them involved in the youth network and discuss NYTD. It appears the major barriers to youth achieving the goals are lack of transportation to meetings and competing priorities. However, Project LIFE uses conference calls, Facebook, etc. to stay connected with the youth. The members of the youth network also meet together at the statewide youth conferences.

### 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, 2014 to April 30, 2015**

<b>Type of Placement</b>	<b>Public Agency</b>	<b>Private Agency</b>	<b>Court</b>	<b>Individual</b>	<b>None</b>
Parent(s)	203	1			
Relative	17		1		
Foster Home	568	10	2	1	
Adoptive	226	64	1	20	
Group Home					
Residential	186		5	42	
Institutional Care (Article VI)					
Child Care Institution					
Other					
<b>Total</b>	<b>1200</b>	<b>72</b>	<b>9</b>	<b>63</b>	

<b>Sex of</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>
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<b>Children</b>	666		567		1	
<b>Ages of Children</b>	<b>Under 1</b>	<b>1-5</b>	<b>6-10</b>	<b>11-15</b>	<b>16-18</b>	<b>19-21</b>
	228	317	267	283	135	1
<b>Ethnic Group</b>	<b>White</b>	<b>African American</b>	<b>Asian</b>	<b>American Indian</b>	<b>Hawaiian/Pacific Islander</b>	<b>Unable to determine</b>
	636	357	12	9	4	216
<b>Hispanic</b>	<b>Yes</b>	<b>No</b>	<b>Unable to determine</b>	<b>Declined</b>		
	133	818	282			
# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision			0-30	31-60	61-90	Over 90
			235	38	26	123

**Unaccompanied Refugee Minor: 1**  
**Adoption Assistance Subsidy: 76**  
**Retroactive compliance – Into VA: 1**

**Total Number of Agreements Into Virginia Terminated**

<b>Adoption Finalized</b>	138	<b>Total: 1333</b>
<b>Age of Majority/Emancipation</b>	53	
<b>Legal custody returned to parents (concurrence)</b>	46	
<b>Legal custody to relative (concurrence)</b>	51	
<b>Treatment complete</b>	122	
<b>Sending state jurisdiction terminated (concurrence)</b>	4	
<b>Unilateral termination</b>	9	
<b>Child returned to sending state</b>	166	
<b>Child moved to another state</b>	18	
<b>Proposed placement request withdrawn</b>	107	
<b>Approved resource will not be used for placement</b>	80	
<b>Other</b>	539	

**Number of children returned to Virginia: 159**

**Placement Requests Out of Virginia  
April 1, 2014 to April 30, 2015**

<b>Type of Placement</b>	<b>Public Agency</b>	<b>Private Agency</b>	<b>Court</b>	<b>Individual</b>	<b>None</b>
Parent(s)	222	1			
Relative	6		1		
Foster Home	397	3			
Adoptive	37	58		26	
Group Home					
Residential	47	1	3	88	
Institutional Care (Article VI)					
Child Care Institution					

Other					
Total	<b>709</b>	<b>62</b>	<b>4</b>	<b>114</b>	

Sex of Children	Male		Female		Unknown	
	363		352			
Ages of Children	Under 1	1-5	6-10	11-15	16-18	19-21
	129	175	165	181	101	1
Ethnic Group	White	African American	Asian	American Indian	Hawaiian/Pacific Islander	Unable to determine
	415	224	6	3	1	105
Hispanic	Yes	No	Unable to determine			
	49	579	126			

# of Calendar Days Between Sending ICPC-100A and Receipt Back with Decision	0-30	31-60	61-90	Over 90
	73	21	20	89

**Adoption Assistance Subsidy: 21**

**Total Number of Agreements Out of Virginia Terminated**

<b>Adoption Finalized</b>	106	<b>Total: 954</b>
<b>Age of Majority/Emancipation</b>	64	
<b>Legal custody returned to parents (concurrence)</b>	34	
<b>Legal custody to relative (concurrence)</b>	65	
<b>Treatment complete</b>	37	
<b>Sending state jurisdiction terminated (concurrence)</b>	1	
<b>Unilateral termination</b>	7	
<b>Child returned to sending state</b>	49	
<b>Child moved to another state</b>	4	
<b>Proposed placement request withdrawn</b>	102	
<b>Approved resource will not be used for placement</b>	73	
<b>Other</b>	412	

**Number of children returned to Sending state: 84**

2. 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. The AAICPC will be soliciting additional states to become a part of the data case-management system. When all of the requirements are available, Virginia will make a decision whether or not to apply for acceptance into the next group of states added to the NEICE system.

## 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 2015

#### Families with International Adoptions:

- No disruptions/dissolutions since 3/1/2010

Five-year profile		One-year profile	
Families with international adoptions served since 3/1/10		Families with international adoptions served since 3/1/14	
Total families: 119 (unduplicated counts)		Total families: 68 (unduplicated counts)	
Total children: 138		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)	8	Child out of home (no dissolution)	2
Family moved	2	Family moved	0
No longer need services	35	No longer need services	12
No contact for 60 days	25	No contact for 60 days	8
	70		22

#### All Families Served:

- In past 5 years (since 3/10), 11 disruptions/dissolutions.
- In past 1 year (since 3/1/14 through 2/28/15), 1 disruptions.

Five-year profile		One-year profile	
All families served since 3/1/10		All families served since 3/1/14	
Total served: 587 (unduplicated count)		Total served: 287 (unduplicated count)	
<ul style="list-style-type: none"> <li>▪ Total 11 families whose cases were closed due to dissolution/disruption</li> </ul>		<ul style="list-style-type: none"> <li>▪ Total 2 families whose cases were closed due to dissolution/disruption</li> </ul>	
- 8 Foster Parent Adoptions		- 1 Foster Parent Adoption	
- 3 Matched			
Breakout of all cases closed:		Breakout of all cases closed	
Reason for Case Closure	Count	Reason for Case Closure	Count
Disruption/Dissolution	11	Disruption/Dissolution	1
Child out of home (no dissolution)	43	Child out of home (no dissolution)	6
Family moved	19	Family moved	4
No longer need services	177	No longer need services	44
No contact for 60 days	106	No contact for 60 days	26
Total	356	Total	81

Of the total 266 adoptive families served during the third quarter, 68 have adopted internationally. These 68 families represent 25.56% of total families served in this fiscal year. In the 68 families, there are 80 children adopted internationally.

For the entire fiscal year of 2013-14, there were 71 unduplicated families, with 81 children, that adopted internationally. This represented 22% of the total number of families served in AFP.

Shown in Table 1 below are the numbers of children and families served by the AFP Program from July 1, 2014 through March 31, 2015. Included in the table are countries of origin for children, and numbers and percentages of families served by AFP who adopted internationally:

July to Sept 2014		Oct to Dec 2014		Jan to Mar 2015	
Country	# Children	Country	# Children	Country	# Children
China	16	China	18	China	19
Russia	14	Russia	15	Russia	17
Guatemala	9	Guatemala	9	Guatemala	9
Kazakhstan	6	Ukraine	6	Bulgaria	7
Ukraine	6	Bulgaria	4	Kazakhstan	6
Bulgaria	4	Kazakhstan	4	Ukraine	6
Ethiopia	3	Ethiopia	3	Ethiopia	3
Korea	3	Columbia	1	Korea	3
Columbia	1	Ecuador	1	Antigua, Guatemala	1
Ecuador	1	El Salvador	1	Columbia	1
El Salvador	1	Malawi	1	Ecuador	1
West Africa	1	Philippines	1	El Salvador	1
Malawi	1	South Korea	1	Haiti	1
Philippines	1	Uganda	1	Malawi	1
Uganda	1	Vietnam	1	Philippines	1
Vietnam	1	West Africa	1	Uganda	1
				Vietnam	1
				West Africa	1
<b># Children</b>	<b>69</b>		<b>68</b>		<b>80</b>
<b># Families</b>	<b>60</b>		<b>57</b>		<b>68</b>
	<b>23.44% of 256 families served</b>		<b>21.92% of 260 families served</b>		<b>25.56% of 266 families served</b>

Table below represents information as report by VDSS ICPC

10/1/2012 – 12/30/2012		1/1/13 – 3/31/13		4/1/13 – 6/30/13		4/1/14 – 4/30/15	
Country	# Children	Country	# Children	Country	# Children	Country	# Children
China	1	Uganda	3	Uganda	1	China	2
Bangladesh	1	China	1	Korea	1	Bangladesh	1
Congo	1	Korea	3	Japan	1	Ethiopia	3

Korea	2	Pakistan	1			Nigeria	1
Philippines	2					Pakistan	3
Hong Kong	1					Philippines	4
Jamaica	1					Thailand	1
Belize	1						

### **E. Licensing waivers**

The Resource, Foster, and Adoptive Family Home Approval Standards became effective September 2, 2009. The regulation allows 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. Any long term variances granted must be reviewed on an annual basis by the Department. This year, the Resource Family consultants have reviewed and agreed with 102 variances for relative foster families. Five of these variances were ICPC specific.

### **F. Juvenile Justice Transfers**

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For FY 2014, 31 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, 2014, there were 25 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 was reported on in the final APSR for the 2009-2014 State Plan. ACYF-CB-PI-15-03 addresses changes to guidelines for state courts and agencies in child custody proceedings by the Bureau of Indian Affairs effective February 25, 2015 and included in the Federal Register on that date. In response to the recent PI and new guidelines, Virginia is working across child welfare programs to develop consistency in guidance for active efforts at first contact with a child and family and to ensure documentation of those efforts. Those active efforts will include but are not limited to:

- conducting diligent searches for family members as possible placements;
- engaging the child and parents;
- taking steps to keep siblings together’
- overcoming barriers to services; and
- inviting family members to meetings including FPM.

Guidance in each program will also include steps to take to engage the tribe and documentation that explains how it was determined that a child is not a member of a tribe. OASIS is being updated to allow

Virginia to better track and report on children of Indian heritage. Virginia is beginning this process by gathering protocols from other states including both those states with federally recognized tribes and states that, like Virginia, have less experience and contact with tribes.

In addition to following all Indian Child Welfare Act (ICWA) requirements, contacts have been updated to include the newly recognized Virginia tribes. DFS will work to build 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. A letter is being sent to each Virginia tribe to begin conversations with them and inquire about their experience with the child welfare system, provide them with contact information for each program, and provide them with information about regular meetings including the Child Welfare Advisory Committee where their participation would be welcome.

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 LDSS and determined to be founded when reporting the number of child maltreatment-related deaths to the National Child Abuse and Neglect Data System (NCANDS). This data comes from information reported and documented into OASIS by local CPS workers. The reported death must first meet the criteria to be determined valid. The validity criteria are specified in regulation 22 VAC 40-705-50 B:

- The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;
- The alleged abuser is the alleged victim child's parent or other caretaker;
- The local department receiving the complaint or report is a local department of jurisdiction; and
- The circumstances described allege suspected child abuse and/or neglect as defined in §63.2-100 of the Code of Virginia.

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. VDSS is the only entity in Virginia charged by statute with determining whether or not a child was abused or neglect by a caretaker. The roles and tasks of the various entities are described below.

### **Virginia Department of Health, Office of the Chief Medical Examiner (OCME)**

- 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; and
- 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; and
- 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 LDSS 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; and
- 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.; and
- 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 continuing to explore 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 LDSS upon receipt of a complaint regarding the death of a child report immediately to the attorney for the Commonwealth and the local law enforcement agency and make 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 OCME are made available to the Office of Vital Records.

In addition, the State Child Fatality Review Team and Virginia's five 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. Over the past several years and since the establishment of the regional teams, the number of cases reported to and investigated by LDSS has increased significantly.

Assuming that there will likely be some discrepancies in cases of reported deaths, VDSS works closely with the OCME to determine the extent of agreement or overlap in reported cases of child fatalities. We compared and reviewed cases regarding deaths to children aged 0-4 that fell under the jurisdiction of the OCME and were not investigated by a LDSS for suspicion of abuse or neglect for SFY 2012-2014. Data were drawn from the Virginia Medical Examiner Data System (VMEDS). These data were compared with case-specific information provided by VDSS to identify infant and child death cases that were not investigated by LDSS. The 0-4 group of children was targeted because these are the children who are at the greatest risk of child death due to their vulnerability.

For the three-year period, the majority of cases where discrepancies were found involved children 0-1 where the manner of death was determined to be an "Accident, Natural or Undetermined Death". The accidental deaths were further broken down to include cases of unsafe sleep, motor vehicle collisions, and poisoning. The natural deaths were due to Sudden Infant Death Syndrome, pneumonia, influenza and sepsis. The majority of cases in this category were classified as undetermined where the cause of death was unsafe sleep, poisoning, and cardiopulmonary arrest. The two agencies are now working on a plan to gain greater consistency; however, we suspect that when we examine these cases a little further that the majority of cases not investigated by the LDSS were cases involving perpetrators not in a caretaking role.

## I. Populations at Risk for Maltreatment

VDSS continue to advance policies, programs and practices to enhance the prevention and early intervention, 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 81% of the founded cases of child maltreatment involved a child less than four years of age and approximately 49% were under the age of one. This is consistent with national data that finds young children to be the most vulnerable. Additionally, approximately 49% of the unfounded reports involved children under the age of one from SFT2011 through SFY2014. In SFY2014, of the 51 unfounded reports that involved a child less than one year of age, 48 (94%) were related to the sleep environment. Sleep environment refers to 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. 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's most recent report, *Sleep-Related Infant Deaths in Virginia*, 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. The findings revealed that 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. As a result, the Western and Eastern Regional Child Fatality Review Teams initiated safe sleep practices in their communities to inform people of the dangers of unsafe sleep. The Western Region targeted a Safe Sleep Campaign during the month of April – Child Abuse Prevention Month. All local departments of social services participated by distributing information in their communities.

The Western Region also has an initiative between local departments of social services and Smart Beginnings to provide screening for children age 0-3 called Ages and Stages. There are six counties participating, Wise, Norton, Lee, Bland, Tazewell, and Wythe. These agencies have received training on how to complete the Ages and Stages Screening tool to determine developmental delays so that referrals to the appropriate agency for evaluation and services can be made. Each agency received a kit that can be replicated as needed to do the screenings. The process of screening the child and completing the tool is an excellent way to engage the parent in early intervention/prevention efforts.

The Eastern Child Fatality Review Team collaborated with Eastern Virginia Medical School and Children's Hospital of the King's Daughters to promote safe sleep education by producing a You Tube video that has received national attention. In addition, the Team recommended that dissemination of safe sleep education be required in hospital labor and delivery departments in area hospitals.

The State Child Fatality Review Team recommended that the *Code of Virginia*, § 32.1-134.01 be amended relating to information required for maternity patients. HB1515 was introduced and passed during the 2015 General Assembly requiring every licensed nurse midwife, licensed midwife, or hospital

providing maternity care shall, prior to releasing each maternity patient, make available to such patient and, if present, to the father of the infant, other relevant family members, or caretakers, information about the incidence of postpartum blues and perinatal depression, and information to increase awareness of shaken baby syndrome and the dangers of shaking infants, and information about safe sleep environments for infants that is consistent with current information available from the American Academy of Pediatrics.

Some of the other recommendations from the study for this special population included:

- Include safe sleep information into existing child welfare policy when observing and assessing home environments of families with children less than one year of age; *Completed*
- Integrating information about safe sleep with assessments and educational materials for SNAP and Medicaid recipients; *In Progress*
- 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; *In Progress*
- Establish an interagency workgroup to look at the issue of substance exposed newborns and the lack of referrals to the community Services Boards; *Completed*
- 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. *In Progress*

The Virginia Department of Social Services has successfully implemented several of the recommendations above and others are continuing to be worked on. VDSS is also exploring a change in the timeline for response when an a report of a child less than one year of age is received as well as to require an investigation response to such report due to the vulnerability of this population.

The Early Childhood Mental Health Virginia Initiative and the Virginia Association for Infant Mental Health have established a workgroup to develop a coordinated system of early childhood mental health service delivery for children birth to age 8 that provides for increased access to and funding for a continuum of quality prevention, promotion and intervention evidence-based services. Such services include early identification and early intervention through universal screening by anyone who works with families and young children, identifies a single point of entry in local communities, offers ongoing professional development and education, and collects data to inform decision making and assess progress. CPS staff participates on this workgroup.

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 the Virginia Department of Health (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, 2015, there were 1,220 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. This is 147 more children in this age group than last year, which represents a 14% increase. Forty-five percent of these children were female and fifty-five percent were male. The majority of the children, 53%, were white. Thirty-four percent were black and 11% were mixed race.

Services for these youth include the following:

- For those with the goal of adoption and where Termination of Parental Rights (TPR) has been ordered, these children are identified as available for adoption through the ATCP adoption project;
- Family engagement and FPM 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); and
- 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 Adoption and Foster Care Analysis and Reporting System (AFCARS) PIP was initially submitted in August 2012 after having the AFCARS review in June 2010. Virginia has begun 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. An edit was implemented to help ensure there is a closer match between the foster care file and the adoption file for the AFCARS submissions. This edit forces a worker to discharge a child from foster care by reason of adoption by making local workers create an adoptive case which links back to the foster care case. In the past, staff spent hours assuring this data entry was completed correctly. The most recent AFCARS submission showed the edit has successfully and the files had an acceptable level of difference. Virginia continues to be proactive in making changes that will provide better data and continues to work with the CB on this PIP.

The second PIP is for Title IV-E and 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. The PIP is currently in progress. Work continues around the revision of service planning. There have been several staffing changes that have affected progress; however work is continuing at this time.

## 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:** Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

Policy developed on face-to-face contact with victims has been 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 May 5, 2015, 83.7% of all referrals received in the month of March 2015 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 May 5, 2015, referrals received in the month of March 2015 indicate 75% of the cases had a first meaningful contact within 5 days and specifically broken down to contact made within:

- 24 hours for 43.2% of cases;
- 25-48 hours in 12.2% of cases;
- 49 – 72 hours in 6.8% of cases;
- 3 – 5 days in 12.8% of cases;
- 6 – 10 days in 9.5% of cases;
- 10+ days after referral in 3.8% of cases;
- Closed without contact in 1.2% of cases, and
- Contact was still pending in 9.2% 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 May 5, 2015, 87.7% of all referrals received in March 2015 had timely contacts.

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

**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 3:** Did the agency make 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?

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.

Virginia is currently still working on the service request (SR) to update service plans in OASIS. The SDM Family Strengths and Needs Assessment, Risk Reassessment and the Family Reunification tools are part of the SR, along with the CANS instrument that is required for all foster children. The draft version of foster care guidance includes a health assessment tool and guidance around trauma-informed practice. 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. Due to staffing issues, the service plan changes have not been fully implemented yet. Work continues on this project.

There were limited case reviews using the QSR over the past year. Of the 56 cases that were reviewed, 39% of cases showed opportunity for improvement in practice when reviewing the ability to appropriately assess the needs of the family so that interventions are adequately matched to underlying needs of the family. For the most effective interventions, there should be coordinated efforts to ensure that there is not

a duplication of services by multiple providers. In some cases, interventions were somewhat underpowered because the underlying needs and the expected outcomes were not clear.

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

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

**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 of the child and consistent with achieving the child's permanency goal(s)?

SafeMeasures® tracks FPMs held for Placement Change. As of May 5, 2015, out of the 592 FPMs held at placement change, 84.1% 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 as well as FPMs held for a reason other than placement change but included placement change recommendations. In 6.6% of cases, the FPM was held 30 days before placement change. In 3.2% of cases, the FPM was held with 30 days after the placement change. There was an FPM held in 6.1% 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 85.4%. For Measure 2, "Two or fewer placement settings for children in care for 12 to 24 months", Virginia is 66.1%. For Measure 3 "Two or fewer placement settings for children in care for 24+ months", Virginia is 36.9%.

Between July 1, 2013 and June 30, 2014, VDSS conducted QSR case reviews on 56 cases; 18 of the cases were CPS ongoing and 38 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, 73% of the cases were rated as strengths. Practice patterns identified for these cases children with no changes in school or placement within the past 12 months and children that had no anticipated moves, except planned reunification or planned step-down in their placement. Cases that presented as opportunities included school changes as a result of the child's problematic behaviors, run away behaviors, multiple school suspensions, children chronically truant, and CHINS petitions.

**Item 5:** Did the agency establish appropriate permanency goals for the child in a timely manner?

There is not any specific data to address Item 5 at this time. The QSR examined permanency by assessing the degree to which the confidence level of those involved (child, parents, caretakers, others) believe 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. Permanency is rated as strengths in 57% of the cases reviewed. Some patterns identified for cases with opportunities regarding permanency included some cases with no progress with the current permanency plan because permanency plans were unclear or the goal selected was unrealistic or unachievable. VDSS has made the decision to no longer use the QSR as a case review instrument. Virginia will begin using the Onsite Review Instrument for the Child and Family Services Review in 2015. Case review information should be available for the next APSR.

**Item 6:** Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

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 April 30, 2015, 59.5% 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 April 30, 2015, 77.2% of children discharged to permanency. The next highest discharge reason is emancipation, which is at 19.7% 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 April 30, 2015, 19.4% 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 2014 QSR annual report, Permanency is indicated as strength in 57% of cases reviewed. Practice strengths include children residing in their birth home with plans to remain in the home and legal permanence achieved for children through reunification, relative custody, and adoption. Some patterns identified for cases with opportunities regarding permanency included placement uncertainty due to parental instability and parent's limited cognitive ability impacting their capability to provide safety and protection for the child. There were some cases showing no progress with the current permanency plan because planning was unclear or the goal selected was unrealistic/unachievable. Uncertainty that legal permanency would be achieved in some of the cases was due to unresolved legal issues, multiple placement disruptions, and incompleteness of required services. In several cases, visitation duration, frequency, and structures between family members were not fully promoting the permanency goals.

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 32.9% and Measure 2 "Exits to adoption, median length of stay is 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 27.8% and Measure 4 "Children in care 17+ months achieving legal freedom within 6 months" is 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 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 April 30, 2015, 40.3% 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 28<sup>th</sup>, 2014, there were 1,505 children that fall in this report. The TPR status report shows:

- TPR not filed 15.6%;
- TPR filed, not ordered 3%;
- TPR ordered with appeal 6%;
- TPR ordered, child not in adoptive placement 56%;
- TPR ordered, child in pre-adoptive placement 11.8%; and
- Parent missing from TPR 7.3%.

The QSR utilizes the indicator Pathways to Independence for youth 14 or older 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 2014 QSR annual report, There were 23 (46%) children, that were 14 and older, and 78% of these cases scored as strength for Pathways to Independence. In these cases, transitional living plans were completed for children with goals for them to learn daily living skills such as household chores, budgeting, social skills, and job-skills training to obtain employment. Some of these youth were able to gain part-time employment. Youth with developmental delays were obtaining skills to live independently from the agency, from vocational training programs; school based programs; and in one case, the Special Olympics. There were four youth with the goal of IL who were attending community college and three of those youth are living in independent living placements. For cases that scored as an opportunity, case practice indicates that formal IL services are needed for youth for skill development and to prepare them for realistic life expectations. In a few cases, the youth had not received any IL services or developed skills due to frequent placement changes. Several youth did not have clear lifelong connections or informal supports as they planned to exit care.

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

**Item 7:** Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

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 8:** Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

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 April 30, 2015, 28.9% of cases had a recorded visit with family members and 23.7% 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 2014 annual report results indicate strengths for maintaining connections for mothers (74%), siblings (63%), and fathers (50%). In

the sample of children in foster care, 79% entered care with no siblings. However, 14% of the children with siblings were able to be placed together, and 7% of the children were placed with some of their siblings. In these cases, visits were scheduled and occurring between children and their siblings, mothers, fathers, and extended family. Ongoing contact and communication was also able to be maintained with family members. There is an opportunity for practice improvement in maintaining connections between the child and their siblings, mothers, fathers. In these cases, siblings were placed in separate homes and had minimal to no contact with their siblings, parents, or extended family. In cases when placement with a relative was not possible, visitation was impacted between the child, their siblings, and family members. In a few cases, parents received little to no information from the agency regarding the child.

For cases with siblings placed separately, 22% of the children were able to visit siblings at least monthly or more while and in 18% of the cases, sibling visits occurred less than monthly. Of the applicable cases for visits with mothers, 32% of the children were able to visit their mother at least monthly or more while 11% of the children visits occurred less than monthly. For visits with fathers, 19% of the children visited their father at least monthly or more while 18% of children visited less than monthly with their father.

**Item 9:** Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

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 2014 annual report results indicate strengths for maintaining connections for others (50%) which include extended family including grandparents and relatives. In these cases, visits were scheduled and occurring between children and their siblings, mothers, fathers and extended family. Ongoing contact and communication was also able to be maintained with family members. In cases when placement with a relative was not possible, visitation was impacted between the child, their siblings and family members.

**Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?**

SafeMeasures® tracks kinship care placements. The 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 April 30, 2015, 5.8% of children were in a kinship care foster care placement.

**Item 11:** Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

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 2014 annual report results indicate strengths for maintaining connections for mothers (74%) and fathers (50%). In cases that were not rated strength there was minimal to no contact with parents. For cases with siblings placed separately, 22% of the children were able to visit siblings at least monthly or more while, in 18% of the cases, sibling visits occurred less than monthly. Of the applicable cases for visits with mothers, 32% of the children were able to visit their mother at least monthly or more while 11% of the children visits occurred less than monthly. For visits with fathers, 19% of the children visited their father at least monthly or more while 18% of children visited less than monthly with their father.

### ***Well-being Outcomes 1, 2 and 3***

**Item 12:** Did the agency make concerted efforts to assess the needs of and provide services to 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?

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. 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.

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 (79%) and children (59%). 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 included having a clear comprehensive assessment of the child's underlying needs to include past trauma and/or current needs. Results indicate that information obtained from assessments needed to be shared with the appropriate individuals involved in the case in order to address and support the child's needs, services, and permanency goal.

Assessment and understanding for mothers and fathers is an area of opportunity and results indicate that for 44% of cases involving mothers and 26% 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. However, in many cases there have been minimal to no formal assessments completed to understand parent's level of functioning, parental capacities, 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 assessments and understanding of the needs of parents will lead to better interventions and services, thus affecting caretaker functioning and ultimately impacting permanency outcomes.

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 for Tracking and Adjustment indicate that 59% of the cases rated as strengths. In these cases, those working with the family were tracking the progress of the child and family and identifying strengths and emergent needs. Information about the family progress with services was frequently shared among service providers. Strong family teams were found to be knowledgeable about family issues and adjustments were made to make interventions responsive to the family needs in order to meet the requirements necessary for safe case closure. Some opportunities for practice improvement include effective case planning based on the recommendations of assessments or service providers. In some cases, services were not available or did not begin in a timely manner. Some cases were open for several years with minimal progress. There were needs identified in these cases such as identifying a family team, improved communication between service providers, approval of Medicaid funding, and placement stability. Addressing these issues would enable those involved in the family team to monitor and then make the necessary changes for the needs of the children and families in a timely manner.

**Item 13:** Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Virginia's QSR 2014 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. Ratings for Engagement Efforts indicate strengths for 80% of children, 87% of substitute caretakers, 67% of mothers, 38% of fathers and 58% of others which includes grandparents and extended family. Workers and service providers engaged the child and the substitute caretaker through face-to-face home visits, court hearings, telephone contact and various meetings that involved the family (i.e. Family Assessment and Planning Team, treatment team meetings, FPM, etc.). Efforts were made by the agency 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.

There are practice opportunities for improving the engagement of mothers, fathers, and relatives especially for the initial case discussion, consideration of placement options, as well as case planning. In some cases, mothers and fathers are just beginning to address service plan goals. In some cases, biological parents and children were invited to FPMs; however, they didn't feel fully engaged in the process. There were some cases where step-fathers, paramours, and extended family members were engaged minimally or not at all. Diligent efforts were made to search for fathers in 78% of the cases and for paternal relatives in 66% of the cases. For mothers, diligent efforts were made in 89% of the cases and for maternal relatives in 81% of the cases. Efforts to search for fictive kin were made in 56% of the cases.

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 86% of children, 87% substitute caretakers, 57% of mothers and 27% of fathers in the case sample were rated as strengths. The "others" in these cases include grandparents and extended family and 58% of the cases reviewed were rated as strengths.

Patterns of practice strengths indicate that children were actively engaged in their case planning and decision making. This was demonstrated by children attending meetings and having opportunities to

voice their opinions regarding their services and permanency planning. Some parents felt they had a voice in their service planning, felt part of the team, and trusted those providing services to their child and family. Substitute caretakers felt supported by the agency and participated in the planning for the child in their care.

Themes present for 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 and presented to them before court. Several grandparents and relative caretakers indicated that they had minimal to no voice regarding case decisions and their input in the cases was not sought by the family service specialist. Concerted effort is needed to include fathers in service planning. There is an opportunity to include extended family members to give them a voice and some involvement in the case and to build ongoing family supports for the child.

**Item 14:** Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

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 March 30, 2015, 90.9% of children in foster care had at least one face to face visit during the month. These reports do not address the quality of visits; however. Use of the OSRI tool beginning in 2015 should provide more detailed information by the next APSR.

**Item 15:** Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

This item is not currently address through case reviews. Use of the OSRI tool beginning in 2015 should provide more detailed information by the next APSR.

## ***2. Children receive appropriate services to meet their educational needs***

**Item 16:** Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

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 80% of the cases scored as strengths. Strengths for children five years and younger (27% of the sample) indicated that they are developing appropriate to their age and abilities and meeting developmental milestones. In several cases, a one-to-one assistant was assigned to children in day care, because of aggressive behavior, to ensure they benefited from instructional activities. Some children in this age group were attending either daycare and/or pre-kindergarten.

For academic status of school age children, many of the children are meeting their academic performance expectations for their grade based on their age or developmental capacity. Children are receiving academic services and supports necessary to meet grade and/or graduation requirements. In the sample, 27% of the children were receiving special education services and had a current Individualized Education Plan (IEP); they are progressing and meeting all expectations of their IEP. While some children were unable to be in a traditional academic setting, they were able to benefit from alternative educational placements which include a teen parent program, residential treatment program, and homebound. Additionally there were four youth in the sample that were attending community college.

Common patterns for cases that are opportunities include children with developmental delays as well as significant trauma issues that are impacting their learning opportunities. In several cases there were additional needs to update IEPs and child studies. Other contributing factors to low academic performance include multiple school placements of the youth, chronic absences or truancy, expulsion from school, or incarceration of the youth.

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

**Item 17:** Did the agency address the physical health needs of children, including dental health needs?

**Item 18:** Did the agency address the mental/behavioral health needs of children?

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 strength in 96% of cases reviewed. In these cases, children were demonstrating good health and were current on their annual physical, dental examinations, and immunizations. In most cases, the child's growth and weight appeared within age appropriate expectations. In some cases, children, despite having several chronic medical conditions, were being adequately managed by both local and out-of-state health professionals.

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 73% of the cases scored as strengths. In these cases, children are exhibiting age appropriate behaviors and have positive interactions with parents, teachers, caretakers, and their peers. They were using appropriate adapting skills and avoiding negative behaviors by recognizing triggers and self-regulating behaviors accordingly. Children were demonstrating good emotional health as their needs were being addressed through therapy and/or medication management and in several cases addressing their trauma thus, resulting in improved emotional stability. Examples of cases that scored as opportunities included children who had not formed positive attachments or social relationships, cannot self-regulate emotions, exhibit temper tantrums, have emotional outbursts, and regressive behaviors and/or not being responsive to therapeutic interventions. Some children in these cases have not had an adequate assessment to include trauma informed assessments with appropriate service delivery to address their emotional and mental health needs.

## **Systemic Factors**

### Information System

**Item 19:** How well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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 CPS point of entry into the child welfare system through the foster care system and completion of the adoption process, as appropriate.

### Case Record Review System

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

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

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

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. Legislation to bring Virginia's court timeframes into compliance with the requirements of sections 457 (5) and 475 (6) passed in the 2013 General Assembly. Effective July 1, 2014, the timeline changed to be consistent with Virginia Code changes and requirements of federal law. Seventy-five days became 60 for dispositional hearings after removal. Foster care plans are now filed within 45 days instead of 60 days from removal. Foster care reviews are 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 March 31, 2015 out of 4,687 cases 83.9% 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 9, 2015 for FFY 2014 and for year to date in FFY 2015 (October 1, 2014 – February 28, 2015). 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	Initial Baseline (2013)		Target improvement by Sept. 2016	FFY 2014		FFY 2015	
	Average (Days)	Cases Considered		Average (Days)	Cases Considered	Average (Days)	Cases Considered
All Cases	315	Accepted – 848 Rejected – 3	12% decrease	289	Accepted – 972 Rejected – 4	275	Accepted – 407 Rejected – 0
AN/RI Cases	321	Accepted – 689 Rejected – 0	12% decrease	295	Accepted – 781 Rejected – 4	278	Accepted – 339 Rejected – 0
CR Cases	312	Accepted – 35 Rejected – 1	12% decrease	295	Accepted – 26 Rejected – 0	281	Accepted – 11 Rejected – 0
ET Cases	227	Accepted – 80 Rejected – 2	NA	206	Accepted – 109 Rejected – 0	211	Accepted – 36 Rejected – 0
Other Cases (CS, DF, DM, TR, ST)	399	Accepted – 44 Rejected – 3	15% decrease	375	Accepted – 56 Rejected – 1	328	Accepted – 21 Rejected – 0

As a result of changes to Virginia’s time line for processing child dependency cases, the best practice target for this measure decreased from 330 days in FFY 2013 to 270 days in FFY 2014. As September 30, 2014, the new time guidelines impacting this measure (and upon which the FFY 2014 best practice target is based) had been in effect for 3 months. The data suggests that initial permanency planning hearings have been held in a manner consistent with the new time line requirements - pre and post July 1. While the average days to the first permanency hearing for All Cases is 290 days and the average days to the first permanency hearing for Abuse or Neglect and At-Risk of Abuse or Neglect cases is 296 days, (both above the established best practice target of 270 days), these averages are 8% lower than the FFY 2013 averages of 315 days and 321 days, respectively.

Virginia is also working to bring the time to first permanency hearing in line with the new time line requirements for Relief of Custody Cases and Entrustment Agreement Cases, reducing the averages for Relief of Custody Cases from 313 days to 295 days; and Entrustment Agreement Cases from 227 days to 206 days.

Finally, in reviewing “Other Cases,” which includes children who enter care dispositionally (i.e. CHINServices/Supervision, Delinquency Misdemeanor, Delinquency Felony and Status Offense), Virginia is averaging 12.5 months (375 days) from the child’s foster care date to the first permanency hearing, a 6% reduction from FFY 2013 when the average was just over 13 months (399 days).

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	FFY 2014	
	Average (Days)	Cases Considered
All Permanency Goals	223	Accepted – 1519 Rejected – 266
AD Goal	269	Accepted – 630 Rejected – 57
PR Goal	159	Accepted – 301 Rejected – 71
RH Goal	205	Accepted – 588 Rejected – 138
APPLA	176	Accepted – 106 Rejected – 53

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

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 GAL 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.

The TPR Status in SafeMeasures® 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 28<sup>th</sup>, 2015, there were 1,505 children that fall in this report. The TPR status report shows:

- TPR not filed 15.6%;
- TPR filed, not ordered 3%;
- TPR ordered with appeal 6%;
- TPR ordered, child not in adoptive placement 56%;
- TPR ordered, child in pre-adoptive placement 11.8%; and
- Parent missing from TPR 7.3%.

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

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.

#### Quality Assurance System

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

The QAA Unit has a staff of 28 including a QAA program manager, a Foster Care IV-E and Adoption Assistance Review program manager, sub-recipient monitoring coordinator, a federal liaison/special projects coordinator, 18 full-time program consultants, five part-time consultants, and a part-time data analyst. Each team has distinct responsibilities which frequently intersect with each other. The division anticipates hiring a CFSR program manager and a full time data analyst.

**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. This includes validating within 90 days all children who enter foster care for the correct determination of funding. Furthermore, the team reviews all established Title IV-E cases yearly for insurance of on-going compliance to meet federal requirements.

**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.

**Child and Family Services Review:** In March 2015 DFS realigned the operational functions of the CQI unit members to meet the federal requirement to conduct the Child and Family Services reviews. The team will create a process for case reviews that will align with the federal requirements including use of the OSRI.

**Continuous Quality Improvement:** Continuous Quality Improvement has been incorporated into each of the respective program areas in the division of family services. The CQI manager works as a resource in collaboration with each program to identify and strategize areas where improvement is necessary. The manager uses CQI processes and data to develop and implement change for divisional process improvement.

### Training

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

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

In March, 2013, guidance 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. Family Services Training also provides subject matter expert (SME) trainings for experienced workers 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. The (SME) trainings are offered regionally and help to fulfill the mandated 24 hours of continued education hours for experienced workers required after two years of employment. Continuing education activities to be credited toward the 24 hours are pre-approved by the LDSS supervisor or person managing the permanency program. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education

programs, workshops, seminars and conferences. Documentation of continuing education activities is the responsibility of the LDSS.

In addition to SME trainings, Family Services Training sends out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and these will fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc. The Family Services mandated training schedules are sent out quarterly to all LDSS Directors, Supervisors and Workers.

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.

Middle management and supervisors are key to developing and sustaining successful practice skills throughout child welfare. The CORE Supervisor Training has been developed as a competency- based training for new LDSS supervisors with less than two years of experience or supervisors needing refresher training. The Supervisor Series are two consecutive days per month for a period of four months with transfer of learning activities between sessions. The courses consist of SUP 5701: Fundamentals of Supervising; SUP 5702: Management of Communication, Conflict & Change; SUP5703: Supporting & Enhancing Staff Performance; SUP5704: Collaboration and Teamwork.

The Family Services Training provided 420 classes for July, 2014 – March, 2015 with a total of 4943 completions.

<b>Family Services Class Statistics (July 2014 - March 2015)</b>			
<b>Course Title</b>	<b>Count</b>	<b>Completions</b>	<b>Average</b>
VDSS - ADS1000: Adult Services/Adult Protective Services New Worker Policy Training	11	91	8
VDSS - ADS1031: Assessing Capacity	9	99	11
VDSS - ADS2013: Investigating Self-Neglect	10	83	8
VDSS - ADS2141: APS Facility Investigations	9	85	9
VDSS - ADS5011: Uniform Assessment Instrument (UAI)	12	141	12
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	15	220	15
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice	13	123	9
VDSS - CWS1041: Legal Principles in Child Welfare Practice	5	128	26

VDSS - CWS1061: Family Centered Assessment in Child Welfare	13	181	14
VDSS - CWS1071: Family Centered Case Planning	13	161	12
VDSS - CWS1081: SafeMeasures® Training for Supervisors	14	192	14
VDSS - CWS1091: SafeMeasures® Training for Workers	33	474	14
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	14	207	15
VDSS - CWS2000: Child Protective Services New Worker Policy Training with OASIS	14	215	15
VDSS - CWS2010: Ongoing CPS	7	86	12
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services	13	163	13
VDSS - CWS2021: Sexual Abuse	16	187	12
VDSS - CWS2031: Sexual Abuse Investigation	12	134	11
VDSS - CWS2141: Out of Family Investigations	12	110	9
VDSS - CWS3000: Foster Care New Worker Policy Training With OASIS	14	133	10
VDSS - CWS3010: Adoptions New Worker Policy Training With OASIS	11	87	8
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships	12	104	9
VDSS - CWS3041: Working With Children in Placement	4	22	6
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections	3	22	7
VDSS - CWS3071: Concurrent Permanency Planning	7	37	5
VDSS - CWS3081: Promoting Family Reunification	8	86	11
VDSS - CWS3091: Transition Planning with Older Youth in Foster Care	1	10	10
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships	16	213	13
VDSS - CWS4030: Virginia Family Partnership Meeting Facilitator Training	6	52	9
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	14	149	11
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	15	226	15
VDSS - DVS1001: Understanding Domestic Violence	13	157	12
VDSS - DVS1031: Domestic Violence and its Impact on Children	14	174	12
VDSS - DVS1051: Domestic Violence and Older Adults	7	52	7
VDSS - SME004: Implementing and Sustaining Child and Family Teaming	1	42	42
VDSS - SME006: Advanced Injury Identification in Child Protective Services	1	74	74
VDSS - SUP5701: Fundamentals of Supervising Family Services Staff	8	63	8
VDSS - SUP5702: Management of Communication, Conflict & Change	7	61	9
VDSS - SUP5703: Supporting and Enhancing Staff Performance	7	56	8
VDSS - SUP5704: Collaboration and Teamwork	6	43	7
<b>Total</b>	<b>420</b>	<b>4943</b>	<b>13</b>

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 28:** How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

The purpose of foster and adoptive 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 foster, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of the child. 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 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 foster and adoptive 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 LDSS. For larger agencies, CRAFFT collaborates with LDSS training staff to prepare the LDSS staff to deliver both PRIDE and/or A Tradition of Caring training. CRAFFT staff 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 foster and adoptive 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 foster and adoptive 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 29:** How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

1. Services that assess the strengths and needs of children and families and determine other service needs;
2. Services that address the needs of families in addition to individual children in order to create a safe home environment;
3. Services that enable children to remain safely with their parents when reasonable; and
4. Services that help children in foster and adoptive placements achieve permanency.

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

Using 2014 PSSF data reported in the APSR it is clear that there are several types of services that are routinely offered, gaps in services, as well as unmet needs.

**Five Top Ranked Services in Virginia**

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	75.7%	Housing or Other Material Assistance	68.5%	Programs for Fathers (Fatherhood)	45.0%
Early Intervention (Developmental Assessments and/or Interventions)	68.5%	Substance Abuse Services	61.3%	Parent-Family Resource Center	44.1%
Adoption Services for Birth/Adoptive Parents	67.6%	Parenting Education	60.4%	Peer Counseling	41.4%
Educational/School-Related Services	59.5% (tie)	Homeless Families with Children	58.6% (tie)	Transportation	40.5%
Information and Referral	59.5% (tie)	Self-Sufficiency/Life Management Skills Training	58.6% (tie)	Respite Care	35.1% (tie)
Educational Services	59.5% (tie)			Unaccompanied Homeless Youth	35.1% (tie)

Regional Breakouts:

**Five Top Ranked Services: Central Region**

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	87.0%	Parenting Education	87.0%	Parent-Family Resource Center	65.2%
Adoption Services for Birth/Adoptive Parents	82.6%	Job Readiness Services	69.6% (tie)	Programs for Fathers (Fatherhood)	52.2% (tie)
Early Intervention	60.9%	Parenting Skills	69.6%	Respite Care	52.2%

		Training	(tie)		(tie)
Health-Related Services	56.5% (tie)	Substance Abuse Services	69.6% (tie)	Outreach Services	47.8%
Information and Referral	56.5% (tie)	Domestic Violence Prevention	65.2% (tie)	Mutual Support/Self-Help Group	43.5%
Nutrition-Related Services	56.5% (tie)	Housing or Other Material Assistance	65.2% (tie)		
		Non-English Speaking Parents	65.2% (tie)		
		Teenage Parents	65.2% (tie)		

**Five Top Ranked Services: Eastern Region**

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Early Intervention	86.4%	Homeless Families with Children	63.6%	Transportation	45.5%
Adoption Promotion/Support Services	72.7%	Self-Sufficiency/Life Management Skills Training	59.1% (tie)	Parent-Family Resource Center	40.9%
Adoption Services for Birth/Adoptive Parents	63.6%	Mentoring	59.1% (tie)	Unaccompanied Homeless Youth	31.8%
Educational/School-Related Services	59.1% (tie)	Substance Abuse Services	59.1% (tie)	Housing or Other Material Assistance	27.3% (tie)
Educational Services	59.1% (tie)	Outreach Services	59.1% (tie)	Respite Care	27.3% (tie)
Intensive In-Home Services	59.1% (tie)	Families with Children with Disabilities	59.1% (tie)		
		Teenage Parents	59.1% (tie)		

**Five Top Ranked Services: Northern Region**

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Early Intervention	72% (tie)	Housing or Other Material Assistance	76%	Programs for Fathers (Fatherhood)	52%
Educational/School-Related Services	72% (tie)	Day Care Assistance	68%	Non-English Speaking Parents	44% (tie)
Health-Related Services	72% (tie)	Families with Parents with Disabilities	64% (tie)	Transportation	44% (tie)
Adoption Promotion/Support Services	68% (tie)	Parenting Education	64% (tie)	Mutual Support/Self-Help Group	40% (tie)
Educational Services	68% (tie)	Substance Abuse Services	64% (tie)	Respite Care	40% (tie)
Information and Referral	68% (tie)	Teen Pregnancy Prevention	64% (tie)		

**Five Top Ranked Services: Piedmont Region**

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support	75%	Housing or Other Material Assistance	75%	Peer Counseling	55% (tie)

Services					
Adoption Services for Birth/Adoptive Parents	70% (tie)	Parent Leadership	65% (tie)	Parent-Family Resource Center	55% (tie)
Domestic Violence Prevention	70% (tie)	Respite Care	65% (tie)	Transportation	45%
Information and Referral	70% (tie)	Day Care Assistance	60% (tie)	Programs for Fathers (Fatherhood)	40%
Early Intervention	65% (tie)	Outreach Services	60% (tie)	Respite Care	35%
Intensive In-Home Services	65% (tie)	Homeless Families with Children	60% (tie)		

**Five Top Ranked Services: Western Region**

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	76.2%	Housing or Other Material Assistance	71.4% (tie)	Peer Counseling	57.1% (tie)
Adoption Services for Birth/Adoptive Parents	61.9% (tie)	Respite Care	71.4% (tie)	Programs for Fathers (Fatherhood)	57.1% (tie)
Educational/School-Related Services	61.9% (tie)	Self-Sufficiency/Life Management Skills Training	66.7% (tie)	Unaccompanied Homeless Youth	47.6%
Early Intervention	57.1% (tie)	Parenting Skills Training	66.7% (tie)	English as a Second Language (ESL) Services	42.9% (tie)
Educational Services	57.1% (tie)	Counseling & Treatment: Individual	61.9% (tie)	Voluntary Home Visiting	42.9% (tie)
		Counseling: Therapy Groups	61.9% (tie)	Parent-Family Resource Center	42.9% (tie)
		Mentoring	61.9% (tie)	Mutual Support/Self-Help Group	42.9% (tie)
		Parenting Education	61.9% (tie)	Non-English Speaking Parents	42.9% (tie)
		Socialization and Recreation	61.9% (tie)		

There is no current data on the individualization of services. This will be address in future submissions.

Agency Responsiveness to the Community

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

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

VDSS includes the major concerns of the following stakeholders in developing the goals and objectives of the CFSP: the 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.

Virginia does not have any federally recognized tribes at this time. Within the calendar year, there are plans to send a letter to the tribal contacts at each of the 11 state recognized tribes. This letter will begin the process to involve tribes in ongoing consultation and coordination.

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

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

case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

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

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

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 LDSS. 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.

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 reappraised.

The Resource, Foster, and Adoptive Family Home Approval Standards 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.

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.

VDSS reissued the Adoption Through Collaborative Partnerships RFP and contracted with 13 partner agencies to assist in the finalization of adoptions. Two other contracts were awarded, one for general recruitment and two for Extreme Recruitment to identify relatives for Virginia's longest waiting youth. The contract for general recruitment provided broad exposure via television, print media and radio utilizing market segmentation to recruit foster and adoptive families across the state. As a result of this marketing campaign, there were 1,088 adoption inquiries since the initiation of the grant. The Extreme Recruitment grant yielded incremental results. The two agencies have worked with 43 children to date. Five of the children were placed with families who are proceeding with adoption. Of the remaining

children, 10 have been matched with potential adoptive homes and are moving forward with building relationships to determine mutual suitability. Eleven children have expressed an opinion to the court that they do not wish to be adopted. The majority of the remaining 17 children are in residential facilities, group homes and other placements.

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 given 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

The decision was made to focus activities on several Primary Strategies with objectives focused on safety, permanency, well-being, older youth, technology, and continuous quality improvement. The requirements of federal regulations, results from the CFSR and Title IV-E Review, and PIP planning have guided the development of these strategies.

<b>Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services (SAFETY)</b>					
Goal: Strengthen families to ensure safety of children					
<b>Objective</b>	<b>Strategy</b>	<b>Evidence of Completion</b>	<b>Deadline</b>	<b>Responsible Person</b>	<b>Status/Comments</b>
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	<del>2015</del> 2016	Prevention Team	2015 a) The Prevention Advisory Committee is focused on the continued facilitation of three individual workgroups devoted to Prevention guidance revisions; the existing Prevention guidance will be reorganized into three sections and each workgroup will be dedicated to one of the identified sections; the proposed sections are: Prevention (introduction); Early Prevention; and Prevention of Foster Care
	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	Copy of contract and performance schedule	July, yearly	CPS Program Manager CPS Prevention	2015 b) The contract was signed on July 14, 2014; copy of the contract and performance schedule is available. 134 performances were scheduled in 38 school districts at 102 schools across the state.

	children statewide.				
	c) Co-sponsor with Prevent Child Abuse VA, a statewide conference /event.	Copy of conference program	April, yearly	CPS Program Manager CPS Prevention	<u>2015 c)</u> Conference was held on April 13; information can be found at: <a href="http://pcav.org/event/2015-annual-child-abuse-prevention-conference/">http://pcav.org/event/2015-annual-child-abuse-prevention-conference/</a>
	d) Reconvene the Prevention Advisory Committee to establish an ongoing opportunity for collaboration, feedback, and evaluation	Minutes/outlines from stakeholder meetings	March 2014, and ongoing quarterly meetings	Prevention Team	<u>2015 d)</u> Prevention Advisory Committee minutes and outlines will be made available via the SPARK webpage under Child Welfare Advisory Committees
	e) Provide TA	Record of TA provided	Ongoing	Prevention staff	<u>2015 e)</u> Provided TA to LDSS relating to Prevention guidance (guidelines for working with individual families, including instruction on foster care diversion, prevention of foster care, family engagement, and strategies for community collaboration) and responded to constituent complaints as assigned
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	Information distribution	Yearly	PSSF staff (all)	<u>2015 a)</u> Information was distributed on “Using Child & Family Team Decision Making to Drive the Change Process.” The information is located at <a href="http://www.dss.virginia.gov/family/job_aid.pdf">http://www.dss.virginia.gov/family/job_aid.pdf</a>

	requested.				See below for Curricula used by localities reported in annual report.
	b) Collect, analyze, report and monitor the use of PSSF funds annually in accordance with federal requirements.	PSSF quarterly reports	Yearly – with annual report		<u>2015 b)</u> See below for summary of PSSF Program Year 2015 Inventory of Community Services, Gaps and Needs Results.
	c) Revise allocation process to highlight best practices and provide support for those practices	Revised allocation process	2015		<u>2015 c)</u> See below for allocation process
	d) Provide TA annually for localities on the use of the PSSF funding.	On-going, as-needed	Yearly		<u>2015 d)</u> See below for explanation
	e) Disseminate the Child Welfare Funding Package in sufficient time annually for	Child welfare package			<u>2015 e)</u> The package is available online at <a href="http://www.dss.virginia.gov/family/pssf.cgi">http://www.dss.virginia.gov/family/pssf.cgi</a>

	localities to complete a community needs assessment and develop a comprehensive proposal.				
3. 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.	Description of funded programs	July, yearly	CPS Program Manager CPS Prevention	<u>2015 a)</u> See below
	b) Utilize child abuse and neglect treatment funds for support services to child victims.	Description of funded programs	July, yearly	CPS Program Manager VOCA grant manager	<u>2015 b)</u> See below
	c) Develop RFP, select and negotiate contracts, monitor grantees and evaluate performance for programs such as Healthy Families, parent support groups, parent education programs, Child Advocacy Centers, CASA, etc.	Copies of RFPs , renewals, or funding formulas	July, yearly	CPS Program Manager CPS Prevention	<u>2015 c)</u> Victims of Crime Act (VOCA) Child Abuse/Neglect Treatment Program RFP NUMBER FAM-15-054; Child Advocacy Centers (CAC); RFP NUMBER FAM-14-074; CHILD ABUSE AND NEGLECT PREVENTION PROGRAM RFP NUMBER: FAM-15-059 are available upon request.
4. Increase the use	a) Train LDSS staff to	Kinship training	2015 and	Prevention	<u>2015 a)</u>

of kinship care as a diversion option	more effectively engage relatives as kinship options		ongoing	staff, DFS training	The kinship course has been completed and waiting approval of an assessment tool that is to be used with families. The curriculum developer that worked on this project developed kinship curriculum for the national resource center and this course is based on that national curriculum.
	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 standalone guidance for diversion throughout the continuum of child welfare	2016	Prevention staff	
	c) Write Legislative study SB 284 and follow recommendations	Legislative study	January 2016	Prevention Staff	<u>2015 c)</u> See below
	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	TA provided	Ongoing, as-needed	Prevention staff, Regional Resource	<u>2015 e)</u> Regional state staff offer TA as requested by LDSS. See below for examples.

	<p>regional initiatives to train and support kinship care providers.</p> <p>f) Promote use of a database of public records search at all stages of the child welfare continuum</p> <p>g) Train local workers using Diligent search and Family Engagement</p> <p>h) Use Permanency Roundtables to promote kinship</p>	<p>Webinar, onsite trainings, and TA</p> <p>e-learning course Training</p> <p>Record of PRT held</p>	<p>July 2014 Ongoing, as-needed</p> <p>2015</p> <p>ongoing</p>	<p>Family consultants, CRAFFT</p> <p>DFS training, Resource Family contractor</p> <p>DFS training</p> <p>Strengthen Families Project Manager</p>	<p><u>2015 f)</u> See below</p> <p><u>2015 g)</u> The e-learning course is currently under development. Staff was hired recently so work has just recently begun. It is anticipated the course will be available before the end of the calendar year.</p>
<p>5. Provide guidance to local departments on dynamics of domestic violence in all services within the child welfare continuum</p>	<p>a) 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</p>	<p>Stand alone DV chapter in the child and family services manual.</p> <p>FPM/DV Subject Matter expert training</p>	<p>Dec 2014</p> <p>July 2014</p>	<p>Family services staff, DV staff</p> <p>DFS training</p>	<p><u>2015 a)</u> Completed in April 2015, sent to VDSS Commissioner for approval, draft available.</p> <p>New classroom course CWS4040: Domestic Violence and Family Partnership Meeting Facilitation is in development and will be piloted as a SME training in 2015.</p>

	<p>parent, the child and the alleged perpetrator, safety planning, FPM, and service provision</p> <p>b) Vet draft with stakeholder groups and make recommended changes</p> <p>c) Train child welfare workers on the domestic violence screening and assessment tools</p> <p>d) Provide TA</p>	<p>Minutes from stakeholder meetings</p> <p>Training developed</p>	<p>Dec 2014</p> <p>2015</p>	<p>Prevention staff</p> <p>DFS training</p>	<p>b) Input obtained from the CPS Policy Advisory Committee, held September 3, 2014, which includes representation from Prevention Program staff and LDSS Prevention staff. Minutes from that meeting are posted on SPARK. From the minutes: “<b>Domestic Violence Guidance</b> Rita Katzman provided an in-depth review of the draft version of domestic violence guidance that is being added to the Child and Family Services Manual as a stand-alone chapter. Once the chapter is finalized, each child welfare program area will link to specific sections within this chapter. The committee provided suggestions and opportunities for improvement to the draft guidance which will be incorporated.”</p> <p><u>2015 c)</u> DVS1001 Understanding Domestic Violence is being reviewed by Office on Family Violence and revisions to course are in development to include screening and assessment tools.</p>
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		Record of TA provided	ongoing	Prevention staff	
6. Facilitate the communication of requirements around Reasonable Candidacy for Foster Care and the collection of data to support Title IV-E administrative funding for LDSS prevention activities	a) Ensure that LDSS are supported in understanding the process and responsibilities of identifying Reasonable Candidates, the documentation requirements, and the benefits of identification	Webinars, e-learning course, onsite trainings, and ongoing TA	2014 and ongoing	CPS and Prevention Teams	<u>2015 a)</u> Five regional trainings were conducted in March 2014, two Webinar sessions held April 2014, and a new eLearning training course (CWSE1006) was added to the Knowledge Center in May 2014 to facilitate the provision of ongoing training.
	b) Develop a new client screen in OASIS for documenting Reasonable Candidacy to ensure that adequate supporting documentation is maintained in the automated data system and client files	Included in OASIS 3.14 Release	January 2015		<u>2015 b)</u> see below for screen shots
	c) Develop a new client count report in OASIS to ensure the collection of accurate and reliable client counts to meet	Included in OASIS 3.14 Release	January 2015		<u>2015 c)</u> see below for screen shots

	ongoing federal reporting requirements				
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**Implementation supports needed for Primary Strategy: Ensure Safety of children through a focus on Prevention, Diversion, Expansion of Services (SAFETY)**

- Objective 1: training for staff, TA around prevention/diversion, partnership with community partners
- Objective 2: information sharing between VDSS and LDSS, support from financial division (VDSS0)
- Objective 3: continuation of grant funding at federal and state level, monitoring of funds
- Objective 4: training for staff, TA around kinship, partnership with community partners
- Objective 5: training for staff, TA around DV
- Objective 6: completed

Virginia has had an initial assessment by the Center for States to begin the process to request TA. The remainder of the supports are already in place. VDSS staff, regional staff, and LDSS continue to partner with community resources.

**2015 Objective 2 a):**

<b>Table 1: Curricula Used By Localities</b>	
<b>Curriculum</b>	<b>Description</b>
<b>Parents as Teachers (PAT) for Home Visitors</b>	Identified as an evidence-based practice that focuses on three domains: Parent-Child Interactions, Development-Centered Parenting, and Family Well-Being. PAT is accomplished through four interrelated service delivery components: home visits, group connections (parent groups), screenings (ASQ), and connections to resources/services.
<b>Are We There Yet? – birth to 11</b>	Uses multifaceted presentations to reach different learning styles. The key concepts covered include: child development, safety, effective communication, stressors, self-esteem, conflict resolution, problem solving, single and step-parenting, effective discipline techniques, parenting styles and community

**Table 1: Curricula Used By Localities**

<b>Curriculum</b>	<b>Description</b>
<b>Parenting Today's Teens</b>	resources. These classes have a positive and strength based approach and is based on the belief that parents care about their children and need current information and effective tools to face the challenges of parenting in today's world.
<b>Active Parenting Today</b> <b>Active Parenting of Teens</b> <b>1,2,3,4 Parents</b> <b>I Am Your Child Series</b>	Some of the topics covered are: how parenting is our most important job, instilling courage and self-esteem in our children, understanding our children, teaching our children responsibility and cooperation, and how to be an effective, active parent in today's society.
<b>Nurturing Program (Family Support and Family Preservation)</b>	The Nurturing Parenting Program is an internationally recognized, group-based approach for working simultaneously with parents and their children in reducing dysfunction and building healthy, positive interactions. The program uses curriculum for the following classes: Ages 0-4 (English and Spanish), Ages 5-11 (English and Spanish), Adolescent (English), Ages 0-4 and 5-11 African American Cultural Focus (English) and Teen Parents (English).
<b>Systematic Training for Effective Parenting – STEP &amp; Active Parenting/Padres Activos</b>	STEP is for young children through teens. Parents in the program report they have learned helpful parenting skills, to help them to better understand their children. Individual parents are assessed using the STEP surveys. These are administered as both pre and posttests. Additionally, a Parent Feedback Form is completed by the facilitator for each parent that completes the program. This is similar to a report card and provides a snapshot of the parent's participation, engagement and application of material learned.
<b>Comenzando Bien (Family Support and Family Preservation) –</b>	<p>Comenzando Bien is a prenatal education program for Hispanic women. It takes into account the unique needs of the Hispanic pregnant women and their families. It is culturally and linguistically relevant and appropriate for implementation in a variety of settings.</p> <p>Other Resources:</p> <ol style="list-style-type: none"> <li>1. Nurturing Parenting; Teaching Empathy, Self-Worth and Discipline to School Age Children – by Stephen Bavolek, PhD</li> <li>2. Nurturing Program for Parents and Their infants, Toddlers and Preschoolers – by Stephen Bavolek, PhD</li> </ol>

<b>Table 1: Curricula Used By Localities</b>	
<b>Curriculum</b>	<b>Description</b>
	<p>3. Crianza Con Carino, Programa Para Padres E Hijos - Stephen Bavolek, PhD            4. Parenting Your Out of Control Teen – by Scott Sells, PhD            Lessons were designed to help parents acquire best practice techniques that would improve their overall parenting skills and positive ways of interacting with their children.</p>
	<p>Early Head Start uses the following curricula:</p> <ul style="list-style-type: none"> <li>• Family Preservation Assessment, Ages &amp; Stages/Denver II</li> <li>• Early Intervention (Developmental Assessments and/or Interventions)</li> <li>• Parents as Teachers</li> </ul>
<b>Strengthening Families Program</b>	<p>SFP (Kumpfer &amp; DeMarsh, 1989; Kumper, DeMarsh, &amp; Child, 1989) is an evidence-based 14 week family skills training program that involves the whole family in three classes run on the same night once a week. The parents or caretakers of high-risk youth attend the SFP Parent Training Program in the first hour. At the same time their children attend the SFP ages 6-11 Skills training Program. In the second hour, the families participate together in a SFP Family Skills Training Program.</p>
<b>Master Financial Volunteer Education through Virginia Polytechnic Institute and State University (VT)</b>	<p>Topics covered are Financial Management Services/Budgeting; Self-Sufficiency and Life Management Skills; Positive Solutions for Families.</p>

**2015 Objective 2 b):**

The 2015-2019 PSSF community needs assessment and funding application was sent to all 120 local departments of social services as well as all 133 counties and cities' Community Policy Management Team chairs in Virginia. With input from community partners and stakeholders each applicant was asked to complete and submit the community needs assessment. LDSS who completed the assessment were required to convene partners and stakeholders at a community stakeholders meeting to complete the assessment form. The Inventory included an assessment scale to assist localities in rating the need and availability in their jurisdiction of an array of 48 types of family and child welfare prevention services pre-identified by VDSS. The current PSSF service array has been expanded to include CBCAP (Community-Based Child Abuse Prevention) services. The additional CBCAP services are listed in *italics*. (see Table 1)

Table 1 -- Promoting Safe and Stable Families (PSSF) Service Array

Service Code	Service Array	Service Code	Service Array
010	Adoption Promotion/Support Services	170	Leadership & Social Skills Training
<i>011</i>	<i>Adoption Services for Birth/Adoptive Parents</i>	<i>171</i>	<i>Parent Leadership</i>
020	Assessment	180	Mentoring
030	Case Management	<i>181</i>	<i>Peer Counseling</i>
040	Community Education & Information	190	Nutrition-Related Services
050	Counseling & Treatment: Individual	200	Other
051	Counseling: Therapy Groups	210	Parent-Family Resource Center
060	Day Care Assistance	211	Parenting Education
061	Developmental/Child Enrichment Day Care	212	Programs for Fathers (Fatherhood)
070	Domestic Violence Prevention	213	Parenting Skills Training
080	Early Intervention (Developmental Assessments and/or Interventions)	220	Respite Care
090	Educational/School-Related Services	230	Self-Help Groups (Anger Control, Substance Abuse, Domestic Violence)
110	Financial Management Services	<i>231</i>	<i>Mutual Support/Self-Help Group</i>
<i>111</i>	<i>Self-Sufficiency/Life Management Skills Training</i>	235	Substance Abuse Services
<i>112</i>	<i>Job Readiness Services</i>	240	Socialization and Recreation
<i>113</i>	<i>Educational Services</i>	250	Teen Pregnancy Prevention
<i>114</i>	<i>English as a Second Language (ESL) Services</i>	260	Transportation
120	Health-Related Services (excludes dental and client-specific procedures)	270	<i>Outreach Services</i>
130	Housing or Other Material Assistance	<i>280</i>	<i>Unaccompanied Homeless Youth</i>
140	Information and Referral	<i>NC</i>	<i>Families with Children with Disabilities</i>
<i>141</i>	<i>Follow-Up Services</i>	<i>NC</i>	<i>Families with Parents with Disabilities</i>
150	Intensive In-Home Services	<i>NC</i>	<i>Non-English Speaking Parents</i>
151	Voluntary Home Visiting	<i>NC</i>	<i>Homeless Families with Children</i>
160	Juvenile Delinquency/Violence Prevention Services	<i>NC</i>	<i>Teenage Parents</i>

Note: Additional Community-Based Child Abuse Prevention, or CBCAP, services are *italicized*. NC = No service code.

Each applicant was asked to indicate which of the following categories best described a specific type of service:

- Need (N): The service is not provided.

- Gap (G): The service is provided but is not available to meet the needs of all persons who need the service.
- Met (M): The service is currently being provided.

For each service area, the percentage of applicants who categorized it as a need, gap, or met service was calculated and ranked from highest to lowest. The top five most frequently mentioned services were identified in each category.

## Results

### Statewide

One hundred and eleven (N=111) community assessments – representing 123 localities were completed by a total of 112 local departments of social services (one assessment was jointly completed by Albemarle County DSS and Charlottesville City DSS). Figure 1 shows the LDSS that completed the PSSF Community Needs Assessment in 2014 for the FYs 2015 -2019 funding cycle. Three LDSS, representing five localities submitted applications after the statewide data had been entered and analysis performed. The five localities are not included in this analysis.

Figure 1 – PSSF Community Assessments Completed by LDSS, 2014

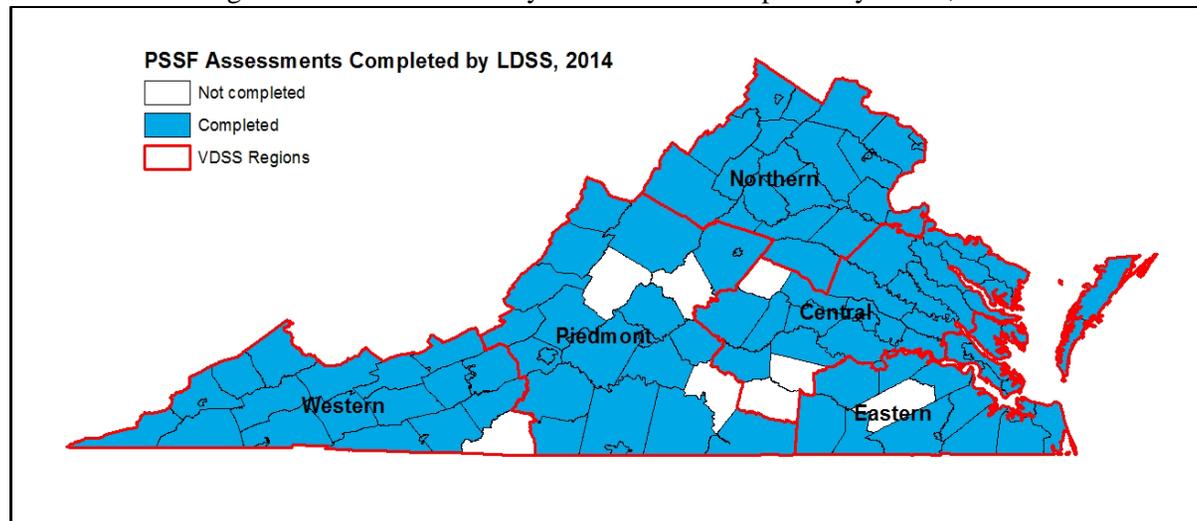
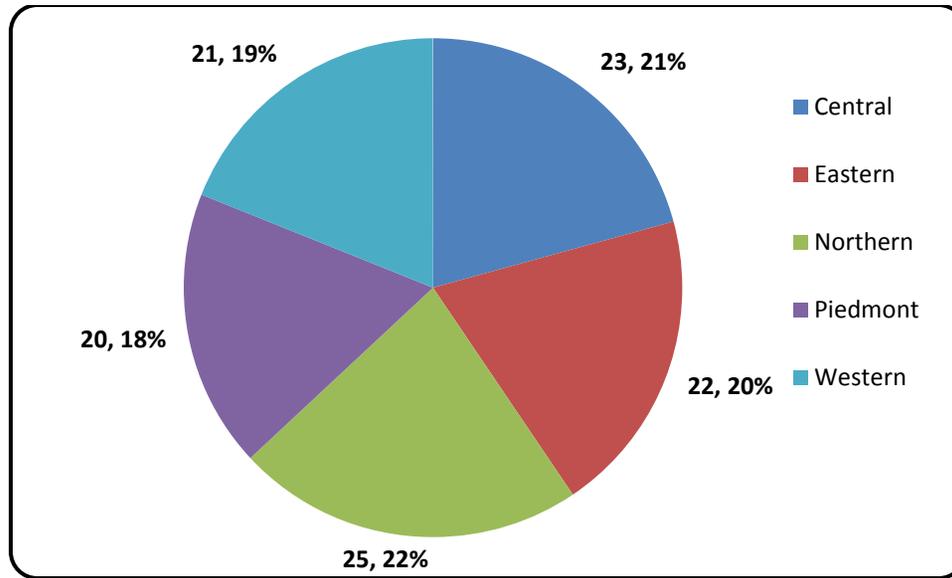


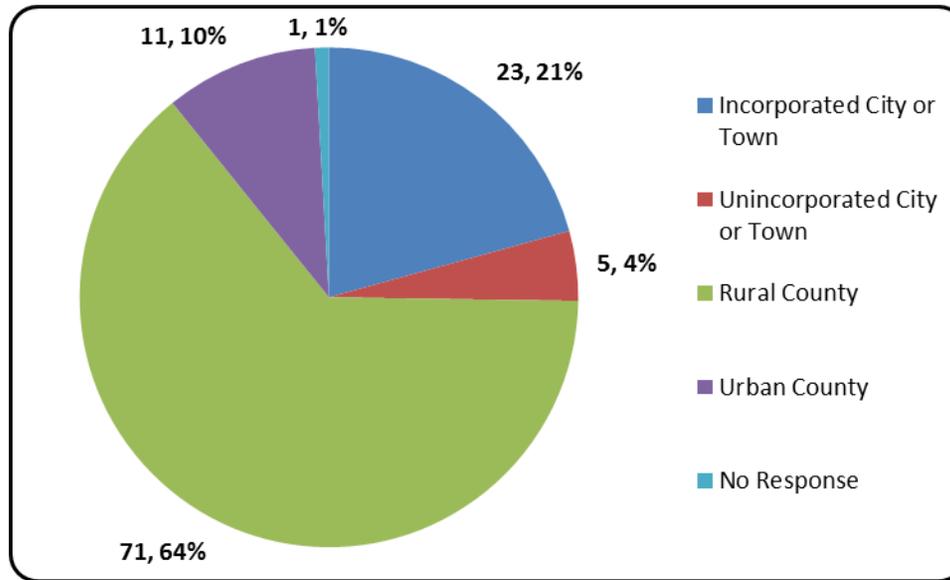
Figure 2 shows the distribution (counts and percentages) of assessments by VDS region.

Figure 2 – PSSF Community Assessments Completed by VDS Region



The majority (n=71; 64%) of local departments reported that their communities were primarily rural counties. Figure 3 shows the number of completed assessments by type of community.

Figure 3 – PSSF Community Needs Assessments Completed by Type of Community



Services Need

Table 2 shows the five top ranked services that are either being met, insufficiently provided (“gap”), or non-existent (“need”), based on all responses. No specific service area was reported as a community need by the majority (50% or greater) of applicants statewide. This may imply differential needs based on other factors, such as geography and community population size. As seen in Table 2, the most frequently mentioned service *need* – that is, where services are not provided -- is fatherhood programs (45%). The remaining top service needs deal with a variety of issues (e.g., transportation, respite care). However, there is a tendency to report a need for parent resources, such as parenting classes, resource centers, and peer counseling. One of the current state administration’s priority issues is chronic homelessness, especially among youth who “age out” of foster care. Young adults who were in foster care have higher rates of homelessness compared to other young adults. Not surprisingly, youth homelessness is listed among the top areas in need of services.

Services Gap

At least half ( $\geq 50\%$ ) of local departments statewide reported that there were *gaps* in providing 17 types of services in their communities. The most frequently mentioned service *gap* – that is, where not enough services exist for the area’s need -- is housing or other material assistance (68.5%). The remaining top four service areas deal with a variety of issues ranging from substance abuse to self-sufficiency and life skills management. See Table 2.

Services Met

At least half ( $\geq 50\%$ ) of local departments across the state reported nine types of services areas that were being *met* in their communities. As shown in Table 2, the top *met* service is adoption promotion and support services (75.7%). The other four top met services relate to adoption (e.g., adoption services for birth and adoptive parents) and education (e.g., educational services, educational/school-related services).

Table 2 – Five Top Ranked Services in Virginia

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	75.7%	Housing or Other Material Assistance	68.5%	Programs for Fathers (Fatherhood)	45.0%
Early Intervention (Developmental Assessments and/or Interventions)	68.5%	Substance Abuse Services	61.3%	Parent-Family Resource Center	44.1%
Adoption Services for Birth/Adoptive Parents	67.6%	Parenting Education	60.4%	Peer Counseling	41.4%
Educational/School-Related Services	59.5% (tie)	Homeless Families with Children	58.6% (tie)	Transportation	40.5%
Information and Referral	59.5% (tie)	Self-Sufficiency/Life Management Skills Training	58.6% (tie)	Respite Care	35.1% (tie)
Educational Services	59.5% (tie)			Unaccompanied Homeless Youth	35.1% (tie)

VDSS Regions

Virginia’s state social services system is divided into five regions (refer to Figure 1). The Eastern Region is comprised of large urban and suburban cities and towns clustered in the eastern corridor along the Atlantic coastline. The Eastern region also has a large military population. The Central Region surrounds the state’s capitol city (Richmond City) and is comprised of large urbanized counties consisting of major private businesses and many state government offices. The Northern Region, which is located near the federal Capitol (in Washington, D.C.), is comprised of large cities and urbanized counties, is culturally diverse, has the fastest growing population in the state (especially among Hispanics), and has a strong corporate and federal government presence. The Piedmont Region is located in the mountainous and foothill areas of the state and is home to some of the state’s largest universities (e.g., University of Virginia). The Western Region is in the heart of rural Appalachia in the southwest corner of the state -- creating some geographic and cultural isolation from the rest of the state -- and is known to have considerable substance abuse issues among the families known to child welfare.

Table 3 provides a comparison of the state and regional areas by population, poverty and unemployment rates, and percentage of children living in single-parent homes.

Table 2 – Demographic Characteristics by VDSS Region

	Total Population, 2013	Poverty Rate (%), 2013	Population Below Poverty, 2013	Unemployment Rate (%), 2013	Children Living in Single-Parent Households (%), 2009-2013
<b>Virginia</b>	8,260,405	11.7%	941,059	5.5%	29%
<b>Regions:</b>					
Central	1,351,887	13.5%	176,294	6.0%	35%
Eastern	1,861,541	13.7%	243,363	6.1%	37%
Northern	3,286,562	7.4%	240,148	4.6%	22%
Piedmont	1,165,757	15.3%	171,615	6.3%	34%
Western	594,658	19.4%	109,640	7.4%	31%

Sources: U.S. Census Bureau, American Community Survey (population, family structure) and Small Area Income Poverty Estimates (poverty rates); Virginia Employment Commission (unemployment rate).

The following sections describe trends within each VDSS region regarding needs and gaps in services, based on their self-report. The top five ranked needed services, service gaps and services that are met are discussed. Tables in Appendix B show the percentage of applicants within each region who identified each of the 48 services as a need, gap, or met service.

Central Region

Twenty-three (23) local departments in the Central Region submitted assessments. Seventeen (17) were rural counties, three were urban counties, and three were incorporated cities or towns with 25,000 or more inhabitants. As shown in Table 4, the top service need in the Central Region was parent-family resource centers (65%). Other frequently mentioned needs included: fatherhood programs, respite care, outreach services, and mutual support/self-help groups. As for service gaps, the most frequently mentioned service was parenting education (87%). Job readiness services, parenting skills training, substance abuse, domestic violence prevention, housing and other material assistance, and services for non-English speaking parents were also mentioned by least 60% of applying local agencies in the region. The top met service, as reported by 87% of applicants in the Central region, was adoption promotion/support services. Other service needs being met were: adoption services for birth and adoptive parents, early intervention, health-related services, information and referral, and nutrition services.

Table 4 – Five Top Ranked Services: Central Region

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support	87.0%	Parenting Education	87.0%	Parent-Family Resource Center	65.2%

Services					
Adoption Services for Birth/Adoptive Parents	82.6%	Job Readiness Services	69.6% (tie)	Programs for Fathers (Fatherhood)	52.2% (tie)
Early Intervention	60.9%	Parenting Skills Training	69.6% (tie)	Respite Care	52.2% (tie)
Health-Related Services	56.5% (tie)	Substance Abuse Services	69.6% (tie)	Outreach Services	47.8%
Information and Referral	56.5% (tie)	Domestic Violence Prevention	65.2% (tie)	Mutual Support/Self-Help Group	43.5%
Nutrition-Related Services	56.5% (tie)	Housing or Other Material Assistance	65.2% (tie)		
		Non-English Speaking Parents	65.2% (tie)		
		Teenage Parents	65.2% (tie)		

### Eastern Region

Twenty-two (22) local departments in the Eastern Region submitted assessments. Ten (10) were rural counties, 10 were incorporated cities/towns with 25,000 or more inhabitants, and two were urban counties. As shown in Table 5, the top service need in the Eastern Region was transportation (46%). Other needed services included: parent-family resource centers, services for unaccompanied homeless youth, housing or other material assistance, and respite care. Generally, all of these services were mentioned by less than 50% of applicants. As for gaps in services, the most often mentioned service was for homeless families with children (64%). Services related to self-sufficiency/life management skills training, mentoring, substance abuse, outreach, families with children with disabilities, and teen parents were also frequently mentioned by least 55% of applying agencies in the region. The top service met, as reported by 86% of applicants in the Eastern region, was early intervention. Other service needs being met: adoption promotion/support, adoption services for birth and adoptive parents, education and/or school-related services, and intensive in-home services.

Table 5 – Five Top Ranked Services: Eastern Region

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Early Intervention	86.4%	Homeless Families with Children	63.6%	Transportation	45.5%
Adoption Promotion/Support	72.7%	Self-Sufficiency/Life Management Skills	59.1% (tie)	Parent-Family Resource Center	40.9%

Services		Training			
Adoption Services for Birth/Adoptive Parents	63.6%	Mentoring	59.1% (tie)	Unaccompanied Homeless Youth	31.8%
Educational/School-Related Services	59.1% (tie)	Substance Abuse Services	59.1% (tie)	Housing or Other Material Assistance	27.3% (tie)
Educational Services	59.1% (tie)	Outreach Services	59.1% (tie)	Respite Care	27.3% (tie)
Intensive In-Home Services	59.1% (tie)	Families with Children with Disabilities	59.1% (tie)		
		Teenage Parents	59.1% (tie)		

Northern Region

Twenty-five (25) local departments in the Northern Region submitted assessments. Fourteen (14) were rural counties, five were urban counties, four were incorporated cities/towns with 25,000 or more inhabitants, and one was an unincorporated city or town with less than 25,000 inhabitants. (One local department did not respond.) As shown in Table 6, the top service need in the Northern Region was fatherhood programs (52%). Other needed services pertained to non-English speaking parents, transportation, mutual support/self-help groups, and respite care. Other than the fatherhood programs, all other services were mentioned by fewer than 50% of applicants. As for gaps in services, the most often mentioned service was for housing or other material assistance (76%). Services related to day care assistance, families with disabled parents, parenting education, substance abuse, and teen pregnancy prevention were also frequently mentioned by least 60% of respondents in the region. As shown in Table 6, the top services met, as reported by 72% of applicants in the Northern region, were early intervention, educational/school-related services, and health-related services. Other top service needs being met include: adoption promotion/support, educational services, and information and referral.

Table 6 – Five Top Ranked Services: Northern Region

Met		Gap		Need	
Service	Percent	Service	Percent	Service	Percent
Early Intervention	72% (tie)	Housing or Other Material Assistance	76%	Programs for Fathers (Fatherhood)	52%
Educational/School-Related Services	72% (tie)	Day Care Assistance	68%	Non-English Speaking Parents	44% (tie)
Health-Related Services	72% (tie)	Families with Parents with Disabilities	64% (tie)	Transportation	44% (tie)

Adoption Promotion/Support Services	68% (tie)	Parenting Education	64% (tie)	Mutual Support/Self-Help Group	40% (tie)
Educational Services	68% (tie)	Substance Abuse Services	64% (tie)	Respite Care	40% (tie)
Information and Referral	68% (tie)	Teen Pregnancy Prevention	64% (tie)		

### Piedmont Region

Twenty (20) local departments in the Piedmont Region submitted assessments. Thirteen (13) were rural counties, five were incorporated cities/towns with 25,000 or more inhabitants, one was an unincorporated city or town with less than 25,000 inhabitants, and one was an urban county. As shown in Table 7, the top service needs in the Piedmont Region were peer counseling and parent-family resource centers (tied for top ranking at 55%). Other needed services pertained to transportation, fatherhood programs and respite care. Other than peer counseling and parent-family resource centers, all other services were mentioned by a minority (< 50%) of respondents. As for gaps in services, the most often mentioned service was for housing or other material assistance (75%). Services related to parent leadership, respite care, day care assistance, outreach services, and homeless families with children were also frequently mentioned by least 60% of applicants in the region. The top services met, as reported by 75% of applicants in the Piedmont region, was adoption promotion and support services. Other service needs being met were: adoption services for birth and adoptive parents, domestic violence prevention, information and referral, early intervention, and intensive in-home services.

Table 7 – Five Top Ranked Services: Piedmont Region

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	75%	Housing or Other Material Assistance	75%	Peer Counseling	55% (tie)
Adoption Services for Birth/Adoptive Parents	70% (tie)	Parent Leadership	65% (tie)	Parent-Family Resource Center	55% (tie)
Domestic Violence Prevention	70% (tie)	Respite Care	65% (tie)	Transportation	45%
Information and Referral	70% (tie)	Day Care Assistance	60% (tie)	Programs for Fathers (Fatherhood)	40%
Early Intervention	65% (tie)	Outreach Services	60% (tie)	Respite Care	35%
Intensive In-Home Services	65% (tie)	Homeless Families with Children	60% (tie)		

Western Region

Twenty-one (21) local departments in the Western Region submitted assessments. Seventeen (17) were rural counties, one was an incorporated city or town with 25,000 or more inhabitants, and three were unincorporated cities or towns with less than 25,000 inhabitants. As shown in Table 8, the top service needs in the Piedmont Region were peer counseling and fatherhood programs (tied at 57%). Other needed services pertained to homeless youth, ESL (English as a Second Language) services (particularly for parents), voluntary home visiting, parent-family resource centers, and mutual support/self-help groups. With the exception of the top two services – peer counseling and fatherhood programs – all other services were mentioned by less than 50% of applicants. As for gaps in services, the most often mentioned services were for housing or other material assistance and respite care (tied at 71%). Services related to self-sufficiency/life management skills training, parenting skills and education, mental health counseling (individual and group), mentoring, and socialization/recreation were also frequently mentioned. The top service met, as reported by 76% of applicants in the Western region, was adoption promotion and support services. Other service needs being met were: adoption services for birth and adoptive parents, educational and/or school-related services, and early intervention.

Table 8 – Five Top Ranked Services: Western Region

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	76.2%	Housing or Other Material Assistance	71.4% (tie)	Peer Counseling	57.1% (tie)
Adoption Services for Birth/Adoptive Parents	61.9% (tie)	Respite Care	71.4% (tie)	Programs for Fathers (Fatherhood)	57.1% (tie)
Educational/School-Related Services	61.9% (tie)	Self-Sufficiency/Life Management Skills Training	66.7% (tie)	Unaccompanied Homeless Youth	47.6%
Early Intervention	57.1% (tie)	Parenting Skills Training	66.7% (tie)	English as a Second Language (ESL) Services	42.9% (tie)
Educational Services	57.1% (tie)	Counseling & Treatment: Individual	61.9% (tie)	Voluntary Home Visiting	42.9% (tie)
		Counseling: Therapy Groups	61.9% (tie)	Parent-Family Resource Center	42.9% (tie)
		Mentoring	61.9% (tie)	Mutual Support/Self-Help Group	42.9% (tie)
		Parenting Education	61.9%	Non-English	42.9%

			(tie)	Speaking Parents	(tie)
		Socialization and Recreation	61.9% (tie)		

In summary, there are similarities between the VDSS regions in terms of top unmet service needs and gaps. Four of five regions identified fatherhood programs, parent-family resource centers, and respite care among their top five service needs. Transportation and mutual support/self-help groups were mentioned by three of five regions. In regard to gaps, housing or other material assistance was mentioned by four of five regions (three listed it as the top service gap). Three regions identified parenting education and substance abuse services among their top five service gaps. Combined, housing or material assistance and respite care were identified as either a top need or gap in all five regions (see Table 9). Four regions identified parent-family resource centers and fatherhood programs as either a top need or gap in their areas. This may imply a need for initiatives to be implemented statewide, not just at the local or regional level. However, there are unique challenges in each region. For example, mental health treatment – whether individual counseling/treatment or therapy groups – was identified as limited (gap or need) in the Western region only, most likely attributed to lack of mental health providers serving the area. Need for ESL services in the Western region may be attributed to an influx of immigrants, refugees, and migrant workers to the area, known for its lack of cultural diversity. The Northern region, which has a larger population relative to other regions, was the only region to identify teen pregnancy prevention and services for families with parents with disabilities as a need or gap. Child day care assistance was identified as a gap in the Northern region (along with Piedmont), perhaps due to an insufficient number of affordable day care centers and providers in the region.

Table 3 – Service Areas Identified as a Top Need or Gap, by VDSS Region

Code	Service	Central	Eastern	Northern	Piedmont	Western
010	Adoption Promotion/Support Services					
011	Adoption Services for Birth/Adoptive Parents					
020	Assessment					
030	Case Management					
040	Community Education & Information					
050	Counseling & Treatment: Individual					Gap
051	Counseling: Therapy Groups					Gap
060	Day Care Assistance			Gap	Gap	
061	Developmental/Child Enrichment Day Care					
070	Domestic Violence Prevention	Gap				
080	Early Intervention					
090	Educational/School-Related Services					
110	Financial Management Services					
111	Self-Sufficiency/Life Management Skills Training		Gap			Gap
112	Job Readiness Services	Gap				

113	Educational Services					
114	English as a Second Language (ESL) Services					Need
120	Health-Related Services					
130	Housing or Other Material Assistance	Gap	Need	Gap	Gap	Gap
140	Information and Referral					
141	Follow-Up Services					
150	Intensive In-Home Services					
151	Voluntary Home Visiting					Need
160	Juvenile Delinquency/Violence Prevention Services					
170	Leadership & Social Skills Training					
171	Parent Leadership				Gap	
180	Mentoring		Gap			Gap
181	Peer Counseling				Need	Need
190	Nutrition-Related Services					
200	Other					
210	Parent-Family Resource Center	Need	Need		Need	Need
211	Parenting Education	Gap		Gap		Gap
212	Programs for Fathers (Fatherhood)	Need		Need	Need	Need
213	Parenting Skills Training	Gap				Gap
220	Respite Care	Need	Need	Need	Need	Gap
230	Self-Help Groups (Anger Control, SA, DV)					
231	Mutual Support/Self-Help Group	Need		Need		Need
235	Substance Abuse Services	Gap	Gap	Gap		
240	Socialization and Recreation					Gap
250	Teen Pregnancy Prevention			Gap		
260	Transportation		Need	Need	Need	
270	Outreach Services	Need	Gap		Gap	
280	Unaccompanied Homeless Youth		Need			Need
NC	Families with Children with Disabilities		Gap			
NC	Families with Parents with Disabilities			Gap		
NC	Homeless Families with Children		Gap		Gap	
NC	Non-English Speaking Parents	Gap		Need		Need
NC	Teenage Parents	Gap				

Community Type

The largest group of applying agencies described their communities as “rural” (N=71). Although rural communities were located in all regions of the state, most were concentrated in the Central and Western. Table 10 shows the top needs, gaps, and met services. The top need was fatherhood programs (52%). Not surprisingly, transportation was mentioned among the top five needs for these communities due to their geographic isolation. Service gaps existed in housing and other material assistance as well family-oriented services (parenting education, services for homeless families and families with disabled parents). Adoption services (e.g., adoption promotion/support, services for birth and adoptive parents) were the top services met in these types of communities. Other services met pertained to education-related services, including early intervention. Although rural areas, especially those in the southwestern part of the state, are known for substance abuse problems, services targeted to this population appear to be met, according to responses from applicants serving rural communities.

Table 10 – Five Top Ranked Services: Rural Communities

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	74.6%	Housing or Other Material Assistance	62.0%	Programs for Fathers (Fatherhood)	52.1%
Adoption Services for Birth/Adoptive Parents	67.6%	Parenting Education	60.6% (tie)	Parent-Family Resource Center	43.7% (tie)
Early Intervention	66.2%	Self-Sufficiency/Life Management Skills Training	60.6% (tie)	Peer Counseling	43.7% (tie)
Substance Abuse Services	59.2%	Families with Parents with Disabilities	59.2% (tie)	Transportation	39.4%
Educational/School-Related Services	57.7% (tie)	Homeless Families with Children	59.2% (tie)	Unaccompanied Homeless Youth	36.6%
Educational Services	57.7% (tie)				
Information and Referral	57.7% (tie)				

Combined, urban communities and incorporated cities and towns with 25,000 or more inhabitants (N=34), which were more concentrated in the Eastern and Northern regions of the state, had similar needs, gaps, and met needs compared to rural communities. The top need was transportation (50%), which was listed among the top five needs by rural communities. Parent-family resource centers and services for homeless youth were also mentioned by both types of communities. Housing or other material assistance was the top listed service gap (82%). Adoption promotion/support

service (82%) was the top listed met service in urban and incorporated cities/towns. Table 11 shows the five top ranked needs, gaps, and services met in urban communities and incorporated cities and towns.

Table 11 – Five Top Ranked Services: Urban Communities and Incorporated Cities & Towns

<b>Met</b>		<b>Gap</b>		<b>Need</b>	
<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>	<b>Service</b>	<b>Percent</b>
Adoption Promotion/Support Services	82.4%	Housing or Other Material Assistance	82.4%	Transportation	50.0%
Early Intervention	76.5%	Substance Abuse Services	64.7%	Parent-Family Resource Center	47.1%
Adoption Services for Birth/Adoptive Parents	73.5%	Parenting Education	61.8%	Respite Care	38.2%
Educational Services	64.7% (tie)	Day Care Assistance	58.8%	Mutual Support/Self-Help Group	35.3%
Information and Referral	64.7% (tie)	Case Management	55.9% (tie)	Outreach Services	32.4% (tie)
		Voluntary Home Visiting	55.9% (tie)	Unaccompanied Homeless Youth	32.4% (tie)
		Teen Pregnancy Prevention	55.9% (tie)		
		Non-English Speaking Parents	55.9% (tie)		
		Homeless Families with Children	55.9% (tie)		

**Comments/Future Directions**

The Inventory of Community Services, Needs and Gaps indicate that service needs are being met in many areas, but are lacking in others. Major findings from the Inventory include:

- Based on 111 community needs assessments completed by 112 local social services agencies (one assessment was jointly completed by two agencies), the top service *need*, as identified by 45% of local agencies, was fatherhood programs. This service was identified by local agencies as among the top five needed services in four of the five VDSS regions.
- Parent-family resource centers and respite care were also among the top five needed services in at least four regions.

- Rounding out the top five most frequently mentioned service needs by all local agencies combined: parent-family resource centers (44.1%), peer counseling (41.4%), transportation (40.5%), respite care (35.1%), and services for unaccompanied homeless youth (35.1%). However, there were regional differences regarding which services were most needed.
- At least half ( $\geq 50\%$ ) of local departments statewide reported that there were *gaps* in providing 17 types of services in their communities. Statewide, the most frequently mentioned gap was housing or other material assistance (68.5%), which was also cited among the top five services gap in four regions. Following close behind were substance abuse services (61.3%) and parenting education (60.4%).
- At least half ( $\geq 50\%$ ) of local departments across the state reported nine types of services that were being *met* in their communities. Adoption promotion and support (75.7%) was the most often cited met service need across all local agencies reporting. Following close behind as other top met needs were: early intervention (68.5%) and adoption services for birth and adoptive parents (67.6%).
- Combined, housing or material assistance and respite care were identified as either a top need or gap in all five regions. Four regions identified parent-family resource centers and fatherhood programs among the leading needs and/or gaps in their areas. This may imply a need for initiatives to be implemented statewide, not just at the local or regional level.
- Regional differences occurred when identifying top needed services and service gaps. Awareness of regional needs and gaps will be useful to both applicants, especially those agencies that want to develop regional-based partnerships, and to VDSS Regional Offices when developing resources and supports for local communities.
- There were commonalities and differences in reported needs and gaps between rural counties and urban counties (including incorporated towns and cities with 25,000 or more inhabitants). These will need to be explored when developing regional partnerships and plans that affect both rural and urban communities.

**2015 Objective 2 c):**

For planning purposes, in SFY14, the VDSS Office of Research & Planning staff updated the funding formula variables using data available as of September 2013 and by using a minimum base amount of \$18,000 per locality/LDSS with a northern Virginia base of \$26,000. The total funds available for the state are estimated to be \$5,104,620. To meet the base amounts and stay within the estimated available funds the allocations for some agencies were reduced from what was calculated by strictly applying the formula. The maximum percent reduction was about 10.1%.

Variables used to determine locality funding:

1. Population estimates ages 0-17 (Virginia Department of Health 2011)
2. Poverty estimates ages 0-17 (Census Bureau, SAIPE 2011)
3. Number of valid CPS complaints reported by VDSS (Apr 2012 – Mar 2013)
4. Number of unduplicated children served as reported by CSA (SFY 2012)
5. Intake complaints for ages 0-17 reported by the Virginia DJJ (SFY 2012)
6. Number of foster care children with a goal of return home reported by VDSS (July 1, 2013)
7. Number of adult and children substance abuse consumers reported by the Virginia Department of Behavior Health and Developmental Services (SFY 2012)

8. Number of children receiving special education services as reported by the Virginia Department of Education (Dec. 2012)

To locate the PSSF Eight Variables go to <http://www.dss.virginia.gov/family/pssf.cgi>.

**2015 Objective 2 d) and e):**

Currently one VDSS Prevention staff member is responsible for collecting, analyzing, reporting, and monitoring the use of 128 localities use of PSSF funds in accordance with federal and state requirements

Localities submitted their initial funding applications (for the 2015- 2019 funding cycle) in calendar year 2014. In addition, localities submitted their renewal applications in calendar year 2015. The renewal application was completed using Microsoft Excel versus the previous application using Microsoft Word. Excel allows staff to copy & paste data into a spreadsheet. The renewal funding package was disseminated to localities on March 4, 2015 and was due April 10, 2015. The package is available online at <http://www.dss.virginia.gov/family/pssf.cgi>

The VDSS Prevention staff conducted conference calls to support communities interested in applying for PSSF funds for the new five-year period which started on June 1, 2014. Over 140 persons registered for the calls including local Community Policy and Management Teams, LDSS Directors, Family Services (Prevention, Foster Care, and Adoption) Supervisors, CSA Coordinators, PSSF Contacts, and others. Prevention staff produced a PowerPoint and distributed it via e-mail to call participants prior to each call. Each call included information on the PSSF program and requirements, overview of the Community Needs Assessment process & plan, suggestions on how to get started with the planning process, estimated locality funding, how to prepare and submit required documents, budget preparation, and reporting and delivery requirements.

**2015 Objective 3:**

Funded Prevention Programs include:

- *Children, Youth & Family Services, Inc.* Model/Curriculum used: Parents as Teachers, CYFS Play Partners & Effective Black Parenting
- *INMED Partnerships for Children*, Model/Curriculum used: Healthy Families America (HFA) and Nurturing Parenting Program
- *Horizon Behavioral Health*, Model/Curriculum used: Strengthening Families Program
- *Quin Rivers, Inc.*, Model/Curriculum used: Healthy Families America (HFA) and Parents as Teachers for Home Visiting; Nurturing Parenting Program for parenting education/support, Healthy Families
- *Winchester Regional Health System*, Model/Curriculum used: Healthy Families America (HFA) and Parents as Teachers
- *Chesapeake Health Investment Program*, Model/Curriculum used: CHIP Model using Parents as Teachers curriculum
- *New River Valley Child Advocacy, Resources, Education and Services (NRV CARES)*, Model/Curriculum used: Early Childhood Systematic Training for Effective Parenting (STEP), Stewards of Children

- *Jefferson Area CHIP*, Model/Curriculum used: CHIP Model using Parents as Teachers curriculum
- *Northern Virginia Family Service*, Model/Curriculum used: Healthy Families America (HFA), Parents as Teachers and Partners for a Healthy Baby (curriculum)
- *Highlands Community Services*, Model/Curriculum used: Systematic Training for Effective Parenting (STEP), Circle of Parents, Stewards of Children
- *The Center for Alexandria's Children*, Model/Curriculum used: Center for Alexandria's Children Learn and Playgroup Curriculum (independently developed and evaluated)
- *Child & Family Services of Eastern VA*, Model/Curriculum used: Parents as Teachers curriculum
- *Newport News Department of Human Services*, Model/Curriculum used: Nurturing Skills for Families
- *SCAN of Northern Virginia*, Model/Curriculum used: Nurturing Parenting Program, Circle of Parents, Stewards of Children, Triple P Parenting Program, Doris Duke Foundation research
- *James Madison University*, Model/Curriculum used: Healthy Families America, Parents as Teachers
- *Child Care Aware*, Model/Curriculum used: Zero to Three's Promoting Responsive Relationships and Prevention Child Abuse and Neglect (PCAN) Curriculum
- *Alternatives, Inc.*, Model/Curriculum used: Al's Pals: Kids Making Healthy Choices, Here, Now and Down the Road: Tips for Loving Parents
- *Presbyterian Homes and Family Services*, Model/Curriculum used: Nurturing Parenting Program
- *Prevent Child Abuse Virginia*, Model/Curriculum used: Circle of Parents
- *Greater Richmond SCAN*, Model/Curriculum used: The Nurturing Parenting Program for Teen Parents, Stewards of Children
- *New River Community Action*, Model/Curriculum used: CHIP Model using Parents as Teachers curriculum
- *Virginia Polytechnic Institute & State University (VA Tech)*, Model/Curriculum used: 1,2,3,4 Parents, Active Parenting or Active Parenting of Teens, Here, Now and Down the Road: Tips for Loving Parents. Al's Pals, Kids Making Healthy Choices, Systematic Training for Effective Parenting (STEP) and the Nurturing Parenting Program
- *Child Development Resources*, Model/Curriculum used: Parents as Teachers EHS, Part C services with support from ACT Raising Safe Kids

Treatment programs grantee list (VOCA) include:

- *29th Judicial District CASA Program*: advocates for children referred by the courts by making appropriate referrals for mental health, education, sexual abuse home services, and any other services that may be required to meet the level of care needed for referred children
- *Children's Advocacy Center of Bristol/Washington Co.VA Inc.*: provides counseling services for child abuse victims in the city of Bristol and Washington County.
- *Children's Advocacy Program (CAPS) of the Blue Ridge*: CASA program providing court-related services to child victims of abuse and neglect in Franklin County

- *CASA Children's Intervention Services, Inc.:* provides training to CASA volunteers who advocate for child abuse and neglect victims by conducting independent investigations, monitoring children's best interests/needs, and reporting the children's status to the courts
- *CASA of Central Virginia:* trained CASA volunteers that provide face-to-face contact with children to whose cases they have been appointed and report to the court all safety concerns. The CASA volunteers make recommendations for additional services, observe supervised visitations and assist in developing contingency plans for the children to whom they are assigned.
- *CASA Children's Intervention Services:* trained CASA volunteers participate in juvenile court hearings in Prince William on behalf of children; perform regular and frequent safety assessments of the children; make regular and frequent contacts with all parties who are pertinent to the children's cases
- *CASA of the New River Valley (NRV):* CASA program that provides trained volunteers who will advocate for the best interests of abused and neglected children
- *Horizon Behavioral Health:* provides individual therapeutic services to victims of child abuse or neglect to help meet their specific needs for safety and well-being
- *Chesterfield CASA, Inc.:* provides advocacy services and a voice for child victims of abuse and neglect who are brought before the Chesterfield-Colonial Heights juvenile court
- *ReadyKids:* provides ongoing therapeutic counseling using evidence-based methodologies for the treatment of victims of child abuse and neglect
- *Children's Hospital of The King's Daughters:* Child Abuse Program identifies and refers children who otherwise would have been ineligible for therapy; forensic interviews, extended forensic interviews, therapy, counseling, and therapy pet
- *Children's Trust Foundation of the Roanoke Valley, Inc.:* trains CASA volunteers to investigate cases referred by the court to determine what is in the best interests of the children involved. The goal is to achieve safe and permanent homes for these children
- *Collins Center:* provides crisis services and advocacy to victims of sexual abuse. The mission of the Collins Center is to encourage healthy relationships and promote the safety and well-being of individuals and the community through its programs
- *Colonial CASA:* volunteer advocates facilitate timely, safe and permanent placements in child abuse and neglect cases assigned by the juvenile courts
- *Doorways for Women and Families:* provides immediate, short-term child mental health intervention through play therapy, expressive therapy and art therapy while engaging parent(s) in the process to facilitate long-term child emotional wellness; provides family-centered services to support children and parents in rebuilding post-trauma relationships
- *Fairfax Court CASA:* serves abused and neglected children under protection of the juvenile court through the use of trained volunteers who serve as mental health advocates and provide one-on-one support and emotional stability throughout the court process
- *Family Resource Center, Inc.:* provides non-residential therapeutic services to victims of abuse and neglect that address safety and physical, social and emotional functioning; provides support groups as well as an on-site shelter
- *Family Service of the Roanoke Valley:* provides mental health therapy to children who are victims of trauma resulting from emotional or physical abuse and/or neglect or sexual abuse, and to adults who were molested as children
- *Foothills Child Advocacy Center:* their purpose is to reduce the trauma and advance the recovery of child victims of criminal maltreatment. Foothills mission is to provide a coordinated system of effective response and intervention to children who have been victimized. The overall goal is to minimize trauma, promote healing, ensure child safety and hold perpetrators accountable

- *Greater Richmond SCAN (Stop Child Abuse Now)*: their mission is to prevent and treat child abuse and neglect throughout the Greater Richmond area. Greater Richmond SCAN delivers and promotes programs that prevent and treat child abuse, and they increase public awareness of child abuse and neglect
- *Hanover CASA*: provides trained CASA volunteers to investigate, monitor and report to the Hanover juvenile court on child abuse and neglect cases assigned by the court; advocates for a permanent living arrangement for these children
- *Henrico CASA, Inc.*: makes recommendations to the Henrico court and the Henrico DSS regarding services that will assist court-referred children; monitor service provision through regular contact with collaterals providing treatment; advocate for timely permanent placements in child abuse and neglect cases; CASA volunteers monitor and report to the Henrico juvenile court on cases referred to the CASA program
- *Loudoun Citizens for Social Justice*: provides therapeutic counseling to children who are victims of domestic abuse, sexual assault, and neglect
- *Mountain Empire Older Citizens, Inc.*: the CAC provides crisis intervention and mental health treatment services to children who have been sexually and/or severely physically abused
- *Newport News CASA*: provides comprehensive services for children who have been impacted by child abuse and neglect through the use of trained CASA volunteers. Children are referred by the Newport News juvenile court; CASA volunteers provide monthly visits with each child and others involved with the child's well-being, and submit written reports to the court
- *People Incorporated of Virginia*: trained CASA volunteers advocate for child abuse and neglect victims referred by the courts in Bristol/Washington. Volunteers work toward achieving a goal of permanency for these children within the first 14 months
- *Piedmont CASA*: provides trained and supervised volunteers for VOCA-eligible children referred by the Charlottesville-Albemarle J&DR Court, monitoring those children's placements, and linking those children with appropriate mental health, medical and educational services
- *Project Horizon*: provides individual and group counseling for victims of child abuse and neglect; provides education on the dynamics of abuse; provides safety planning for victims of child abuse and neglect; provides emergency shelter at "Lisa's House" which is on site, for victims of abuse
- *Rappahannock Area CASA*: CASA program providing court-related services to child victims of abuse and neglect
- *Rappahannock Council Against Sexual Assault*: their mission is to provide education, prevention and intervention regarding sexual violence in the community. Their purpose/goal is to provide comprehensive services including hotline support, crisis response, counseling, and court and hospital accompaniment to victims of child abuse, sexual assault, dating violence and stalking
- *Safe Harbor Child Advocacy Center*: strengthens the coordinated community response to victims of child abuse/neglect by integrating the existing resources of law enforcement, child protection, prosecution, medical and therapeutic agencies so that the perpetrators are held accountable for their actions and children are not further traumatized by the investigative process
- *SCAN of Northern Virginia*: trained CASA volunteers provide services to abused and neglected children in Arlington and Alexandria to help them achieve stability and a sense of belonging
- *Sexual Assault Resource Agency*: provides 24-hour hotline and emergency services, accompaniment to the hospital, police station and/or courts for child sexual abuse victims. The program provides individual counseling, peer support groups, and victim assistance in accessing community resources in meeting the needs of child sexual abuse victims
- *The James House Intervention/Prevention Services, Inc.*: provides support, advocacy and education for adults who are affected by domestic violence, sexual violence and stalking to empower them to become healthy, safe and self-sufficient; services include one-on-one and support group therapy

- *Transitions Family Violence Services*: through the use of art therapy provides assessment and treatment support to children who are victims of family violence and those who have witnessed violence, in addition to providing services to adults abused as children
- *Virginia Beach Court Appointed Special Advocates, Inc.*: provides trained CASA volunteers for child abuse and neglect cases assigned by the Virginia Beach juvenile court for monitoring; monthly face-to-face contact is made with the children; contacts are made with the relevant collaterals for reports back to the courts. Goal is to place children in safe, permanent home within 18 months
- *Women's Resource Center of the New River Valley, Inc.*: provides therapeutic services to victims of child sexual abuse including on-going counseling and support groups; also provides hotline, shelter service in instances of domestic violence, and court advocacy
- *YWCA of Central Virginia*: the Sexual Assault Response Program (SARP) within the YWCA exists to ensure that survivors of sexual violence are provided with the opportunity and means with which to recover from physical and psychological trauma. SARP services include a 24-hour hotline, 24-hour hospital accompaniment, information and referral, support groups and personal advocacy
- *YWCA of South Hampton Roads Women in Crisis*: provides art therapy to women and children who are victims of domestic violence and residing in the shelter and in transitional housing

Funded CAC programs include:

Arlington County CAC, Center for Alexandria's Children, CAC of Bristol/Washington Co., Children's Hospital of The King's Daughters, Children's Trust Roanoke Valley - New River Valley, Children's Trust Roanoke Valley, ChildSafe Center-CAC, Collins Center, Foothills Child Advocacy Center, Greater Richmond SCAN (Stop Child Abuse Now), Loudoun Citizens for Social Justice/LAWS, Mountain Empire Older Citizens, Safe Harbor CAC, SafeSpot CAC of Fairfax, Southern Virginia CAC, Valley Children's Advocacy Center, Child Advocacy Centers of Virginia (CACVA)

**2015 Objective 4 c)**

During the 2014 session of the General Assembly, VDSS was directed to review its policies regarding kinship arrangements and report its recommendations and findings by January 1, 2016. As part of its charge, VDSS must develop recommendations regarding regulations governing kinship care, which will include recommendations related to: a description of the rights and responsibilities of local boards, birth parents, and kinship caregivers; a process for the facilitation of placement or transfer of custody; a model disclosure letter to be provided to the parents and potential kinship caregivers; a process for developing a safety or service plan for the family; a description of funding sources available to support safety or service plans; a process for gathering and reporting data regarding the well-being and permanency of children in kinship care; and a description of the training plan for LDSS. VDSS will also review the fiscal impact of proposed regulations. To accomplish this task, VDSS has established an Advisory Group in order to help identify, refine and prioritize issues of the study. The Advisory Group is comprised of representatives from the following agencies and organizations: state and regional staff, representatives from local departments, child welfare advocacy organizations, OCS, Office of the Attorney General, CASA, and the CIP. Members of the Advisory Group will continue to meet to discuss the need to formulate clear and consistent guidance for LDSS with regard to diversion practice, to articulate findings, and to provide recommendations.

#### **2015 Objective 4 e)**

Eastern Area Committee to Strengthen Families (consists of state, LDSS and community partners) held a community partners days which focused on the awareness of kinship care in Virginia. Annually, state staff provide presentations on kinship (informal vs formal) care and resources available to support families. Additionally, regional staff provide TA to LDSS who facilitate kinship care support groups.

“Traditions of Caring and Collaborating: Kinship Family Information, Support Groups, and Assessment” is training curriculum used by CRAFFT to approve kinship caregivers as foster parents. It focuses on the following competencies: to protect and nurture children, meet developmental needs and address delays, support relationships with birth parents and other family members, connect to relationships intended to last a lifetime, and work collaboratively. CRAFFT also trains local DSS on the use of this curriculum which helps agency staff assess the willingness, ability, and resources of kinship caregivers.

#### **2015 Objective 4 f)**

As a result of a competitive bid process, the Virginia Department of Social Services (VDSS) now has a Person Locator Services contract with West, a Thomson Reuters business, to provide CLEAR to all local departments in the Commonwealth. VDSS previously awarded the contract to LexisNexis® in 2011 to provide a person locator tool called Accurint. This contract ends on 2/28/2015. VDSS requires that LDSS conduct searches for family members and other interested adults as a resource to children and youth connected with the child welfare system. Such searches are in accordance with the federal Fostering & Connections Act of 2008 and the search for birth parents and siblings for adult adoptees are in accordance with the Code of Virginia §§ 63.2-1246 & 63.2-1247.

CLEAR is a web-based investigative research tool that provides convenient and quick access to a multitude of public records data sets and publicly available information. CLEAR requires only a web browser and an active account to successfully begin searching CLEAR content. LDSS users will be able to log in and begin searching using a web browser, with no additional download or software install required.

CLEAR returns search results within seconds and compiles reports within seconds to minutes. CLEAR’s data sources include several real-time gateways that connect directly to the respective data providers, ensuring the most up-to-date information available.

Effective March 1, 2015, all local staff designated as authorized users will have access to the CLEAR person locator tool. LDSS user access through the existing person locator tool, Accurint, will continue through February 28, 2015. Online and onsite regional training was made available to local staff during the month of March to ensure that LDSS are supported in the use and utility of the new person locator tool. The dates and locations of the trainings are below:

- Piedmont: 03/04
- Northern: 03/16
- Eastern: 03/17
- Central: 03/18
- Western: 03/30

**2015 Objective 6 b) and c)**

OASIS Reasonable Candidacy Client Screen

Oasis Training

File Edit Functions Help O-mail

Workload Ref Log Inbox Supervisor Org Resources Other Svc Eye Admin Search CSM List TdMstr File Cabinet Reports

Workload Client Gen Info Summary Data Exp/Eds Practice Medical RC Disability AFCARS

Reasonable Candidacy Form - POPUP - TEST TEST

Date	Initial or Redetermination	Under 18	Residing in home	Documentation Method	Reasonable Candidate	Redetermination /End date
05/13/2015	Redetermination	Yes	No		No	00/00/0000
04/15/2015	Initial Determination	Yes	Yes	Case Plan	Yes	05/13/2015

Add  
Change  
Delete  
Clear  
Approval  
Print  
Cancel

### REASONABLE CANDIDACY DOCUMENTATION FORM

**INSTRUCTIONS AND GUIDELINES**

1. Only LDSS employees are authorized to make the determination of reasonable candidacy for foster care.
2. The LDSS family services specialist must comply with all applicable Prevention and Child Protective Services guidance.
3. A child is a reasonable candidate when he/she is determined to be at serious risk of removal from the home as evidenced by the LDSS family services specialist either pursuing removal from the home, or making reasonable efforts to prevent such removal.

**CLIENT INFORMATION**

Date: 05/13/2015 Client Name: TEST TEST Client ID: 5248449

Check one of the following:  
 Initial Determination Or  Redetermination

Worker: test test

Age: - (Age is automatically calculated from General Information Screen)  
 Under the age of 18  
 Age 18 or older - **Not a Reasonable Candidate**

Where is the child living? - (Check one of the following)  
 In his/her home  
 Outside of the home: [foster care setting/detention/toxstrx camp/psychiatric hospital] - **Not a Reasonable Candidate**

Comments:

**REASONABLE CANDIDACY DOCUMENTATION METHOD**

Check one of the appropriate methods to document a child's reasonable candidacy status:  
 A case plan which clearly indicates:  
 (all of the requirements below must be verified and all boxes must be checked to properly document a child as a reasonable candidate.)

Ready Case : 20949068 Client : 5248449 | wm\_1332\_in\_reasonable\_candidacy | 05/13/2015 01:58 PM | 3.14.0 (supoasis)

OASIS Reasonable Candidacy Client Count Report

Report Name	Form Number	Report Type
Active Foster Care Children		Operational
Adoptive Children Report		Operational
Purge Eligibility Roster		Operational
Reasonable Candidacy Client Count		Operational

Buttons: Print, Preview, Cancel, Help

Print Preview - Reasonable Candidacy Client Count

Zoom 100% Show Ruler Sort

Commonwealth of Virginia  
Department of Social Services

**Reasonable Candidacy Client Count Report**  
Locality: Accomack Unit: NELLY, C.

Number of Children/Clients: 16  
Locality Name: Accomack

#1.	Date: 09/15/2014 CPS Cases and Family Assessments/Investigations Numbers Early Prev/Family Supp: Court Order: 20049658 * Date Entered : 11/07/2014 Initial Determination or Redetermination: Initial Determination Reasonable Candidate Documentation Method: Case Plan	Client Name: Neptune Milkyway Client ID #: 4886558	Reasonable Candidate: Yes Redetermination/End Date: 03/15/2015
#2.	Date: 09/27/2014 CPS Cases and Family Assessments/Investigations Numbers Dual: CPS & Foster Care: 20035273 * Date Entered : 11/13/2014 Initial Determination or Redetermination: Initial Determination Reasonable Candidate Documentation Method: Case Plan	Client Name: Rc Merge November Client ID #: 4886588	Reasonable Candidate: Yes Redetermination/End Date: 03/27/2015
#3.	Date: 09/29/2014 CPS Cases and Family Assessments/Investigations Numbers CPS Ongoing Services: 20049547 * CPS Ongoing Services: 20049545 Date Entered : 11/14/2014 Initial Determination or Redetermination: Redetermination Reasonable Candidate Documentation Method: Case Plan	Client Name: Libby December Client ID #: 4886352	Reasonable Candidate: Yes Redetermination/End Date: 03/29/2015

Printed on: 12/04/2014 10:07AM \* Denotes the most recent completed reasonable candidacy form source Page 1 of 6

**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  Extreme recruitment	Yearly  July 2015	Adoption Program Manager  Adoption	<u>2015 a)</u> see below  <u>2015 b)</u> The Extreme Recruitment®

	b) Utilize Extreme Recruitment as a targeted recruitment method	contract	September 2015	Contract Administrator	contract(s) under a new RFP is scheduled to begin September 1, 2015. The RFP is written to encourage child specific recruitment for the hardest to place/longest waiting youth in selected localities representing each of the five VDSS regions. The RFP was issued May 1, 2015.
	c) Utilize general recruitment through market research methods	General recruitment contract	July 2016		<u>2015 c)</u> The Resource Family Recruitment RFP is under initial development. The design of the RFP will be based on lessons learned from the previous Resource Family Recruitment contract and the market segmentation training provided to Virginia by the National Resource Center for Diligent Recruitment.
	d) Update AREVA photo listing to be more accurate	Updated photo listings	July 2015	AREVA coordinator	<u>2015 d)</u> See below
	e) Increase marketing/awareness of Putative Father registry	Marketing campaigns	2016	Adoption Program Manager	<u>2015 e)</u> VDSS is exploring rebranding the registry by changing the name. The name; however, is in Virginia Code and we will need legislative action to

	<p>f) Update Heart Gallery</p> <p>g) Permanency round tables</p>	<p>Link to Galleries</p> <p>Record of PRTs held</p>	Ongoing, as-needed	Strengthen Families Project Manager	<p>change it. Work is beginning on putting together a legislative package to make that change. There are currently two contracts to advertise the registry with minor league baseball teams. The current contracts are with the Norfolk Tides and Salem Red Socks. VDSS is negotiating a contract with the Potomac Nationals. All three contracts include signage in the parks, information in the playbooks, and at least one recruitment event.</p> <p><u>2015 f)</u> The link to the Heart Gallery <a href="http://www.dss.virginia.gov/family/ap/children_for_adoption.cgi">http://www.dss.virginia.gov/family/ap/children_for_adoption.cgi</a></p>
2. Increase use of Post Adoption Contract and Communications (PACCA) to help sustain adoptions	<p>a) Review PACCA – determine how to collect information</p> <p>b) Training of staff about PACCA</p> <p>c) Training for bio-parents, adoptive parents, youth on PACCA</p>	Revised guidance PACCA training curriculum	2016	Adoption Program Manager	
3. Increase family involvement in service and permanency planning	<p>a) Develop a model of Concurrent Planning for Virginia</p> <p>b) Update foster care</p>	<p>Concurrent planning model</p> <p>Updated guidance</p>	<p>2017</p> <p>2017</p>	Adoption Program Manager	

	<p>and family engagement guidance to include concurrent planning model</p> <p>c) Train/promote understanding of concurrent planning as a means of permanency</p> <p>d) Develop joint training opportunities – COURTS, GAL, CASA</p> <p>e) Utilize permanency round tables</p> <p>f) Continue use of family engagement and teaming</p>	<p>Curriculum for training</p> <p>Curriculum for training</p> <p>Record of PRTs held</p> <p>Family partnership report</p>	<p>2018</p> <p>2018</p> <p>Ongoing as-needed quarterly</p>	<p>DFS training/CIP</p> <p>Strengthen Families Project Manager</p>	<p><u>2015</u> See below for PRT</p>
<p>4. Utilize Relative Placement (kinship) as permanency options</p>	<p>a) Assess relatives for longevity prior to placement</p> <p>b) Examine CSA</p>	<p>Assessment tool</p> <p>Summary of</p>	<p>2014</p> <p><del>2015</del></p>	<p><del>Foster Care Program Manager</del> Prevention and Resource Family Program Manager</p>	<p><u>2015 a)</u> Final draft of tool has been completed and has been incorporated into training. This Kinship Family Assessment Guide is intended to provide a structure for conducting an on-going assessment with a potential kinship caretaker. There are nine major categories of assessment questions and a set of additional questions for those families, which may seek to be approved as resource parents. The tool is available.</p>

	policies concerning placement with family	recommendations	2016		<u>2015 b, c)</u> A new Prevention and Resource Family Program Manager has been recently hired. These strategies will be worked on this year.
	c) Explore ways to increase relative placements	Summary of recommendations	<del>2015</del> 2016		
	d) Explore ICPC issue of difficulty obtaining relative home studies	Summary of recommendations	<del>2015</del> 2016	Foster Care Program Manager and ICPC staff	<u>2015 d)</u> Work on this area will be completed later in 2015.

**Implementation supports needed for Primary Strategy: Engage Families and the Community to Support Permanency for Children (PERMANENCY)**

Objective 1: staff training around AREVA, use marketing to increase understanding of Putative Father Registry

Objective 2: staff training, TA around PACCA

Objective 3: staff training, TA around concurrent planning, partnership with CIP, J&DR courts, CASA

Objective 4: staff time to examine the issues

A new Prevention and Resource Family Program Manager has hired that will be able to address several of the areas under this strategy. VDSS has a good working relationship with CIP, J&DR courts, and CASA currently.

**2015 Objective 1 a)**

This RFP was reissued in August 2014. Based on the outcome data from the 2011-2013 ATCP contracts, the SFY 2014 contracts were set up on a fee bases per the four category types in the ATCP contract. The fee payment was a change from the cost reimbursable approach. The ATCP contracts were awarded to the following CPAs: Bethany Christian Services, Children’s Home Society of Virginia, Commonwealth Catholic Charities, Coordinators 2 Inc., DePaul Community Resources, DePaul Community Resources, Extra Special Parents, United Methodist Family Services, Charlottesville DSS, Danville DSS, Petersburg DSS, and Shenandoah Valley DSS. These grants are tracked quarterly. Staff compare the contractors’ outcomes against the goal established for finalized adoptions to be achieved within the contract year.

### **2015 Objective 1 d)**

Staff in the Adoption Unit is working with the National Resource Center for Diligent Recruitment for technical assistance on how to improve the VA youth presentations and to increase the number of youth that are photo listed. As of SFY 2014, 673 children and 169 families are registered with AREVA. There are plans to utilize the adoption and recruitment contractors to provide more up-to-date photographs as well as to revise guidance regarding AREVA listing. There will be stronger monitoring of deferments to ensure the reason for the deferment remains valid. Contract staff will be hired to meet the expectations for more intensive tracking of youth in OASIS who meet requirements for AREVA listing. There is a current request to create a report in SafeMeasures® to track youth who are photo-listed in AREVA.

### **2015 Objective 3**

#### Permanency Roundtables

This year, with support from Casey Family Programs, VDSS is developing and enhancing the availability of Permanency Roundtables (PRTs) to support all LDSS with achieving permanency for children in foster care who are facing complex or multiple barriers. A PRT is a specialized case staffing process for service workers conducted by a team of individuals who are not already familiar with the child's case but bring diverse perspectives and expertise to the permanency discussion. The goal of the PRT process is primarily to challenge misconceptions about barriers to permanency, apply 'fresh eyes' to a case which is stuck, and generate new options to explore towards achieving permanency. The process is both an opportunity to move an individual case forward, an opportunity to build staff capacity as permanency champions, and a mechanism for identifying systems issues which need to be addressed. PRTs can be used with a variety of populations or presenting problems including children in congregate care; children who have been in care for more than a year who do not have a strong permanency plan; children waiting for adoptive homes; older youth in foster care, etc. Generally, the PRT team will arrange to staff several cases, meeting with the worker and supervisor of each case over the course of several hours.

As part of this implementation effort, Sue Badeau, a national permanency expert, provided five regional one day Permanency Values trainings. These trainings were well attended, with at least one representatives coming from almost every agency. Each training included and interactive discussion on the following topics:

- What does permanence look like?
- The typical barriers that often prevent older children and children with special needs from successfully being adopted
- How can we overcome these barriers?
- Using an individualized 5-step team approach to achieving permanence for the "longest waiting children"
- 5 strategies for creating a dynamic permanency oriented team for every youth
- The 5 questions that form the secret to success and several real-life success stories that resulted from the diligent application of these questions
- You can do it too!

In several regions of Virginia, there are already Regional PRT teams, comprised of Regional Office Consultants and others, providing this service to LDSS. These staff, as well as the staff of the other Regional Offices, received additional training and resources from Sue Badeau through one day PRT facilitator trainings which were offered in each region. Additionally, VDSS extended the opportunity to participate in PRT facilitation

training to those LDSS who are interested in developing their own PRT team. In each region, approximately 5 LDSS teams were trained. The regional teams are now beginning to or continuing to conduct PRTs especially for smaller agencies while also supporting the implementation of the local agency PRT teams for those LDSS who sent staff to the training. Sue Badeau will be providing additional support on consultation in the coming months towards making this intervention more readily available state-wide to all LDSS in order to support LDSS efforts to improve permanency outcomes.

Since July 2014, the Central region PRT team has facilitated 23 PRTs. Confirmed outcomes to date include: (1) adoption, (1) reunification, and (1) relative placement. The participating LDSS were Petersburg, King and Queen, Essex, Richmond City, New Kent, Goochland, Richmond County, Nottoway, and King William. The Piedmont region PRT team began doing roundtables in agencies in early Fall 2012. They have offered them for three years and have been to 10 out of the 24 agencies in the Piedmont region to do PRTs. They estimate that they have staffed about 60+ youth between these 10 agencies. The participating LDSS include: Franklin County, Botetourt, Danville (2x), Henry/Martinsville, Charlottesville, Albemarle, Roanoke County, Appomattox (2x), Roanoke City and Lynchburg DSS). The Piedmont region PRT team recently staffed five cases at Danville DSS to help them learn to implement and use the PRT process with their own staff and facilitator who attended the facilitator training with Sue Badeau. These PRTs were planned for youth who are 18 and older with the goal of identify permanency options for them. The PRT team worked with professionals from the community who also come in to staff these cases and consider plans and permanency for our older youth aging out. The team also used the opportunity to increase staff and organizational capacity to develop permanency options and understand the “urgency” for a permanent plan and connections to be identified in a youth’s life—even while they are a young adult. The Western region PRT team facilitated 11 PRTs last year. The LDSS which participated were Bristol, Pulaski, Lee, Wythe, and Grayson. The Pulaski cases (5) centered around youth in congregate care. For one of the Bristol cases, the outcome was that the youth and foster parent agreed to adoption.

<b>Primary Strategy: Managing by Data and Quality Assurance (CQI)</b>					
Goal: Create CQI system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
<b>Objective</b>	<b>Strategy</b>	<b>Evidence of Completion</b>	<b>Deadline</b>	<b>Responsible Person</b>	<b>Status/Comments</b>
1. Asses 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	Action plan and identification of a CQI model to implement process improvements at VDSS	July to Sept 2014	CQI manager	<u>2015</u> See below
	b) Decide on Model	Model chosen	2015		
	c) Test model at DFS	Summary of findings	2015		
	d) Develop systems wide feedback protocol	Protocol			



ongoing and new case validation reviews	<p>b) Incorporate into VDSS guidance</p> <p>c) Receive feedback of effectiveness of process</p> <p>d) Monitor for effectiveness of use</p>	<p>Revised guidance</p> <p>Summary of feedback</p> <p>Summary of usage</p>	<p><del>March 2016</del> June 2016</p> <p>July 2016</p> <p>ongoing</p>	<p>piloted, spring 2014 with full implementation of the tool for conducting reviews began July 1 2014. The tool is based on federal review instrument with additional Virginia specific items. The review instrument is available upon request.</p> <p>b) Reviews will be conducted following a standardized process that will be incorporated into the guidance manual. Due to internal staffing changes, such as the retirement of QAA PM, it is more realistic to expect revised guidance in June.</p> <p>d) We have begun gathering data to report in July</p>
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					2016
5. Develop an electronic application and evaluation of Title IV-E	<ul style="list-style-type: none"> <li>a) Incorporate IV-e automation into OASIS</li> <li>b) Work in collaboration with VDSS IT, Permanency, and Eligibility Units to implement the usage of an electronic application c) evaluation process for the determination of Title IV-E</li> <li>c) Monitoring of OASIS stratified data</li> </ul>	<p>OASIS</p> <p>Trained and incorporated into VDSS guidance and procedures</p> <p>Receive feedback of effectiveness of process</p> <p>Reduced data errors in OASIS</p>	July, 2017 undetermined	Title IV-E Supervisor	2015 VDSS has issued RFI for a replacement system of the current case management system. The RFI requested information for systems that include SACWIS compliance which may capture the electronic application and evaluation of Title IV-E. Because of the uncertainty of this process, we cannot put a date on when the application will be developed.
6. Increase use of data driven decision making in Virginia's child welfare system	<ul style="list-style-type: none"> <li>a) Review CPS on Timeliness of Contacts, Response Times, Referral Time Open and Duplicate Clients on a monthly basis to identify problem areas</li> <li>b) Identify and prioritize problem agencies and workers</li> <li>c) Develop and implement a</li> </ul>	<p>Copy of reports</p> <p>Copy of reports with agencies listed</p> <p>Copy of the plan</p>	<p>January 2015</p> <p>July 2015</p> <p>December</p>	<p>CPS Program Manager</p> <p>CPS Policy Specialist</p> <p>CPS Regional Consultants</p>	2015 See below

	<ul style="list-style-type: none"> <li>d) Increase use of SafeMeasures®</li> <li>e) Add CQI measures to SafeMeasures® – supervisory dashboard</li> <li>f) Use NYTD survey outcomes and services provided</li> </ul>	SafeMeasures® e-learning, supervisor and director training	2015		
8. <del>Develop and implement a Quality Service Review process to evaluate and enhance local CPS staffs' abilities to assess initial safety and risk and improve response times</del>	<ul style="list-style-type: none"> <li>a) Benchmark other states' tools and processes</li> <li>b) Establish a workgroup of stakeholders to develop the tools and process</li> <li>c) Develop an implementation plan including the identification of needed resources</li> <li>d) Field test the tools</li> <li>e) Train staff on the process and implement</li> </ul>	<p>Copy of spreadsheet Listing of workgroup members/copies of draft tools Copy of plan</p> <p>Results of pilot Training plan and copy of finalized tools</p>	<p>September 2015 March 2016</p> <p>September 2016</p> <p>January 2017 July 2017</p>	CQI Manager CPS Program Manager	<u>2015</u> This objective will be removed. DFS no longer utilizes QSR as a case review tool.
7. Evaluation of training	<ul style="list-style-type: none"> <li>a) Utilize in class evaluations that look at curriculum content, the trainer, and other training needs</li> <li>b) Implement Learning Labs for transfer of learning</li> <li>c) Track classes in KC to monitor what has been taken by local dept workers</li> <li>d) Continue to conduct training needs assessment</li> </ul>	<p>Summary of evaluations</p> <p>Data on learning labs Reports for directors</p> <p>Marketing of courses SME workshop creation</p>	<p>2015</p> <p>2016</p> <p>2016</p> <p>2015</p>	DFS training	<u>2015</u> Class surveys are in the Knowledge Center for each class but have low completion rates. A comprehensive training evaluation system is being planned with VCU L. Douglas Wilder School of Government and Public Affairs Wilder Graduate

					Fellowship program. Work to begin fall, 2015.
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**Implementation Supports needed for Primary Strategy: Managing by Data and Quality Assurance (CQI)**

- Objective 1: TA around strengthening the CQI system
- Objective 2: completed
- Objective 3: federal protocol for adoption assistance reviews
- Objective 4: data reports on tool
- Objective 5: SACWIS compliant data system
- Objective 6: data reports, SafeMeasures®
- Objective 7: data on evaluations, partnership/intern from VCU

Virginia has had an initial assessment by the Center for States to begin the process to request TA. Staff has requested information from our federal partners. The contract is in place for SafeMeasures® and staff is currently gathering other data for reports. There is an RFI out currently seeking information on the development of a new case management system.

**2015 Objective 1:**

- A) DFS planned a leadership retreat with the VDSS Commissioner, Family Services staff including leadership and program managers, regional VDSS staff, workers from local departments, CIP Director, and community partners for July 30 -31, 2014. Peter Watson and Ruth Huebner with the National Resource Center on Organizational Improvement facilitated the meeting. The discussion included identifying strengths and areas of opportunity for the current CQI process, an application of CQI and managing by data using adoption and CPS data, and brain storming activities. Three goals statements came from that meeting. 1) Virginia will become a data driven learning organization with improved child and family results. 2) Staff will have the knowledge, skills, and attitudes to think and plan more nimbly and proactively. 3) We will interact with each other in a more collaborative and learning focused ways.

An action plan was created that include the following steps:

**Develop CQI Structure and Process**

- Define CQI model           December 2014
- Endorse CQI model       December 31 ,2014
- Communicate               Beginning January 2015
- Educate and Train         Beginning January 2015 and ongoing

### **Data Analysis and Interpretation Skill Building**

- Message importance of utilizing data      October 2014, January 2015 (continuing messaging)
- Utilizing roundtables to identify needs      September 2014
- Develop Training Plan      January 2015

### **Revise Case Review Process and Structure**

- Create a subcommittee of the QA network to explore the current case review system      Sept 2014
- Evaluate the effectiveness of the QSR      Fall 2014
- Determine what technology is available to use in case review      July 2015

### **Infuse CQI Principles into Meetings**

- Localities present at meeting will infuse data into meetings      by November 2014
- Work with League to incorporate into Child and Family sub-committee meetings      Jan. 2015

B) The decision has been made that Virginia will no longer use the QSR as a case review tool. Instead, Virginia will create a process to use the Onsite Review Instrument (OSRI) from the CFSR for case reviews that will eventually feed into a CQI process. DFS continues to review all foster care cases for Title IV-E compliance. In addition to case reviews, program managers have incorporated the use of data reports into decision making. The process for using the OSRI and other preparations for the next round of the CFSR will be created in the summer of 2015.

### **2015 Objective 2: a) and b)**

A work group began in July 2013 to gather documents and processes used in other states with a goal of adapting an instrument to be Virginia specific to our protocol. The tool was intended for use by LDSS in the CPS ongoing and permanency program areas. The design was for supervisors to review one case per quarter, four cases per year, for each worker using the QSR tool and protocol. The goals for the use of a QSR Supervisory Tool were:

- Increase utilization of continuous quality improvement in child welfare practice
- Increase the number of cases reviewed utilizing the QSR protocol
- Use results to improve outcomes for children and families
- Develop and standardize LDSS supervisor skills for assessing quality in case practice

Training was conducted in July and August 2014 for supervisors with ongoing technical assistance provided by Quality Analysts in the CQI Unit. Between September and November 2014, 14 LDSS piloted the supervisory tool instrument and the process. Participating DSS agencies included: Albemarle, Alexandria, Bedford, Bland, Chesterfield, Fairfax, Hampton, Harrisonburg/Rockingham, James City County, Louisa, Norfolk, Southampton, Spotsylvania, and York-Poquoson. A total of 88 cases were reviewed, 41 of which were CPS on-going and 47 were foster care/adoption case. For the field test, a random sample of cases was selected for each agency from their open foster care and CPS on-going caseloads. Each worker had one case per quarter assessed by their Supervisor using the instrument. Survey Monkey was used as the data

collection method for the field test project. Data was gathered by regions and each supervisor had a link for their region where they could input the information on the reviewed case.

In December 2014, surveys were sent to the field test supervisors and FSS as a review of the tool and the process. Sixteen of the 32 supervisors that used the tool responded. Comments on usefulness of the tool and the experience range from the belief the tool helped supervisors to identify strengths of the worker to the tool was not helpful and took too much time to complete.

The decision has been made that Virginia will no longer use the QSR as a case review tool and that, at this time, we will not proceed with the use of a supervisory tool. The focus has shifted to preparing for the upcoming round three of the CFSR. Because of this decision, the remaining strategies will not be addressed.

**2015 Objective 7: a) and b)**

The CPS regional consultants were tasked with monitoring and reviewing Timeliness of Contacts, Response Times, Referral Time Open and Duplicate Clients on a monthly basis to identify problem areas. The consultants reviewed SafeMeasures® data for the localities in their region and identified critical areas needing attention. Localities were provided the data and began a conversation to identify strategies to improve outcomes. Those localities that needed improvement created action plans to address issues. The action plans are monitored by the regional consultants. Common issues reported by localities included: staffing and time management, need to utilize SafeMeasures® reporting, reinforce the practice of merging duplicate clients beginning at intake, and the need for supervisors to create a process to close referrals after supervisor approval. To address these issues, several localities created dedicated/restricted time for workers to enter information into the case management system. Other localities reassigned staff to assist with backlogs or created a system where cases were sent back to Intake to merge duplicate clients. If possible, localities filled vacant positions. Reports by region are available.

<b>Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) (older youth)</b>					
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					
<b>Objective</b>	<b>Strategy</b>	<b>Evidence of Completion</b>	<b>Deadline</b>	<b>Responsible Person</b>	<b>Status/Comments</b>
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	Reports  Summary of available funding	2017	Foster Care Program Manager Partners – CSA, CIP,	



	<p>providing input into foster care policy development, conducting life skills and self-advocacy training, and increasing youth's understanding of the concept of achieving permanency.</p> <p>d) Provide training and technical assistance to LDSS in developing appropriate youth-driven service plans that focus on transitional living plans for older youth.</p> <p>e) Establish a Foster Youth Bill of Rights</p> <p>f) Increase linkage between foster care youth and Foster Care Alumni</p>	<p>Bill of Rights</p> <p>Increased participation of alumni in request for information/input</p>	<p>2017</p> <p>2016</p>		
3. Increase Post-Secondary Education and Training	a) Improve collaboration between LDSS and Great Expectations	Marketing and promotion of post-secondary education	2015	IL state coordinator	<p><u>2015</u></p> <p>More information about Great Expectations can be found at:  <a href="http://greatexpectations.vccs">http://greatexpectations.vccs</a>.</p>

opportunities	<ul style="list-style-type: none"> <li>b) Identify vocational training opportunities statewide</li> <li>c) Make information re: vocational and educational opportunities available statewide</li> <li>d) Continue to share information re: ETV statewide</li> </ul>	Efforts to share information	2016		edu/school/  Information about services to older youth, including information about ETV and Great Expectations can be found at: <a href="http://www.dss.virginia.gov/family/fc/independent.cgi">http://www.dss.virginia.gov/family/fc/independent.cgi</a>  See below
4. Facilitate transitions to Adult Services	<ul style="list-style-type: none"> <li>a) Ensure information is available to LDSS and youth for youth who will qualify for adult services as they transition out of FC</li> <li>b) Improve Guidance to address transition planning for this population specifically</li> <li>c) Identify gaps in services for youth who will still need services but will not qualify for adult services</li> <li>d) Develop training for CW staff re: eligibility and transition planning for this population</li> </ul>	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	Updated guidance	2015	Foster care program manager, IL state coordinator	<u>2015 a)</u> The extension of foster care to 21 option of Fostering Connections came before the 2015 General Assembly. Competing budget priorities prevented its moving forward this year. See below
	b) Redefine IL living arrangement to better meet the needs of older youth who continue to receive services through LDSS		2015		<u>2015 b)</u> The template for the IL arrangement service agreement was updated. Updates to Guidance will be addressed in the fall. See below
	c) Explore addressing issues of youth homelessness, access to MH and trauma services	Summary of suggestions for service delivery	2017		
	d) Develop strategies for publicizing information about Medicaid to 26	Publication	2015		<u>2015 d)</u> <a href="http://www.dss.virginia.gov/files/division/pa/healthcare_reform/fc_youth/cp_help.pdf">http://www.dss.virginia.gov/files/division/pa/healthcare_reform/fc_youth/cp_help.pdf</a> See below for more information.
	e) Explore potential continuation of CASAs working with youth 18 and older (permitted by law)	Summary of findings	2017		

**Implementation Supports needed for Primary Strategy: Address services provided to youth in foster care and post foster care (18-21) (older youth)**

Objective 1: data around youth entry to foster care, partnership with OCS, data

Objective 2: training for staff, development of youth network

Objective 3: partnerships with DOE/Great Expectations, ETV funding

Objective 4: training for staff, partnership with DARS

Objective 5: support from General Assembly, partnerships to end youth homelessness, TA

The majority of these supports are already in place. VDSS has good working relationships with DARS and DOE. Staff meet regularly and attend board meetings regularly. Training for the specific issues listed above are already under consideration and development. There was strong support in the GA for expanding foster care to 21; however the funding was not available this year.

**2015 Objective 3**

Virginia continues to support its partnership with the Great Expectations Program. This nonprofit organization is unique to Virginia and works strictly with foster youth attending community college. The Great Expectations is primarily funded through donations and fund-raising efforts of the program which is now operating in 18 of Virginia's 23 community colleges. This program provides educational supports to foster youth and former foster youth that will help them earn an associates' degree, a vocational certificate or a GED. These supports include: assistance in applying for college admission and financial aid, personalized counseling, career exploration and coaching, student and adult mentors, life skills training, individualized tutoring, and internet base resource center (Greatexpectations.vccs.edu) and emergency and incentive funds for students. VDSS representatives and Project LIFE staff serve on the Great Expectations advisory boards which help to inform other professionals about the ETV program and eligibility requirements for foster youth who are served at community college and youth with disabilities attending college.

**2015 Objective 5 a)**

For the third year in a row, the extension of foster care to 21 option came before the 2015 General Assembly. 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. 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. The 2014 General Assembly set aside funds for VDSS to develop a plan for implementing the Fostering Connections Act in 2014 and for implementation it in 2015. VDSS developed a plan for implementation including the required Code changes. It became necessary to refine the budget for the program which had been passed in 2014; additional requirements of the federal program had been identified and more current data suggested the program might be more expensive than previously estimated. Although the legislation passed in both the House and Senate with bi-partisan support, ultimately, competing budget priorities resulted in the program being stricken from the state budget entirely. VDSS was asked to prepare a report for the 2016 General Assembly which addresses outcomes for the population of youth who age out of care in

Virginia and the adequacy and deficits of the current level of services available to them. The report will also address outcomes and service availability for older youth who are adopted in Virginia. VDSS is in the process of preparing the report and evaluating how best to continue to work towards the implementation of the Fostering Connections Act in Virginia.

#### **2015 Objective 5 b)**

For FY 2015, VDSS updated the IL Service Agreement which outlines the responsibilities of LDSS as well as the youth as the youth work towards transitioning out of foster care into adulthood. The agreement identifies the educational or vocational program in which the youth is enrolled and also the services which will be provided to the youth by the LDSS. In the agreement the youth provides LDSS the address of his/her IL arrangement and specifies whether or not the landlord is to be paid directly.

In the fall of 2015, the Foster Care chapter of guidance will be updated to clarify the youths' role in determining how they wish to use the IL stipend to secure housing. Youth will have greater responsibility and choice around determining where they wish to live. LDSS will still be required to approve the IL arrangement, but the conditions for approval will be specifically related to how the arrangement supports the youths' goals, rather than concerns about potential roommates being bad influences, for example.

#### **2015 Objective 5 d)**

Effective January 1, 2014, foster care youth who had an open case and were receiving Virginia Medicaid at the age of 18, became eligible for Medicaid up to age 26. During FY 2015, VDSS continued to coordinate with Department of Medical Assistance Services (DMAS) and LDSS to implement provisions of the ACA. Virginia's efforts to enroll former foster youth include mailing out letters, utilizing social media (intra-agency and public websites), working with the state foster parents association (FACES), and developing broadcasts for eligibility workers and local program 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. There continue to be difficulties in reaching youth who previously aged out of foster care and in getting them enrolled. This is primarily due to difficulties at the LDSS level with eligibility staff not being aware of the provision for former foster care youth and to competing priorities for foster care staff. All youth who turn 18 while in foster care are to be automatically evaluated for the Medicaid to 26 category by the LDSS eligibility staff and switched over to that category. These youth should then maintain their eligibility to age 26.

The following flyer is located on the VDSS site:

This message is to inform you of the upcoming changes in Medicaid eligibility for former Virginia foster care youth starting January 1st, 2014. To comply with the Patient Protection and Affordable Care Act (PPACA), the Virginia Department of Medical Assistance Services is amending policy to implement a new Medicaid coverage group for former foster care youth who were receiving Virginia Medicaid at the time of their 18th birthday (see "who is eligible" below for more details). Young adults who meet the requirements for this group may be eligible to receive coverage until they turn age 26.

***Why is this important?***

Youth who are discharged from foster care services are at high risk for a number of negative outcomes: homelessness, incarceration, and substance abuse are among the few. These young adults are often ineligible for health care coverage and are not able to seek the treatment and care they need.

Enrollment into Medicaid will ensure that Virginia's most vulnerable young adult population will have access to a variety of health care services; this includes preventive medical care and treatment, dental care, prescription medications, mental health and behavioral counseling, and substance abuse counseling.

***Who is eligible starting January 1st, 2014?***

Any Virginia resident, age 26 and under who had an open foster care case and was receiving Virginia Medicaid upon their 18th birthday

***How can I help?***

If you know a young adult who may be eligible for coverage in this new Medicaid group, please reach out and encourage them to apply through any of the following:

Apply online through CommonHelp– Virginians can apply for Medicaid or FAMIS as well as social service programs online at Virginia's CommonHelp website at <https://commonhelp.virginia.gov/access/>

Apply by phone through Cover Virginia Call Center– Virginians without access to a computer can apply for Medicaid or FAMIS by calling the Cover Virginia Call Center at **1-855-242-8282**

Apply by paper through your LDSS – You can print the application linked here and send by mail or fax to your local department. You can also visit and apply in person.

We thank you for your continued support and compassion for the Commonwealth's most valuable resource, our youth.

This flyer is posted on the internal website for DSS:

## Extended Health Care Coverage for Virginian Foster Care Youth

**What?**

Starting January 1st, Medicaid coverage will be extended to eligible former foster care youth to age 26

**Who?**

Any youth age 26 and under, who had an open foster care case and was receiving Virginia Medicaid upon their 18th birthday

Eligible youth will have access to a variety of health care services including mental health care and substance abuse treatment.

### How to Apply...

**Online**  
Through CommonHelp at [commonhelp.virginia.gov](http://commonhelp.virginia.gov)

**By Paper**  
Through your Local Department of Social Services

**By Phone**  
Through Cover Virginia  
1-855-242-8282

If you or an individual you know may be eligible for coverage, encourage them to apply today.

**Piktochart**  
make information beautiful

<b>Primary Strategy: Infrastructure improvement (technology)</b>					
Goal: Enhance the use of technology to better serve children and families					
<b>Objective</b>	<b>Strategy</b>	<b>Evidence of Completion</b>	<b>Deadline</b>	<b>Responsible Person</b>	<b>Status/Comments</b>
1. Create pilot program to explore mobile/field computing	<ul style="list-style-type: none"> <li>a) Secure mobile devices: Tablets, webcams, and mobile printers</li> <li>b) Select localities to pilot</li> <li>c) Review quarterly reports on satisfaction and address issues</li> </ul>	<ul style="list-style-type: none"> <li>Contract or agreement</li> <li>List of localities</li> <li>Timely note entry</li> </ul>	2018	DSF staff	<u>2015</u> Virginia's child welfare information system (OASIS) is based on outdated PowerBuilder coding and has been grandfathered into security compliance by the Virginia Information Technologies Agency (VITA). Consequentially, permission to use mobile computing has been denied because of incompatibilities with IP filtering the dual factor token process required to use state computers in the field. Mobile functionality is a key requirement in the OASIS replacement system RFI that is currently open to vendors.
2. Explore the possibility of implementing a new child welfare information system	<ul style="list-style-type: none"> <li>a) Develop requirements</li> <li>b) Request Funding</li> <li>c) Design (if funded)</li> <li>d) Training (if funded)</li> <li>e) Roll-out (if funded)</li> </ul>	<ul style="list-style-type: none"> <li>Up and running system to include financial data and improved reporting functions.</li> </ul>	2019	Assistant director	<u>2015</u> In October 2014, Family Services hired a business analyst to collect requirements for a new child welfare information system. On 4/1/2015, a Request for Information (RFI) was published to encourage I.T. vendors to submit proposals on a complete replacement system for OASIS. The deadline for responses is

					6/1/2015. The RFI was developed with the support of local department stakeholders who will assist in reviewing vendor submissions. In addition, VDSS has been in communication with ACF and Virginia plans to submit the PAPD document this fall to secure federal funding. While state funding has not been secured, it is the intention of this Department to prioritize a budget package, with OASIS replacement funds, during the next General Assembly in January of 2016. Work on specific requirements for the RFP will begin this summer with regional user sessions led by the business analyst. The target date for issuance of the RFP will be July of 2016 if state funding is secured during the General Assembly.
3. Implement IV-E Automation in OASIS to incorporate local financial data and OASIS data for IV-E to include reasonable candidacy.	<ul style="list-style-type: none"> <li>a) Create requirements for automation</li> <li>b) Review requirements and give approval for development</li> <li>c) Completed UAT when development is complete</li> <li>d) Provide training to the field</li> <li>e) Implement new OASIS screens</li> </ul>	<p>requirements</p> <p>Curriculum for training Web-based module developed</p>	2015	Assistant Director, QAA program manager	<p><u>2015</u></p> <p>Reasonable Candidacy fields were added to OASIS at the end of 2014 and deployed to the field in January of 2015. Local users are now using OASIS to track reasonable candidacy which has led to more accurate penetration rate calculations. See below for screen shot of RC screen</p> <p>An IV-E Automation upgrade to</p>

					OASIS has been submitted but is prioritized behind the Service Plan upgrades scheduled for the end of 2016.
4. Improve tools available in SafeMeasures® to state and local workers to allow for a broader range of reporting elements.	<ul style="list-style-type: none"> <li>a) Review current reporting</li> <li>b) Determine reports to be created</li> <li>c) Implement new reports</li> </ul>	New reports	Ongoing	DFS program managers	<u>2015</u> Program managers, the assistant director and other DFS staff participate in monthly calls with SafeMeasures®. Each meeting, staff review development requests that have been completed, what reports are in QA, and which reports are in developed. See below for a list of reports.
5. Begin use of market segmentation to identify prospective foster and adoptive families.	<ul style="list-style-type: none"> <li>a) Create and share list of targeted recruitment criteria</li> <li>b) Use ESRI software to analyze existing adoptive and foster families</li> <li>c) Follow recommendations from T/TA from NRC on Diligent Recruitment</li> </ul>	Criteria  Summary of work done  Foster and adoptive families, increased number of families	2015 2016	<del>Adoption program manager,</del> Resource Family program manager	<u>2015</u> The software from ESRI was purchased in fall 2014 and the Office of Research and Planning utilized information to create tapestry segments for each region of the state. This information was provided to Bethany Christian Services, the current Resource Family grantee. The grant was awarded before the software was purchased so Bethany developed a marketing plan that does not include the tapestry segments. They have; however, created a database to track zip codes of adoptive families. VDSS is planning to rewrite the Resource Family grant this year. The new RFP will be targeted towards marketing. It is anticipated the organization that is

					awarded this grant will be marketing and/or PA related. The RFP is planned to be released in September 2015.
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	Requirements doc	<del>May 2014</del> Feb 2015	DFS staff	<p><u>2015</u></p> <p>Over the past year, Family Services staff have worked with local users and I.T. to develop user requirements for a robust assessment and service planning module in OASIS. Though requirements were finished in February 2015, the estimation of completion has been modified from early estimates of July 2015 and completion is now expected for the end of 2016. Much of this delay is due to the archaic database structure of PowerBuilder, the software platform for OASIS. VDSS has had open recruitments for months, trying to locate PowerBuilder developers but they are in high demand and short supply. Another complication has been a switch from earlier efforts to deploy a web-based service plan as it did not meet all of VITA's security requirements and had an even longer targeted completion date.</p> <p>While the complete service plan will not be ready until the end of 2016, several key functionalities related to well-being are being</p>
	b) Development of new service planning	Draft of screens	<del>Sept. 2014</del> 2016		
	c) UAT of new screens	Testing results	<del>Jan 2015</del> 2016		
	d) Training of changes to service plan	Curriculum	<del>April 2015</del> 2016		
	e) Roll out of news service plan screens	Updated screens			

					<p>included in a release expected in August of 2015. New screens have been developed to track educational stability, psychotropic prescriptions, well-child visits and human-trafficking history.</p> <p>Requirements documents are available but are too lengthy to include in this document.</p>
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**Implementation Supports needed for Primary Strategy: Infrastructure improvement (technology)**

- Objective 1: new case management system
- Objective 2: new case management system
- Objective 3: new case management system
- Objective 4: partnership with SafeMeasures®
- Objective 5: TA, software for market segmentation
- Objective 6: DIS supports and staff time (VDSS)

The RFI was developed with the support of local department stakeholders who will assist in reviewing vendor submissions. RFP development will begin this summer; however it is not anticipated to be released until 2016 or later.

## 2015 Objective 3

Oasis Training

File Edit Functions Help O-mail

Workload Ref. Log Inbox Supervisor Org Resource Other Srvc Sys. Admin. Search Clet List Ticklers File Cabinet Reports

Workload Client Gen. Info. Summary Demo Emp/Edu Finance Medical RC Disability AFCARS

Reasonable Candidacy Form - POPUP - TEST TEST

**REASONABLE CANDIDACY HISTORY**

Date	Initial or Redetermination	Under 18	Residing In home	Documentation Method	Reasonable Candidate	Redetermination /End date
05/13/2015	Redetermination	Yes	No		No	00/00/0000
04/15/2015	Initial Determination	Yes	Yes	Case Plan	Yes	05/13/2015

Add  
Change  
Delete  
Clear  
Approval  
Print  
Cancel

**REASONABLE CANDIDACY DOCUMENTATION FORM**

**INSTRUCTIONS AND GUIDELINES**

- Only LDSS employees are authorized to make the determination of reasonable candidacy for foster care.
- The LDSS family services specialist must comply with all applicable Prevention and Child Protective Services guidance.
- A child is a reasonable candidate when he/she is determined to be at serious risk of removal from the home as evidenced by the LDSS family services specialist either pursuing removal from the home, or making reasonable efforts to prevent such removal.

**CLIENT INFORMATION**

Date: 05/13/2015 Client Name: TEST TEST Client ID: 5248449

Check one of the following:  
 Initial Determination Or  Redetermination

Worker: test test

Age: - (Age is automatically calculated from General Information Screen)  
 Under the age of 18  
 Age 18 or older - **Not a Reasonable Candidate**

Where is the child living? - (Check one of the following)  
 In his/her home  
 Outside of the home: *foster care setting/detention/forestry camp/psychiatric hospital* - **Not a Reasonable Candidate**

Comments:

**REASONABLE CANDIDACY DOCUMENTATION METHOD**

Check one of the appropriate methods to document a child's reasonable candidacy status:  
 A case plan which clearly indicates:  
*(all of the requirements below must be verified and all boxes must be checked to properly document a child as a reasonable candidate)*

Ready Case : 20049068 Client : 5248449 | wm\_1332\_in\_reasonable\_candidacy | 05/13/2015 01:58 PM | 3.14.0 (supoasis)

## 2015 Objective 4

Virginia APSR 2015

**Completed Development:**

- a. Out of Family Risk and Safety Assessment reports are now located on the Referral Menu under the Proposed section. The reports will need to be vetted to ensure that SafeMeasures is displaying the correct outcomes and dates.
- b. Court Hearing Report begins the court hearing timeline again from the date of any subsequent removals.
- c. Discharge To Permanency Bug impacting roughly 10 clients who discharged to permanency.

**In Development:**

- a. CPS Recidivism Report: For all screened in referrals received in the month, how many previous referrals involved the client.
- b. NYTD Survey Completion (21-year-olds): Report to look at survey completion by the status of the survey for all young adults who completed the survey at 17 years old in 2011.
- c. Education Report: Report looking at the date of the last education record update to see if the record was updated within for the school year.
- d. OOF Subset for Public Schools: The subset will have the analytic work necessary to draw attention to public school referrals.

<b>Primary Strategy: Focus on Child Well-Being</b>			<b>(WELL-BEING)</b>		
Goal: Improve health including social and emotional well-being for children in foster care					
<b>Objective</b>	<b>Strategy</b>	<b>Evidence of Completion</b>	<b>Deadline</b>	<b>Responsible Person</b>	<b>Status/Comments</b>
1. All foster children are screened and referred to medical professionals as-needed.	a) Update guidance and regulations to include requirements for medical exams	Updated guidance	2014	Foster Care Program Manager	<u>2015 a)</u> Guidance has been updated
	b) Create a report that tracks medical exams	Reports created	2015		<u>2015 b, c, d)</u> OASIS is being updated and

	<p>within 30 days of entry in care</p> <p>c) Create a report that tracks well child visits</p> <p>d) Create a report that tracks dental exams</p>				<p>following the late summer release, it should be possible to develop reports to track medical and dental visits.</p>
<p>2. All foster children are screened for behavioral health needs and referred to appropriate services</p>	<p>a) Children who have urgent health, mental health, or substance abuse shall be screened upon entry into foster care</p> <p>b) Children in foster care are assessed, reassessed and evaluated with CANS</p>	<p>CANS usage report</p> <p>Updated guidance</p>	<p><del>2015</del> 2017</p> <p>2015</p>	<p>Foster care program manager</p>	<p><u>2015 a)</u> The target date is changing due to IT challenges for VDSS in both the CANS and OASIS systems. See below</p> <p><u>2015 b)</u> Guidance has been updated and will be effective July 2015. See below</p>
<p>3. Trauma-informed assessments and services will be implemented for children in foster care</p>	<p>a) Develop a trauma screening process for both child and parent</p> <p>b) Increase awareness of trauma to child welfare staff</p> <p>c) Identify and promote best practice in a trauma-informed child welfare system</p> <p>d) Explore the possibility</p>	<p>Screening tool</p> <p>Materials shared</p> <p>Materials shared</p> <p>Summary of</p>	<p>2015</p> <p>2015</p> <p>2015</p> <p>2016</p>	<p>Prevention Program Manager/Foster Care Program Manager</p>	<p><u>2015 a)</u> See below</p> <p><u>2015 b)</u> The VDSS Training unit is developing an eLearning on trauma for staff. See below</p> <p><u>2015 c)</u> The Learning Collaborative session #2 includes training for LDSS leaders on implementing a trauma informed system. See below</p>

	of increasing the availability of qualified trauma treatment providers in VA	findings			
	e) Train foster and adoptive families on trauma-informed care	Curriculum for training	2015		<u>2015 e)</u> The Resource Family training contractors (CRAFFT) have developed a curriculum for in-service training for foster and adoptive families. See below
4. Implement a psychotropic medication system to protect children in foster care	a) Develop guidelines for children currently prescribed/taking psychotropic meds around medical examinations and mental health evaluations related to medication management	Guidelines and updated guidance	2016	<del>3 Branch</del> Coordinator, Foster Care Program Manager	
	b) Track children who are currently prescribed and taking psychotropic meds	List of children	2016		
	c) Develop a strategy for assessing risk among children taking psychotropic meds	Strategy and protocol	2016		
	d) Develop protocol for reviewing high risk cases				
5. All children will have stable school enrollments	a) School-aged children, when changing foster care placements, have a	Report on BID,	2015	Foster Care Program Manager, 3	<u>2015a)</u> See below

	<p>best interest determination done jointly by the LDSS 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>Updated guidance,</p> <p>Protocol developed,</p> <p>Curriculum on immediate enrollment</p>	<p>2016</p> <p>2015</p>	<p><del>Branch</del> Coordinator, IL state coordinator, DFS training</p>	<p><u>2015 b)</u> Fostering Connections-Educational Stability workgroup is in the process of updating guidance.</p> <p><u>2015 c)</u> More time is needed for development of the protocols</p> <p><u>2015 d)</u> Collaboratively, VDSS and DOE are providing trainings to local doe and LDSS workers. VDSS in partnership with DFS Training Unit is developing an eLearning training on BID, immediate enrollment, etc.</p> <p>eLearning course</p>
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					CWSE3020: Educational Stability for Youth in Foster Care is currently in development and will be available June.
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**Implementation Supports needed for Primary Strategy: Focus on Child Well-Being (WELL-BEING)**

- Objective 1: updates to case management system
- Objective 2: IT support for CANS from DSS and OCS
- Objective 3: training for foster and adoptive families, TA on trauma
- Objective 4: data around medication usage, partnership with other state agencies
- Objective 5: training for staff, partnership with DOE

VDSS has good working partnerships with OCS and DOE to continue the work that has already begun. As mentioned above, VDSS has started the process to access TA.

**2015 Objective 2 a) and b)**

- a) All foster children are screened and referred to medical professionals as-needed.
  - a. The Foster Care guidance chapter has been revised to provide clear direction that children or youth experiencing medical or mental health needs should be taken for a medical and/or mental health evaluation within 72 hours of entry into foster care. All other children should see a doctor within 30 days. Additionally, guidelines around EPSDT (Early Periodic Screening, Diagnostic and Treatment) assessments have been incorporated and the requirement that children receive regular dental exam as well as annual medical exams has been clarified. This guidance will be posted in June, 2015 with an effective date of July 1, 2015. VDSS is also receiving data from the Department of Medical Assistance (DMAS) Managed Care Organizations, regarding foster care children’s participation in annual physicals. Foster Care children have been transitioned into the MCOs over the last year. A full year of data is now available in two regions, Tidewater (Eastern for DSS) and Central. Of the 1545 foster or adopted youth in the DMAS Tidewater region, 99% saw a primary physician at least one time during the last year. The data for Central is currently being analyzed.
  - b. Revisions to the Medical screen in OASIS have been designed and are expected to be released in the late summer of 2015. These revisions will permit workers to enter medical, dental and psychiatric appointment dates into the system. Following the release of the revised screens, new reports in SafeMeasures® will be developed which will permit the tracking of compliance with these expectations.
- b) All foster children are screened for behavioral health needs and referred to appropriate services

a. There have been significant IT issues which have delayed the implementation of the revised CANS and the availability of the updated CANS usage and topic reports. It had been anticipated that the Office of Comprehensive Services would make the revisions available at the beginning of 2015. The target date is now late summer 2015. When the CANS system changes are perfected, it will possible to begin work on the integration of the CANS data with OASIS from which, ultimately, SafeMeasures® reports will be developed to track usage. Given the delays in the first step of this process, additional time is needed to complete this objective.

b. The Foster Care guidance chapter has been updated to include the requirement that all children in foster care are assessed at least annually using CANS. This guidance will be posted in June, 2015 with an effective date of July 1, 2015.

**2015 Objective 3 a), b), c) and e)**

a) The Trauma Informed Community Network (TICN) has a standing Brief Screen Tool (BST) Committee that is dedicated to reviewing current screening measures that are appropriate for child welfare workers to implement when assessing children and families. The committee has considered an adaptation of the Project Broadcast Brief Screening Tool (citation below), which is in draft form and is currently being piloted by child welfare workers in Chesterfield and Henrico. The brief screening tool is included in Dr. Allison Sampson-Jackson and TICN committee members have been identified to assist with data collection as the tool is piloted.

Suggested citation for the tool: Sullivan, K., Preisler, J., Ake, G., Potter, D., Beck, D. (2013). Project Broadcast Trauma Screening Tool. North Carolina Department of Health and Human Services, Division of Social Services, Funded by the Department of Health and Human Services, Administration for Children, Youth and Families, CB Grant #90CO1058.

b) CWSE5693: Trauma-Informed Child Welfare Practice: Self-Study was created especially for Learning Collaborative participants to provide a common foundation of understanding about trauma in preparation for Learning Collaborative #2. It is based largely on the National Child Traumatic Stress Network's Child Welfare Training Toolkit. This guide discusses the causes and impacts of trauma and how it directly relates to our efforts to help children and families achieve safety, permanency, and well-being. Applying trauma-informed practices are emphasized and are explored in greater depth in Learning Collaborative #2 in May and the Transfer of Learning Event #2.

c) This Self-Study will be converted into an interactive eLearning course featuring narration that promotes a fundamental statewide understanding of Trauma-Informed Child Welfare Practice. This introductory course will become the pre-requisite for a more advanced classroom training which will include the use of trauma screening tools and an overview of evidence-based practices for addressing trauma.

e) The CRAFFT Coordinators received training from The National Child Traumatic Stress Network (NCTSN) in spring 2014 on information that should be considered in developing an in-service to provide foundational knowledge to resource parents on trauma informed parenting. In spring 2015 the CRAFFT Coordinators created a two and a half hour in-service training for resource parents using the information received from the NCTSN training along with other on-line trauma resources. The training is scheduled to occur twice in June 2015, four times in fall 2015, and additional times will be scheduled on an ongoing basis as needed and requested.

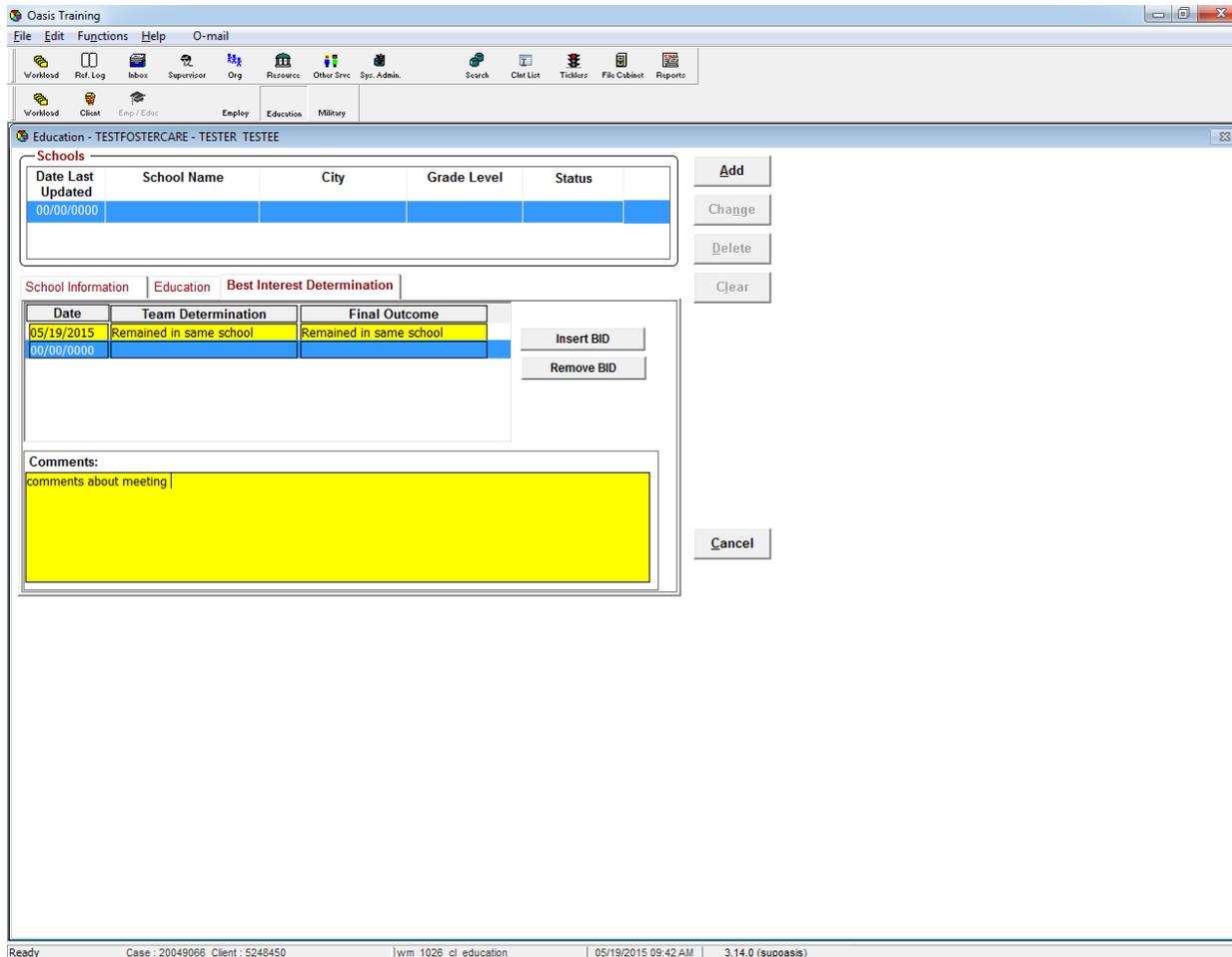
The training is designed to prepare resource parents to: Understand the impact of trauma on children; understand the importance creating a safe and nurturing environment for children; advocate for appropriate trauma-focused service, assessment, and treatment; and understand the importance of self-care.

The topics included in the training are: Essential elements of trauma informed parenting (Examples: effective communication, advocacy, reduction of compassion fatigue, and self-care); identification of types of trauma and child's response to trauma; identification and management of emotional Hot Spots, Trauma Triggers, and Trauma Reminders; helping by becoming an emotional container; identification of child's negative thoughts and images that are unseen (Invisible Backpack) and how to help; Identification of Stress Busters-SOS (Stop-Orient- Seek Help); understanding the connection between a child's thoughts, behaviors, and feelings (Cognitive Triangle); understanding how to help your child change (Correct and Build); and understanding and respecting the child's birth parents and kinship family.

### **2015 Objective 5**

Updates to OASIS have been designed to permit LDSS workers to enter information about Best Interest Determination (BID) meetings held and the outcomes of these meeting. The anticipated release of the update is late summer 2015. Once OASIS has been updated, it will be possible to pull reports regarding the number and outcomes of BID meetings statewide.

Below is a screen shot of the BID tab in the educational section of OASIS.



During FY 2015, VDSS and the Virginia Department of Education (DOE) trained over 125 staff members from LDSS and local school divisions. The training focused on the Fostering Connections Act Education Stability, best interest determination (BID), the immediate enrollment process and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. These trainings also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth.

State staff is working with the VDSS Training Division to develop an eLearning course on Fostering Connections-Educational Stability which will be available in the Knowledge Center for LDSS workers.

The Fostering Connections-Education workgroup composed of VDSS, DOE and key stakeholders is currently revising The Fostering Connections Joint Guidance for School Stability of Children in Foster Care for Virginia which was last updated in August 2013. Best practices and issues that were discussed in the educational trainings will be incorporated into the revised guidance document.

## 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.

<b>Transformation Outcome</b>	<b>Performance Standard</b>	<b>Performance</b>	<b>Status</b>
Discharges to Permanency	86%	77.4%	ANI
Congregate Care Placement	16%	16.1%	Marginal
Family Based Placement	80%	83.3%	Strength
Foster Care Out-of-Home Visits	95%	94.9%	ANI
Foster Care Visits in Child’s Residence	50%	74.8%	Strength
<b>CFSR Outcomes</b>	<b>Performance Standard</b>	<b>Performance</b>	<b>Status</b>
Time in Care: Reunification within 12 months	75.2%	60.5%	ANI
Reentries within 12 months	9.6%	2.3%	Strength
Time in Care: Adoption within 24 months	45.75%	39.6%	Marginal
24 Month Discharges to Permanency	29.1%	19.9%	ANI
Setting Stability	86%	83.1%	Marginal
<b>Safety Outcomes</b>	<b>Performance Standard</b>	<b>Performance</b>	<b>Status</b>
No Recurrence of Maltreatment	94.6%	99.3%	Strength
No Abuse While in Foster Care	99.68%	99.8%	Strength
CPS Ongoing Contacts Made	90%	81.9%	ANI
Referral Contacts with Response Priority	90%	90.7%	Strength

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 5/30/15*

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 operations 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 LDSS. 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 related to child welfare 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

Each program manager, division director, assistant director, and COOP coordinator 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 2014 by testing the ability to work remotely. Tests in previous years focused solely on the emergency alert and telephone tree system. The 2014 exercise was successfully completed with several action items coming from the test. Several program managers had to request laptops and VPN connections for staff. In one situation, the order of succession was changed ensuring the most appropriate people are available in case of disaster. 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 LDSS 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 LDSS or 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 LDSS. 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 continue 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. DFS COOP coordinator has reached out to Virginia's border states and the District of Columbia to create a contact list and to establish informal procedures to reach out in case of disaster. At the writing of this report, the plan is still being developed.

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 a virtual center accessed through the internet. This system has remote capability for times of inclement weather conditions emergency and/or disasters; a contingency plan is in place for working remote during such times. All classified staff have remote securities and required access. 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 State hotline have been updated in the online application for the VCCC, to assist in their technical issue response. Kristen Eckstein, hotline supervisor, is the primary contact during emergencies, disasters or inclement weather.

### **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.

There has not been a disaster or situation where this COOP plan has been utilized in the past year. 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 and a test to ensure the appropriate people are able 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 2015

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, 2015, the Code of Virginia will reflect a 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 clarify that, in cases of alleged child abuse or neglect where the subject of the report is an employee of a school division who is suspected of abusing or neglecting a child in the course of his educational employment, the time period for investigating reports of alleged child abuse or neglect and making a determination of whether the report is founded or unfounded shall be mandatory within the specified time frame of 45, 60 or 90 days.

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 2015 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. **In Progress**
- h) *Develop and implement a method to review a sample of screened out cases to determine level of agreement.*
- i) *Clarify and disseminate policy/guidance regarding safety planning and acceptable safety plans*
- j) *Provide training for local staff on any changes made*
- k) *Work with the training unit to design, test, and disseminate an e-learning course for all SDM tools to include intake, safety and risk*
- l) Plan and conduct regional training sessions for child welfare workers on advanced injury identification to help workers better assess safety and risk. **Completed**
- m) *Provide additional guidance to the field on what constitutes "credible witnesses" and dispositional assessments*
- n) *Establish a workgroup to research the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing injuries*

### 2015 Update

State staff continues 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. The New Worker Policy course, CWS 2000, is being revised to include more emphasis on the use of the assessment tools and an e-learning course for all SDM tools is being developed. 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 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, 60, or 90- day timeframes. A new management tool in SafeMeasures® was implemented for line staff and supervisors to be able to review upcoming workload requirements. Regional CPS consultants are working with individual localities to help them improve in all of these identified areas and providing additional training as needed.

Reports are available OASIS regarding screened out referrals by locality, region and statewide. The study of screened out reports will be initiated in the coming year.

VDSS conducted four regional one-day Advanced Injury Identification in Child Protective Services workshops with Dr. Michelle Clayton for child welfare workers to gain knowledge and skills for identifying abusive injuries in children. Participants learned ways to recognize potential signs of abuse,

how to photograph evidence of abuse, understand typical injuries related to children's age and development, and medical conditions that appear to be abuse and controversial folk or cultural practices that may be interpreted as abuse. Collaborating with community partners, law enforcement, hospitals, and other community professionals in implementing interdisciplinary responses to child abuse/neglect was emphasized throughout the presentations.

**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 Department of Behavioral Health and Developmental Services 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 **Completed**
- e) *Train child welfare workers on the domestic violence protocol*
- f) *Provide "links" to the new DV guidance manual from the CPS policy/guidance manual*

**2015 Update**

The CPS Unit has collaborated 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. Guidance materials have been developed and 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. The new guidance was released to the field in May 2015 and training is being planned.

**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 **Ongoing**
- d) Clarify and disseminate policy/guidance manual, as-needed **Completed**
- e) Provide consultation to LDSS on the use of the SDM tools, as-needed. **Ongoing**
- f) CPS Regional consultants will review reports in SafeMeasures® monthly to monitor timeliness of all responses made by LDSS staff **Ongoing**
- g) CPS Regional consultants will identify and prioritize problem agencies and workers **Ongoing**
- h) Work with LDSS to develop and implement a plan to improve practice **Ongoing**

### **2015 Update**

Reviewing and evaluating LDSS response times to CPS reports is an ongoing concern. CPS regional consultants have provided feedback to LDSS' on areas that have shown improvement and areas that continue to present opportunities for change. The specific reports include Referral Time Open; Timeliness of First Attempted Contact; and Timeliness of Contact with Victim. These will continue to be the main data points monitored on a regular basis by VDSS in the coming year. Referral Time Open over 60 days showed an 8% improvement from January 2014 to December 2014 with the Piedmont Region demonstrating the greatest improvement of 9%. Timeliness of First Attempted or Completed Contacts improved slightly from 88% of contacts being made in a timely manner in January 2014 to 90% in December 2014 with the Central Region showing the greatest improvement of 5%. Timeliness of Contact with Victim has improved statewide by 1% from January 2014 to December 2014 (66% to 67%) with the Central Region improving by 7% and the Western Region showing a 4% improvement. As a result of the training on SafeMeasures® local staff can better manage their own data and supervisors have tools to better monitor the work.

#### **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 intake, safety, risk assessment, and risk re-assessment*

### **2015 Update**

CPS regional consultants conduct 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.

The CWSE1510 Structured Decision-Making in Virginia course is a five module comprehensive on-line training course that covers Intake, Safety, Risk, Family Strength and Needs Assessment, and Risk Reassessment. The first two modules are completed and the third module will be available in July, 2015. The final two modules will be completed by December 2015.

#### **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.*

f) Provide clarification to LDSS staff on procedures and requirements for determining if a child is a reasonable candidate for foster care **Completed**

- g) Develop and conduct training statewide on determining reasonable candidacy for foster care **Completed**
- h) Develop and conduct webinars to further disseminate the procedures and requirements for determining reasonable candidacy for foster care **Completed**
- i) Develop an e-learning course on reasonable candidacy for foster care **Completed**
- j) Create new screen in OASIS to allow for electronic documentation of reasonable candidacy of foster care **Completed**
- k) *Participate in the Learning Collaborative Services on Enhancing Service Assessment, Planning, and Delivery of services*
- l) *Implement Practice Profiles, Assessment Tools and a Coaching model*

### **2015 Update**

State CPS staff has continued to work with the CPS Policy Advisory Committee to refine the draft guidance for on-going CPS services. Final revisions have been submitted for approval. Statewide training and full implementation of revised guidance is scheduled for the fall of 2015. The planned training for 2014 was modified to review and revise information regarding Reasonable Candidacy for Foster Care. A collaborative effort with prevention services staff resulted in developing a two-hour training session that was conducted in all five regions of the State. This was followed up with four webinars. The information was then incorporated into a new e-learning course which is now available for all staff and will be required for on-going CPS services workers and supervisors. A new client screen was developed in OASIS for documenting Reasonable Candidacy for Foster Care to ensure that adequate supporting documentation is maintained in the automated data system and client files. In addition, a new client count report was developed in OASIS to ensure the collection of accurate and reliable client counts are available to meet ongoing federal reporting requirements.

With support from Casey Family Programs, VDSS and 21 LDSS participated in two Learning Collaboratives. The first series focused on the development of practice strategies and system improvements for Enhancing Service Assessments, Planning and Service Delivery. The second series focused on the development of Practice Profiles, Trauma Informed Case Management, and Psychotropic Medication Monitoring.

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

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

### **2015 Update**

A new CWS2010: Ongoing CPS Services course was developed this year for all LDSS CPS staff responsible for CPS on-going cases. The two-day training has two pre-requisites including CWS2000 CPS New Worker Policy Training with OASIS and two on-line courses prior to attending this training: CWSE1500: Navigating the Child Welfare Automated System – OASIS CPS Lesson and CWSE1002: Exploring Child Welfare. Participants learn the policy requirements of the CPS Ongoing program in Virginia, including laws, regulations, and guidance that guide CPS Ongoing practice at the local level. Participants also learn how to write a SMART Service Plan and policy requirements for documentation in OASIS. Additionally, participants learn how to assess safety and risk reassessment using the SDM tools and how to close a case. A new e-Learning course on SDM Tools will be integrated into this course for a blended course training requirement. This training will be trained in all five regions fall 2015/winter 2016.

## **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 **Ongoing**
- f) *Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users*
- g) *Develop and conduct a survey of users for the ease and functionality of the current SDM tools (Safety, Risk, Family Strength Needs Assessment (FSNA), and Risk Reassessment*
- h) *Analyze results of survey and make necessary changes to the SDM tools and the web application as needed*

### **2015 Update**

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 staff is continuing to finalize the requirements. State CPS staff has been working with other the Foster Care Unit and the IT staff on the development of a web-based service plan that would integrate the SDM tools into the assessment process. Due to time and financial restraints, there has been a shift back to the original plan to enhance the existing capabilities within OASIS and modify the service plan screens and functionality. This will include incorporating the results of the assessment tools used. (FSNA and Risk Reassessment) The use of the SDM tools used in CPS on-going is voluntary at this time and many LDSS are using them. State CPS staff is working to resolve any technical issues with the tools before they are implemented statewide.

## **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 **Completed**
- f) Revise guidance to incorporate legislative changes regarding Memorandums of Understanding between the schools and LDSS **Completed**
- g) *Provide a report to the State Board of Social Services on the MOUs submitted by LDSS*
- h) *Revise and disseminate guidance to incorporate changes made in legislation that mandate dispositions are made for school employees within the specified time frames*

### **2015 Update**

Sample letters of notification to be used specifically in Out of Family investigations were developed and disseminated within CPS policy/guidance in March 2015. Additionally, a sample protocol was developed and distributed for local agencies to model their agreements. LDSS have been submitting the revised memorandums of understanding with their local school divisions to the State.

**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**

**2015 Update**

State CPS staff coordinated a review of existing curriculum used to train CPS staff on conducting investigation in Out of Family settings and revisions were made by the training unit.

**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 **Completed**
- j) *Fill position for a Child Fatality Data Coordinator to analyze data involving child fatalities, prepare annual and special reports, and provide technical assistance to the five Regional Child Fatality Review Teams in terms of data collection and case review*

**2015 Update**

In collaboration with VA Department of Health, Office of the Chief Medical Examiner and VDSS, each of the five regions within the VDSS system has an operating Regional Child Fatality Review Team in place. A final report outlining the deaths reviewed for SFY 2011 – 2012 was completed in October 2014. Each team identified a number of recommendations and actions they will work on in the coming year as well as some statewide recommendations and actions. Regional teams have been focusing on child death

cases where there has been prior contact with the family. A report was prepared outlining the status of the work being done on each of the recommendations and was presented to the State Board of Social Services in June 2014.

During the past year, the five teams have reviewed all child deaths that were investigated by LDSS from July 1, 2012 through June 30, 2013. A total of 109 cases were reviewed. Each team entered 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 continues to be a challenge for the Teams; however there has been improvement. This was the first year that data was pulled from the national database to review the findings, identify trends and develop recommendations by region and statewide. The statewide report was completed in January 2015 and presented to the State Board of Social Services in February 2015. This report is posted on the Department's website and has been shared with the Citizen Review Panels and others stakeholders. The Teams are working on implementing the recommendations made and a status report will be prepared by October 2015. The Teams developed and disseminated a new brochure on *Child Fatality Review Teams* to be used to recruit new members and to educate the public.

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 checklist for local CPS workers to use to ensure that cases are complete prior to closing an investigation*

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 **Ongoing**

h) *Provide additional training information and resources to regional consultants for distribution at regional supervisor meetings*

**2015 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 is being used to provide feedback to the VDSS training unit as a way to enhance the CPS new worker policy training curriculum. Providing feedback to LDSS has been

beneficial as there continues to be a better understanding of the reasoning for overturned cases. Appeal review will continue to identify areas of concern and the quarterly review process will continue to provide feedback to local staff. 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 continue to be used to develop necessary training for local staff. In addition, an appeals checklist for local agency supervisors is being developed to assist them prior to closing an investigation.

## **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. **Completed**
- j) Explore the feasibility of a dedicated law enforcement telephone line. **Completed**
- k) *Develop system reports from the State Hotline call center data to determine call volumes, reporting percentages and work efficiency*
- l) *Establish an automated, online program for local agency after hours on call information to be maintained by LDSS and monitored through the State Hotline*
- m) *Develop a protocol for remote functionality for the State Hotline call center during times of inclement weather, state emergencies or network outages*
- n) *Ensure that measures are in place for the State Hotline to maintain the ability to operate with minimum interruption during loss of power, phone systems or state networks*
- o) *Explore the feasibility of establishing a dedicated hospital line for reporting to the State Hotline*

### **2015 Update:**

The State Hotline continues to look at the effectiveness and efficiency of the call center. The Hotline is now using data offered through the new virtual call center program to establish reporting standards and address concerns. This data will provide insight into the call and report volume, staffing needs and levels of work efficiency. A monthly report will be generated.

A number of other actions continue to be taken to enhance the effectiveness and efficiency of the State Child Abuse and Neglect Hotline. The State Hotline implemented the 'live' on call scheduling system for local agencies and this information is maintained by each LDSS respectively but monitored by the State Hotline. A dedicated law enforcement line that rings directly to the State Hotline outside of the call queue was established and data is being collected to determine usage. In addition, the State Hotline will research the availability and need for establishing a direct hospital line. In response to new legislation, the State Hotline has implemented new protocols for contacting the LDSS when receiving certain reports that are mandated to have action within a two hour notification window. With the implementation of the

virtual call center, the State Hotline is moving forward with the ability to establish remote functionality. This is essential for times of inclement weather, State emergencies or network outages.

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.

### **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**
- e) *Develop a new report in Safe Measures® that better tracks recurrence of maltreatment in Family Assessments*

### **2015 Update**

State staff continues to monitor a draft report in Safe Measures® which identifies children who were documented as victims in a family assessment during a six month period and had another family assessment occurring within the previous two years. The LDSS, regional and central office staff 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 **Completed**
- f) *Revise and publish print materials targeting mandated reporters*
- g) *Develop and publish online training for medical providers*

### **2015 Update**

The final revisions for the updated online training for educators are being completed. Additional user testing will be conducted to ensure the version is accurate and accessible on the VDSS website. During this period, the current online training course is available for educators who are required to take this course in order to be licensed.

Print materials for mandated reporters continue to be updated and revised as needed and are available on the VDSS website and in printed version. Revisions to materials targeting educators as well as the general public are constantly reviewed and revised accordingly.

### **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. **Completed**
- g) *Participate in new workgroup C.A.R.E.,( Coordinating, Access, Responding, Effectively to Maternal Substance Use),that was formed by the Department of Behavioral Health and Developmental Services to include work plan sessions and on-site technical assistance by National Center for Substance Use and Child Welfare*
- h) *Revise and disseminate CPS guidance for handling of substance exposed infants based on recommendations of C.A.R.E. workgroup*

### **2015 Update**

In the fall of 2014, the State was invited to apply for In Depth Technical Assistance (IDTA): Responses for Substance Exposed Infants (SEI), which was offered by the National Center for Substance Use and Child Welfare. Virginia was accepted and is one of States participating in this federal initiative and plans to use IDTA to evaluate our current efforts to serve SEI and their mothers develop new strategies that will enable us to better respond as a system and implement recommendations from the interagency workgroup plan.

### **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*

### **2015 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 have been reviewed and approved by the Secretary of Health and Human Resources in September 2014 and are currently under review of the Governor. Once the review is complete they will be sent to the Office of the Registrar for 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

**Completed**

b) Request technical assistance and consultation from the National Resource Centers

**Completed**

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*

### **2015 Update**

During the 2014 session of the General Assembly, VDSS was directed to review its policies regarding kinship arrangements and report its recommendations and findings by January 1, 2016. As part of its charge, VDSS must develop recommendations regarding regulations governing kinship care, which will include recommendations related to: a description of the rights and responsibilities of local boards, birth parents, and kinship caregivers; a process for the facilitation of placement or transfer of custody; a model disclosure letter to be provided to the parents and potential kinship caregivers; a process for developing a safety or service plan for the family; a description of funding sources available to support safety or service plans; a process for gathering and reporting data regarding the well-being and permanency of children in kinship care; and a description of the training plan for LDSS. VDSS will also review the fiscal impact of proposed regulations. To accomplish this task, VDSS has established an Advisory Group in order to help identify, refine and prioritize issues of the study. Members of the Advisory Group will continue to meet to discuss the need to formulate clear and consistent guidance for LDSS with regard to diversion practice, to articulate findings, and to provide recommendations.

VDSS seeks to develop a strategy for assessing the impact of diversion on the long-term well-being of children served. In addition to providing clear and consistent best practice guidance to LDSS concerning diversion, VDSS and LDSS will also develop the capacity to systematically track and analyze the impact of diversion on children's safety, permanence, and well-being. Without a planned approach to diversion policies and practices and appropriate data to measure their impact, VDSS and LDSS cannot adequately determine whether they are meeting their identified goals and benchmarks with regard to safety, permanence, and well-being.

## **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 FPM **Completed**
- e) CPS Regional consultants will utilize reports on FPM found in SafeMeasures® to monitor their use and identify trends **Ongoing**
- f) Regional consultants will provide consultation to LDSS when identified as not using FPM **Ongoing**

**2015 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 5,452 FPMs documented in OASIS; 2705 High/Very High Risk FPMs and 707 Emergency Removal FPMs January 2014 through December 2014.

**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 / create a new screen “Diligent Search” **In Progress**
- e) *Revise CPS guidance to reflect new federal legislative requirements for contacting relatives within 30 days of coming into foster care to include step-siblings relatives.*

- f) *Revise CPS guidance to reflect new legislation requiring a search of the Putative father Registry when a child comes into foster care and the father is unknown.*
- g) *Create new report in Safe Measures that gathers data on notifications to relatives made within 30 days of coming into foster care.*

### **2015 Update**

CPS staff has been working collaboratively with IT staff on the development of a new screen in OASIS entitled “Diligent Search”. This new screen will allow CPS and foster care staff to enter documentation of all efforts made to notify relatives when a child comes into foster care. Once this information is automated the data can be tracked automatically. CAPTA funds continue to support the use of personal locator tools by LDSS. The State is now using a web-based search engine called Clear®. In July 2015, child welfare staff will be required to search the Virginia Putative Father Registry when a child enters foster care and the father is unknown. This registry is a confidential data base that allows putative fathers the ability to be notified in the event of a proceeding for adoption of or termination of parental rights for a child he may have fathered. The required search of this data base at the time of removal may improve time to permanency and increase opportunities to engage fathers and connections with relatives.

- 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**
  - e) *Develop and implement practice profiles or worker skill sets to enhance family engagement and improve CPS practice*

### **2015 Update**

With support from Casey Family Programs, VDSS and 21 LDSS participated in two Learning Collaboratives. The first series focused on the development of practice strategies and system improvements for Enhancing Service Assessments, Planning and Service Delivery. The second series focused on the development of Practice Profiles, Trauma Informed Case Management, and Psychotropic Medication Monitoring. The purpose of this work is to enhance practice by developing practice profiles that describe the core activities associated with each function of the VDSS practice model. The practice profiles will describe caseworker practice across the spectrum of proficiency and as skills, abilities and judgment improve, a more family-focused and family-driven system will be in place.

- 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
  - d) *Reorganize and revise the existing Prevention guidance, which will reflect a strength-based and trauma-informed family engagement approach that uses the protective factors as a framework*

- e) *Explore funding needs, including how to realign current prevention funding sources and identify additional funding sources*
- f) *Develop the capacity to capture and analyze the impact of prevention and kinship diversion efforts in OASIS and SafeMeasures®.*

**2015 Update**

DSS remains committed to enhancing Prevention efforts around the State and has reconvened the Prevention Advisory Committee to establish an ongoing opportunity for collaboration, feedback, and evaluation. The committee is currently comprised of State staff, community partners, and representatives from LDSS. The committee is co-chaired by representatives from Chesterfield-Colonial Heights DSS, Charlottesville DSS, Fairfax DFS, and Newport News DHS. The Prevention Advisory Committee meets on a quarterly basis to provide input to the Prevention Unit on legislation, regulations, guidance, and practice. This input includes all areas of Prevention but focuses on early prevention, foster care prevention, kinship diversion, trauma informed practice, and Reasonable Candidacy for Foster Care. There are also many LDSS who are providing Early Prevention services which are funded through community or local government initiatives. 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 available funding.

**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 RFP, select and negotiate contracts, monitor grantees and evaluate performance for programs such as Healthy Families, parent support groups, parent education programs, Child Advocacy Centers, CASA, etc. **Ongoing**
- d) *Implement the formula specified in the budget amendment approved by the 2015 General Assembly and the Governor for funding Child Advocacy Centers.*
- e) *Implement the new formula for the Healthy Families Programs*

### **2015 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 2014 - 15, a total of 23 programs supporting child abuse and neglect prevention were funded with CBCAP (\$588,062), CAPTA (\$135,297), and state funds from the Virginia Family Violence Prevention Program (\$500,000) totaling \$1,223,359.00 in federal and State funds to support evidenced-informed and evidenced-based programs and practices. The prevention programs are varied in scope and services so that they may address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, and public awareness efforts. Specifically CAPTA funds were used to provide education on the protective factors and trauma-informed practice to organizations in central VA, family support and education to families in southwest VA and child abuse and neglect prevention training to child care centers and family day homes in each region throughout the state.

The Virginia General Assembly appropriates funding for the Healthy Families program. These funds are currently awarded for SFY 2014 -15 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 SFY2015 funding amount has increased to the current level of \$4,285,501. New contracts will be awarded for SFY 2016 based on an updated formula using the 2013 number of live births and the 2013 child abuse reports, weighted equally, for each service area. 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 CASA programs are also funded through VOCA. The SFY2016 VOCA RFP was released on January 30, 2015, 45 proposals were received requesting a total of \$2.7 million. These proposals were reviewed utilizing a multidisciplinary review committee on April 14-15, 2015. Recommendations for funding were made and the selected programs will be funded effective July 1, 2015.

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. Beginning July 2015, the State funds in the amount of \$931,000 to support Child Advocacy Centers (CAC) and the Child Advocacy Center of Virginia (CACVA), the State chapter will be awarded by formula instead of the RFP process. An amendment to the budget incorporating a formula to award the funds was proposed by CACVA and approved by the Virginia General Assembly and the Governor. The formula uses subjective criteria including CAC certification level, rate of abuse/neglect, and localities served. 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. **Completed**

### **2015 Update**

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

CPS Prevention staff continues to participate on the Virginia Home Visiting Consortium and has served on the Home Visiting Consortium State Conference planning committee and worked on development of two Memoranda of Understanding for sharing aggregate CPS data matched with MIECHV data. The Consortium has hired a director to coordinate and advocate for sustainability efforts for home visiting programs.

CAPTA funds were used to support other contracts and training opportunities. For SFY 2014-15 approximately 43,162 children participated in one of the 130 performances of the child sexual abuse prevention play “Hugs & Kisses”. In the fall of 2014, there were 53 performances held in 37 schools reaching approximately 16,827 children. Several more performances are being scheduled this spring. VDSS works with Theatre IV, a Division of The Virginia Repertory Theatre, and Prevent Child Abuse Virginia for the implementation of this program.

Approximately 300 people attended the 2015 Virginia Child Abuse Prevention Conference “*Prevent Child Abuse and Neglect. Nurture Children. Support Families. Build Strong Communities.*” The conference targeted attendance and format were purposefully downsized for 2015. A new venue was utilized to provide a different experience for the participants. 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 Jim Harris (national speaker, early interventionist, parent educator, educational consultant and behavioral health therapist). The FACT Child Welfare Awards were presented to five individuals and one Child Fatality Review Team. Prevent Child Abuse Virginia presented the Champion for Children Award to Dr. Anthony Shaw, one of the authors of the 1975 Virginia Child Abuse Law that established the Child Protective Services System in the Commonwealth. Ben Tanzer (Senior Director of Strategic Communications at Prevent Child Abuse America - PCA) presented the closing session on the national Connect the Dots movement promoted by PCA. Eight workshops and fifteen exhibits were featured. Three of the exhibits were national organizations: FRIENDS National Center for Community-Based Child Abuse Prevention; National Center for Missing and Exploited Children; and the Child Welfare Information Gateway. Feedback has been positive. Registration fees, CBCAP, CAPTA and a grant from FACT 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. Training was conducted July 7-11, 2014; October 27-31, 2014; and March 16-20, 2015 in different geographic areas of the State.

The Out of Family Investigation brochure was revised this year and the brochures targeting specific mandated reporter groups including educators and the general public are being updated. All materials are available in printed form as well as available and on the VDSS website, <http://www.dss.virginia.gov/>. The online training course for public school employees is being revised and updated. User testing of the course is pending for the educator training course. Once testing is completed, the course will be available on the VDSS 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 has been completed. The web-based training was successfully piloted and the course revised based on feedback from users, trainers. And subject matter experts. Two training events have been conducted in October 2014 and April 2015.

The Memorandum of Understanding between VDSS and the Department of Education has been completed and local school divisions and local departments of social services have been advised to review and update their local written agreements as needed and to submit copies to their respective Boards.

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*. In SFY 2014 the following publications were released: 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>. The topics for the three newsletters for SFY 2015 are Volume 101 – *Animal Abuse and Child Abuse: Examining the Link*; Volume 102 – *Sex Trafficking of Children*; Volume 103 – links between poverty and neglect and will look at homeless youth.

## **CAPTA Annual State Data Report**

### **Juvenile Justice Transfers**

Through the OASIS data system, Virginia tracks reasons why children exit foster care. For SFY 2014, 31 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 2013 NCANDS data, there were 506 Investigative CPS workers in Virginia. There were 32,384 completed reports which average out to 64 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 2015 1<sup>st</sup>, 2<sup>nd</sup>, 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 SUPS5704. 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.

A new CWS2010: Ongoing CPS Services course was developed this year for all LDSS CPS staff responsible for CPS On-going Cases and will be added to the training mandates. The two day training has two pre-requisites including CWS2000 CPS New Worker Policy Training with OASIS and two on-line courses prior to attending this training: CWSE1500: Navigating the Child Welfare Automated System – OASIS CPS Lesson and CWSE1002: Exploring Child Welfare. Participants learn the policy requirements of the CPS Ongoing program in Virginia, including laws, regulations, and guidance that guide CPS Ongoing practice at the local level. Participants also learn how to write a SMART Service Plan and policy requirements for documentation in OASIS. Additionally, participants learn how to assess safety and risk reassessment using the SDM tools and how to close a case. A new eLearning course on SDM Tools will be integrated into this course for a blended course training requirement. This training will be trained in all five regions fall, 2015.

## **Virginia Child Welfare Staff and Provider Training**

Child welfare training for local department staff that originates from VDSS is now developed entirely either within the Division of Family Service or is initiated at LDSS. The mandated in-service CORE child welfare training system was decentralized from the former Division of Training and Development on June 25, 2014 and is now integrated into the Division of Family Services. This statewide competency-based training system is delivered by a team of four curriculum developers, seventeen trainers, a trainer coordinator, and a training program manager.

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 Family Services Training**

The training developed by Family Services Programs is the legacy training system that started over twenty years ago as the “comprehensive, competency-based child welfare in-service training program” based on a model used 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 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.

In March, 2013, guidance (policy) in both Child Protection and Permanency 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. Family Services Programs also provides subject matter expert (SME) trainings for experienced workers 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. The (SME) trainings are offered regionally and help to fulfill the mandated 24 hours of continued education hours for experienced workers required after two years of employment. Continuing education activities to be credited toward the 24 hours are pre-approved by the LDSS supervisor or person managing the permanency program. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, seminars and conferences. Documentation of continuing education activities is the responsibility of the LDSS.

In addition to SME trainings, Family Services Training send out notification throughout the year of national child welfare and state training opportunities that are free or inexpensive and these will fulfill continuing education requirements. These include free on-line webinars and courses relevant to best practices and statewide classroom training classes offered through DCJS, DJJ, Mental Health, etc. This year, Family Services in partnership with DCJS, DJJ, and other state agencies promoted a two-day Trauma Learning Collaborative training that was offered thirteen times around the state and many LDSS staff participated free of charge.

The Family Services mandated training schedules are sent out quarterly to all LDSS Directors, Supervisors and Workers. In addition, the regional training schedules are posted on the Family Services Training SPARK web page. The Family Services Training SPARK web page is currently under construction to communicate the description of our federally approved comprehensive competency-based training system in Virginia and offer support for LDSS supervisor and staff in meeting the mandated

training requirements. The Family Services Training Program Manager also attends Regional Supervisor and Director's Meetings annually and discusses the mandated training schedules, course sequencing, supervisor course tracking job aids, transfer of learning activities and supervisor guides and mandated child welfare course descriptions with pre-requisite requirements. Additional course development and SME workshop information is also discussed.

In order to reduce the number of classroom training days and travel for workers, we have increased the eLearning development with the hiring of an eLearning curriculum developer and training of existing curriculum developers. Work has begun on the following new courses:

**CWSE1041 Legal Principles:** Pre-requisite to one day classroom course trained by attorney pro-bono training project. New blended course will reduce the two day training to a one day. Fund: IV-E IV-E rate: 50%

**CWSE1510 Introduction to Structured Decision-making Tools:** Pre-requisite and transfer of learning activity for CWS2000 CPS New Worker Policy Training. Fund: CPS

**CWSE5693: Trauma-Informed Child Welfare Practice: Self-Study** was created especially for Learning Collaborative participants to provide a common foundation of understanding about trauma in preparation for Learning Collaborative #2. It is based largely on the National Child Traumatic Stress Network's Child Welfare Training Toolkit. This guide discusses the causes and impacts of trauma and how it directly relates to our efforts to help children and families achieve safety, permanency, and well-being. Applying trauma-informed practices are emphasized and are explored in greater depth in Learning Collaborative #2 in May and the Transfer of Learning Event #2. This Self-Study will be converted into an interactive eLearning course featuring narration that promotes a fundamental statewide understanding of Trauma-Informed Child Welfare Practice. This introductory course will become the pre-requisite for a more advanced classroom training which will include the use of trauma screening tools and an overview of evidence-based practices for addressing trauma. Fund: IV-E IV-E rate: 75%

**CWSE3020: Educational Stability for Youth in Foster Care:** Federal compliance issues addressed in conjunction with Department of Education to address education issues for children and youth in foster care. Fund: IV-E IV-E rate: 75%

**CWSE1070: Navigating SafeMeasures:** Developed with the Children's Resource Center to provide an introduction or refresher training on how to use SafeMeasures. Fund: IV-E IV-E rate: 50%

**CWSE4000: Sex Trafficking in Child Welfare:** Introductory course on dynamics of sex trafficking, identification and intervention in child welfare, Federal and state laws, and model treatment programs. Fund: IV-E IV-E rate: 75%

**CWSE3091: Transition Planning for Youth in Foster Care:** Moving into adulthood is a huge step for adolescents and means taking on a lot of responsibility. One specific step for youth in foster care is to develop a Transition Plan that helps identify things needed to take on the responsibilities of adulthood and become self-sufficient. The Transition Plan identifies strengths, skills, and what is needed to learn and assist youth on their journey. The Transition Plan will also identify key resources (people and services) needed to connect with in order to transition into adulthood successfully. This five module training is the voices of three former foster youth speaking to their experiences and is available for both workers and for

youth on VDSS public web-site. A one day classroom training for workers on how to engage youth in developing a transition plan was piloted and will be offered this summer. Fund: IV-E IV-E rate: 75%

### Family Services Training Process to Promote Transfer of Learning

Training is a stand-alone event. Trainings are viewed as a collaborative effort to meet the emerging needs of our 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.

Family Services Training 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 the 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 Family Services Training believes that middle management and supervisors are key to developing and sustaining successful practice skills throughout child welfare. Therefore, we have developed our CORE Supervisor Training as a competency- based training for new LDSS supervisors with less than two years of experience or supervisors needing refresher training. The Supervisor Series are two consecutive days per month for a period of four months with transfer of learning activities between sessions. The courses consist of SUP 5701: Fundamentals of Supervising; SUP 5702: Management of Communication, Conflict & Change; SUP5703: Supporting & Enhancing Staff Performance; SUP5704: Collaboration and Teamwork. Occasionally, we have had Eligibility Supervisors attend the CORE Supervisory training classes and our trainers have reported that they were very satisfied with the courses and that the class had met their needs. Additional Management/Supervision training is being planned through the Casey Family Programs Learning Collaboratives initiative for Family Services LDSS agencies. This Three Branch Initiative will continue over the next two years.

Family Services Training provided 420 classes for July, 2014 – March, 2015 with a total of 4943 completions.

<b>Family Services Class Statistics (July 2014 - March 2015)</b>			
<b>Course Title</b>	<b>Count</b>	<b>Completions</b>	<b>Average</b>
VDSS - ADS1000: Adult Services/Adult Protective Services New Worker Policy Training	11	91	8
VDSS - ADS1031: Assessing Capacity	9	99	11
VDSS - ADS2013: Investigating Self-Neglect	10	83	8
VDSS - ADS2141: APS Facility Investigations	9	85	9
VDSS - ADS5011: Uniform Assessment Instrument (UAI)	12	141	12
VDSS - CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development	15	220	15
VDSS - CWS1031: Separation and Loss Issues in Human Services Practice	13	123	9
VDSS - CWS1041: Legal Principles in Child Welfare Practice	5	128	26
VDSS - CWS1061: Family Centered Assessment in Child Welfare	13	181	14
VDSS - CWS1071: Family Centered Case Planning	13	161	12
VDSS - CWS1081: SafeMeasures Training for Supervisors	14	192	14
VDSS - CWS1091: SafeMeasures Training for Workers	33	474	14
VDSS - CWS1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving	14	207	15
VDSS - CWS2000: Child Protective Services New Worker Policy Training with OASIS	14	215	15
VDSS - CWS2010: Ongoing CPS	7	86	12
VDSS - CWS2011: Intake, Assessment, and Investigation in Child Protective Services	13	163	13
VDSS - CWS2021: Sexual Abuse	16	187	12
VDSS - CWS2031: Sexual Abuse Investigation	12	134	11
VDSS - CWS2141: Out of Family Investigations	12	110	9
VDSS - CWS3000: Foster Care New Worker Policy Training With OASIS	14	133	10
VDSS - CWS3010: Adoptions New Worker Policy Training With OASIS	11	87	8
VDSS - CWS3021: Promoting Birth and Foster Family Partnerships	12	104	9
VDSS - CWS3041: Working With Children in Placement	4	22	6
VDSS - CWS3061: Permanency Planning for Teens - Creating Life Long Connections	3	22	7
VDSS - CWS3071: Concurrent Permanency Planning	7	37	5
VDSS - CWS3081: Promoting Family Reunification	8	86	11
VDSS - CWS3091: Transition Planning with Older Youth in Foster Care	1	10	10
VDSS - CWS4020: Engaging Families and Building Trust-Based Relationships	16	213	13
VDSS - CWS4030: Virginia Family Partnership Meeting Facilitator Training	6	52	9
VDSS - CWS5305: Advanced Interviewing: Motivating Families for Change	14	149	11
VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare	15	226	15
VDSS - DVS1001: Understanding Domestic Violence	13	157	12
VDSS - DVS1031: Domestic Violence and its Impact on Children	14	174	12
VDSS - DVS1051: Domestic Violence and Older Adults	7	52	7

VDSS - SME004: Implementing and Sustaining Child and Family Teaming	1	42	42
VDSS - SME006: Advanced Injury Identification in Child Protective Services	1	74	74
VDSS - SUP5701: Fundamentals of Supervising Family Services Staff	8	63	8
VDSS - SUP5702: Management of Communication, Conflict & Change	7	61	9
VDSS - SUP5703: Supporting and Enhancing Staff Performance	7	56	8
VDSS - SUP5704: Collaboration and Teamwork	6	43	7
<b>Total</b>	<b>420</b>	<b>4943</b>	<b>13</b>

**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. LDSS Training Initiatives (IV-E “Pass Through”)**

Sixty LDSSs submitted plans to provide child welfare training under this category for SFY2015. 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 2015 for this category of training was \$1,971,585. 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 \$1,756,450 and approved training at the administrative rate was \$215,135.

Fifty-three LDSSs have submitted plans to provide local department initiated training for SFY2016. Approved training at the enhanced rate or 75%, subject to the penetration rate is projected to be \$1,882,595. Approved training at the 50% rate, subject to the penetration rate is projected to be \$149,510.

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.

**C. 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 2016 is \$167,000 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 2015 five LDSS submitted applications for a total amount of \$176,000. Title IV-E EEAP will be charged at the enhanced rate of 75 percent subject to the application of the penetration rate.

#### **D. Independent Living Trainings**

For FY 2015, VDSS provided six regional trainings on the Independent Living Program (ILP) and services, Education and Training Vouchers (ETV) Program, and National Youth in Transition Database (NYTD) to over 65 LDSS workers. Chaffee funds were used for these trainings. Project LIFE (public/private partnership with VDSS) provided training, informational presentations/technical assistance on IL, ETV, NYTD, permanency, and transition plans to a total of 387 LDSS workers and private service providers.

During FY 2015, VDSS and the Virginia Department of Education (DOE) trained over 125 staff members from LDSS and local school divisions. The training focused on the Fostering Connections Act-Education Stability, best interest determination, and the immediate enrollment process and provided key strategies that can be used to assist with school enrollments and handling challenging situations that arise around educational stability. These trainings also included dialogue between the local DOE staff and LDSS, which lead to improved practices to promote educational stability for foster youth. Additional training was facilitated by VDSS and DOE with the Virginia Department of Licensing where approximately 50 private providers attended. Utilizing LCPA as a support system for educational stability was an emphasis for this training as they can play an important role in this area for foster youth. The afternoon session was on the ILP and services and participants learned the eligibility criteria for the Independent Living (IL) and ETV programs. LCPA that attended this training were informed of the process for accessing IL and ETV services from the LDSS. Information about NYTD was also discussed and ways the LCPA can help VDSS collect data from youth who has exited foster care.

For FY 2015 through 2019, the state ILP staff in collaboration with other key stakeholders will continue to offer trainings and TA on the following topics:

- ILP federal and state requirements, guidance and IL services;
- IL assessment and transition plans;
- NYTD;
- ETV Program requirements;
- Fostering Connections-Educational Stability;
- OASIS documentation for IL services;
- Permanency/ “Unpacking the NO to Permanency for Older Adolescents”;
- Youth Engagement/Involvement;

- Credit Checks; and
- Transition Planning

In addition, VDSS in partnership with stakeholders on local, state and federal levels, will continue to offer training/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.

### **E. Foster and Adoptive Family Training**

The purpose of this training is to enhance the knowledge, skills, and abilities of current and prospective foster, kinship, 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 foster, kinship, and adoptive families with knowledge, skills, and abilities that prepare them to meet the needs of children placed in their homes. 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, Model Approach to Partnerships and Parenting (MAPP), and Parents As Tender Healers (PATH). VDSS supports PRIDE as the preferred curriculum.

In-service training is available at LDSS agencies for current foster and pre-adoptive parents to review and learn new information. In-service training provides foster and pre-adoptive parents the forum with the LDSS to engage and discuss information pertinent to the child's safety, permanency and well-being. Each year LDSS agencies are surveyed to determine training needs and develop training plans. Throughout the year, current foster and pre-adoptive parents are offered trainings and then surveyed to determine future training needs.

Total program costs approved for SFY 2015 for resource, foster and adoptive family training is \$1,329,507.50. Of that amount \$1,274,927.50 is approved at the enhanced rate and \$54,580 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 percent 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 percent 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 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 agency staff around diligent search, family engagement, Kinship care, adoption matching, and support of foster and pre-adoptive families. Other trainings are offered, such as "Boundary Setting" and "Unpacking the No". "Boundary Setting" consisted of foster parents setting boundaries for the children who come into their home. Safety – no one can enter your room without knocking, setting limits on birth parents and extended family (no calling after 9pm), personal space, appropriate touch, and bath time etiquette. "Unpacking the No" -

Training to approach youth opposed to adoption and explore the “No” reasons. Assists staff in ways to explore a youth’s view of adoption and educate them as to what adoption means rather than just accepting “No” at face value.

## **F. Stipend Program**

VDSS has continued to work towards restarting the Child Welfare Stipend Program, although there have been some issues which have delayed progress. One critical issue was related to the federal restrictions against having part time students participate in the program. The planning committee was very invested in having an option for LDSS employees to be supported in returning to school part time while continuing to work at the LDSS. VDSS has decided to develop a proposal to fund the local match portion of some number of LDSS employees to be able to participate in the Employee Education Assistance program through the Title IV-E Training plan. Additional feedback from our federal liaison also resulted in some modifications to the initial proposal and proposed budget. The Virginia League of Social Services Executives' Professional Development Committee will serve as the advisory group to support the development of this related initiative.

As of now, for the Child Welfare Stipend Program described here, state funds have been secured, and the stipend plan has been approved by our federal liaison. VDSS is finalizing the job description and completing the final steps for position approval and posting through the Human Resource division. Ideally, a Child Welfare Program manager will be hired and begin working in the fall of 2015 so that an MOA and a process for selecting social work students is in place for incoming students in the spring of 2016. These students would begin the program in the fall of 2016. The goal is to begin with at least one University, but if it is possible, a second MOA may be developed.

The Virginia Title IV-E Child Welfare Stipend Program (CWSP) will provide MSW and BSW students an opportunity to prepare for a career in child welfare. CWSP students will be provided with financial support in return for a legally binding commitment to public child welfare employment in foster care or adoption in Virginia immediately following the completion of their respective social work degree program. Child welfare specific course work, a public child welfare internship, and completion of state child welfare policy trainings will also be required. Students will be required to work one year for each year of enrollment in the CWSP.

The Title IV-E CWSP will be implemented in phases, by student cohort, at each public university in Virginia with an accredited Masters of Social Work program: George Mason University, Norfolk State University, Virginia Commonwealth University, and Radford University. A phased approach is crucial to the program’s success as it ensures that a solid foundation of program-level data is available to inform the implementation process at each university.

Phase one will include creating a position and hiring a full time equivalent (FTE) CWSP Program Manager at VDSS. The Program Manager will report to the Director of DFS. He or she will carry out initial administrative functions for the first year of implementation. The Program Manager will be responsible for identifying members and drafting charters for the various standing committees of the CWSP; finalizing program positions and organizational structure; and establishing university and internal logistics related to financial operations, student recruitment, curriculum development, and program marketing. The CWSP Program Manager will be a dedicated position with 100% of work assignments to be administrative functions of the CWSP.

In addition to the Program Manager’s position, a Principal Investigator (PI) will be established and a University Coordinator will be hired as a university employee at the initial university site in order to support on-the-ground implementation. (See job descriptions below for additional information.) VDSS

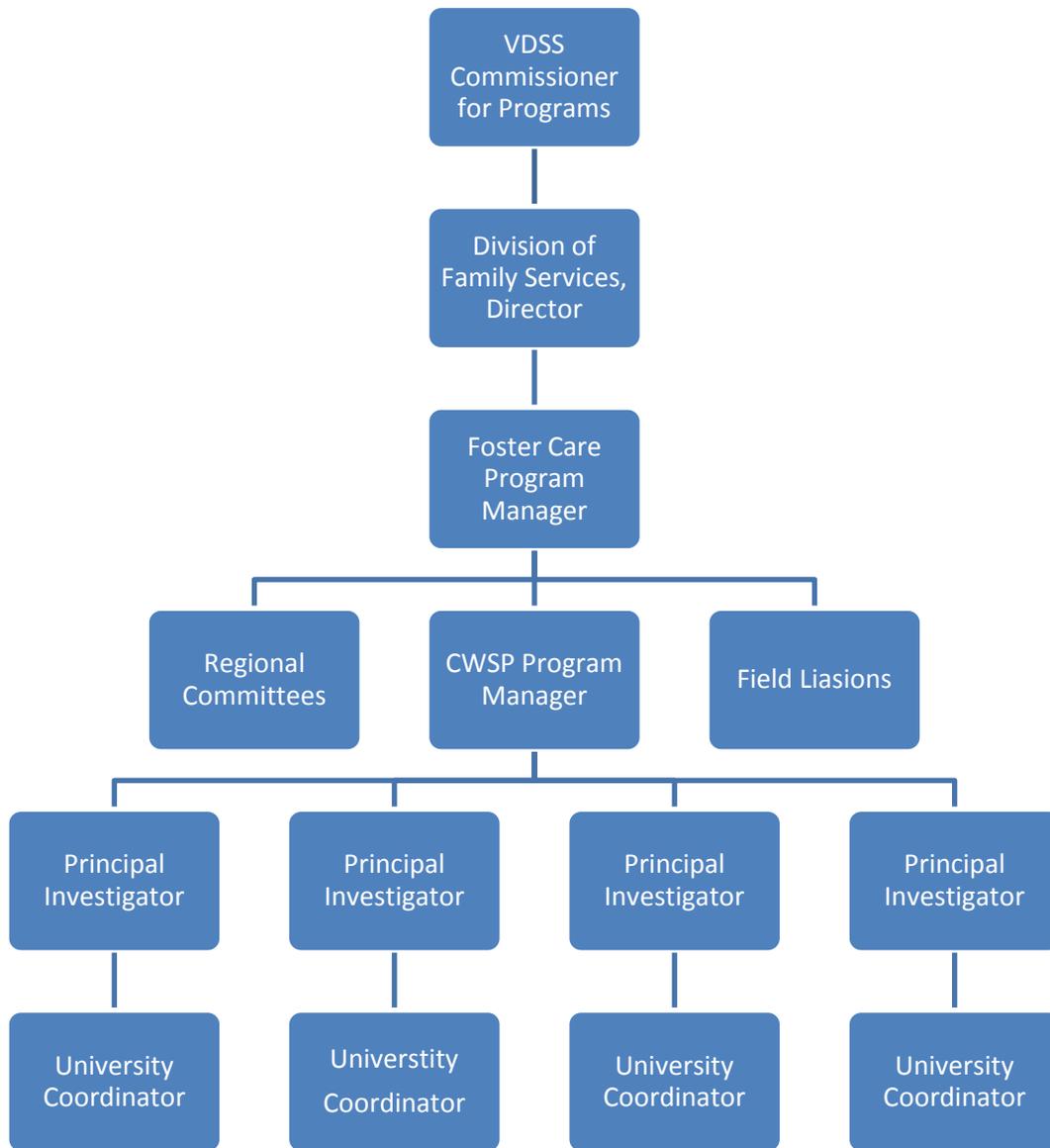
will enter into a Memorandum of Agreement (MOA) with the university to establish a contract and fund the program.

Phase two will include the introduction of the first cohort of 10 students at the initial university site. Subsequently, the Program Manager would be expected to establish MOAs and develop programs at the remaining three university sites with a cohort of 10 students each the following year. The program's budget would then provide stipends for 50 students, with 20 students at the first university and 10 students at the other three universities by year three. Stipends will be paid directly to the Universities on a semester by semester basis for students enrolled in the CWSP.

Phase three will be the final implementation phase. Two cohorts of 10 students each will be established at all four schools. The program's budget will then provide stipends for 80 students, with 20 students at each university. The MOAs with each school will be reviewed, refined and, if appropriate, renewed every two years.

Title IV-E CWSP program structure:

1. Program Manager – Responsibility for direction of project; supervision of staff; fiscal oversight; liaison between the Department and universities; curricular and administrative matters; reporting; and program evaluation.
2. University Coordinator – Responsibility for recruiting/accepting students into the program; monitoring and tracking student progress; oversight of field instruction placement and arrangements; assisting in post graduate transition of students; and monitoring fulfillment of student commitments.
3. Regional Committees – Responsible for developing the Regional Program Plan, reviewing curriculum and identifying regional needs in the LDSS; hosts regional supplemental trainings seminars to address specialized competencies and focus areas; hosts trainings for LDSS field instructors on providing to field instruction to CWSP students
4. DFS Director – Reviews and approves program policies, organizational structure and overarching program goals; reviews and provides feedback on annual reviews; provides input and guidance on program activities on an ongoing basis as needed; approves student selection criteria and on appeals and/or program grievances.
5. Principal Investigator - Participating universities will designate an existing staff member as Principal Investigator (PI). The PI provides institutional oversight and shares supervisory responsibility over the program's University Coordinators. It is expected that the PI will hold a certain level of authority within their department and dedicate a portion of their time towards Title IV-E Child Welfare Stipend Program activities. Additionally, the PI will be responsible for overseeing program evaluation activities, developing program evaluation reports, and participating in the Regional Committee associated with their University.



The program will incorporate high quality supplemental training seminars and an online course component for distance and continuing education. Regional committees will drive training seminar content and activities, based on the specific needs of the region. An online course component will allow for greater flexibility in student participation, particularly for current employees at the LDSS. Plans for each component will be included in a regional program plan developed with university, LDSS and stakeholder input.

CWSP program evaluations will be carried out by VDSS in cooperation with the designated universities, participating LDSSs, enrolled CWSP students, and CWSP graduates. The mandatory evaluation will be conducted at a minimum of once every four years and will include data on the success and challenges of CWSP in terms of participant recruitment, completion, retention, and satisfaction. Additional reporting on outcome measures will also be conducted to evaluate CWSP staff, contractual conditions and procedures, fiscal operations, and overall effectiveness of the program's recruitment and retention of qualified staff in child welfare. LDSS staff will be asked to evaluate the preparedness of the CWSP graduates upon their initial employment or return to their respective agencies. These will include a measure of the student's

assessment skills, ability to engage families and ability to work in diverse environments. CWSP graduates will also be asked to evaluate the degree program in which they were enrolled, their levels of preparedness for their agency roles after graduation, and their job satisfaction after their employment or return to the agency.

**Program Goals and Metrics**

**Overarching Program Goal:** To cultivate and retain a highly skilled workforce that can effectively carry out the agency practice model and improve child welfare outcomes.

**Measurable outcomes and expectations**

*The Title IV-E Child Welfare Stipend Program’s metrics will be based on five measurable client case outcomes as outlined by the CFSR. In addition, a standard retention metric will be tracked as a measure of program success. Baseline measures will be established in year one. These outcomes will be reported at a minimum of every four years as an element of program evaluation process. VDSS is working to ensure that the employee information in the state-wide child welfare data system (OASIS) will denote Title IV-E stipend graduates apart from non-Title IV-E graduates. The system is currently equipped to distinguish degree type (BSW/MSW versus other degree types). Because of these efforts, the program evaluation process should not be overly burdensome to LDSS staff, nor require any additional resources, unless otherwise requested. Findings will be published and shared with stakeholders.*

**Metrics by Case Outcomes**

- 1) Children under the care of Title IV-E stipend graduates will have a statistically significant lower percentage of recurrence of child maltreatment than children under non-Title IV-E or non-social work degreed workers
- 2) Children under the care of Title IV-E stipend graduates will have a statistically significant lower percentage of foster care re-entries than children under non-Title IV-E or non-social work-degreed Workers.
- 3) Children under the care of Title IV-E stipend graduates will have a statistically significant higher percentage of stabilized foster care placements than children under non-Title IV-E or non-social work-degreed worker.
- 4) Children under the care of Title IV-E stipend graduates will achieve reunification in a statistically significant shorter length of time than children under non-Title IV-E or non-social work-degreed workers
- 5) Children under the care of Title IV-E stipend graduates will be adopted in a statistically significant shorter length of time.

**Metrics by Employee Retention Outcomes**

- 6) Title IV-E stipend and social work-degreed graduates who were entered into the LETS employee data base within the same year (in the same Family Service Specialist cohort) as non-Title IV-E, non-social work-degree graduates will have a longer average length of service than non-Title IV-E, non-social work-degreed graduates.

**Phased Implementation: Budget Projection 2016-2019**

First Year Projection				
Program Cost	University	State Match	Federal Match	Total Cost

	In-Kind			
<b>STAFF</b>				
<b>1 Program Manager</b>		\$18,750	\$56,250	<b>\$75,000</b>
<b>Benefits (39% of salary)</b>		\$7,312	\$21,938	<b>\$29,250</b>
<b>Administrative Cost</b>		\$7,500	\$7,500	<b>\$15,000</b>
<b>1 University Coordinator</b>		\$13,750	\$41,250	<b>\$55,000</b>
<b>Benefits (39% of salary)</b>		\$5,362	\$16,088	<b>\$21,450</b>
<b>PI Cost (5% of PI salary)</b>		\$1,250	\$3,750	<b>\$5,000</b>
<b>University Overhead (20% excluding Stipend)</b>		\$4,072	\$12,218	<b>\$16,290</b>
<b>Materials</b>				
<b>Promotional &amp; Marketing</b>		\$3,500	\$3,500	<b>\$7,000</b>
<b>On-line Course Development</b>				
<b>Broadcast Equipment</b>		\$1,000	\$3,000	<b>\$4,000</b>
<b>Course Content</b>		\$1,000	\$3,000	<b>\$4,000</b>
<b>Student Stipend</b>				
<b>0 Stipend</b>		\$0	\$0	<b>\$0</b>
<b>Total</b>	<b>\$0</b>	<b>\$63,496</b>	<b>\$168,494</b>	<b>\$231,990</b>

<b>Second Year Projection</b>				
<b>Program Cost</b>	<b>University In-Kind</b>	<b>State Match</b>	<b>Federal Match</b>	<b>Total Cost</b>
<b>STAFF</b>				
<b>1 Program Manager</b>		\$18,750	\$56,250	<b>\$75,000</b>
<b>Benefits (39% of salary)</b>		\$7,312	\$21,938	<b>\$29,250</b>
<b>Administrative Cost</b>		\$7,500	\$7,500	<b>\$15,000</b>

<b>4 University Coordinators</b>		\$55,000	\$165,000	<b>\$220,000</b>
<b>Benefits (39% of salary)</b>		\$21,450	\$64,350	<b>\$85,800</b>
<b>PI Cost (20% of PI salary)</b>		\$5,000	\$15,000	<b>\$20,000</b>
<b>University Overhead (20% excluding Stipend)</b>		\$16,290	\$48,870	<b>\$65,160</b>
<b>Materials</b>				
<b>Promotional &amp; Marketing</b>		\$3,500	\$3,500	<b>\$7,000</b>
<b>On-line Course Development</b>				
<b>Broadcast Equipment</b>		\$4,000	\$12,000	<b>\$16,000</b>
<b>Course Content</b>		\$4,000	\$12,000	<b>\$16,000</b>
<b>Student Stipend</b>				
<b>10 Stipends</b>		\$25,000	\$75,000	<b>\$100,000</b>
<b>Training/Seminars</b>				
<b>4 Sessions</b>		\$750	\$2,250	<b>\$3,000</b>
<b>Total</b>	<b>\$0</b>	<b>\$168,552</b>	<b>\$483,658</b>	<b>\$652,210</b>

<b>Third Year Projection</b>				
<b>Program Cost</b>	<b>University In-Kind</b>	<b>State Match</b>	<b>Federal Match</b>	<b>Total Cost</b>
<b>STAFF</b>				
<b>1 Program Manager</b>		\$18,750	\$56,250	<b>\$75,000</b>
<b>Benefits (39% of salary)</b>		\$7,312	\$21,938	<b>\$29,250</b>
<b>Administrative Cost</b>		\$7,500	\$7,500	<b>\$15,000</b>
<b>4 University Coordinators</b>		\$55,000	\$165,000	<b>\$220,000</b>
<b>Benefits (39% of salary)</b>		\$21,450	\$64,350	<b>\$85,800</b>

<b>PI Cost (20% of PI salary)</b>		\$5,000	\$15,000	<b>\$20,000</b>
<b>University Overhead (20% excluding Stipend)</b>		\$16,290	\$48,870	<b>\$65,160</b>
<b>Materials</b>				
<b>Promotional &amp; Marketing</b>		\$3,500	\$3,500	<b>\$7,000</b>
<b>On-line Course Development</b>				
<b>Broadcast Equipment</b>		\$4,000	\$12,000	<b>\$16,000</b>
<b>Course Content</b>		\$4,000	\$12,000	<b>\$16,000</b>
<b>Student Stipend</b>				
<b>50 Stipends</b>		\$125,000	\$375,000	<b>\$500,000</b>
<b>Training/Seminars</b>				
<b>4 Sessions</b>		\$750	\$2,250	<b>\$3,000</b>
<b>Total</b>	<b>\$0</b>	<b>\$268,552</b>	<b>\$783,658</b>	<b>\$1,052,210</b>

<b>Fourth Year Projection</b>				
<b>Program Cost</b>	<b>University In-Kind</b>	<b>State Match</b>	<b>Federal Match</b>	<b>Total Cost</b>
<b>STAFF</b>				
<b>1 Program Manager</b>		\$18,750	\$56,250	<b>\$75,000</b>
<b>Benefits (39% of salary)</b>		\$7,312	\$21,938	<b>\$29,250</b>
<b>Administrative Cost</b>		\$7,500	\$7,500	<b>\$15,000</b>
<b>4 University Coordinators</b>		\$55,000	\$165,000	<b>\$220,000</b>
<b>Benefits (39% of salary)</b>		\$21,450	\$64,350	<b>\$85,800</b>
<b>PI Cost (20% of PI salary)</b>		\$5,000	\$15,000	<b>\$20,000</b>
<b>University Overhead</b>		\$16,290	\$48,870	<b>\$65,160</b>

<b>(20% excluding Stipend)</b>				
<b>Materials</b>				
<b>Promotional &amp; Marketing</b>		\$3,500	\$3,500	<b>\$7,000</b>
<b>On-line Course Development</b>				
<b>Broadcast Equipment</b>		\$4,000	\$12,000	<b>\$16,000</b>
<b>Course Content</b>		\$4,000	\$12,000	<b>\$16,000</b>
<b>Student Stipend</b>				
<b>80 Stipends</b>		\$200,000	\$600,000	<b>\$800,000</b>
<b>Training/Seminars</b>				
<b>4 Sessions</b>		\$750	\$2,250	<b>\$3,000</b>
<b>Total</b>	<b>\$0</b>	<b>\$343,552</b>	<b>\$1,008,658</b>	<b>\$1,352,210</b>

**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%

**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%

***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 (Currently under revision for conversion to eLearning)**

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 FPM 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 FPMs 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 – 4 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 FPM 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 FPM; Security issues and accommodation of special needs; Responsibilities of the facilitator following the meeting; Local implementation considerations to include training of FPM participants; continued professional development.

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%

### **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%

### **Family Services Programs Subject Matter Expert (SME) Workshops**

New guidance was issued requiring all child welfare workers with more than two years of 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 LDSS 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 Family Services DTD in June 2014 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 highly ranked competencies and identified hot topics statewide and were used to develop the SME workshop topics to be offered in each of the five regions:

#### ***SME004: Implementing and Sustaining Child and Family Teaming***

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.**

**Trainer:** Ms Betty Jo Zarris holds a Masters of Social Work degree from Virginia Commonwealth University and has more than forty years of 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%

***SME006: Advanced Injury Identification in Child Protective Services:*** All child welfare workers need to have knowledge and skills for identifying abusive injuries in children, including foster care workers. This workshop discusses ways to recognize potential signs of abuse, and learn about photographing

evidence of abuse. The importance of collaborating with community partners, law enforcement, hospitals, and other community professionals in implementing interdisciplinary responses to child abuse /neglect is emphasized. Also, understand typical injuries related to children's age and development, medical conditions that appear to be abuse and controversial folk or cultural practices that may be interpreted as abuse. This training is for ALL CHILD WELFARE WORKERS!

**Trainer:** Dr. Michelle Clayton completed medical school at the University of Pittsburgh, and completed a residency in Pediatrics at Children's Hospital of The King's Daughter (CHKD) in Norfolk, Virginia. She is trained as an epidemiologist, and has conducted epidemiologic research. Dr. Clayton completed a fellowship in Forensic Pediatrics at the CHKD Child Abuse Program. She is an Assistant Professor of Pediatrics at Eastern Virginia Medical School.

Fund: IV-E IV-E rate: 75%

**SME011: The Role of Grief and Loss in Trauma Informed Practice:** Family Service Specialists will gain advanced awareness of the impact of traumatic grief and loss and its effect on behavior, relationships, and life choices. The types of losses experienced by the population served by LDSS are traumatic and most often cumulative such as loss of children to foster care, incarceration, death, entering the foster care system, homelessness. Attendees will acquire the deep understanding of how these individuals and families are disenfranchised mourners (those whose losses are not seen or honored by society) and how this can lead to resistance to services. Workers will gain skills and techniques for dealing with complex traumatic events and provide assistance to grieving clients. Learn to identify behavioral and emotional manifestations of traumatic grief, differentiate between grief and mourning and acute mental illness (depression, anxiety, conduct disorders), recognize the five domains of grief, develop skills to create an emotionally safe space for grieving, bear witness and honor stories without creating further trauma, and use art with children and families as a tool for healing, and identify personal loss and grief and how it affects provision of quality services.

**Trainer:** Julie Walls, LCSW is a clinical social worker in private practice in Newport News with forty years of social work experience. Ms. Walls worked for 12 years for the Department of Social Services in child protective services, foster care, and family counseling. Ms. Walls is the founder and clinical director of the Healing Hearts program for youth in foster care, a group designed to attend to the grief and loss children experience as a result of being in foster care.

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 “Foster to Adopt Families” in the Commonwealth. One program manager, one policy specialist, and five regional consultants comprise this unit. The overarching goal to increase the quantity and quality of foster to adopt parents to be viable placement options for children in the system of care. The work of this unit is primarily done through training and technical assistance 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 use the Toolkit for recruitment which was developed with support from Casey Strategic Consulting Group. They also have a variety of tools for self-assessment 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 2015-2019 CFSP for tools)

For recruitment efforts, the Resource Family consultants train and support critical strategies with the LDSS. Completing home studies, appropriate assessments and matching are important components as well as using a data-driven approach to target families based on the needs of the children in foster care. Accurate messaging about foster care as a family support service for birth families is very important. Recruitment efforts for adoptive families 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 foster and adoptive 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, 2015, there were 5,018 children receiving foster care services in Virginia. Of these, 2,621 were male and 2,396 were female. As noted in the table below, 13 to 18 year olds make up 40.8% of these children.

Age	Count	Percent
<1	196	3.9
1-6 years	1183	23.6
7-12 years	807	16.1
13-15 years	533	10.6
16-18 years	833	16.6
19+	1215	24.2

The majority of these children are white (54.1%) or black (34.7%). However, the percentage of Hispanic children (9.6%) and multi-racial children (8.5%) has increased. Of these children, 3,304 (65.63%) were placed in a non-relative foster home, 235 (4.67%) in a relative foster home, and 164 (3.26%) in a pre-adoptive home. The established foster care goals included: 1,441 (28.7%) with the goal of adoption; 433 (8.6%) with the goal of relative placement which was a decrease from the previous year; and 2,187 (43.6%) with the goal of reunification which is an increase from the previous year.

The average length of time in care for these children was 24.05 months, with the average length for children with the goal of adoption being 33.11 months, the goal of relative placement being 20.30 months, and the goal of return home being 11.26 months.

Children are in foster care across the state, but during this year, there were a greater number of children in care in the Piedmont Region (24.9%) than any other. After Piedmont, 24.7% of the state’s foster care children are in care in the Northern Virginian region, 20.3% in the Eastern region, 15.2% in the Western region, and 14.9% in the Central region.

***Specific strategies to reach out to all parts of the community***

Each LDSS is responsible for recruiting and approving foster and adoptive 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. The Resource Family consultants work with LDSS in their region on an ongoing basis to promote the use of kinship families, adhere to state guidance around foster and adoptive family approval standards, and build LDSS capacity for recruitment, development and retention of foster and adoptive families.

In 2014, VDSS awarded thirteen (12) 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 approved.

***Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information***

Recruitment & Market Segmentation

Bethany Christian Services received the contract award for Family Resource Recruitment. The purpose of the contract is to develop and implement innovative approaches for foster and adoptive recruitment. One of the strategies for innovative recruitment was to use Market Segmentation to identify types of families that are most likely to be interested in and to follow-through in becoming foster or adoptive parents. Through Market Segmentation, recruitment activities and messages can be focused on venues and resources that are used by these family types. At the request of VDSS, the National Resource Center

(NRC) for Diligent Recruitment provides technical assistance on Market Segmentation. The NRC, in partnership with VDSS, used the Esri Business Analyst software to identify segments of the population that are likely to be prospective foster and adoptive parents and the marketing characteristics associated with these groups. This profile helps to determine where to recruit and how to develop marketing materials. Bethany Christian Services, along with other recruitment contractors and state staff, were trained to use this data and training continues.

The Bethany contract began October 1, 2013 and was renewed in SFY 2014; it ends June 30, 2015. Through January 30, 2015 (16 months), a total of 1,160 foster care adoption inquiries have been tracked by the contractor. The contractor reports are based on the SFY and the next quarter does not end until March 30, 2015. The January monthly report provides the following details: The majority of the inquiries (35% come from the eastern area; and the least number from western (5%) and northern (8%). Of the number of inquiries, 81% requested basic information about adoption and 4% requested information about foster care. The two primary resources identified regarding 'how did you hear about adoption' were Radio (49%) and the Internet, 35%. For follow-up by the contract agency, there was a 64% 'no response' from client; and 4% signed up for an information meeting with an agency or started training with an agency. The contractor records the zip code information for all inquirers and the location of information events. The zip code information will be used to evaluate outcomes compared to the Market Segmentation data for Virginia.

The NRC has extended its service agreement with Virginia to include assistance to improve the Adoption Resource Exchange of Virginia photo listing and workers' use of the AdoptUSKids tools for matching children and families and tracking family matches.

***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 foster and adoptive 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 foster and adoptive 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 foster and adoptive 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 foster and adoptive family recruitment has lead some LDSS to actively recruit Spanish speaking foster and adoptive parents, as well as multi-cultural foster and adoptive 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 foster and adoptive 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.***

### **Extreme Recruitment®**

VDSS has contracts with two child placing agencies to do Extreme Recruitment®: United Methodist Family Services and Coordinators/2 Inc. Coordinators/2 serves the VDSS Central Region; and both contractors serve the VDSS Eastern Region. The objective of Extreme Recruitment® is to reconnect 90% of youth served with a safe and appropriate adult from their past. Often this reconnection is with a relative. It may also be with a neighbor, baby sitter, step-parent, god parent, foster parent, etc. A “reconnection” is defined as any form of contact (i.e., letter, phone call, visit, etc.) after there has been no contact for a minimum of six months. The plan is to achieve a minimum of 40 reconnections during a 12 – 20 week period.

Through March, these two agencies have provided Extreme Recruitment® services for 38 children. Of the 38 cases the outcomes to date are the following: Reconnections, 89%; Final Adoption, one, 3%; Pre-adoptive finalization projected within next six months, three, 8%; Matched, eight, 21%; No longer interested, four, 11%. Of the 38 cases, 58% of the youth were in group homes or residential treatment facilities when services began. Seven, 58%, of the twelve youth for whom Extreme Recruitment® began while they were in a residential placement have been matched with a family who wants to adopt the youth and the youth wants to be adopted by the family.

Two of the reported reconnections involved two sibling groups one of which were twins who did not live together and had no contact over several years. Under Extreme Recruitment®, a home was found for both and adoption is their goal. The scenario for the second sibling group is similar; they are now both in the same foster home and services are in place to stabilize the placement. In another case, the youth will turn 18 in March, 2015. In his current foster home, matched by the contractor, the family and youth will do an adult adoption.

During the eighteen months of the contract services, one contractor had three match disruptions and the timeline (12 -20 weeks) for Extreme Recruitment® services expired. The contractor continued services for the youth and all youth have been re-matched. The contractor continues to follow these cases with the goal of a finalized adoption for each.

#### Change Who Waits (CWW)

The CWW contract with VDSS is intended to increase the visibility of children waiting to be adopted. CWW created three additional Heart Gallery exhibits that are scheduled at various venues (primarily churches).

The CWW website can be found at <http://changewhowaits.org>. The website currently shows upcoming Heart Gallery events for the months of February – May, 2015. These events include United Faith Christian Ministry, Chick-Fil-A at Willow Lawn, Richmond, Cherrydale Baptist Church in Northern Virginia and the Virginia Fly Fishing and Wine Festival. The website has video clips for two sets of youth, Jade (12) and Hailey (8) who are sisters and Meg, age 12. The website also features youth who appears in the Heart Gallery. The January monthly report shows the group working with twenty-one youth. Three of the 21 youth have been removed from the Gallery for the following reasons: one has aged out of foster care, two have a match. The report shows the Gallery in two venues during the reporting period, Unity Baptist Church (zip code 23875) with an estimated 500 visitors and Antioch Baptist church (zip code 22039) with 1200 estimated visitors to the gallery.

CWW volunteer staff continues to attend meetings with local adoption and foster care staff in the eastern and central regions to support creation of new photos, narratives and videos that can become a part of the Heart Gallery. CWW's presence has been requested in the Piedmont Region, but CWW does not have a full complement of volunteers to support expansion, at this time.